2027
WIC State Plan
(Alabama)

Order of Contents

OMB APPROVED NO. 0584-0332
Expiration Date: 08/31/2028

U.S.DEPARTMENT OF AGRICULTURE
AND FOOD NUTRITION SERVICE

FEDERAL-STATE SUPPLEMENTAL NUTRITION PROGRAMS AGREEMENT

For FNS Use Only
Agreement Number

This information is being collected to assist the Food and Nutrition Service in entering into written agreements with State agencies desiring to administer the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), the WIC Farmers' Market Nutrition Program (FMNP), and/or the Seniors Farmers' Market Nutrition Program (SFMNP). This is a mandatory collection and FNS uses the information to make funds available to State agencies for the administration of one or more programs. This collection does not request any personally identifiable information under the Privacy Act of 1974. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0332. The time required to complete this information collection is estimated to average .125 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22306 ATTN: PRA (0584-0332). Do not return the completed form to this address.

1. NAME OF STATE AGENCY	2. STATE	4. PROGRAM(S) ADMINISTERED
Alabama Department of Public Health Bureau of Family Health Services Women, Infants, and Children (WIC) Program	AL	☑ WIC ☐ WIC FARMERS' MARKET NUTRITION PROGRAM ☐ SENIOR FARMERS' MARKET NUTRITION PROGRAM
	3. EFFECTIVE DATE 10/01/2026	
	5. UNIVERSAL IDENTIFIER NUMBER(S) WDVJK7FUB8A6	

No monies or other benefits may be paid out under this program unless this Agreement is completed and filed as required by existing regulations (7 CFR Parts 246, 248, and 249).

MEMBER DELEGATE CLAUSE

No Member of or Delegate to Congress, or Resident Commissioner shall be admitted to any share or part of this Agreement or to any benefit that may arise therefrom; but this provision shall not be construed to extend to this Agreement if made with a corporation for its general benefit.

CERTIFICATION REGARDING LOBBYING

The State agency, if applicable, has executed and attached to the agreement the required certification regarding lobbying and if applicable the Standard Form-LLL, "Disclosure of Lobbying Activities."

STATE AGENCY	U.S. DEPARTMENT OF AGRICULTURE
PRIINTED NAME Scott Harris, MD, MPH, FACP, E	PRINTED NAME
BY *(Signature)* ScotHar	BY *(Signature)*
TITLE State Health Officer	TITLE
DATE 4/29/2024	DATE

In order to effectuate the purpose of Section 17 of the Child Nutrition Act of 1996, as amended (42 U.S.C. 1786), and Section 4402 of the Farm Security and Rural Investment Act of 2002 as amended (7 U.S.C. 3007), the United States Department of Agriculture, hereinafter referred to as the "Department," and the State Agency (item 1 above) agree as follows:

The Department agrees to make funds available to the State Agency for the administration within the State (item 2 above) of the Special Supplemental Nutrition Program for Women, Infants and Children (WIC Program), the WIC Farmers' Market Nutrition Program (FMNP), and/or the Senior Farmers' Market Nutrition Program (SFMNP) in accordance with applicable regulations (7 CFR Parts 246, 248, and 249) and any amendments thereto.

The State Agency agrees to accept Federal funds for expenditure in accordance with the applicable statutes and regulations, and any amendment thereto, and to comply with all the provisions of such statutes and regulations, and amendments thereto.

The State Agency further agrees to support full use of Federal funds provided to the State Agency for the administration of the WIC Program and/or the FMNP, and exclude such funds from State budget restrictions or limitations including, at a minimum, hiring freezes, work furloughs, and travel restrictions affecting the WIC Program or the FMNP.

Copies of the current regulations are attached hereto and made a part hereof. In the event of a proposed amendment of the regulations, if the State Agency gives to the Department, prior to the effective date of the amendment, written notice of its determination to discontinue the program or program activities for which administrative expenses are available, this Agreement shall be terminated as of the effective date of the amendment.

This Agreement shall be effective commencing on the date specified (item 3 above) and ending one year thereafter, unless terminated earlier as provided herein. The Department may renew this Agreement each year thereafter, by notice in writing given to the State Agency as soon as practicable after funds have been appropriated by Congress for carrying out the WIC Program, the WIC Farmers' Market Nutrition Program, and/or the Senior Farmers' Market Nutrition Program during each such year. In any event, however, either party hereto may terminate this Agreement, by giving at least thirty days written notice.

Upon termination or expiration of this Agreement, as provided herein, the State Agency shall make no further disbursement of funds paid to the State Agency in accordance with this Agreement except to meet State expenses incurred on or prior to the termination or expiration date, notwithstanding any termination or expiration of this Agreement, and the State Agency shall promptly return all remaining funds made available to it by the Department. The obligations of the State Agency under the above cited regulations shall continue until the requirements hereof have been fully performed.

Assurance of Civil Rights Compliance

The State Agency hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.); Title II and Title III of the Americans with Disabilities Act (ADA) of 1990 as amended by the ADA Amendment Act of 2008 (42 U.S.C. 12131-12189) as implemented by Department of Justice regulations at (28 CFR Parts 35 and 36); all provisions required by the implementing regulations of the U.S. Department of Agriculture (7 CFR Part 15 et seq); and FNS directives and guidelines to the effect that no person shall, on the ground of race, color, national origin, age, sex, or disability, or reprisal or retaliation for prior civil rights activity be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity for which the Agency receives Federal financial assistance from FNS; and hereby give assurance that it will immediately take measures necessary to effectuate this agreement.

By providing this assurance, the State Agency agrees to compile data, maintain records and submit records and reports as required to permit effective enforcement of the nondiscrimination laws, and to permit Department personnel during normal working hours to review and copy such records, books and accounts, access such facilities, and interview such personnel as needed to ascertain compliance with the non-discrimination laws. If there are any violations of this assurance, the Department of Agriculture shall have the right to seek judicial enforcement of this assurance.

This assurance is given in consideration of and for the purpose of obtaining any and all Federal financial assistance, grants, and loans of Federal funds, reimbursable expenditures, grants, or donations of Federal property and interest in property, the detail of Federal personnel, the sale and lease of, and the permission to use Federal property or interest in such property or the furnishing of services without consideration or at a nominal consideration, or at a consideration that is reduced for the purpose of assisting the recipient, or in recognition of the public interest to be served by such sale, lease, or furnishing of services to the recipient, or any improvements made with Federal financial assistance extended to the Program applicant by USDA. This includes any Federal agreement, arrangement, or other contract that has as one of its purposes the provision of cash assistance for the purchase of food, and cash assistance for purchase or rental of food service equipment or any other financial assistance extended in reliance on the representations and agreements made in this assurance.

This assurance is binding on the State Agency, its successors, transferees, and assignees as long as it receives assistance or retains possession of any assistance from the Department. The person or persons whose signatures appear below are authorized to sign this assurance on the behalf of the State Agency

Assurance of Equal Employment Opportunity Compliance

During the performance of this Agreement, the State Agency agrees that it will not discriminate against any employee or applicant for employment because of race, color, religion, sex, pregnancy, genetic information, age, disability, national origin, or retaliation in accordance with Title VII of the Civil Rights Act of 1964 (42 U.S.C. 2000e et seq.), the Age Discrimination in Employment Act pf 1967 (29 U.S.C. 621 et seq.), Title I of the Americans with Disabilities Act (ADA) OF 1990 as amended by the ADA Amendment Act of 2008 (42 U.S.C. 12111-12117), and the Genetic Information Nondiscrimination Act of 2008 (42 U.S. C. 2000ff et seq.).

Assurance of Drug-Free Workplace

The State agency agrees to maintain a drug-free workplace in compliance with the Drug-Free Workplace Act of 1988, Public Law 100-690, Title V, Subtitle D, and 7 CFR part 3021.

DISCLOSURE OF LOBBYING ACTIVITIES

OMB Control Number: 4040-0013
Expiration Date: 2/28/2025

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

Review Public Burden Disclosure Statement

1. * Type of Federal Action:
- [ ] a. contract
- [x] b. grant
- [ ] c. cooperative agreement
- [ ] d. loan
- [ ] e. loan guarantee
- [ ] f. loan insurance

2. * Status of Federal Action:
- [ ] a. bid/offer/application
- [x] b. initial award
- [ ] c. post-award

3. * Report Type:
- [x] a. initial filing
- [ ] b. material change

4. Name and Address of Reporting Entity:

[x] Prime [ ] SubAwardee Tier if known:

*Name: Alabama Department of Public Health

*Street 1: 201 Monroe Street Street 2: Suite 1300

*City: Montgomery State: AL: Alabama Zip: 36104-3771

Congressional District, if known: AL-002

5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:

6. * Federal Department/Agency:

USDA - Food and Nutrition Service

7. * Federal Program Name/Description:

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) - FY 2027 WIC State Plan

CFDA Number, *if applicable:* 10.557

8. Federal Action Number, *if known:*

5AL700W1003

9. Award Amount, *if known:*

$

10. a. Name and Address of Lobbying Registrant:

Prefix * First Name: N/A Middle Name

* Last Name: N/A Suffix

* Street 1 Street 2

* City State Zip

b. Individual Performing Services (including address if different from No. 10a)

Prefix * First Name: N/A Middle Name

* Last Name: N/A Suffix

* Street 1 Street 2

* City State Zip.

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

*** Signature:** Scott Harris

***Name:** Prefix * First Name: Scott Middle Name

* Last Name: Harris Suffix: MD

Title: State Health Officer **Telephone No.:** 334-206-5200 **Date:** 5/29/2024

Federal Use Only:

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UNITED STATES DEPARTMENT OF AGRICULTURE

CERTIFICATION REGARDING LOBBYING - CONTRACTS, GRANTS, LOANS AND COOPERATIVE AGREEMENTS

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan or cooperative agreement;

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions;

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Alabama Department of Public Health
Organization Name

FY 2027 WIC State Plan
Award Number or Project Name

Scott Harris, M.D., M.P.H., State Health Officer
Name and Title of Authorized Representative

Scott Harris
Signature

5/29/2026
Date

UNITED STATES DEPARTMENT OF AGRICULTURE

NOTICE TO APPLICANTS - CERTIFICATION/DISCLOSURE REQUIREMENTS RELATED TO LOBBYING

Section 319 of Public Law 101-121 (31 U.S.C.), signed into law on October 23, 1989, imposes new prohibitions and requirements for disclosure and certification related to lobbying on recipients of Federal contracts, grants, cooperative agreements, and loans. Certain provisions of the law also apply to Federal commitments for loan guarantees and insurance; however, it provides exemptions for Indian tribes and tribal organizations.

Effective December 23, 1989, current and prospective recipients (and their subtier contractors and/or subgrantees) will be prohibited from using Federal funds, other than profits from a Federal contract, for lobbying Congress or any Federal agency in connection with the award of a particular contract, grant, cooperative agreement or loan. In addition, for each award action in excess of $100,000 (or $150,000 for loans) on or after December 23, 1989, the law requires recipients and their subtier contractors and/or subgrantees to: (1) certify that they have neither used nor will use any appropriated funds for payment to lobbyists; (2) disclose the name, address, payment details, and purpose of any agreements with lobbyists whom recipients or their subtier contractors or subgrantees will pay with profits or **nonappropriated** funds on or after December 23, 1989; and (3) file quarterly updates about the use of lobbyists if materials changes occur in their use. The law establishes civil penalties for noncompliance.

If you are a current recipient of funding or have an application, proposal, or bid pending as of December 23, 1989, the law will have the following immediate consequences for you:

- You are prohibited from using appropriated funds (other than profits from Federal contracts) on or after December 23, 1989, for lobbying Congress or any Federal agency in connection with a particular contract, grant, cooperative agreement, or loan;

- you are required to execute the attached certification at the time of submission of an application or before any action in excess of $100,000 is awarded; and

- you will be required to complete the lobbying disclosure form if the disclosure requirements apply to you.

Regulations implementing Section 319 of Public Law 101-121 have been published as an Interim Final Rule by the Office of Management and Budget as Part III of the February 26, 1990, **Federal Register** (pages 6736-6746).

Alabama Women, Infants, and Children (WIC) Program
Goals and Objectives, FY 2027

CHAPTER I: FOOD DELIVERY

Goal

Continue to monitor authorized WIC vendors, participant food benefit issuance, and food redemption to ensure compliance with program requirements and provide participants with a positive shopping experience.

Objectives

1. Identify key problem areas that impact the overall WIC shopping experience and develop effective solutions for the identified problems.
2. Develop innovative training materials for authorized WIC vendors to improve program compliance and the shopping experience.
3. Promote the use of the Vendor Information Publication (VIP) e-newsletter as a training tool for authorized WIC vendors.
4. Strengthen Program Integrity by using the routine monitoring visit as an opportunity to provide education and technical assistance to authorized WIC vendors.
5. Provide education and support to district/clinic staff regarding the eWIC shopping experience and Vendor Management.
6. Continue to enhance the accountability of food benefit issuance through quality assurance measures.
7. Continue to monitor the Crossroads MIS programming for state food prescription changes as well as formula name/package size changes and make enhancements as needed.

Goal

Continue to monitor food benefit issuance and redemption to ensure accountability according to regulations.

Objectives

1. Continue to enhance the accountability of food benefit issuance through quality assurance measures.
2. Continue to monitor the Crossroads MIS programming for state food prescription changes as well as formula name/package size changes and make enhancements as needed.

CHAPTER II: NUTRITION SERVICES

Goal

Improve participant health by developing innovative approaches to nutrition education and breastfeeding promotion and support.

Objectives

1. Continue to implement a biennial district nutrition education plan with additional state level support to educate WIC enrolled women and children of the health benefits of WIC foods and breastfeeding, including how both breastfeeding and WIC foods can help improve overall health, growth, chronic diseases, and reduce food insecurity.
2. Continue to develop/revise WIC nutrition education publications for clinic use to ensure current nutrition and breastfeeding recommendations are included and make resources available in Spanish, as applicable.
3. Encourage a statewide increase in the number of secondary nutrition education (SNE) contacts offered by promoting the use of WICHealth.org, which documents topic completion in Crossroads, and/or allowing SNE contacts via telephone for participants between required face to face visits.
4. Continue to provide training for staff working in the WIC program to include Value Enhanced Nutrition Assessment (VENA), nutrition counseling strategies and other needs identified by District Nutrition Directors and/or State Office staff.
5. Continue efforts to develop and implement in-reach and outreach efforts that highlight WIC promotion, information distribution, nutrition education, breastfeeding support, program referral, staff development, and other applications.
6. Continue efforts to increase the number of breastfed infants. Data from October through May of the FY 2026 Alabama WIC Financial Management and Participation Report (FNS-798) indicate an average of 5,674 infants were breastfed between October 2025 and May 2026, representing 21.9 percent of participating infants. The number of breastfed infants served by Alabama's WIC program demonstrates sustained increases.
7. Ensure newly hired staff complete the WIC Breastfeeding Curriculum training, as indicated by role, through on demand virtual training sessions.
8. Encourage at least one WIC provider in each Alabama WIC district (local agency) to hold a lactation credential by funding educational coursework required for pursuing and renewing lactation certifications.

Goal

Strengthen and sustain the Breastfeeding Peer Counseling Program by improving recruitment and retention, increasing program visibility, and expanding participant access to peer counseling services resulting in a more effective statewide program.

Objectives

1. Implement standardized onboarding training and ongoing support resources to improve program consistency across clinics.
2. Increase the number of Designated Breastfeeding Experts (DBEs) available to mentor and support Breatfeeding Peer Counselors by providing opportunities for Competent Professional Authorities (CPAs) to obtain breastfeeding credentials.
3. Review and pursue opportunities to increase compensation for Breastfeeding Peer Counselors to improve recruitment and retention.
4. Develop standardized referral processes and promotional materials to encourage timely referrals.

CHAPTER III: MANAGEMENT NFORMATION SYSTEMS (MIS)

Goal

Ensure the Crossroads Computer System is kept up to date to effectively provide quality services in a timely manner and meet federal regulations and policies.

Objectives

1. Continue to update Crossroads as needed to reflect United States Department of Agriculture (USDA) policies.
2. Continue to participate in the Crossroads User Group, currently consisting of Alabama, Rhode Island, Virginia, and West Virginia.
3. Continue to market and demonstrate Crossroads to other state WIC agencies.
4. Test and implement system design changes identified by the User Group.
5. Maintain and add system interfaces that improve clinic efficiency.

CHAPTER IV: ORGANIZATION AND MANAGEMENT

Goal

Enhance efficiency and strengthen program capacity in order to meet increasing program requirements while maintaining high-quality participant services..

Objectives

1. Continue to pursue filling critical vacancies to ensure adequate staffing infrastructure in the State WIC Office as well as throughout Alabama's WIC clinics.
2. Continue to monitor staff retention trends to identify factors contributing to turnover and implement initiatives that promote employee engagement, recognition, and professional development.
3. Continue to provide county and district (local agency) staff with tools, training, and technical assistance for improving clinic efficiency and productivity.
4. Continue to develop spreadsheets and reports to assist district (local agency) staff with budget and priority issues that enhance participant access and service delivery while reducing unnecessary administrative burden.
5. Continue to monitor clinical staffing and productivity standards to ensure they promote both efficiency and quality services.
6. Evaluate the impact of program requirements on staffing and clinic operations as needed.

CHAPTER V: NUTRITION SERVICES & ADMINISTRATION (NSA) EXPENDITURES

Goal

Monitor expenditures and staffing to ensure efficient use of funds while maintaining high-quality participant services and achieving program goals.

Objectives

1. Continue to work with district (local agency) management to ensure clinic costs are within budget and quality services are maintained.
2. Continue to monitor cost accounting, making staffing adjustments as needed to stay within budget and caseload needs.
3. Focus clinic efforts on maintaining caseload and conducting outreach efforts.
4. Pursue available funding opportunities to enhance program delivery and maximize USDA NSA funding.

CHAPTER VI: FOOD FUNDS MANAGEMENT

Goal

Monitor food costs, availability, and purchases in order to efficiently spend food dollars.

Objectives

1. Continue to work with formula manufacturers and vendors to streamline the ordering/billing process, and to reduce formula costs.
2. Continue to analyze and monitor food costs through food package review, formula purchase reports, and vendor monitoring.

CHAPTER VII: CASELOAD MANAGEMENT

Goal

Maintain and grow caseload through caseload monitoring and targeted improvement strategies.

Objectives

1. Routinely monitor reports to ensure adequate participation and show rates for maintaining caseload and productivity of staff.
2. Continue to utilize reports, phone calls, emails, letters, text messages, etc. in order to increase awareness of WIC services and encourage ongoing participation.
3. Support district/clinic plans for maintaining caseload or increasing caseload as funds allow and promote successful strategies that can be replicated across clinics.
4. Continue to monitor appointment availability and scheduling practices to make sure participants/applicants are being seen within processing standards , and to address scheduling barriers that may delay appointments.
5. Support alternative clinic locations and times in order to accommodate current participants and potential eligible participants.
6. Monitor enrollment and improve in reach efforts for participants enrolled but not actively participating in WIC.

CHAPTER VIII: CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

Goal

Improve quality in delivery of services to WIC participants in Alabama by enhancing the accuracy and effectiveness of nutrition assessments to support individualized, participant-centered care.

Objectives

1. Continue to explore methods and resources for increasing clinic efficiency to better enable clinic staff in providing quality nutrition services.
2. Continue to evaluate the nutrition assessment protocols along with nutrition assessment documentation to ensure that VENA guidelines are being met and identify opportunities for improvement.
3. Continue to develop educational resources and job aids to support high-quality nutrition assessments.
4. Continue to strengthen provider competencies through comprehensive staff training, continuing education, and clinic observation.
5. Monitor quality assurance findings related to nutrition assessment through record reviews and observation and analyze findings to identify trends and implement targeted improvement strategies.

CHAPTER IX: MONITORING & AUDITS

Goal

Evaluate the quality of care and services provided to participants through an effective and comprehensive monitoring system.

Objectives

1. Continue to maintain an ongoing management and evaluation system to evaluate the quality of participant care, evaluate compliance with federal guidelines and agency policies, and to assist in policy development and training needs.
2. Every two years, local agencies shall conduct a self-audit that encompasses participant care and clinic operations as outlined in the written quality assurance tool.

CHAPTER X: CIVIL RIGHTS

Goal

Ensure that all staff receives comprehensive Civil Rights training to include customer service to prevent Civil Rights problems or complaints.

Objectives

1. Continue to require completion of Civil Rights training module online.
2. Continue to monitor through Quality Assurance (QA) that staff Civil Rights training and Program policies are being followed.

FOOD DELIVERY

INTRODUCTION

The Food Delivery State Plan checklist is used to collect information regarding vendor and farmer / senior farmers market management as well as food delivery systems, food instruments, and electronic benefits. This checklist has combined the previous year's checklists - I. Vendor Management and IX. Food Delivery. There are some new questions related to EBT which were not pulled from either of the previous checklists and many questions pertaining to paper food instruments were removed. The vendor and farmer/senior farmers market management section includes all those activities associated with selecting, authorizing, training, and monitoring, vendors and farmers/senior farmers markets participating in the WIC Program. The food delivery accountability section was revised to include the management and monitoring of the Retail Food Delivery System, and the procurement and delivery of supplemental foods to participants in the Home Food and Direct Distribution Delivery Systems. The following sections provide a brief overview of the information that is required by federal regulations to be included in State Plans. The questions that follow are designed to assist the State agencies in submitting compliant State Plans for FNS approval. State agencies are encouraged to review each federal regulation in its entirety. I. GENERAL ADMINISTRATION Indicate which of the three food delivery systems (retail, home delivery, direct distribution) the State agency operates. - 7 CFR 246. 4(a)(14)(i), 7 CFR 246. 12(b) II. HOME FOOD DELIVERY SYSTEMS 7 CFR 246. 4(a)(14), 7 CFR 246. 4(a)(14)(viii), 7 CFR 246. 12(m): If applicable, describe how the home delivery system operates including the types of authorized home food delivery contractors, the frequency of deliveries, and the procedures for documenting deliveries. Include a description of specialty infant formula, if applicable. III. DIRECT DISTRIBUTION FOOD DELIVERY SYSTEMS 7 CFR 246. 4(a)(14), 7 CFR 246. 12(n): If applicable, describe the methodology and procedures used in the direct distribution of supplemental foods, including types of foods distributed, warehouse and distribution centers, the verification process, and assurance of safety. Include a description of specialty infant formula, if applicable. IV. RETAIL FOOD DELIVERY SYSTEMS: BENEFIT ISSUANCE AND FOOD INSTRUMENTS A. Electronic Benefit Transfer (EBT) Management 7 CFR 246. 12(y)(4)(ii): Describe updates on any active EBT projects. B. Food Instrument Overview 7 CFR 246. 4(a)(11)(iii), (14)(i), (vii), (xiii): Describe the types of food instruments allowed, as well as the policies and procedures used by the State agency in producing, monitoring, and accounting for the use of food instruments. C. Benefit Issuance 7 CFR 246. 4(a)(11)(iii), (14)(xx); 7 CFR 246. 12(r)(4); 7 CFR 246. 4(a)(14)(i), (x), (xiv), (xv): Describe the State agency's procedures for: issuing food instruments to participants, verifying identity, providing education on how to use food instruments, and the State agencies proxy policies. Include alternative benefit issuance procedures for special circumstances. D. Food benefit redemption and disposition 7 CFR 246.

4(a)(14)(xiii), (xix): Describe the procedures used to monitor food benefit redemption and disposition and the management of lost/stolen/damaged food instruments. V. RETAIL FOOD DELIVERY SYSTEMS: VENDOR MANAGEMENT A. Participant Access 7 CFR 246. 4(a)(14)(xiv), 7 CFR 246. 12(l)(1)(ix): Provide information about the State agency's definition of participant access. B. Vendor Selection and Authorization 7 CFR 246. 4(a)(14)(ii), (15), 7 CFR 246. 12(g)(3), (8), (10): Describe limiting criteria, application periods, selection criteria, and a brief description of how the SA informs vendors of allowable infant formula providers. C. Vendor Cost Containment (including management of above-50-percent vendors) 7 CFR 246. 4(a)(14)(xvi), 7 CFR 246. 12(g)(4) Include relevant exemptions (if applicable), how above-50-percent vendors are assessed, and peer groups. D. Vendor Agreements 7 CFR 246. 4(a)(14)(iii), 7 CFR 246. 12(h): Describe information regarding the vendor agreement and attach a sample vendor agreement. E. Vendor Training 7 CFR 246. 4(a)(14)(xii), 7 CFR 246. 12(i): Describe State and local agency procedures for training WIC Program vendors. F. Routine Monitoring 7 CFR 246. 4(a)(14)(iv), 7 CFR 246. 12(j)(2): Describe relevant procedures for routine monitoring and vendor sanctions. G. Administrative Review of State Agency Actions 7 CFR 246. 4(a)(14), (a)(18), 7 CFR 246. 18: Describe the procedures for conducting both full and abbreviated administrative reviews. VI. RETAIL FOOD DELIVERY SYSTEMS: FARMERS AND FARMERS MARKETS (if applicable) 7 CFR 246. 4(a)(14)(iii), (a)(14)(v), (a)(14)(xii); 7 CFR 246. 12(v): If the State agency authorizes farmers and/or farmers markets, describe the farmer / farmers market agreement, monitoring, and training procedures.

A. GENERAL ADMINISTRATION

1. Which of the following food delivery systems does your State agency operate? Be sure to consider how the State agency provides specialty formula to participants.

[ ] Home Food Delivery (please fill out section B)

[ ] Direct Distribution Food Delivery (please fill out section C)

[X] Retail Food Delivery (please fill out sections D, E, and F)

ADDITIONAL DETAIL Food Delivery Appendix and/or Procedure Manual (citation):

B. HOME FOOD DELIVERY SYSTEMS

■ Does not apply (proceed to the next section)

1. The State agency uses home food delivery systems to:

[ ] Provide all WIC program foods

[ ] Reach select remote / rural participants

[ ] Reach select participants with mobility or transportation concerns

[ ] Provide specialty infant formula and/or medical foods

[ ] Other

2. Home food deliveries take place:

◯ Monthly

◯ Bi-monthly

◯ Every three month

◯ Other

3. Home food delivery vendors include:

[ ] Dairies

[ ] Private delivery service doing WIC business only

[ ] Private delivery service

[ ] Infant formula providers

[ ] Hospitals

[ ] Other

4. Participants who receive home food delivery:

[ ] Are notified in writing of the types and quantities of food they will receive

[ ] Indicate by authorized signature on FI, receipt, or signature device that supplemental foods were received

[ ] Are delivered only a one-month supply of supplemental foods per delivery

[ ] Other

5. Supplemental foods may be delivered:

[ ] Only to the participant

[ ] To the proxy

[ ] To any adult at home during time of delivery

[ ] To anyone at home during time of delivery

[ ] Other

6. Documentation:

a. The forms verifying delivery are reconciled against vendor invoices:

◯ Weekly

◯ Monthly

◯ Other

b. Signatures of participants who sign the receipt are compared to signatures on file:

◯ Yes

◯ No

7. Please attach a list of the names of contractors/providers that the State agency works with to provide Home Delivery services:
This is not applicable for my state agency

ADDITIONAL DETAIL Food Delivery Appendix and/or Procedure Manual (citation):

This is not applicable for my state agency

C. DIRECT DISTRIBUTION FOOD DELIVERY SYSTEMS

■ Does not apply (proceed to next section)

1. The State agency uses direct distribution food delivery systems to:

[ ] Distribute all WIC program foods

[ ] Distribute specialty infant formula and/or medical foods

[ ] Distribute foods to accommodate the needs of select participants

[ ] Other

2. The State agency uses:

◯ One central warehouse and delivers directly to local agencies

◯ One central warehouse from which foods are sent to one or more subsidiary warehouses before delivery to local agencies

◯ Other

3. Warehouses are operated by:

[ ] State agency

[ ] Local agencies

[ ] Other public agency

[ ] Under contract with private business

[ ] Other

4. Warehouses used for WIC foods are also used to store other FNS program commodities (please specify which):

◯ Yes

◯ No

5. Foods are distributed to participants:

◯ Grocery store fashion

◯ Pre-packaged

◯ Other

6. Upon receipt of foods, participants / caregivers / proxies are required to sign:

◯ A receipt for each food received

- ◯ A receipt for all foods received (as a whole package)
- ◯ Other

7. Foods are distributed to participants:

- ◯ Monthly
- ◯ Every three months
- ◯ Other

8. Participants with limited access to distribution sites can utilize:

- [ ] Home food delivery
- [ ] Cost-free transportation
- [ ] Other

9. Monitoring and Inventory Control: Describe the State agency s methods for ensuring WIC supplemental foods are adequately received, in stock, and issued.

Please indicate the provisions the State agency includes in its inventory control policies for direct distribution contractors:

- [ ] Separation of duties for intake and inventory
- [ ] Stock rotation
- [ ] Performance of perpetual and physical inventory duties
- [ ] Reconciliation against issuance records
- [ ] Other

10. Please attach a list of the names of contractors that the State agency works with to provide Direct Distribution Delivery services:

ADDITIONAL DETAIL Food Delivery Appendix and/or Procedure Manual (citation):
This is not applicable for my state agency

D. RETAIL FOOD DELIVERY SYSTEMS: BENEFIT ISSUANCE AND FOOD INSTRUMENTS

☐ Does not apply. The State agency does not operate a retail food delivery system.

Electronic Benefit Transfer (EBT) Management

1. Does the State agency have any future EBT changes planned?

[ ] Yes

[X] No

a. Please provide a short description of the type of changes and when they are expected to be implemented. This is not applicable for my state agency.

Additional information if applicable: This is not applicable for my state agency.

Food Instrument Overview

2. The State agency uses the following types of Food Instruments (check all that apply):

[X] EBT card

[ ] QR code

[ ] Other

3. Please provide a description of the State agency's system for ensuring the accountability and security of food instruments and electronic benefits. Attach and cite relevant policies and procedures.

AL WIC Procedure Manual Ch. 8, Sec.8.3

ADDITIONAL DETAIL: Please provide a facsimile of the EBT card as an Appendix or cite the location in the State agency s Food Delivery Policy: on This is not applicable for my state agency

Attachment - AL eWIC card

Benefit Issuance

4. The State agency:

[ ] Requires participants to pick up food instruments at the local agency when scheduled for an in-person nutrition education or a certification appointment

[X] Allows benefits to be issued remotely to participants except when the participant is scheduled for nutrition education or a certification appointment

[X] Mails food instruments to participants

[ ] Other

5. The State agency requires the following proof of receipt when issuing Food Instruments:

[ ] Participant / caretaker / proxy signature confirming receipt

[ ] Local agency staff initials

[X] Documented in MIS

[ ] Other

Mailing of Food Instruments:

6. The State agency provides local agencies with guidelines / procedures for mailing Food Instruments to participants.

(●) Yes

( ) No

7. The State agency has implemented the following policy regarding mailing Food Instruments (FI) (check all that apply)

[X] FI are sent first class mail *(first class is considered regular mail)

[ ] FI are sent registered mail

[ ] FI are sent certified mail

[ ] FI are sent restricted mail

[ ] Return receipt is requested on FIs sent certified mail

[X] Envelope specifies, “do not forward, return to sender” or “do not forward, address

correction requested”

[ ] Other

8. The State agency approves mailing Food Instruments under the following conditions:

[X] Participant resides in rural area

[X] Participant is unable to visit clinic during operating hours (e.g., due to employment or childcare)

[X] Clinic management (e.g., temporary clinic closure)

[X] Participant safety (e.g., circumstances where participant safety can’t be guaranteed at the clinic location)

[ ] Cost effectiveness (e.g., the clinic is temporarily understaffed)

[X] Public Health Emergency

[X] Other

Specify: Participant Request

9. When mailing Food Instruments, documentation of issuance is:

[ ] Signed by participant at the next in-person appointment

[X] Documented in the MIS by local agency staff

[ ] Other

10. Please describe how the state agency ensures program integrity in the mailing of food instruments:

AL eWIC cards are mailed via first class mail and the envelope specifies "do not forward, return to sender".

11. The State agency requires local agency staff to educate each new participant / caretaker / proxy regarding:

[X] Authorized vendors / farmers

[X] Transaction procedures

[X] Transacting WIC-approved foods

[X] Use of a proxy

[X] Reporting problems / requesting assistance

[X] Participant violations (i.e., selling WIC benefits)

[X] Food Instrument security tips (i.e., regularly changing PIN)

[ ] Other

12. The State agency's proxy policy includes the following:

[ ] Limits the number of participants a single proxy may sign for, except that a proxy may pick up Food Instruments for all homeless WIC participants in a facility

[ ] Limits proxy to specified number of Food Instrument pick-ups

[ ] Limits proxy to a minimum age

[ ] Limits proxy assignment to local WIC staff

[X] Proxies are required to show identification card at Food Instrument pick up

[ ] Other

13. What are the State agency procedures for providing customer service during non-business hours for participant / vendor / farmer inquiries?

[X] EBT toll free number

[X] Other

Specify: The State Agency has a customer service line that is available 24 hours a day.

Special Food Instrument Issuance Accommodations

14. The State agency has established food delivery procedures in cases of natural disaster and emergencies including:

[X] Mailing food instruments

[X] Remote benefit issuance

[ ] Direct distribution

[ ] Home food delivery

[ ] Adjusting vendor selection and/or limiting criteria

[ ] Accepting and/or processing applications outside of normal timeframes

[X] Adjusting minimum requirements for variety and quantity of foods

[X] Other

Specify: Direct orders of infant formulas during retail availability issues due to a recall or supply chain disruption.

15. Does the State agency adapt its food delivery system to accommodate the needs of homeless individuals?

◯ Yes

◉ No

ADDITIONAL DETAIL - Food Delivery Appendix and/or Procedure Manual (citation):

AL WIC Procedure Manual Ch. 7 Special Populations, Sec. 7.2

Food Instrument Redemption and Disposition

16. The State agency system assures 100% disposition of all Food Instruments:

- (●) Yes
- ( ) No

17. For EBT systems disposition, does the State agency link the Primary Account Number (PAN) associated with the electronic transaction to valid issuance records? (This can be done by matching the electronic benefit record for the household to redemptions by the EBT card number (PAN) at the aggregate household benefit level.)

- (●) Yes
- ( ) No

18. Does the disposition happen within 120 days of the first date of use for the participant?

- (●) Yes
- ( ) No

Customer Service Standards

19. The State agency's customer service procedures enable participant or proxies to do the following during non-business hours:

[X] Report a lost/stolen/damaged card

[ ] Report other card or benefit issues

[X] Receive information on the EBT food balance

[X] Receive the current benefit end date

[ ] Other

20. Describe how the State agency responds to reports of lost/stolen/damaged cards within one business day of the date of the report.

eWIC cards reported lost/stolen/damaged are automatically deactivated.

21. Lost / Stolen / Damaged Food Instruments - Please attach and cite the policies and procedures for replacing lost, stolen, or damaged Food Instrument, including how the

associated benefits are transferred within seven business days.

AL WIC Procedure Manual Ch. 8 Food Benefit Delivery Sec. 8.4 C.

ADDITIONAL DETAIL Food Delivery Appendix and/or Procedure Manual (citation): on This is not applicable for my state agency

AL WIC PM Ch. 8 Food Benefit Delivery

E. RETAIL FOOD DELIVERY SYSTEMS: VENDOR MANAGEMENT

Participant Access

1. Please provide the State agency definition for participant access. Include full criteria, including geography, density, and any other parameters in your response

Adequate participant access exists if another authorized WIC vendor is located within ten miles and no geographic barriers or other conditions make participant access unreasonably difficult.

ADDITIONAL DETAIL Food Delivery Appendix and/or Procedure Manual (citation): on This is not applicable for my state agency

AL Administrative Code 420-10-2-.05

Vendor Selection and Authorization

2. Does the State agency use limiting criteria to limit the number of vendors it authorizes?

- ○ Yes
- ◉ No

3. Check and specify the type(s) of criteria used (e.g., vendor / participant ratio of 1:100 per county): on This is not applicable for my state agency

[ ] Vendor / participant ratio

[ ] Vendors / local agency ratio

[ ] Vendors / local service area or county ratio

[ ] Vendors / geographic area

[ ] Vendor / State agency staff ratio

[ ] Statewide cap on the number of vendors

[ ] Other

Vendor Application periods:

4. The State agency considers applications:

[X] On an ongoing basis

[ ] Annually in [month] or a new agreement that begins in [month]

[ ] Every two years (specify month): [month]

[ ] Every three years (specify month): [month]

[ ] Any time there is a participant access need The State agency is currently under a:

[X] Other (specify): Applications may be submitted at any time during the agreement period; however, there is a blackout period during agreement renewal years. This blackout period begins on March 1 and lasts until September 30. Applications submitted on or after March 1 during an agreement renewal year will not be considered for authorization until the new fiscal year begins on October 1.

5. If the State agency does not accept applications on an ongoing basis, please explain how the State agency processes applications if it is determined there will otherwise be inadequate participant access on This is not applicable for my state agency

During the blackout period, new vendor applications will be assessed for participant access. If the vendor applicant is determined to be required for participant access, the application will be processed following normal application procedure. If the vendor applicant is determined not to be required for adequate participant access, the application does not have to be processed. All applications received during the blackout period will be processed in chronological order of applications received.

Vendor Selection and Authorization

6. The vendor selection criteria used to select vendors for program authorization includes:
Required Criteria:

[X] EBT capable as defined in 7 CFR 246. 12(aa)(4)(ii)

[X] Competitive price criteria based on:

[X] Minimum stocking requirements (MSR) that include the federal minimum. MSR are:

[X] A requirement to obtain infant formula only from sources included in the State agency s list of State licensed infant formula wholesalers, distributors, and retailers and manufacturers registered with the U. S. Food and Drug Administration

[X] A business integrity criteria that includes:

[X] Lack of current SNAP disqualification or civil money penalty for hardship per 7 CFR 246. 12(g)(3)(iii)

[ ] Incentive items management (if the State agency is certified to authorize A50 vendors)

Optional criteria on This is not applicable for my state agency

[X] A requirement to stock a full range of foods in addition to WIC supplemental foods

[ ] Redemption of a minimum value/volume of food instruments and CVBs

[ ] Satisfactory compliance with previous vendor agreement

[X] Certification by an approved State or local health department

[X] Proof of authorization as a SNAP retailer, including SNAP authorization number

[ ] Lack of previous WIC sanctions

[ ] Hours of operation which meet State agency criteria

[X] Other

Specify: Minimum 3,000 square feet of retail space, less than 50 percent of total food sales from the redemption of WIC Food Instruments, 60 percent staple foods requirement.

[ ] NA

7. Infant formula: Please attach or briefly explain the policies and procedures for compiling and distributing to authorized WIC vendors, on an annual or more frequent basis, a list of authorized infant formula wholesalers, distributors, and retailers:

Alabama WIC will distribute the list in January at the beginning of a new calendar year or when USDA updates the approved wholesalers, distributors, and manufacturers. Alabama WIC also maintains a list of authorized infant formula wholesalers, distributors, and manufacturers on our website.

8. Does the State agency assess all vendor applications not meeting selection criteria for participant access?

- (●) Yes
- ( ) No

Describe or attach as an appendix the procedures used for assessing vendor applications for participant access:

Alabama WIC reviews new vendor applications to determine the criteria for participation is met. If not met, AL WIC determines if this potential vendor is needed for participant access. AL WIC utilizes a 10-mile radius to other WIC authorized vendors to determine if the potential applicant is needed for participant access.

9. Does the State agency authorize mobile stores?

- ( ) Yes
- (●) No

ADDITIONAL DETAIL Food Delivery Appendix and/or Procedure Manual (citation):

AL Administrative Code 420-10-2-.05 at https://admincode.legislature.state.al.us/administrative-code/420-10-2-.05

Vendor Cost Containment

10. Does the State agency authorize any vendors that derive more than 50 percent of their annual food sales from WIC transactions (i. e. A50 vendors)?

- ( ) Yes
- (●) No

11. When does the State agency assess vendors for above-50-percent status?

[ ] At authorization

[ ] 6 months after authorization

[X] Annually

[X] Other

Specify: AL WIC will assess all authorized vendors for A50 status annually. New vendors are assessed for A50 status four full months after the first WIC redemption.

12. How does the State agency assess vendors for above-50-percent status?

[ ] Use the Potential A50 Vendors report in FDP (previously WIC-6 in TIP)

[ ] Collect food sales documentation from vendor

[X] Collect food sales documentation from another agency

Specify: If newly authorized, AL WIC tracks redemption data for four full months after the first WIC redemption date and compares it to SNAP redemptions from STARS for the same period of time. AL WIC compares data to ensure that SNAP redemptions exceed WIC redemptions after four full months have passed. The same criteria is utilized for the annual A50 assessment except AL WIC determines the dates of redemption periods for WIC and SNAP redemptions. Food sales documentation from vendor may be collected if assessment shows WIC redemptions exceed SNAP redemptions.

[X] Other

Specify: If newly authorized, AL WIC tracks redemption data for four full months after the first WIC redemption date and compares it to SNAP redemptions from STARS for the same period of time. AL WIC compares data to ensure that SNAP redemptions exceed WIC redemptions after four full months have passed. The same criteria is utilized for the annual A50 assessment except AL WIC determines the dates of redemption periods for WIC and SNAP redemptions. Food sales documentation from vendor may be collected if assessment shows WIC redemptions exceed SNAP redemptions.

13. If the State agency authorizes above-50-percent vendors, please provide a copy of the State agency s policies and procedures on incentive items in accordance with 7 CFR 246. 12(g)(3)(iv). This is not applicable for my state agency

Vendor Peer Groups

14. Does the State agency establish distinct competitive price criteria and maximum allowable reimbursement levels for each vendor peer group?

(●) Yes

( ) No

15. Briefly describe how the State agency considers participant access by geographic area when establishing competitive price criteria and maximum allowable reimbursement levels.

Alabama WIC does not change the competitive price criteria or maximum allowable reimbursement levels based on participant access. AL WIC is currently gathering data to request an exemption for the geographic component of peer groups.

16. Are vendors assigned to peer groups for selection / authorization? The State agency has an exemption to use an alternative cost containment system.

- (●) Yes
- ( ) No

~~17.~~ Are vendors assigned to peer groups for reimbursement purposes? ~~The State agency has an exemption to use an alternative cost containment system.~~

- (●) Yes
- ( ) No

~~18.~~ Peer groups are based on the following: ~~The State agency has an exemption to use an alternative cost containment system.~~

[ ] WIC sales volume

[ ] Gross food sales

[X] Number of cash registers

[ ] Square footage

[X] Type of Store

[ ] Location of store

[ ] Local agency service area

[ ] City, county, or regional divisions

[ ] Urban, suburban, rural, island

[ ] ZIP codes

[ ] Other

19. Has the State agency received approval for an exemption from the requirement to use geography as one of the criteria for developing the peer groups?

- ○ Yes
- ◉ No

20. The State agency assesses the effectiveness of its peer group system and competitive price criteria to enhance system performance:

- ○ Annually
- ○ Biennially
- ○ Every three years
- ◉ Other

Specify: AL WIC IS CURRENTLY GATHERING DATA TO REQUEST AN EXEMPTION FOR THE GEOGRAPHIC COMPONENT OF PEER GROUPS.

21. How does the State agency assess the effectiveness of its peer group system and competitive price criteria?

AL WIC will assess the effectiveness of the peer group system and competitive price criteria through a T-Test analysis of a market basket as outlined on page 44 of the 2006 Interim Guidance on WIC Vendor Cost Containment. The items included milk, eggs, cheese, Enfamil Infant 12.5 oz. powder, adult cereal (Corn Flakes 18 oz. size), infant cereal, 64 oz. juice, and peanut butter. Said analysis will be for all authorized WIC vendors based on their redemption prices to help determine if a geographic component is needed vs. continued peer group system as is (number of registers).

a. Provide date of most recent FNS peer group assessment of effectiveness per 7 CFR 246. 12(g)(4)(ii)(C). 2017-09-17

b. Using the Vendor Peer Groups Chart (see Attachment 1), describe the peer groupings that the State agency plans to use during the upcoming fiscal year (e.g., supermarkets, medium and small grocery stores, convenience stores).

Vendor Peer Groups, State Agency: Alabama Fiscal Year: 2027

Peer Group No.	Description (e.g., supermarkets, chain stores, pharmacies)	Number of Vendors in Peer Group	Comparable Vendors Peer Group No.	Regular Vendors	Above 50% Vendors	Total

1	Type 1: Chain store with own wholesaler	257		257	0	257
2	Type 2: Major Independent - 5 or more cash registers	210		210	0	210
3	Type 3: Minor Independent - 3 to 4 cash registers	95		95	0	95
4	Type 4: Small - 1 to 2 cash registers	10		10	0	10
5	*Vendor Numbers as of 08/03/2026					

Vendor Exemptions

22. If the State agency has no peer group system, and instead uses an alternative cost containment system:

a. Has the State agency received approval for an exemption from the vendor peer group system requirement (7 CFR 246. 12(g)(4)(v))? This is not applicable for my state agency

- ○ Yes
- ◉ No

b. Describe the State agency s alternative system for comparing the prices of new vendor applicants and currently authorized vendors and selecting for authorization or reauthorization vendors that offer the program the most competitive prices: This is not applicable for my state agency

23. Does the State agency exempt from competitive price criteria pharmacies that provide only exempt infant formula or WIC-eligible medical foods to participants? This is not applicable for my state agency

- ○ Yes
- ◉ No

24. Does the State agency exempt non-profit WIC vendors (other than health or human services agencies that provide food under contract with the State agency) from competitive price criteria? This is not applicable for my state agency

- ○ Yes
- ○ No

a. Describe any other food cost containment systems (e.g., juice and cereal rebates, food item restrictions).

Refer to Food Funds Management Checklist A.4.c. for a list of limited authorized foods/container sizes/types to contain food costs.

Vendor Agreements

25. Please provide a copy of the State agency s current standard vendor agreement as an appendix and cite:

Attached AL WIC Vendor Agreement

26. Describe how the State agency transmits to vendors the sanction schedule and the process for notification of violations.

The sanction schedule is part of the AL WIC Vendor Agreement and in the Vendor Procedure Handbook. Per Federal Regulations - The State agency must notify a vendor in writing when an investigation reveals an initial incidence of a violation for which a pattern of incidences must be established to impose a sanction, before another such incidence is documented, unless the State agency determines, in its discretion, on a case-by-case basis, that notifying the vendor would compromise an investigation. It is an Alabama WIC policy to give a warning after the first violation.

27. Does the State agency use a nonstandard vendor agreement to meet any unique circumstances (e. g. commissaries, etc.)?

- ○ Yes
- ◉ No

28. Does the State agency delegate the signing of vendor agreements to its local agencies?

- ○ Yes
- ◉ No

ADDITIONAL DETAIL Food Delivery Appendix and/or Procedure Manual (citation):

AL WIC Procedure Manual Ch. 11 Vendor Management, Attachment AL WIC Vendor Management Manual

Vendor Training

29. Does annual vendor training cover the required content in 7 CFR 246. 12(i)(2)?

- ◉ Yes
- ○ No

30. Vendors or vendor representatives receive training on the following occasions and / or through the following materials:

[X] On-site (in-store) meetings/conferences

[X] Off-site meetings/conferences

[X] During routine monitoring visits (e.g., educational buys)

[X] When specialized technical assistance is requested

[X] Written materials (e.g., newsletters)

[X] Audio or video recordings

[X] Teleconference, video conference, or webinars

[ ] Vendor hotline

[X] Other

Specify: Alabama WIC website features training materials.

31. Vendors or vendor representatives receive interactive training as follows:

[X] At or before initial authorization

[X] At least once every three years

[ ] Annually or more frequently than once every three years

Vendor Training

32. The State agency delegates its vendor training to:

[X] None (State agency conducts all vendor training)

[ ] Local agencies

[ ] A contractor

[ ] A vendor association / representative

[X] Other

Specify: Local agency staff may assist with vendor training at the request of the state agency.

33. If not conducted by the State agency, please provide a description of the supervision and instruction provided to the training party to ensure the uniformity and quality of training: This is not applicable for my state agency

Alabama WIC Procedure Manual - Chapter 11, Section 11.5

34. Please describe how the State agency documents the content of and vendor participation in vendor training.

See attachments - Vendor Training Checklist and Vendor Training Sign-in Sheet

ADDITIONAL DETAIL Food Delivery Appendix and/or Procedure Manual (citation): This is not applicable for my state agency

AL WIC Procedure Manual Ch. 11 Vendor Management

Routine Monitoring Visits

35. Visits are conducted by:

[X] State agency staff

[ ] Local agency staff

[ ] Contractor

[ ] Other

36. If not conducted by the State agency, please provide a description of the supervision and instruction provided to the monitoring party to ensure the uniformity and quality of monitoring: This is not applicable for my state agency

37. The following procedures are used in determining whether a vendor is selected for a routine monitoring visit:

[ ] Random selection

[ ] Periodic / scheduled training

[ ] Periodic / scheduled review

[X] Complaints

[X] Other

Specify: WIC Representative selects vendors for routine monitoring from the AL Vendor Monitor History report in Crossroads. Priority is given to those vendors with the oldest monitoring date unless there is an active complaint that warrants a monitoring visit.

38. Vendor monitoring improvement plan - Please briefly describe the State agency s plan to follow up on last year's monitoring results in the coming fiscal year:

AL WIC will continue to focus on stores with the oldest Routine Monitoring Date on file and increase the quality of visits including education surrounding the AL WIC Program.

Vendor Sanctions

39. Attach the State agency s sanction schedule and the process for vendor notification. Cite attachments:

Attachment - Vendor Sanction Schedule
Per Federal Regulations - The State agency must notify a vendor in writing when an investigation reveals an initial incidence of a violation for which a pattern of incidences must be established to impose a sanction, before another such incidence is documented, unless the State agency determines, in its discretion, on a case-by-case basis, that notifying the vendor would compromise an investigation. It is an Alabama WIC policy to give a warning after the first violation. If applicable, a copy of the Warning notification must be placed in Section 4, Attachments of the Compliance Investigation Package.

40. Does the State agency s sanction schedule contain the required vendor sanctions as described under regulation 7 CFR 246. 12(l)?

- (●) Yes
- ( ) No

41. Does the State agency impose civil money penalties in lieu of permanent disqualifications?

- (●) Yes

Specify: Prior to disqualifying a vendor for a Supplemental Nutrition Assistance Program disqualification or any violations listed in paragraphs (5)(e)(2) through (4) of this Rule, the Department shall determine if the disqualification would result in inadequate participant access. If the Department determines that disqualification of a vendor would result in inadequate participant access, the Department shall impose a civil money penalty, calculated in accordance with 7 CFR §246.12, in lieu of disqualification. However, the Department may not impose a civil penalty in lieu of disqualification for third or subsequent sanctions for violations of paragraphs (4)(e)(2) through (4) of this rule.

◯ No

42. Pursuant to 246. 12(l)(1)(i) - In lieu of disqualifying a vendor for trafficking convictions, does the State agency choose to impose a civil monetary penalty when it determines and documents that:

[ ] (A) Disqualification of the vendor would result in inadequate participant access.

[ ] (B) The vendor had, at the time of the violation, an effective policy in place to prevent trafficking, and the ownership of the vendor was not aware of, did not approve of, and was not involved in the conduct of the violation.

[ ] NA

ADDITIONAL DETAIL Food Delivery Appendix and/or Procedure Manual (citation):

Attachments AL WIC Vendor Procedure Handbook, AL WIC Routine Monitoring Type 1-3,
AL WIC Routine Monitoring Type 4

Administrative Review of State Agency Actions

43. Please attach a copy of the administrative appeals process for vendors, farmers, and farmers markets (citation):

AL WIC PM Ch. 13

ADDITIONAL DETAIL Food Delivery Appendix and/or Procedure Manual (citation): on This is not applicable for my state agency

AL WIC PM Ch. 13

F. RETAIL FOOD DELIVERY SYSTEMS: FARMERS / FARMER S MARKETS

Does not apply

Does the State agency authorize farmers and/or farmers markets to accept the cash-value benefit (CVB) in exchange for eligible fruits and vegetables? (Note that authorized farmers may sell eligible foods to participants at a farmers' market or roadside stand.)(If no, enter Skip Section to skip the entire section.)

- ○ Yes
- ◉ No

Specify: Skip Section

Food instrument:

1. Please describe the type of food instrument used for CVB at farmers markets (for example: WIC EBT card with no modifications, WIC EBT card modified to include a QR code for use at farmers markets, QR code on a mobile app, mobile wallet, etc.):

General Management

2. Is CVB at farmers markets state-wide?

- ○ Yes
- ○ No

General Management

3. Does the State agency delegate any tasks related to the management of the Farmers or Farmers' Markets to another entity?

[ ] Yes (which tasks?)

[ ] No

General Management

4. Does the State agency authorize farmers / farmers markets to accept CVB based on authorization by the WIC Farmers Market Nutrition Program (FMNP)?

- ○ Yes
- ○ No

Agreements

5. Please provide a copy of the State agency s current farmer / farmers market agreement as an appendix and cite:

Training:

6. How often is training conducted for farmer / farmers markets?

[ ] At or before initial authorization

[ ] Annually

[ ] At least every three years following initial authorization

[ ] Other

7. How is training conducted?

[ ] Newsletter

[ ] Web-Based Training

[ ] Video Conference

[ ] In person

[ ] Other

8. Training is conducted by:

[ ] State agency

[ ] Local agency

[ ] Contractor

[ ] Other

9. If training is conducted by an entity other than the State agency, please provide a description of the supervision and instruction provided to the entity responsible for training to ensure the uniformity and quality of this Training: on This is not applicable for my state agency

Monitoring

10. Farmers/farmers' markets are included in the:

[ ] FMNP sample of farmers / farmers markets for monitoring

[ ] WIC sample of vendors for monitoring

[ ] Other

11. Monitoring includes:

[ ] Covert methods, such as compliance buys

[ ] Overt methods, such as routine monitoring

[ ] Other

ADDITIONAL DETAIL Food Delivery Appendix and/or Procedure Manual (citation):

ALABAMA WIC PROGRAM VENDOR PROCEDURE HANDBOOK

EFFECTIVE OCTOBER 1, 2026 - SEPTEMBER 30, 2029

ALABAMA PUBLIC HEALTH

Bureau of Family Health Services
Division of WIC
Vendor Management Branch

Alabama WIC Program Vendor Procedure Handbook, Effective October 1, 2026

ALABAMA WIC PROGRAM VENDOR PROCEDURE HANDBOOK

Vendor Management Branch
Women, Infants, and Children Division
Bureau of Family Health Services
Alabama Department of Public Health

This handbook is a living document. Revisions may be applied as needed. For the most recent version, please contact the State WIC Office at 1-334-206-5673 or visit the Alabama WIC Program Vendor Management page.

Follow the link to Authorized WIC Vendor Information at:

https://www.alabamapublichealth.gov/wic/vendors.html

STATE WIC OFFICE CONTACT INFORMATION

State WIC Office Vendor Management staff are available to assist vendors when questions or problems arise.

Contact Information:

State WIC Office:

Telephone: 1-334-206-5673
Toll free: 1-888-942-4673 (1-888-WIC-HOPE)
Email: wicvendortraining@adph.state.al.us
Fax: 334-206-2914

Mailing Address:

Alabama Department of Public Health
Bureau of Family Health Services – State WIC Office
The RSA Tower – Suite 1300
P.O. Box 303017
Montgomery, AL 36130-3017

Note: **If you are sending via UPS or FEDEX, Send to the address below:**

Alabama Department of Public Health
Bureau of Family Health Services – State WIC Office
201 Monroe Street, Suite 1300
Montgomery, AL 36104

Website: http://www.alabamapublichealth.gov/WIC

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INTRODUCTION TO WIC

WIC is the Special Supplemental Nutrition Program for Women, Infants, and Children funded by the United States Department of Agriculture (USDA). The mission of the WIC Program is to improve the health and nutritional status of women, infants, and children during critical times of growth and development. In Alabama, WIC services are provided in the local county health departments and administrated by the Alabama Department of Public Health and some private local agencies.

Local clinics certify individuals for participation in the WIC Program. Women applying for WIC must be either pregnant, had a baby in the past six months, or breastfeeding. Infants and children up to five years of age are also eligible to apply. Applicants must have proof of residency in Alabama, proof of identity, and proof of income. In addition to meeting income requirements, the participant must also have a nutritional risk, as determined by a health professional. Once certified, participants receive nutrition counseling, breastfeeding support, health care and social service referrals, and supplemental foods.

Currently, over 100,000 of Alabama's women, infants, and children participate in the WIC Program resulting in over $100,000,000 being spent at authorized WIC vendors across the state. Everyone that works for an authorized WIC vendor plays an important role in ensuring Alabama's participants receive only WIC approved foods. Foods provided by the WIC Program are good sources of nutrients. These foods include milk, yogurt, eggs, cheese, fruit juice, fortified cereal, peanut butter, dried or canned beans/peas, whole grain bread, brown rice, whole wheat or whole grain pasta, and fresh fruits and vegetables. Infants receive infant cereal and infant foods at the appropriate age. For infants who are not breastfed, iron fortified infant formula is provided.

Participants are issued benefits via an electronic process where the food benefits are automatically added onto a card, like a debit card. This card is known as the eWIC card. Participants receive a shopping list at the clinic that specifies the types and quantities of foods allowed for purchase. The benefits are good for a specific 30-day period and can only be redeemed at vendors authorized by the State WIC Office.

Alabama eWIC Cards

A sample of an Alabama eWIC card is shown below:

Primary Account Number (PAN): The 16-digit number on the front of an eWIC card that is associated with the WIC participant.

Lost eWIC Cards

If an eWIC card is found, store personnel should turn in the card to the manager on duty. The manager should keep the eWIC card in a secure place and make key personnel aware of its location.

If the eWIC card is unclaimed after 24 hours, the vendor **must** return the card to the local WIC clinic or mail it to the following address:

Alabama Department of Public Health
State WIC Office
P.O. Box 303017
Montgomery, AL 36130-3017

The vendor **shall not** hold or use a WIC customer's eWIC card and PIN for any reason. Store personnel should never contact WIC customers directly. If store personnel have any questions about returning lost eWIC cards, they should contact the State WIC Office.

eWIC VENDOR ENABLEMENT AND CERTIFICATION

eWIC Vendor Enablement and Certification

Since 2019, the Alabama WIC Program has issued WIC benefits to an eWIC card. eWIC transactions occur at authorized WIC vendors statewide. To process eWIC transactions, vendors must obtain the appropriate Point of Sale (POS) system and/or software. The POS system must be certified prior to accepting eWIC transactions.

To become an authorized WIC vendor and maintain an authorized status, all vendors must have their POS system certified to accept eWIC by Alabama's eWIC processor or a Third-Party Processor (TPP) certified by the state's eWIC processor.

Failure to obtain certification of an integrated POS system or a stand-beside (single function) device will result in termination of the vendor's Alabama WIC Vendor Agreement.

Level III Certification

Level III Certification is a live in-store test by WIC staff to verify the proper installation and set-up of the store's cash register system. Level III Certification involves successfully completing an eWIC balance inquiry, purchase, and void of an eWIC transaction.

Note: If the vendor's POS system is not already certified with the Alabama eWIC processor prior to becoming an authorized Alabama WIC vendor, a Level III Certification is required before accepting eWIC transactions.

Point of Sale Systems

There are two types of Point of Sale (POS) systems in eWIC:

Integrated Vendor – WIC software is part of the store's cash register system. Integrating WIC into the POS system and normal business processes are the preferred solutions as they allow grocers to manage inventory, payment, and settlement for WIC foods within the same system that manages transactions for cash and other payment tenders.

WIC authorized retailers that use an integrated POS:

- Accept all forms of electronic payment – eWIC, Supplemental Nutrition Assistance Program (SNAP), credit, and debit.
- Allow for a mixed basket transaction.
- Provide a more streamlined purchase experience for the WIC customer.

Stand-Beside Vendor – eWIC software is on a WIC only, single function POS device that accepts WIC payments. Vendors using a stand-beside device must reconcile the eWIC transaction to their Electronic Cash Register (ECR) system.

Single function POS device:

- Solely used to process eWIC transactions.
- Requires a "double scan" – first with the stand-beside device and second through the grocer's ECR system.

Vendors will also contact the state's eWIC processor for:

- Assistance with setting up a stand-beside POS system.
- Assistance with updating stand-beside contract documentation.
- Stand-beside POS maintenance, training, troubleshooting, and replacement.
- Transaction history, settlement information, disputes, and reconciliation procedures.
- Support system adjustments and resolution of out-of-balance conditions.

eWIC System Installation, Upgrades, and Maintenance

Vendors must comply with the following policies regarding eWIC POS system installation, upgrades, and maintenance:

1. Connect the vendor's POS system for each eWIC device/outlet covered by the WIC vendor agreement to the state's eWIC system at least once each 24-hour period to download reconciliation files and the Alabama WIC Approved Product List (APL).
2. Maintain an Alabama eWIC processor certified POS eWIC system that is available for WIC redemption processing during all hours the store is open.
3. Request the Alabama eWIC processor to re-certify the vendor's POS system if the vendor alters/revises the system in any manner that impacts the eWIC redemption/claims process after initial certification is completed. The following applies:
    - If the POS eWIC system is reconfigured or modified by the vendor and/or other parties in such a way that the eWIC POS system no longer exhibits the required system accuracy, integrity, or performance required and under

which requirements the eWIC POS system was certified, the state will not accept a redemption.

- The vendor is liable for all costs of all recertification events. Failure to seek recertification when the vendor's POS system is altered/revised shall subject the vendor to the financial liabilities for all transactions processed.

4. For vendors with integrated systems, obtain EBT card readers to support eWIC transactions within their store(s). The vendor must ensure that the EBT card readers they obtain meet all EBT and Alabama eWIC processor requirements. The vendor must:

   - Purchase EBT card terminals that are capable of properly reading eWIC card transactions.

   - Ensure that the EBT terminal(s) will be supported by integrated software that is fully capable of supporting WIC in-lane transactions.

   - The vendor's POS system must meet state certification requirements, including interoperability and Alabama eWIC processor requirements, prior to being placed in operation to accept EBT transactions.

   - Acknowledge that the performance of maintenance, cost of maintenance, and cost of future replacement of terminals is the vendor's sole responsibility.

5. Not charged to the Alabama WIC Program:

   - Third-party commercial processing costs and fees incurred by the vendor from eWIC multi-function systems and equipment.

   - Commercial transaction processing cost and fees imposed by a TPP that the vendor elects to use to connect to the eWIC system of the state shall be borne by the vendor.

   - Interchange fees related to eWIC transactions.

   - Ongoing maintenance, processing fees, or operational costs for vendor systems and equipment.

Vendors in need of assistance with the vendor enablement or certification process may contact the State WIC Office (1-334-206-5673) or the state's eWIC processor.

PROCESSING eWIC TRANSACTIONS

Processing eWIC Transactions

Vendors must process eWIC transactions accurately, in a timely manner, and in accordance with the terms of the Alabama WIC Vendor Agreement, the eWIC processor Vendor Agreement, the USDA Operating Rules WIC EBT, the WIC EBT Technical Implementation Guide (TIG), and federal regulations.

Transaction processing with the eWIC card is a more streamlined process because there are no paper Food Instruments or Cash Value Vouchers (CVVs) to complete. It is a requirement that a vendor owner, manager, or other authorized representative complete training on eWIC procedures prior to conducting eWIC transactions. Furthermore, the vendor must ensure that all cashiers and store personnel are fully trained in conducting and processing eWIC transactions. The procedures used for eWIC processing are determined by the type of POS system used by the vendor. Because all POS systems operate differently, Alabama WIC **does not** train store personnel how to conduct an eWIC transaction. Store employees should receive training on how to use their specific POS system from the corporate office, or for independent stores, the company that provides the POS system.

Understanding eWIC

To understand how eWIC works, you must understand the Approved Product List (APL) and the WIC customer's benefit balance. Alabama WIC maintains the APL to ensure that the WIC customer purchases only Alabama WIC approved foods. WIC benefits are issued to an electronic benefit account at the local WIC clinic. The WIC customer's benefit balance includes all benefits that are available for purchase on their eWIC card. The eWIC transaction is driven by the APL and the corresponding benefits on the WIC customer's card.

The Approved Product List

The APL file is a database of categorized Universal Product Codes referred to as UPCs. It ensures WIC customers only purchase Alabama WIC approved foods. The APL is maintained by the Alabama WIC Program. The APL file restricts cashiers from overriding items. The Alabama APL file includes the International Federation for Produce Standards (IFPS) Price Look-Up (PLU) Codes. Fresh fruits and vegetables with a UPC must be mapped (linked) to the respective PLU Code found on the IFPS website. This includes store generated fresh fruit and vegetable UPCs. Failure to map fresh fruits and vegetables may result in a loss of sales and a negative shopping experience for the WIC participant.

Tip: If an item is populating as WIC approved in the WIC Shopper app but not registering as WIC approved at the register, that is a sign that the APL is out of date. Contact the State WIC Office or your POS provider for further assistance. An

out-of-date APL may result in a loss of sales and a negative shopping experience for the WIC participant.

Note: No UPCs other than those for fresh fruits and vegetables can be mapped.

To appropriately configure an eWIC system to identify WIC approved foods for purchase, vendors must upload the APL in their system. The APL file is updated on an ongoing basis.

- Vendors with stand-beside devices will automatically have the APL programmed into the device when they receive it from the eWIC processor and will receive updates to the APL through automated downloads, as necessary.

- Regardless of the type of eWIC system used, vendors must connect the vendor's POS system for each outlet covered by the Alabama WIC Vendor Agreement to the state's eWIC processor's system at least once each 24-hour period to transfer reconciliation files and the WIC APL file. It is imperative that the APL is downloaded to each eWIC device/outlet in the store at least once every 24 hours.

- Vendors will adhere to the IFPS for PLU codes for fresh produce. Any store or manufacturer generated fresh fruit/vegetable UPC must be mapped back to an IFPS PLU for the same produce item in the APL.

Vendors, manufacturers, and wholesale suppliers can submit requests to update/add UPCs to the APL by completing an online submission form or via the WIC Shopper app.

Guidelines for submission of UPCs via the app and the online UPC submission form can be found at: https://www.alabamapublichealth.gov/wic/ewic-vendors.html.

Understanding the Benefit Balance

The benefit balance shown below is a combination of the Quantity, Unit of Measure (UOM), and Subcategory Description of the Item. Cashiers will need to understand the benefit balance and know how to read eWIC receipts in order to assist WIC customers with the eWIC transaction.

eWIC allows the customer to purchase only the WIC foods listed on their monthly benefit balance. As purchases are made, the foods will be deducted from their monthly benefit balance. The available amount will be reduced by the purchased amount until the benefits are exhausted or expire.

For example, if the WIC customer begins with 72 ounces of cereal and buys one 18 ounce box, there will be a remaining benefit balance of 54 ounces of cereal. If a participant buys 4 cans of peas/beans, their benefit balance will be reduced by 1 container, as 4 cans equals 1 container.

BENEFIT BALANCE:		
Quantity	**UOM**	**Description**
2	Dozen	Eggs – Any Size, White Only
48	Ounces	Whole Grains – AL WIC Approved
4.5	Gallons	1% or Fat-Free Milk
2	Pounds	Cheese
$26.00	$$$	Fruit and Vegetables - Fresh or Frozen
3	Gallons	Whole Milk
72	Ounces	Cereal
3	Containers	Canned or Dry Peas/Beans or Peanut Butter/Nut/Seed Butter
6	Ounces	Fish
32	Ounces	Yogurt - Low Fat/Non-Fat
2	Containers	Juice (64 oz.)

Processing an Integrated eWIC Transaction

If the vendor uses an **Integrated (multi-function) System**, the process is as follows:

1. It is generally not necessary to separate items for purchase with eWIC benefits.

   The vendor scans the UPCs and/or PLU codes for all items presented for purchase by the WIC customer.

   If the scanning device is not working, then the vendor can manually enter the correct UPC/PLU codes to complete the transaction.

   Integrated systems are programmed to identify WIC approved foods by the UPC/PLU code and deduct them from the WIC customer's benefit balance. Items presented for purchase that are not WIC approved, will not be paid for by WIC and cannot be deducted from the WIC customer's benefit balance.

2. The WIC customer swipes the eWIC card through the card reader device and enters their Personal Identification Number (PIN). This can be done at any time during the transaction.

3. The vendor's cash register system determines the items that are AL WIC approved.

4. The vendor applies all discounts and coupons the WIC customer is eligible for.

5. The midpoint receipt will print or display on the cash register screen. The receipt needs to be distributed or reviewed by the WIC participant before continuing the transaction.

6. The WIC customer accepts or denies the WIC portion of the transaction. If an item is not populating as WIC approved, this is where the participant should deny the transaction and both parties should troubleshoot the issue by reviewing the benefit balance and the midpoint receipt.

7. The cashier will finalize the WIC portion of the transaction.

8. The vendor's cash register system receives the response from the eWIC processor and the remaining balance for the transaction (if any) is presented to be paid.

9. If there is a remaining balance after the eWIC card has been tendered, the remaining balance must be paid by using another tender type (SNAP, Credit/Debit, Cash). **When a multi-tender transaction is performed, the WIC customer must swipe their eWIC card first before any other tender type is applied to ensure that the proper items are deducted from the WIC customer's benefit balance.**

10. Once the transaction is finalized, the vendor provides the WIC customer with a receipt that shows the items purchased and the remaining benefit balance.

Note: The transaction guidelines for integrated systems may vary slightly based on the vendor's POS system. The State WIC Office **does not** train on how to conduct an eWIC transaction as all register systems are different. Vendors with integrated systems should refer to the training materials provided by your POS provider or Corporate Office for comprehensive instructions on how to conduct eWIC transactions.

Processing a Stand-Beside eWIC Transaction

If the vendor uses a **Stand-Beside (single function) Device** provided by the eWIC processor, the process is as follows:

1. The WIC customer **must** first separate WIC approved foods from all other foods.

2. The WIC customer then swipes the eWIC card through the device and enters their PIN to authorize the transaction.

3. The cashier then scans the UPC or PLU for the WIC approved food, fruit, or vegetable into the stand-beside device. If the scanning device is not working, the vendor may manually enter the correct UPC/PLU code. Foods presented for purchase that are not WIC approved will be rejected by the system and will not be deducted from the WIC customer's benefit balance.

4. Once the UPC/PLU code is scanned or entered, the cashier must enter the item price into the stand-beside device. Depending on the vendor's cash register system, collection of the item price will vary. The price may be obtained directly from a sticker on the food item or from the store's cash register system display. **Steps 3 and 4 must be repeated for every WIC approved food, fruit, or vegetable presented for purchase by the WIC customer.**

5. The vendor then enters any discounts and/or coupons which the WIC customer is eligible for into both the stand-beside device and the store's cash register system.

6. The vendor calculates a total and then submits the transaction using the stand-beside device.

7. The vendor provides the WIC customer with a receipt printed from the stand-beside device which shows the items purchased and the remaining balance. The transaction is then complete in the store system.

Additional eWIC Transaction Requirements

1. Require the WIC customer to swipe their eWIC card to complete all eWIC transactions. Only in instances where the eWIC card's magnetic stripe or the card reader is not working can store personnel enter the number on the eWIC card to complete the transaction. A vendor must not manually enter the eWIC card number from any source other than the eWIC card.

2. Scan or manually enter UPC codes directly from the WIC food item being purchased and never scan codes from UPC codebooks or reference sheets. The Vendor shall not maintain a "scan book" or similar device with UPC labels in place of scanning the product UPC directly from the product being sold.

3. Provide WIC participants with an itemized midpoint receipt for each eWIC transaction that clearly identifies the item or items purchased, and the individual price charged for each item listed.

4. Provide WIC participants with an itemized receipt for each eWIC transaction that clearly identifies (1) the item or items purchased, and the individual price for each item listed and (2) the remaining benefit balance and the last day to use the WIC benefits.

5. Provide the WIC customer with only the AL WIC approved foods, fruits, and/or vegetables utilized during eWIC transactions.

6. Require the WIC participant to accept/approve the eWIC transaction and ensure vendor store personnel do not accept/approve any eWIC transactions for WIC participants under any circumstances.

7. Transmit and charge the current shelf price for the AL WIC approved foods being purchased and provided to the WIC customer.

8. Confirm the identity of the authorized person by requiring the use of the individual PIN to execute the eWIC transaction. The vendor shall not ask for any identification other than the PIN. Refusal to process the transaction is permitted if the person is unable to enter the correct PIN.

9. Only the WIC participant may enter the PIN to initiate the transaction. The vendor or any store personnel must not enter the PIN for the WIC participant.

10. Perform a balance inquiry and provide it to the WIC participant, if requested.

Receipt Requirements

Vendors are required to provide WIC customers with an itemized receipt for each eWIC transaction that clearly identifies the following three items:

1. The item or items purchased, with the individual price charged for each item listed.

2. The remaining balances of WIC items available.

3. The last day to use the WIC benefits.

Tip: The midpoint receipt is beneficial to review and distribute to help troubleshoot transaction issues.

The printed receipt provided to the WIC customer is a record of what was purchased at the vendor's store. Vendors must provide WIC customers with printed receipts in accordance with receipt requirements listed in the USDA Operating Rules WIC EBT.

Troubleshooting an eWIC Transaction

Cashiers must help troubleshoot why an item isn't ringing up and provide the best solution for the customer.

There are six primary reasons an item may not ring up:

1. Item is not an Alabama WIC approved item.

2. Fresh fruits and vegetables are not mapped. The item will need to be mapped by the corporate office or by vendor staff such as the pricing coordinator or produce manager.

3. Participant is not issued the WIC approved item.

4. Participant does not have enough of the benefit available to make the purchase.

5. APL may not be the most up to date version.

6. eWIC transaction exceeds 50 unique WIC approved food items (both UPCs and PLUs). WIC approved food items above 50 unique UPCs/PLUs will need to be separated into a separate transaction.

Even though the APL controls what products customers can buy, the **Alabama WIC Approved Foods Brochure** is still an essential tool that lists allowable food types, brands, and sizes of products. It can be used as a troubleshooting tool when foods are not ringing up as WIC approved and to help customers find the right foods. Additional food brochures can be requested by contacting the State WIC Office.

The Alabama WIC Approved Foods Brochure is also available by downloading the WIC Shopper App. The app allows store personnel to access the brochure right from their phones, scan items to determine if an item is AL WIC approved or not, submit items to the State WIC Office for Nutrition review, etc.

Understanding the reasons a product does not ring up as WIC approved will help store personnel assist WIC customers in using their eWIC card. Always remember WIC customers should be treated in the same polite and courteous manner as other customers.

Manufacturer and Store Promotions

WIC customers must be allowed to participate in manufacturer and store promotions offered to all other customers. This includes sales, coupons, loyalty, or participant reward cards.

Vendors are not allowed to offer incentives, promotional items, or services specifically for WIC customers or to encourage WIC participants to shop in a particular store.

Grocery delivery and customer transportation are not allowed.

The following are examples of promotions and specials that WIC customers are allowed to participate in:

Buy One Get One Free Promotions

If an item is buy one get one free, one item must qualify for WIC, but the free item does not have to be a WIC approved item. In addition, the free product does not impact their WIC benefit balance.

If a food item is advertised as “buy one get one free” with the disclosure that **each item is sold for half the advertised price**, both food items will impact their WIC benefit balance.

Buy One Get One at a Reduced-Price Promotions

If an item is buy one get one at a reduced price, **both** items must be WIC approved and will impact their WIC benefit balance. The full price is charged for the first item and the reduced price for the second item.

Manufacturer or Store Coupons

Manufacturer's coupons are deducted from the total WIC purchase.

The extra food items obtained from coupons **do not** impact their WIC benefit balance. **Only** tax on the coupon amount may be added to the discounted total.

Store Savings Cards or Customer Reward Cards

WIC customers are allowed to utilize store saving and customer reward cards used by regular customers

Note: Contact store management if you have cash register programming issues relating to store promotions. The State WIC Office does not instruct store employees on how to program cash register systems.

Returns and Exchange

Store employees should never provide WIC customers with refunds or gift cards. WIC customers can only exchange items purchased with eWIC if the item is defective, spoiled, or outside the sell/use date when purchased.

eWIC PAYMENT

Vendor Payment

A vendor applicant cannot transact eWIC until all pre-authorization procedures are completed and the vendor is authorized. This includes a pre-authorization site visit, completion of Alabama WIC Vendor training, E-Verify Memorandum of Understanding, receipt of signed agreements, and assignment of the vendor ID number. The State WIC Office notifies vendors when the vendor is authorized to process eWIC transactions.

The Department will make payment to authorized WIC vendors upon receipt of valid eWIC transactions. Vendors will receive payment for all eWIC transactions processed in their store through an Automated Clearing House (ACH) system in which payments are directly deposited into the vendor's bank account. Vendors are responsible for all arrangements with their payment processor, their financial institution, and the State of Alabama eWIC processor.

In eWIC, each item will have a maximum allowable price. The maximum allowable price is also known as the Not to Exceed (NTE) amount. If a vendor submits an item price that is above the NTE, their payment will be decreased to the NTE amount for the item. Vendors shall not seek restitution from customers for eWIC transactions not paid or partially paid by the Department.

The Alabama WIC Program will not reimburse an out-of-state vendor for any eWIC transactions unless the vendor is authorized by the Alabama WIC Program.

Vendor ID Number

Each authorized WIC vendor is issued their own unique vendor ID number by the State WIC Office. This number is used to identify payment processing for eWIC. The vendor ID number is not transferable and must only be used for transactions redeemed at the location listed in the Alabama WIC Vendor Agreement. If the store is sold, the new owner must complete the application process and, if approved, will be issued a new vendor ID number. Vendors who violate this will be subject to applicable sanctions.

ADMINISTRATIVE RESPONSIBILITIES

Vendor Agreement

The Alabama WIC Vendor Agreement is a legal, binding agreement between the Vendor and the Alabama Department of Public Health. It is imperative that as an authorized WIC vendor you carefully review your agreement and are familiar with its content.

The Alabama WIC Program is a federally funded program that is governed by USDA Federal Regulations and state requirements. Authorized vendors are required to adhere to all rules, policies, and procedures of the Alabama WIC Program. Authorized WIC vendors will be notified in writing of any program changes that occur during the agreement period.

Minimum Stock Requirements

Authorized WIC vendors must always maintain the minimum stock of WIC approved foods, regardless of the number of eWIC transactions at any given time. A complete, up-to-date list of the Minimum Stock Requirements (MSRs) can be found at https://www.alabamapublichealth.gov/wic/vendor-management.html.

Food items must be within the manufacturer's product eligibility dates to count towards the minimum stock requirement. Expired food items will not count towards the minimum stock requirement.

A vendor shall not use another store's brand items as part of the minimum stock requirements.

If at any time a WIC representative determines the vendor does not meet the Minimum Stock Requirements, the vendor will be required to show official documentation that the item is on order and scheduled for delivery. Failure to have such documentation on hand or provide documentation within 24 hours of the request may result in termination of the Alabama WIC Vendor Agreement.

Items listed as "supply upon request" are not part of the required minimum stock.

Infant Formula

The Alabama WIC Program promotes breastfeeding, but in cases where breastfeeding is not the option chosen, iron fortified infant formula is provided. The quantity, formula name, size, and type (Powder, Concentrate, or Ready to Feed) will be listed on the WIC customer's benefit balance.

At the request of a health care provider, specialized formula is available through the WIC Program. The Alabama WIC Program does not require vendors to stock all special formulas; however, at times, the local clinic or a WIC customer may request you, as a vendor, to stock a special formula.

Alabama authorized WIC vendors and vendors applying for WIC authorization **must** purchase infant formula from a list of approved sources maintained by the State WIC Office. The list will be updated periodically and is available on the Alabama Department of Public Health website: www.alabamapublichealth.gov/wic/vendors.html.

The only invoices for which the authorized WIC vendor will receive credit during any type of compliance activity must be from businesses on this list.

Vendors must adhere to the following procedures regarding infant formula:

- **NO** substitutions are allowed.
- **NEVER** issue a rain check, or I owe you (IOU).
- **NEVER** allow a WIC customer to exchange formula for another type of formula or for cash. If the WIC customer requires a different formula, instruct them to return to their local WIC clinic and a licensed nutritionist will assist them in determining what changes may be required.

Price Survey Requirements

The Alabama WIC Program is federally required to collect shelf prices on all new vendors.

Alabama's WIC program has received a Shelf Price Exemption that excludes the collection of price surveys from currently authorized WIC vendors.

Competitive Price Criteria

As established by USDA Federal Regulations, the state agency must use cost containment criteria in evaluating the prices charged for supplemental foods.

The vendors selected to participate in the WIC Program will be those that offer the most competitive prices. Since food costs have a major impact on the number of women,

infants, and children served, these measures enable the largest number possible to benefit from this valuable program.

All authorized WIC vendors are placed into a specified peer group based on store type and number of cash registers. A maximum allowable reimbursement level is set for each WIC approved food item.

The competitive price determination for individual food items will be computed by peer group using the redemptions for WIC eligible items.

The Alabama WIC Program utilizes the following four peer groups:

Peer Group	Description
1	Chain store with own wholesaler
2	Major Independent - 5 or more cash registers
3	Minor Independent - 3 to 4 cash registers
4	Small – 1 to 2 cash registers

Vendor Status Changes

Change in Information and Store Closure

The vendor must notify the State WIC Office at least 15 days prior to any changes in information including, but not limited to, name of store, management, business structure, or store closing. The notification must include the effective date of the identified change or store closure.

Upon the effective date of the store closure, the vendor agreement and vendor number will be terminated. If, for any reason, there is a change in the store closure date, immediately notify the State WIC Office.

Change in Ownership

If ownership changes, the Alabama WIC Vendor Agreement is no longer valid. The State WIC Office must be notified 15 days before the store is sold. Vendor agreements are not transferable. Once the State WIC Office is notified of the change in ownership, you will receive written notification regarding termination of your Alabama WIC Vendor Agreement.

If the new owner wishes to become an authorized WIC vendor, they must submit an Alabama WIC Vendor Application and complete the authorization process.

Should the Alabama WIC Program discover that a change in ownership has already occurred, the vendor authorization number will be immediately terminated. The State WIC Office may file a claim for any eWIC transactions that occurred after the change of ownership.

Agreement Termination

Vendors may voluntarily end their Alabama WIC Vendor Agreement by notifying the State WIC Office in writing at least 30 days prior to the effective date. Upon receipt of such notice, you will be sent written notification regarding termination of your Alabama WIC Vendor Agreement.

Changes in Store Location

Vendors must notify the State WIC Office, in writing, at least 15 days prior to any changes in location. Each store is authorized based on the ownership and street address that exists at the time of authorization; therefore, the WIC Vendor Agreement is **not transferable** to another location.

If the change in location is five miles or more from the original store site, the vendor must submit an updated application and sign a new Alabama WIC Vendor Agreement.

If the change in location is less than five miles from the original store location, the vendor must submit an updated application. A new Alabama WIC Vendor Agreement is not required.

Regardless of the distance, a site visit will be conducted by the State WIC Office to ensure the store continues to meet the Alabama WIC Program Criteria for Participation.

Temporary Closure due to Natural Disaster

Vendors shall notify the State WIC Office of any situation that occurs which negatively impacts participants' access to shop at an authorized store location, including but not limited to, natural disasters, fire, or any other adverse action which significantly reduces the store's normal operating hours.

Under no circumstances shall a store accept or process eWIC transactions while its status is considered "temporarily closed".

For emergency situations outlined above, vendors must notify the State WIC Office **within 72 hours** of the qualifying event, through one of the following methods:

Email: wicvendortraining@adph.state.al.us

Phone: 1-334-206-5673 or 1-888-942-4673 – ask for a member of Vendor Management

In the notification to the State WIC Office, the vendor must include the following information:

Name of the store; name of the contact person; store's WIC vendor number; active day-time telephone number; brief description of the emergency/event that has occurred that necessitated the store being unavailable for participant access; and an approximate date of when the store will resume normal operations.

After a temporary closure, vendors shall request, in writing, to the State WIC Office that the store's WIC vendor number be reactivated. This request must be submitted at **least 15 days in advance**. A site visit will be conducted to ensure the store continues to meet the Alabama WIC Program Criteria for Participation. If the POS system has not been altered/revised and is certified with the eWIC processor, a new Level III Certification will not be conducted. Closures that exceed 90 days require the vendor to complete the application process.

Vendor Training

In accordance with USDA Federal Regulations governing the WIC Program, authorized WIC vendors must receive training annually. Annual vendor training is **mandatory**. There are two (2) types of annual training: Agreement Renewal Year and Non-Agreement Renewal Year.

Annual Vendor Training

Agreement Renewal Year: All authorized WIC vendors are required to attend vendor training. Vendors are notified of the date, time, and location of this training. The agreement renewal year WIC vendor training is presented in a train-the-trainer format; therefore, it is important that the individuals selected to attend are those that are responsible for daily WIC operations. These individuals will sign a training checklist acknowledging attendance at training. It is the responsibility of the vendor training attendee to ensure store personnel are trained on WIC Program policies and procedures. The vendor must have at least two (2) store representatives present during the training session to meet the renewal training requirements. Failure to have at least two (2) store representatives accounted for at training may result in the termination of the Alabama WIC Vendor Agreement.

- Individuals attending the annual train-the-trainer session are **required** to return to

the store and conduct annual WIC training with store personnel.

- The training must be documented, and the documentation must be on file for all store personnel.

- The documentation must clearly indicate WIC training, employee name, and date the training was conducted.

Non-Agreement Renewal Year: Training is conducted through written material. All vendors shall receive written training instructions/materials via mail from the State WIC Office. An acknowledgement form will be included with the training. All vendors must complete and sign the acknowledgement form by the due date indicated. The vendor must have at least two (2) store representatives submit a training acknowledgement form to the State WIC Office to meet the annual training requirement. Failure to have at least two (2) store representatives submit a training acknowledgement form **prior to the due date** may result in the termination of the Alabama WIC Vendor Agreement.

- The individual completing the acknowledgement form is **required** to conduct annual WIC training with store personnel.

- The training must be documented, and the documentation must be on file for all store personnel.

- The documentation must clearly indicate WIC training, employee name, and date the training was conducted.

Employee Training Requirements

Employee training should be conducted during the onboarding stage for new employees and at least yearly for existing employees. Training documentation should be readily available either physically or digitally within the store's premises. This documentation must indicate the employee's name, the date of training, and specifically say WIC training.

New employees should review the training video found at https://www.alabamapublichealth.gov/alphtn/featured/wic-vendor-training.html to gain a better understanding of WIC, policy and procedures, and other WIC information.

The State WIC Office publishes Vendor Information Publications (VIPs) quarterly. These VIPs may be used as a training opportunity for existing employees. All employees should have access to the VIPs and should review them for program information and/or updates.

Training Acknowledgement Form

If your store does not have an official training acknowledgement form, you can use the Alabama WIC Program training acknowledgment form on the Department's website at: https://www.alabamapublichealth.gov/wic/vendors.html. Failure to provide documented proof of annual employee WIC procedures training is a violation of the Alabama WIC Program. If detected, the applicable sanction will be assessed, and continued violations will result in disqualification from the Alabama WIC Program.

WIC Acronym and Logo

- A WIC authorized vendor is not permitted to use the acronym "WIC" or the WIC logo, including close facsimiles thereof, in total or in part, either in the official name in which the vendor is registered or in the name under which it does business, if different. In addition, signs promoting the business, as well as advertisements and educational materials aimed at customers, may not use the acronym "WIC" or the WIC logo. Any form of marketing or advertising of the store that gives an impression that the business is owned, operated, approved, favored, or endorsed by the Alabama WIC Program is prohibited. This includes the use of the wording "WIC Only." The Alabama WIC Program only allows the use of State WIC Office issued signage. W.I.C. lettering on the building or outdoor signage is prohibited.

- It is a direct violation of the Alabama WIC Vendor Agreement and the USDA Federal Regulations that govern the WIC Program for any vendor to use the WIC acronym or the WIC logo, including close facsimiles thereof, in a prohibited manner. Violators will have their Alabama WIC Vendor Agreement terminated and are subject to an injunction by the USDA.

Shelf Labels

- The Alabama WIC Program has available a State WIC Office approved shelf label to identify food items as Alabama WIC approved. These shelf labels are to be placed at the exact spot that contains the WIC approved food item and are provided to authorized vendors at no cost. Applying shelf labels directly on the WIC approved food item is strictly prohibited.

- Authorized WIC vendors also can use their own shelf labels. However, these shelf labels must be approved by the Alabama WIC Program Director **prior** to use.

- Vendors must submit the final artwork/graphic image of the proposed shelf label, along with a written request for consideration of approval, to the State WIC Office. The request must include the proposed size, color, and any other distinguishing features. All requests must be submitted at least 45 days prior to the intended use date. A decision will be sent by the State WIC Office within 30 days of receipt of request.

- The proposed shelf label and request can be submitted via email or regular mail: Email: wicvendortraining@adph.state.al.us

  or

  U.S. Mail: Alabama Department of Public Health
  Bureau of Family Health Services – State WIC Office
  The RSA Tower – Suite 1300
  P.O. Box 303017
  Montgomery, AL 36130-3017

- Store personnel are responsible for monitoring the use of all posted shelf labels, regardless of the source, to ensure they accurately identify WIC approved foods.

Incentives

The Alabama WIC Program prohibits the use of incentives to entice WIC participants to shop in a particular store. Vendors who use advertisements to solicit the business of WIC participants, and/or offer incentives or delivery services will be subject to agreement termination.

Incentives are defined as any item, service, or gimmick used to solicit the patronage of a WIC participant. Incentives or promotional activities include free or complimentary gifts such as, but not limited to, diapers, free deli meals, and other free services, etc., offered exclusively to WIC participants. This includes conducting a raffle to encourage a WIC participant to shop in a particular store.

Offering incentive items solely to WIC participants is prohibited by USDA Federal Regulations.

Vendor Communications

- **IMPORTANT:** Correspondence sent by the State WIC Office typically requires some type of follow-up action to be taken by either the corporate office, store owner or manager. The State WIC Office strongly encourages a system to ensure communication from the Alabama WIC Program is forwarded to the appropriate person and/or shared with store personnel.

- It is the policy of the State WIC Office that any communication sent via certified mail may also be sent via first-class mail service. If the certified letter is returned by the post office as unclaimed or refused, then the vendor shall be deemed to have received the first-class letter three days after it was placed in the post office mail.

- Any correspondence to the State WIC Office should be sent to:

  Email: wicvendortraining@adph.state.al.us

  or

  U.S. Mail: Alabama Department of Public Health
  Bureau of Family Health Services – State WIC Office
  The RSA Tower – Suite 1300
  P.O. Box 303017
  Montgomery, AL 36130-3017

- You are encouraged to maintain a copy of any documentation sent to the State WIC Office.

- When you call the State WIC Office at 1-334-206-5673, ask to speak to a member of Vendor Management, and always write down the name of the person you spoke to, along with date, time, guidance provided, and any other relevant information given in case further follow up is needed.

Vendor Information Publication

The Vendor Information Publication (VIP) is a newsletter for Alabama WIC Vendors. The VIP is an educational tool used to inform WIC vendors and other interested parties about WIC Program changes, compliance issues, cashier reminders, etc. The newsletter is published quarterly and is available on the Department's website at: https://www.alabamapublichealth.gov/wic/vendors.html.

After receiving the VIP, the State WIC Office recommends the following:

1. Share with store personnel such as cashiers or customer service managers.
2. Post a copy of the VIP in a central location for others to read.
3. Use the VIP as a resource when conducting cashier and store personnel training.
4. Use the VIP as a training opportunity and document on the training acknowledgement form.

WIC COMPLIANCE

WIC Compliance

The Alabama WIC Program takes program fraud and abuse very seriously. In accordance with USDA Federal Regulations governing the WIC Program authorized WIC vendors found to be in violation of the Alabama WIC Vendor Agreement or engaging in fraudulent activities shall be sanctioned accordingly. A complete sanction schedule can be found at the end of this handbook and in the Alabama WIC Vendor Agreement.

There are two levels of sanctions: federally mandated sanctions and state sanctions. USDA Federal Regulations require mandatory sanctions be imposed for the violations outlined in section 7 CFR 246.12 of Federal Regulations governing the WIC Program. These two levels of violations are not all inclusive. The Department may sanction a vendor for a combination of violations or any other violation of the terms of the agreement.

Sanctions may include monetary claims, fines, termination of a Alabama WIC Vendor Agreement, disqualification of a vendor from the program, and civil money penalties. WIC Program violations can also result in criminal penalties and disqualification from SNAP. Vendor sanctions assigned in the preceding agreement period may impact a vendor's subsequent authorization. Violations of the WIC Program which occurred during the previous agreement period, if any, may be carried over and used as a basis for imposition of a sanction, termination, or disqualification under any subsequent agreements.

Methods of Investigation

WIC Program violations can be detected during routine monitoring visits, compliance investigations, inventory audits, and reviewing program reports. If a violation is detected the State WIC Office must impose the applicable sanction.

Routine monitoring is an overt, on-site monitoring visit during which program representatives identify themselves to vendor personnel.

- Authorized WIC vendors are subject to routine monitoring visits at **any time** for compliance to WIC requirements.
- During the monitoring visit, the WIC representative will verify minimum stock and check product expiration dates of all WIC approved foods.
- They will request an up-to-date training log and request a copy of infant formula invoices.
- All records pertinent to this monitoring visit must be available for review by the representative upon request.
- Monitoring visits are a good time for store employees to ask the WIC

representative any questions or express concerns that they may have regarding the WIC Program.

If the WIC representative documents any noncompliance during the monitoring visit, the vendor will receive the appropriate sanction for the violation.

Compliance investigations are a series of undercover buys to detect noncompliance. When violations are detected, the State WIC Office may impose sanctions, up to and including, disqualifying the vendor from participation in the Alabama WIC Program. In cases where a pattern must be established to impose a sanction, the State WIC Office will notify the vendor, in writing, upon the first act of noncompliance. The vendor will not be notified when it is determined that such notification would jeopardize the investigation.

Inventory audit is the official examination and documentation of a WIC vendor's inventory, accounts, and records to determine whether the vendor has purchased sufficient quantities of supplemental foods to provide participants the quantities redeemed by the vendor during a given time period.

Reviews of program reports are conducted to identify vendors who are out of compliance with program rules and regulations.

Overcharging

Vendor overcharging is intentionally or unintentionally charging more for supplemental food provided to a WIC customer than a non-WIC customer or charging more than the current shelf price for supplemental food provided to a WIC customer.

Vendor overcharging is NOT charging more than the maximum allowable reimbursement level. A vendor can charge less than the maximum allowable reimbursement level and still overcharge the WIC customer.

Vendor overcharging is a serious federal violation that can lead to vendor disqualification.

Vendor Claims

When the Department determines that a vendor received payment for improperly processed transactions, a claim will be assessed for repayment.

If a claim is assessed the vendor must reimburse the state WIC agency in full by the due date in the claim notification or the Alabama WIC Vendor Agreement will be terminated.

Vendor Disqualification

Disqualification periods are determined by the type of violation. Program violations are categorized by their seriousness. Each category lists the sanction that will be imposed for the corresponding violation. In the event of a disqualification, it is unlawful to sell, assign or otherwise transfer ownership to the vendor's partners, members, owners, officers, directors, employees, relatives by blood or marriage, heirs or assigns to avoid disqualification.

- Disqualification from SNAP shall result in an automatic disqualification of the same duration from the WIC Program. When a vendor is disqualified from SNAP or another state's WIC Program, the Alabama WIC Program will disqualify the vendor for the same length of time. In accordance with federal regulations, the disqualification may begin at a later date. The disqualification is not subject to an administrative or judicial review under the WIC Program.

- Civil Money Penalties may be imposed in lieu of disqualification in cases where the Department determines that the disqualification shall result in inadequate participant access. The Department shall determine there is inadequate participant access if geographic barriers or other conditions make participant access unreasonably difficult and no authorized WIC vendors are within ten miles of the violative vendor.

Appeals

Upon receipt of notice for certain sanctions, the vendor may request a full administrative review before an impartial hearing officer. The notification will detail the vendor's responsibility regarding the appeals process.

The formal administrative hearing regarding adverse actions taken against WIC vendors must adhere to the Hearing of Contested Cases rules found in Chapter 420-1-3 of the Alabama Administrative Code unless those rules are contrary to this Chapter or Part 246, Title 7 of the Code of Federal Regulations.

A full administrative review includes the opportunity to be represented by legal counsel at your own expense, examine the evidence upon which the action is based prior to the administrative hearing, present evidence, and witnesses, and confront and cross-examine adverse witnesses.

During the appeal process the vendor is permitted to continue operations. This does not relieve the vendor from the responsibility of continued compliance with the terms of any written agreement with the Department.

The Alabama WIC Director shall allow a vendor to continue in the WIC Program while an administrative review is in process, except for a vendor disqualified due to a trafficking

conviction and a vendor disqualified based upon a SNAP disqualification, which is not subject to an administrative or judicial review.

Complaint Process

At the State WIC Office, we are very concerned about program abuse and take all complaints seriously. WIC customers are not allowed to verbally abuse store employees or violate program requirements.

If you suspect a WIC customer or another vendor is abusing the Alabama WIC Program, contact the State WIC Office toll free at 1-888-942-4673 (1-888-WIC-HOPE).

Investigations are conducted on all complaints received. Due to the confidential nature of WIC investigations, no information can be released as to the outcome.

Confidentiality

In accordance with USDA Federal Regulations governing the WIC Program, 7 CFR §246.26 (e), the Alabama WIC Program may release vendor information such as the name, address, authorization status, phone number, website, email address and store type (e.g. grocery store, chain store, independently owned store).

Information about a WIC participant, whether obtained from the participant or another source, that identifies a WIC participant individually or anyone authorized to act on behalf of the participant is confidential. Store personnel are not allowed to release any information regarding a WIC participant.

CATEGORIES OF VENDOR VIOLATIONS OF ALABAMA WIC PROGRAM SANCTION SCHEDULE

Program violations are separated into categories by the seriousness of the violation. Each category lists the period of disqualification or fine for the violations and specifies whether warnings are given. Civil money penalties may be imposed in lieu of disqualification in cases where the Department determines that disqualification shall result in inadequate participant access. Vendor may be subject without warning to sanctions, including fines, disqualifications, and civil money penalties in lieu of disqualification, in accordance with Department's sanction schedule.

For Category I through Category IV, the vendor will receive a monetary penalty or disqualification for a second or subsequent offense that occurs within two years of the notice of the first violation.

Category VIII MANDATORY PERMANENT DISQUALIFICATION

1. Convicted of trafficking in food instruments, cash-value vouchers, or eWIC cards or selling firearms, ammunition, explosives, or controlled substances as defined in Section 102 of the Controlled Substances Act (21 U.S.C. 802) in exchange for food instruments, cash-value vouchers, or eWIC cards.

2. Permanent disqualification from SNAP.

Category VII MANDATORY DISQUALIFICATION FOR SIX YEARS

1. One incidence of buying or selling one or more food instruments, cash-value vouchers, or eWIC cards for cash (trafficking).

2. One incidence of selling firearms, ammunition, explosives, or controlled substances as defined in 21 U.S.C. 802, in exchange for one or more food instruments, cash-value vouchers, or eWIC cards.

Category VI MANDATORY DISQUALIFICATION FOR THREE YEARS

1. One incidence of the sale of alcohol or alcoholic beverages or tobacco products in exchange for one or more food instruments, cash-value vouchers, or eWIC cards.

2. *A pattern of claiming reimbursement for the sale of an amount of a specific WIC food item that exceeds the vendor's documented inventory of that WIC food item for a specific period of time.

3. **A pattern of vendor overcharges.

4. **A pattern of receiving, transacting and/or redeeming food instruments, cash value vouchers, or eWIC cards outside of authorized channels, including the use of an unauthorized vendor or an unauthorized person.

5. **A pattern of charging for supplemental food not received by the participant.

6. **A pattern of providing credit or non-food items, other than alcohol, alcohol beverages, tobacco products, cash, firearms, ammunition, explosives, or controlled substances as defined in 21 U.S.C. 802, in exchange for one or more food instruments, cash value vouchers or eWIC cards.

Category V MANDATORY DISQUALIFICATION FOR ONE YEAR

1. **A pattern of providing unauthorized food items in exchange for food instruments, cash value vouchers, or eWIC including charging for supplemental foods provided in excess of those listed on the food instrument, cash value voucher or listed on the eWIC account.

2. A pattern of an above-50-percent vendor providing prohibited incentive items to WIC participants.

Category IV Warning on First Offense; On Second or Subsequent Offense, Disqualification for One Year.

1. Requiring a participant to make a cash purchase in order to conduct an eWIC transaction.

2. Failure to scan and enter all sold UPC items, directly from the product being sold into the redemption system.

3. Using a “scan book” or similar device in which a UPC label(s) in such book or other device are used in place of scanning the product UPC directly from the product being sold.

4. Failure to comply with the eWIC operating rules, standards and technical requirements established in the current Operating Rules, and the Technical Implementation Guide (TIG).

5. Attempting to seek restitution from a participant for a rejected eWIC transaction.

6. Accepting eWIC card or cards in promise of providing foods at a future date or at a different location.

7. Contacting a WIC participant regarding an improperly processed or rejected eWIC transaction.

Category III Warning on First Offense; On Second Offense, $400.00 Fine and Vendor Submits a Written Corrective Action Plan and Attends Mandatory Training as Defined by the Department; On Third or Subsequent Offense, Disqualification for 12 Months.

1. Failing to properly process eWIC or accepting an eWIC transaction outside of the valid dates to use.

2. Issuing a rain-check or IOU when unable to fill a WIC.

3. Failing to mark the price of a WIC-approved food on the shelf or item.

4. Stocking a WIC-approved food outside of the manufacturer's expiration date.

5. Failing to provide the quantity or type of infant formula specified on the eWIC account.

6. Requiring a separate check-out lane for WIC participants.

7. Failure to offer a WIC participant any courtesy offered to other customers, including, but not limited to, a buy one get one promotional opportunity or the use of a store loyalty card, manufacturer and/or store coupon.

8. Threatening or abusing, either verbally or physically, WIC participant or WIC personnel in the conduct of official WIC business.

Category II Warning on First Offense; On Second Offense, $300.00 Fine and Vendor Submits a Written Corrective Action Plan and Attends Mandatory Training as Defined by the Department; On Third or Subsequent Offense, Disqualification for 9 Months.

1. Requiring additional ID besides the Personal Identification Number (PIN), in order to process an eWIC transaction.

2. Allowing the purchase of a WIC food in an unauthorized container size.

Category I Warning on First Offense; On Second Offense, $200.00 Fine and Vendor Submits a Written Corrective Action Plan and Attends Mandatory Training as Defined by the Department; On Third or Subsequent Offense, Disqualification for 6 Months.

1. Allowing the exchange of a WIC food item obtained with eWIC cards other than items that are defective, spoiled, or outside their sell/use date at time of redemption.

2. Allowing a refund for a returned food item.

3. Requiring the purchase of a specific brand if more than one WIC-approved food brand is available and allowed by the State WIC Program.

4. Failure to provide employee training on WIC procedures.

5. Vendor making or keeping a record of a participant's name or WIC identification number after an eWIC card is transacted by or on behalf of a participant for which payment has been denied by the WIC Program.

6. Requiring WIC customers to purchase all items in the eWIC account.

7. Failure to provide a WIC participant an itemized cash register receipt with each eWIC transaction.

*A pattern for this violation can be established during a single review where a vendor's records indicate that the vendor's redemptions for a specific food item exceeds the documented inventory for a two-month audit period.

**A pattern for compliance investigations is defined as committing the same violation two (2) or more times during a compliance investigation which consists of at least three (3) buys.

Second Mandatory Sanction. When a vendor, who previously has been assessed a sanction for any of the violations in Category V through Category VIII, receives sanctions for any of these violations, the Department shall double the second sanction. Civil money penalties may only be doubled up to the limits allowed under 7 CFR §246.12.

Subsequent Mandatory Sanctions. When a vendor, who previously has been assessed two or more sanctions for any of the violations listed in Category V through Category VIII, receives sanctions for any of these violations, the Department shall double the third sanction and all subsequent sanctions. The Department may not impose civil money penalties in lieu of disqualification for third and subsequent sanctions for violations listed in Category V through VIII.

ALABAMA WIC PROGRAM
MINIMUM INVENTORY REQUIREMENTS
EFFECTIVE JANUARY 01, 2026

Note: Minimum stock criteria may be verified by invoices if product shortage exists.

FOOD ITEM	DETAILS	MINIMUM REQUIREMENTS	
	The Alabama WIC Approved Food Brochure contains more detailed information for each food category. AL WIC supplies Food Brochures upon request.	**Store Type 1 – 3 3+ registers**	**Store Type 4 1 - 2 registers**
INFANT FORMULA Enfamil Infant (Milk Based)	12.5 oz. Powder	18 Cans	12 Cans
Enfamil Gentlease	12.4 oz. Powder	12 Cans	6 Cans
Enfamil AR	12.9 oz. Powder	6 Cans	6 Cans
Enfamil ProSobee (Soy Based)	12.9 oz. Powder	6 Cans	Must supply upon request.
DRY INFANT CEREAL	8 oz. Container; Gerber or Earth's Best Organic Rice, Whole Wheat, Oatmeal, Gluten Free, Organic, or Multigrain. Not allowed: Cereal with Fruit or other additives, DHA, Probiotic or cereal puffs.	10 Containers - 2 varieties	6 Containers
INFANT FRUITS & VEGETABLES	Any 1st and 2nd stage fruits and vegetables of these sizes, container sizes, and brands: Beech-Nut 4 oz. jar: Classics, Naturals, and Organics. Gerber 2 oz. 2-packs, 4 oz. 2-packs, and 4 oz. jars (including Organic). Happy Baby: 4 oz. jars and 3.5 oz. – 4 oz. pouches Plum Organics: 3.5 oz. – 4 oz. pouches Earth's Best: 3.5 oz. pouches	64 Containers. May be any combination of approved products and flavors.	32 Containers. May be any combination of approved products and flavors.
MILK, Whole	Whole Milk including Lactose Free / Lactose Reduced Not allowed: 2% milk, buttermilk, Chocolate or flavored milk, acidophilus treated, condensed, chocolate drink, or organic.	4 Gallons	2 Gallons
MILK, Fat Free or 1% Low Fat	Fat Free or 1% Low Fat including Lactose Free / Lactose Reduced / Calcium Enriched Not allowed: 2% milk, buttermilk, Chocolate or flavored milk, acidophilus treated, condensed, chocolate drink, or organic.	10 Gallons	4 Gallons
YOGURT, Whole milk, Low Fat or Non-Fat (including Greek)	16 oz. (1 lb.) or 32 oz. (2 lb.) Packages See the Alabama WIC Approved Foods Brochure for the approved products, flavors, and combinations allowed.	12 Containers. May be any combination of approved products and flavors.	Must supply upon request.
EGGS	Any size white eggs (small - jumbo) in 6 count, 12 count, or 18 count cartons. Not allowed: brown, hard boiled, organic, specialty eggs such as cage free, grain fed hen, omega 3, or low cholesterol.	6 Dozen	4 Dozen

***See Alabama WIC Approved Foods Brochure for Additional Details and Pictures**

ALABAMA WIC PROGRAM
MINIMUM INVENTORY REQUIREMENTS
EFFECTIVE JANUARY 01, 2026

Note: Minimum stock criteria may be verified by invoices if product shortage exists.

FOOD ITEM	DETAILS	MINIMUM REQUIREMENTS	
	The Alabama WIC Approved Food Brochure contains more detailed information for each food category. AL WIC supplies Food Brochures upon request.	**Store Type 1 – 3 3+ registers**	**Store Type 4 1 - 2 registers**
CHEESE Least Expensive Brand	8 oz. or 16 oz. Package. Domestic only. Block, sliced, mozzarella string, or shredded of the following varieties: Cheddar, Colby, Monterey Jack, Mozzarella, Muenster, Processed American, Provolone, and Swiss. Any combination of the approved types. Not allowed: cheese food, spread, product, imitation, cubes, sticks, crumbles, cheese from deli, peppers, cream cheese or other added ingredients.	12 Packages. May be any combination of approved products.	6 Packages. May be any combination of approved products.
FISH	Any size container of Light Tuna or Pink Salmon packed in water. Includes foil pouches. Not allowed: Packed in oil. White, albacore or yellow fin tuna. Sockeye or red salmon. Fresh or frozen fish. Lunch packs, kits or tuna salad.	30 Containers. May be any combination of approved products.	15 Containers. May be any combination of approved products.
64 oz. or 128 oz. JUICE	All brands must be 100% juice and must have 72 mg (80%) Vitamin C per 8 fl. oz. or 120% Vitamin C (when mg not listed on the label). See the Alabama WIC Approved Foods Brochure for the approved products and flavors.	10 - 64 oz. Containers or equivalent.	8 – 64 oz. Containers or equivalent.
CEREAL 8.9 to 36 oz. Boxes or Bags only.	See the Alabama WIC Approved Foods Brochure for approved cereals and whole grain classification.	18 Boxes. Must stock 6 different varieties and 4 of the varieties must be whole grain.	9 Boxes. Must stock 3 different varieties and 2 of the varieties must be whole grain.

***See Alabama WIC Approved Foods Brochure for Additional Details and Pictures**

ALABAMA WIC PROGRAM
MINIMUM INVENTORY REQUIREMENTS
EFFECTIVE JANUARY 01, 2026

Note: Minimum stock criteria may be verified by invoices if product shortage exists.

FOOD ITEM	DETAILS	MINIMUM REQUIREMENTS	
	The Alabama WIC Approved Food Brochure contains more detailed information for each food category. AL WIC supplies Food Brochures upon request.	**Store Type 1 – 3 3+ registers**	**Store Type 4 1 - 2 registers**
PEANUT BUTTER OR NUT/SEED BUTTER	16 – 18 oz. Container. Any brand. May be chunky, creamy, crunchy, or low sodium. Wowbutter and Sunbutter are the only approved Nut/Seed butter brands. **Not allowed:** whipped, spreads, omega 3, reduced fat, organic, combinations with jelly, honey, etc.	8 Containers	6 Containers
WHOLE GRAIN CHOICES	12-24 oz. Package. All 100% Whole Wheat and 100% Whole Grain Breads are allowed. Specific brands and types of whole wheat and corn tortillas. See the Alabama WIC Approved Foods Brochure for details. Whole Wheat/Whole Grain pasta – any package size/any brand. Brown Rice – any package size/any brand. Oatmeal – Quick-cooking, rolled, old fashioned, steel-cut; any package size, canisters, boxes, or bags.	12 Packages. Must stock 3 different varieties of whole grain choices.	6 Packages. Must stock 2 different varieties of whole grain choices.
FRESH OR FROZEN FRUITS AND VEGETABLES	See Alabama WIC Approved Foods Brochure for information on approved fresh and frozen fruits and vegetables.	Must stock 4 varieties of fresh or frozen fruits and 4 varieties of fresh or frozen vegetables.	Must stock 3 varieties of fresh or frozen fruits and 3 varieties of fresh or frozen vegetables.

***See Alabama WIC Approved Foods Brochure for Additional Details and Pictures**

ALABAMA WIC PROGRAM
MINIMUM INVENTORY REQUIREMENTS
EFFECTIVE JANUARY 01, 2026

The items listed below are not part of the required minimum stock; however, as an Alabama authorized WIC vendor, if a customer requests an item below, you are required to supply the item(s) upon request.

FOOD ITEM	DETAILS	
ENFAMIL REGULINE	12.4 oz. Powder	**SUPPLY UPON REQUEST**
INFANT MEAT	2.5 oz. Container; Gerber or Beech-Nut plain meat with broth or gravy. Not allowed: meat sticks, pouches with meats.	**SUPPLY UPON REQUEST**
SPECIAL MILK	Soy Milk or Plant-Based Milk Alternatives: half gallon or 96 oz. Lactose free: half gallons or 96 oz. Whole Milk: 1 quart. Evaporated (Canned Milk): 12 oz. Can. Carnation and Pet brands only. Dry Milk (Powdered): 9.6 oz., 25.6 oz., or 39.5 oz. container. Ultra High Temperature: 32 oz. container. See the Alabama WIC Approved Foods Brochure for approved brands. Not allowed: buttermilk, flavored, acidophilus treated, condensed, organic, chocolate drink, and 2% milk.	**SUPPLY UPON REQUEST**
CANNED PEAS OR BEANS	15 -16 oz. Canned peas/beans. Any brand and must be a mature legume. See the Alabama WIC Approved Foods Brochure for approved legumes. Not allowed: vegetables, organic, added fats, meats, seasonings, oils, sauces, or creamed style.	**SUPPLY UPON REQUEST**
DRY PEAS OR BEANS	16 oz. Bag. Any brand. Not allowed: added flavorings or organic.	**SUPPLY UPON REQUEST**

***See Alabama WIC Approved Foods Brochure for Additional Details and Pictures**

eWIC DEFINITIONS AND ABBREVIATIONS

Automated Clearing House (ACH): An electronic network for financial transactions in the United States. ACH processes large volumes of credit and debit transactions in batches.

Approved Product List (APL): The list of Universal Product Codes (UPCs) and Price Look-Up (PLU) codes for WIC approved foods, fruits, and vegetables that are authorized for purchase by WIC customers.

Benefit Balance: The unspent food benefits which are available for purchase by a cardholder.

Cash Value Benefits (CVB): A fixed dollar amount on the electronic benefit transfer card used by a participant to obtain authorized fruits and vegetables.

Electronic Benefit Transfer (EBT): A WIC benefit access method that permits electronic access to WIC food benefits using a plastic card. **EBT for the Alabama WIC Program is referred to as eWIC.**

eWIC Capable: The WIC vendor demonstrates their cash register system or payment device can accurately and securely obtain WIC food balances associated with an eWIC card, maintain the necessary files such as the APL, and successfully complete eWIC purchases.

eWIC Processor: The entity contracted with the Alabama WIC Program for the implementation, maintenance, and operation of the Alabama WIC Program's eWIC system that acts as the agent of the Program to process and settle eWIC transactions.

Food Benefit: The individual WIC approved foods a participant receives for a selected month.

Integrated Vendor: The WIC software is part of the store's cash register system. Integrating WIC into the Point-of-Sale (POS) system and normal business processes is the preferred solution as it allows grocers to manage inventory, payment, and settlement for WIC items within the same system that manages transactions for cash and other payment tenders.

International Federation of Produce Standards (IFPS): The federation maintains and manages an international database for Price Look-Up (PLU) numbers. The long-term objective of the federation is to improve the supply chain efficiency of the fresh produce

industry through developing, implementing, and managing harmonized international standards.

Multi-function Equipment: POS equipment obtained by a WIC vendor through commercial suppliers, which can support WIC EBT and other payment tender types. This is also known as an integrated system.

Personal Identification Number (PIN): A numeric password used by a WIC participant to authenticate the participant to the eWIC system.

Point of Sale (POS) Terminal: An electronic device used to process eWIC card payments at authorized vendor locations.

Primary Account Number (PAN): The 16-digit number on the front of an eWIC card.

Price Look-Up (PLU) code: An identification number placed on produce sold at authorized vendor locations.

Stand-Beside Vendor: The eWIC software is on a stand-beside POS device and can support only eWIC payments.

Single-function Equipment: POS equipment such as barcode scanners, card readers, PIN pads, and printers provided to an authorized WIC vendor solely for use with the WIC Program.

Statewide eWIC: When the state agency has converted all WIC clinics to eWIC, and all authorized WIC vendors are capable of transacting eWIC purchases.

Third Party Processor (TPP): A contracted company that routes transactions and makes consolidated settlement and payments to the WIC vendor.

Universal Product Code (UPC): A barcode printed on the packaging of foods to aid in identifying an item. The purpose of UPCs is to make it easy to identify product features, such as the brand name, item, size, and color, when an item is scanned at checkout.

AVAILABLE WIC MATERIALS

The items below can be ordered directly from the State WIC Office:

Alabama WIC Program Vendor Procedure Handbook – The Alabama WIC Program Vendor Procedure Handbook ensures that vendors are in compliance with regulations and procedures.

Alabama WIC Approved Foods Brochure – This detailed food brochure includes pictures and descriptions of Alabama WIC approved food items. A copy of this brochure must be available for store personnel. Each participant is given a brochure during their local clinic visit.

Alabama WIC Window Clings – A window cling identifying the vendor as an authorized WIC vendor.

Alabama WIC Shelf Labels – Shelf labels are used to identify products as Alabama WIC approved. Utilizing shelf labels assists participants in easily identifying Alabama WIC approved products. In accordance with federal regulations shelf labels are never to be affixed directly on a WIC approved product.

Cashier: eWIC Essentials – The Alabama WIC Program Cashier: eWIC Essentials is specifically designed for use in training new cashiers regarding eWIC program requirements.

All materials are provided free of charge to authorized WIC vendors. Most materials may also be found online at:

https://www.alabamapublichealth.gov/wic/vendors.html

Women, Infants, and Children (WIC) Nondiscrimination Statement

In accordance with federal civil rights law and USDA civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 270-2600 (voice and TTY) or contact USDA through the Federal Relay Services at (800) 877-8339.

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

1. **Mail**:
   U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights,
   1400 Independence Avenue, SW
   Washington, D.C. 20250-9410; or
2. **Fax**:
   (833) 256-1665 or (202) 690-7442; or
3. **Email**:
   program.intake@usda.gov.

This institution is an equal opportunity provider.

ANTI-DISCRIMINATION CLAUSE

Vendor will comply with Titles VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, the Age Discrimination Act of 1975, Title II and Title III of the Americans with Disabilities Act (ADA) of 2022 as amended by the ADA Amendment Act of 2008, and all applicable Federal and State laws, rules and regulations implementing the foregoing statutes with respect to nondiscrimination on the basis of race, color, national origin, age, sex, or disability, as defined in the above laws and regulations. Sub-Recipient shall not discriminate against any otherwise qualified disabled applicant for, or recipient of aid, benefits, or services or any employee or person on the basis of physical or mental disability in accordance with Section 504 of the Rehabilitation Act of 1973 or the Americans with Disabilities Act of 2022.

STATE OF ALABAMA

MONTGOMERY COUNTY

ALABAMA WIC VENDOR AGREEMENT

AUTHORITY:

This agreement is made pursuant to the provisions of Public Law 89-642, as amended, consolidated regulations promulgated thereunder, codified at 7 C.F.R. § 246 (1999), and Code of Ala. 1975, § 22-12C-1, et seq.

PARTIES:

This agreement is entered into by and between the **Alabama Department of Public Health**, hereinafter referred to as **"Department,"** and retail vendor identified below, hereinafter referred to as **"Vendor,"** in consideration of the terms, conditions, and covenants herein contained and the provisions stipulated. This agreement is effective on the date notated below and terminates **September 30, 2029**.

NAME OF STORE OR BUSINESS	**ALABAMA WIC PROGRAM AGENCY USE ONLY**
STREET ADDRESS	WIC VENDOR AGREEMENT NUMBER
CITY STATE	EFFECTIVE DATE
ZIP COUNTY	

PURPOSE:

The purpose of this agreement is to provide a mechanism for the distribution of nutritious foods to eligible women, infants, and children, and/or duly designated proxies. **Alabama's Women, Infants and Children Program** is hereinafter referred to as the **"Alabama WIC Program"** or **"WIC Program."** The Alabama WIC Program operates a retail food delivery system. The Alabama WIC Program food delivery and federal regulations define a *food instrument* as a voucher, check, electronic benefits transfer (EBT), coupon or other document which is used by a participant to obtain supplemental foods. The Alabama WIC Program utilizes EBT, commonly known as eWIC. The Department provides reimbursement to the Vendor upon properly processed eWIC transactions.

THE PARTIES HEREBY AGREE AND CONVENANT AS FOLLOWS:

SECTION I

THE DEPARTMENT SPECIFICALLY AGREES TO:

1. Provide a stand-beside point of sale (POS) device to non-integrated participating retailers at no cost in a manner consistent with 7 CFR § 246.12(z)(2).
2. Pay all valid eWIC transactions properly submitted for payment. eWIC transactions may be deemed invalid for payment or, if paid, future payments may be offset for any of the following reasons:
   a. The Vendor does not successfully submit the eWIC claim to the Alabama eWIC service provider processing system as required;
   b. Vendor failed to connect to the host server within a contiguous 48-hour period;
   c. The eWIC transaction appears to be forged, altered, or falsified;

d. The Vendor accepted the transaction before being certified by the WIC Program;
e. The Vendor accepted the transaction after being disqualified or terminated from the WIC Program;
f. The Vendor did not have a fully executed/valid agreement with Alabama's eWIC service provider at the time of the transaction;
g. The price of the food item within a transaction exceeds the Universal Product Code (UPC) Maximum Allowable Reimbursement Level (MARL) for that food item and quantity, or exceeds the store's customary selling price for the food sold; or
h. The transaction includes UPCs/dollar amounts for foods not received by the WIC participant.

3. Provide Vendor fifteen (15) days to reimburse the Department for payment improperly received by the Vendor for eWIC transactions that did not satisfy the terms of the agreement. Vendor will be allowed the opportunity to justify or correct the error. Reimbursement does not negate the imposition of sanctions.
4. Issue a WIC Vendor number for Vendor identification of eWIC transactions for reimbursement.
5. Provide Vendor with notification for changes to federal or state statutes, regulations, polices, and procedures governing the WIC Program before the changes are implemented.
6. Provide Vendor with training on responsibilities as an authorized WIC Vendor.
7. Provide Vendor with WIC materials such as Alabama WIC Approved Foods Brochures, WIC signage, etc.
8. Provide Vendor written notification of changes in the WIC Program including changes in food items which are described and set forth in the Alabama WIC Approved Foods List (APL) and Approved Foods Brochures.
9. Provide an impartial method whereby the Department may impose sanctions against Vendor as outlined in this agreement (Attachment I). A Vendor who is disqualified may apply for a new agreement after the disqualification period expires, except for category VIII violations.

SECTION II

THE VENDOR SPECIFICALLY AGREES TO:

1. Adhere to the Vendor agreement, federal and state statutes, regulations, policies, and procedures governing the WIC Program including any changes made during the agreement period.
2. Refuse to accept or process eWIC prior to agreement delivery and completion of Vendor training. The Department shall deny reimbursement for any eWIC transactions processed by the Vendor prior to the Alabama WIC Program receiving documentation of completion of Vendor training and agreement delivery.
3. Comply with Criteria for Participation. Vendor shall comply with Vendor Criteria for Participation throughout the agreement period, including any changes made to the criteria for participation. The Department shall give the Vendor notice of any changes to participation criteria. The Department may reassess any Vendor at any time during the Vendor's agreement period using the Criteria for Participation in effect at the time of the reassessment. The Department shall terminate those Vendors that fail to meet any of the Criteria for Participation. Criteria for Participation require that a Vendor shall:
   a. Maintain a minimum of 3,000 square feet of continuous retail space which is exclusively devoted to food sales. Square footage areas that are not continuous retail food sales areas open to the public and are used for other purposes irrelevant to the purpose of the Alabama WIC Program will not be considered as a part of the minimum square footage requirement. Retail space does not include office space, storage areas, or restrooms.
   b. Operate a business whose primary purpose is to be a retail grocer. Retail grocery does not include the following: gas stations, specialty stores, liquor stores, home delivery groceries, bait shops, etc. All Vendors shall have a recognized grocery department in a stationary location that is a separate and distinct area. The Vendor, on any given day of operation, shall offer for sale and normally display a variety of different types of staple foods in addition to WIC approved foods. The Vendor shall be open for business to customers at least 8 hours per day, 6 days per week.
   c. Ensure that 60 percent of total sales will be in staple foods with the exception of Vendors whose square footage exceeds 10,000 square feet. This requirement allows the WIC participant to purchase a variety of foods for home preparation and consumption as recommended by the United States Department of Agriculture (USDA) MyPlate dietary guidance. Staple food groups include meat, poultry, fish, breads, cereal, vegetables, fruit, and dairy products. A portion of the Vendor's total staple foods must include perishable foods that are either frozen staple food items, or fresh, un-refrigerated or refrigerated staple food items that will spoil or suffer significant deterioration in quality within two to three weeks. Staple foods **do not** include accessory foods such as coffee; tea; cocoa; soda; non-carbonated drinks, such as, sports drinks, punches, and flavored waters; candy; chips; condiments; spices; hot foods; or foods ready to go or made to take out, like prepared sandwiches or salads.
   d. Maintain a current Food Establishment Permit issued by a local health department or a state inspection

certificate, approved by the Alabama WIC Program.

e. Maintain at all times sufficient quantities of WIC approved foods as defined by the mandatory minimum stock requirements. The minimum stock requirements may be found at www.alabamapublichealth.gov/wic/vendors.html. Items must be within the manufacturer's product eligibility dates to count towards the minimum stock requirement. No expired WIC food shall be available for sale. Vendor shall not use another store's brand items as part of the minimum stock requirements.
f. Provide WIC approved supplemental food items at prices that are competitive with other stores of similar size in Alabama. These prices shall not exceed the maximum price as set by the Department.
g. Maintain authorization as a USDA Supplemental Nutrition Assistance Program (SNAP) retailer.
h. Not currently be disqualified from a SNAP or WIC Program in any state and may not currently be paying a SNAP civil money penalty unless the civil money penalty is due to participant access. Disqualification or voluntary withdrawal from SNAP shall result in termination of the WIC Vendor agreement.
i. Ensure owners, officers, or managers have not been convicted of, or had a civil judgment entered against them for, any activity indicating a lack of business integrity. Activities indicating a lack of business integrity include, but are not limited to, fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, or obstruction of justice. If during the term of this agreement any owner, officer, or manager of the Vendor is civilly or criminally charged, convicted, or has a judgement rendered against them, the WIC Vendor agreement will be terminated.
j. Ensure that less than 50 percent of annual food sales revenue is derived from WIC transactions.
k. Purchase formula solely from entities approved by the Department. The WIC approved formula list is maintained by the Department's WIC Program and contains approved wholesalers and distributors licensed in Alabama and formula manufacturers registered with the Food and Drug Administration (FDA). The Department does not allow Vendors to purchase formula from other program Vendors. In the event of an investigation, only purchase invoices from those permitted suppliers will be considered as legitimate. Vendors must retain invoices, receipts, copies of purchase orders, and any other proofs of purchase for all WIC supplemental foods, including infant formula. The WIC Program may also require Vendors to provide written permission to confirm their infant formula purchase history with suppliers. This purchase documentation must be prepared entirely by the supplier or be on the supplier's business letterhead. At a minimum, this documentation shall include: the name of the supplier; the date of purchase and the date the Vendor received the WIC supplemental food at the store, if different from the date of purchase; and a description of each WIC supplemental food item purchased, including brand name, unit size, type or form, and quantity. Failure to retain and provide this purchase documentation upon request may lead to disqualification from the WIC Program.
l. Demonstrate its cash register system or payment device can accurately and securely obtain WIC food balances associated with an eWIC card, maintain the necessary files such as the APL and claim file, and successfully complete eWIC purchases.

4. Comply with eWIC Processing Responsibilities. The Vendor hereby agrees it shall:

a. Execute and maintain a current service agreement with Alabama's eWIC service provider if using a stand-beside point of sale (POS) device. Any stand-beside POS device provided by either the WIC program or Alabama's eWIC service provider must be returned upon termination of a service agreement, or disqualification or termination of the Alabama WIC Vendor Agreement.
b. Maintain an Alabama eWIC service provider certified in-store eWIC system in a manner necessary to ensure system availability for eWIC redemption processing during all hours the store is open.
c. Not charge the Department any third-party commercial processing costs and fees incurred by the Vendor from EBT multi-function equipment. All commercial transaction processing costs and fees imposed by a third-party processor that the Vendor elects to use to connect to the eWIC system shall be borne by the Vendor.
d. Comply with the current USDA eWIC Operating Rules, the Technical Implementation Guide (TIG) and all standards and technical requirements.
e. Ensure the certified in-lane eWIC redemption process allows a reasonable degree of security for protecting the Personal Identification Number (PIN) used by the WIC participant.
f. Request the Alabama eWIC service provider re-certify the Vendor's in-store system if the Vendor alters/revises the system in any manner that impacts the eWIC redemption/claims process after initial certification is completed.
g. Ensure all store personnel are fully trained on Alabama eWIC policies, procedures, and requirements, including training in the proper acceptance and processing of eWIC transactions.
h. Vendor shall maintain documentation of WIC training for all staff involved with WIC, including the employee name and date of WIC training, within the confines of the Vendor's store.
i. Connect the Vendor's in store system for each outlet covered by the Alabama WIC Vendor Agreement

to the Alabama eWIC processor's system at least once each 24-hour period to transfer reconciliation files.

j. Connect the Vendor's in store system for each outlet covered by the Alabama WIC Vendor Agreement to the Alabama eWIC processor's system at least once each 24-hour period to download the latest version of the APL file.

k. Adhere to the International Federation for Produce Standards (IFPS) for Price Look Up (PLU) Codes for fresh produce. Any store or manufacturer generated fresh fruit/vegetable UPC must be mapped back to an IFPS International Standard PLU for the same produce item in the eWIC APL.

5. Properly Maintain Required Capability of Vendor Obtained EBT Card Accepter Device (CAD). The Vendor is permitted to obtain EBT readers to support eWIC transactions within its facility. The Vendor agrees that such Vendor obtained EBT readers intended to support eWIC must meet all eWIC and Alabama eWIC service provider requirements. The Vendor agrees:
   a. To purchase EBT card terminals capable of properly reading eWIC card transactions.
   b. Support Vendor purchased EBT card terminals with integrated software that is fully capable of supporting eWIC in-line transactions.
   c. The performance of maintenance, cost of maintenance, and cost of future replacement of terminals obtained by the Vendor to support eWIC transactions within its facility is the Vendor's sole responsibility.
   d. Equip all check-out lanes similarly and not limit check-out services for WIC participants or prevent WIC participants from using any of the check-out stations offered to other customers.
6. Timely and Accurately Process WIC Food Transactions. The Vendor hereby agrees to timely and accurately process all eWIC transactions consistent with Alabama WIC Program requirements. The Vendor shall:
   a. The eWIC card should be physically present for all eWIC transactions. A Vendor shall not manually enter the eWIC card number from any source other than the eWIC card.
   b. Require the WIC participant to swipe their eWIC card to complete all eWIC transactions. Only in instances where the eWIC card magnetic stripe or the card reader is not working can store personnel enter the number on the eWIC card to complete the transaction.
   c. Scan or manually enter UPC codes directly from the WIC food item being purchased and never scan codes from UPC codebooks or reference sheets. The Vendor shall not maintain a "scan book" or similar device and use the UPC labels in a book or other device in place of scanning the product UPC directly from the product being sold.
   d. Scan and charge for only the types, sizes, and quantities of food specified on the participant's eWIC account, and only provide the types, sizes, and quantities of food specified on the participant's eWIC account.
   e. Require the WIC participant to accept/approve the eWIC transaction and ensure Vendor store personnel do not accept/approve any eWIC transactions for WIC participants under any circumstances.
   f. Confirm the identity of the authorized person by requiring the use of the individual PIN to execute the eWIC transaction. The Vendor shall not ask for any identification other than the PIN. Refusal to process the transaction is permitted if the person is unable to enter the correct PIN.
   g. Release food benefits to WIC participants when the transaction has been completed to include receipt of transaction approval by the eWIC processing system, printing of the receipt and/or updated benefit balance.
   h. Accept eWIC only from authorized participants, or an authorized representative, co-caretaker, or proxy within the store premises.
   i. Accept eWIC only within their specified time periods.
   j. Provide WIC participants with an itemized midpoint receipt for each eWIC transaction that clearly identifies the item or items purchased, and the individual price charged for each item listed.
   k. Provide WIC participants with an itemized receipt for each eWIC transaction that clearly identifies (1) the item or items purchased, and the individual price charged for each item listed and (2) the remaining benefit balance and the last day to use the WIC benefits.
   l. Charge WIC participants the exact total price for the WIC foods actually provided to the participant.
   m. Perform a balance inquiry and provide it to the WIC participant, if requested.
   n. Notify the Department of attempted or actual misuse of eWIC cards.
   o. Return any eWIC card found in the Vendor facility and unclaimed for 24 hours to the Department. The Vendor shall not hold or use a WIC participant's eWIC card and PIN for any purpose whatsoever.
7. Not Engage in Prohibited Conduct. The Vendor shall not:
   a. Charge participants, or an authorized representative, co-caretaker, or proxy for authorized supplemental foods obtained via eWIC.
   b. Offer incentives specifically to use eWIC. Such prohibited incentives include, but are not limited to, raffles, free food or non-food items, grocery delivery, or customer transportation.

c. Engage in the sale, barter, exchange, or laundering of eWIC cards offered from any source or individual.
d. Require WIC participants or their authorized representatives to purchase all of the items authorized on the eWIC account.
e. Deny WIC participants or their authorized representatives the prerogative of paying the difference with cash or another form of acceptable payment when a fruit and vegetable purchase exceeds the value of the cash value benefit (CVB) on the eWIC card (also known as a split tender transaction).
f. Make or keep or permit anyone else to make or keep a record of a participant's name or any WIC related information such as the card number after an eWIC transaction by or on behalf of a participant that has been paid or payment has been denied by the WIC Program.
g. Provide unauthorized food items or substitution of unauthorized food items, non-food items, cash, credit, rain checks for later delivery of a food item, or credit for past accounts in exchange for eWIC transactions and redemptions.
h. Accept telephone orders for WIC purchases.
i. Accept and hold eWIC cards in promise of providing food at a future date or different location or any other purpose whatsoever.
j. Deny the purchase of a WIC authorized food item of the type, size, and quantity authorized in an eWIC account and identified as an eligible food in the current Alabama WIC Approved Foods Brochure at the time of the transaction.
k. Hold or use a participant's eWIC card and PIN within the Vendor's facility for any purpose whatsoever by the Vendor, an employee, or any agent of the Vendor.
l. Scan UPC label information from any source other than directly from the product being sold to the WIC participant. The Vendor shall not scan product information from any reference materials for purposes of processing transactions.

8. Ensure owners, managers, agents, officers, and store employees are familiar with the contents of this agreement and information contained in the Alabama WIC Program Vendor Procedure Handbook. Vendor agrees to operate in accordance with said procedures.
9. Send owners, managers, or authorized representatives to the Vendor training sessions provided by the Department when notified and properly train and inform store employees of the store's obligation to the WIC Program. Vendor will be given at least one alternative date to attend training.
10. Accept accountability for actions of its owners, officers, managers, agents, and employees who commit Vendor violations related to WIC, eWIC transactions, and other criteria set forth in the Alabama Administrative Rules, Federal Regulations, and other applicable state and federal laws and regulations.
11. Have in place an effective policy and program to prevent trafficking, which is the exchange of eWIC cards for cash.
12. Refrain from offering any incentive items to WIC participants that are not also offered to other customers.
13. Not provide services to WIC participants such as transportation to and from Vendor's premises, or delivery of supplemental foods to participant residences. The only exception would be minimal customary courtesies of the retail trade, such as bagging supplemental food for the participant and assisting the participant with loading the supplemental food into an automobile.
14. Offer WIC participants any courtesies and promotional opportunities provided other customers, including, but not limited to, bonus cards, cents off coupons, multiplying of coupon values, and additional products free.
15. Accept and process eWIC transactions only within the confines of the Vendor's store.
16. Allow WIC participants or duly designated proxies to process eWIC transactions without making cash purchases.
17. Not charge sales tax on WIC purchases.
18. Not provide unauthorized food or non-food items, cash or credit (including rain checks) in exchange for eWIC.
19. Only allow exchanges for food items that are defective, spoiled, or exceed their sell/use date at the time of purchase. Exchanges shall only be allowed for the exact same brand and size of supplemental food items as previously purchased.
20. No WIC approved foods shall be made available for sale if their sell by/best by date has expired.
21. Refuse to accept any returned WIC food items or issue refunds to participants for returned food items. Vendor shall notify the State WIC Office of any attempt by a WIC participant to return eligible food items for credit or cash.
22. Acknowledge that WIC participants shall not be discriminated against based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity.
23. Ensure current prices are marked on the item or shelf. Any amount charged to the Department for approved supplemental foods that is more than the current price is a Vendor overcharge.
24. Repay the Department for amounts received which were more than the current price for WIC food items,

whether charged intentionally or not; amounts fraudulently charged the Department; or other overcharges as determined by the Department.

25. Pay all claims in a prompt and timely manner. Failure to repay the Department may be grounds for disqualification (Federal Commissaries excluded).
26. Not seek restitution from participants for eWIC transactions not paid or partially paid by the Department.
27. Notify the Department of any changes, to include additions or deletions of stores, if initial Corporate agreement covers multiple stores. Each store is considered a distinctive unit for inclusion or exclusion to the Corporate agreement. Penalties imposed on one store do not affect the remaining stores covered under the Corporate agreement.
28. Notify the Alabama WIC Program office of any changes of name, location, ownership, management, and business structure, or ending of operations, at least fifteen (15) days before the effective date of change.
29. Allow personnel from the Local WIC Program, Alabama WIC Program, the Department or Federal Agency to monitor Vendor's store, unannounced, any time the store is open for business to ensure Vendor's compliance. Unannounced monitoring visits may include compliance purchases or inventory audits to collect evidence of improper Vendor practices (Federal Commissaries excluded).
30. Acknowledge the result of any compliance activity or inventory audit with required signature(s) of Vendor representative as requested by the person(s) representing the Alabama WIC Program.
31. Make available, upon request by the Department or Federal Agency, any and all records pertinent to this agreement for review including records of purchases of WIC items for resale and eWIC. These records must include a detailed listing of items and quantities purchased and names and addresses of the wholesaler or supplier. The original, itemized invoices must identify the date of the purchase and the type, quantity, and price of specific WIC foods.
32. Execute and provide a written release upon demand to permit the Department to obtain copies of wholesale Vendor invoices directly from the Vendor's designated suppliers. The Vendor hereby agrees that failure to provide such a release shall be grounds for disqualification from the WIC Program.
33. Maintain documentation to establish food sales. The necessary documentation includes monthly sales tax reports that were submitted to the Department of Revenue reflecting total gross sales, as well as financial statements, reports, tax forms or other records sufficient for establishing food sales.
34. Provide the Department a valid, consistently monitored email address to receive and respond to important, time sensitive information.
35. Respond to all communication from the Department within the specified time frame.
36. Maintain, in an accessible manner, all pertinent records for a period of three (3) years after the fiscal year close out. The retention period begins at the close out of each fiscal year as defined by the fiscal year of the State of Alabama (October 1st through September 30th). Close out is defined as February of the following year. The Department may, by written notice, require longer retention of any records necessary for resolution of any audit or litigation.
37. Not use the WIC service marks (WIC acronym and the WIC logo), including close facsimiles thereof, in total or in part, either in the official name in which the Vendor is registered or in the name under which it does business, if different. Not use "WIC," the WIC logo or the letters "W," "I," and "C" in signs promoting the business, as well as advertisements and educational materials aimed at customers. Vendor shall not use any form of marketing or advertising of the store that gives an impression that the business is owned, operated, approved, favored or endorsed by the Alabama WIC Program, including wording such as, but not limited to, "WIC."
38. Not affix stickers or permit such stickers to be affixed on any foods offered for sale to the public containing WIC, the WIC logo, or the letters "W"," I","C".
39. Comply with all applicable regulations found in Chapter 420-10-2 of the Alabama Administrative Code.

VENDOR ACKNOWLEDGES:

1. The Department is required to ensure Vendors comply with applicable competitive price requirements within their respective peer group, detect questionable WIC transactions, prevent overcharges, and do not engage in other violations or errors in the program. Vendors are required to know and understand the requirements for properly transacting eWIC. Therefore, Vendor transactions shall be subject to continual evaluation for WIC Program compliance errors and violations. The Department may require repayment and impose sanctions regarding WIC redemptions that do not comply with the requirements of this Agreement and federal and state law and regulation.
2. In accepting the terms of this Agreement, Vendor agrees to support the objectives of the WIC Program and participate in the delivery of the WIC authorized foods at the lowest possible competitive price for the benefit of all individuals authorized to participate in the WIC Program. Therefore, once approved, the Vendor is required to maintain its qualifications and meet all federal and state WIC Program requirements in order to

maintain this Agreement in force for its entire term.

3. The Agreement does not constitute a license or property interest.
4. If the Vendor wants to stay authorized beyond the period of this Agreement, the Vendor must reapply for authorization.
5. If a Vendor is disqualified, the Department will terminate the Vendor's Agreement and the Vendor will have to reapply in order to be authorized after the disqualification period is over.
6. The Vendor shall maintain a consistent selling price to cost ratio or "mark-up" among its non-authorized and authorized WIC foods; the fact that foods are authorized for the WIC Program shall have no bearing on price to cost ratio or "mark- up."
7. Vendor eWIC transactions and redemptions shall be subject to continual evaluation for WIC Program compliance errors and violations. The Department may require repayment, and impose sanctions regarding eWIC transactions and redemptions consistent with the requirements of this Agreement and federal and state law and regulations.
8. If the Vendor's presented price exceeds the Vendor's peer group MARL, the Vendor will be paid at the MARL price without prior notification.
9. Failure to comply with the Department's policies for creating and mapping store or manufacturer generated fresh fruit/vegetable UPCs and updating the APL shall result in the Vendor's financial liability for WIC sales transactions involving invalid or unauthorized UPC Codes.
10. Only the WIC participant may enter the PIN to initiate the transaction. The Vendor or any store personnel must not enter the PIN for the WIC participant.
11. Vendors using a stand-beside POS device provided by the Alabama eWIC service provider must execute a service agreement with the Alabama eWIC service provider. Such service agreement must be in force throughout the period of the Alabama WIC Vendor Agreement as a condition of participation as an authorized WIC Vendor.
12. The Vendor shall notify the Department if the stand-beside POS device service agreement with the Alabama eWIC service provider is terminated. Any state provided or eWIC service provider stand-beside POS device must be returned to the respective party upon termination of a service agreement, disqualification, or termination of the Alabama WIC Vendor Agreement.
13. The Department is not liable for costs to repair stand-beside POS devices provided by the Alabama WIC Program or the eWIC service provider, unless such damage is caused by stand-beside equipment malfunction which did not result from improper use of equipment or negligence on the part of the Vendor.
14. The Department may remove excess stand-beside POS devices if actual redemption activity warrants a reduction consistent with the redemption levels outlined in 7 CFR § 246.12(z)(2)(i) and (z)(2)(ii).
15. The Department will not pay or reimburse the Vendor for the interchange fees related to eWIC transactions.
16. The Department is not responsible for ongoing maintenance, processing fees, or operational costs for any Vendor utilizing multi-function systems and equipment, unless the Alabama WIC Program determines the Vendor is necessary for participant access. Multi-function systems are those systems that support tender types in addition to eWIC, such as credit, debit, and SNAP or cash EBT.
17. Vendor's POS system must meet state certification requirements, including interoperability and Alabama eWIC service provider requirements, prior to being placed in operation to accept eWIC transactions.
18. The Department will not accept eWIC transactions if the Vendor's eWIC system is reconfigured or modified by the Vendor and/or other parties in such a way that the WIC in-store system no longer exhibits the required system accuracy, integrity, or performance required under which requirements the WIC in-store system was certified.
19. Vendor is liable for the costs of all recertification events.
20. Failure to seek recertification when the Vendor's system is altered/revised shall subject the Vendor to financial liabilities for all eWIC transactions.
21. All eWIC technical issues must be resolved through the company that maintains the Vendor's system.
22. The Department conducts routine monitoring visits. The routine monitoring visit is an overt, on-site monitoring visit during which a program representative identifies themselves to Vendor personnel.
23. The Department conducts compliance buy investigations. The compliance buy investigation utilizes an investigative agent posing as a WIC participant transacting eWIC cards.
24. The Department conducts inventory audits. An inventory audit is the official examination and documentation of a WIC Vendor's inventory, accounts, and records to determine whether the Vendor has purchased sufficient quantities of supplemental foods to provide participants the quantities redeemed during a given time period.
25. Each compliance activity (routine monitoring, compliance buy investigations, and inventory audits) may result in the applicable sanction if a WIC Program violation is found.
26. If eWIC transactions are not processed as set forth in the Vendor Agreement or a WIC Program violation

is detected, the Department will establish a claim against the Vendor. The vendor must pay any claim assessed by the Department. The claim amount will be for the full amount of transactions processed in error or for the amounts set forth in the Department's sanction schedule (Attachment 1). The Department may offset the claim against current and subsequent eWIC transactions.

27. Disqualification from SNAP shall result in disqualification from the WIC Program for a period equivalent to the SNAP disqualification period. The disqualification period may begin at a later date than the SNAP disqualification and shall not be subject to administrative or judicial review under the WIC Program.
28. Disqualification from the WIC Program may result in disqualification as a retailer in SNAP. Such disqualification may not be subject to administrative or judicial review under the SNAP program.
29. Conviction (action by a criminal court) of trafficking in eWIC cards or selling firearms, ammunition, explosives, or controlled substances as defined in Section 802 of Title 21 of the United States Code in exchange for eWIC cards, shall result in permanent disqualification from the WIC Program. The permanent disqualification shall be effective on the date of the notice of administrative action. Vendor shall not be entitled to receive any compensation for revenues lost as a result of such violation.
30. One incident of buying or selling eWIC cards for cash (trafficking) or one incident of selling firearms, ammunition, explosives, or controlled substances as defined in Section 802 of Title 21 of the United States Code in exchange for eWIC cards, shall result in a six (6) year disqualification from the WIC Program.
31. A Vendor who has previously been assessed a sanction for any of the violations in categories V and VI and who receives another sanction for any of these violations shall receive a doubled sanction for the second violation from the Alabama WIC Program. Civil money penalties may only be doubled up to the limits allowed under 7 CFR 246.12(l)(1)(x)(C). The civil money penalty may not exceed the value set forth in 7 CFR 3.91(b)(3)(v).
32. A Vendor who has previously been assessed two or more sanctions for any of the violations in categories V and VI and who receives another sanction for any of these violations shall receive a doubled sanction for the third violation, and all subsequent violations, from the Alabama WIC Program. The Alabama WIC Program may not impose civil money penalties in lieu of disqualification for third or subsequent sanctions for violations listed in 7 CFR 246.12(l)(1)(ii) through 7 CFR 246.12(l)(1)(iv).
33. All information provided on the Vendor Application, Vendor Renewal Application, and agreement is true and correct. The Department will immediately terminate the Vendor agreement if it determines the Vendor has provided false information in connection with its application for authorization or at any time during authorization of the Vendor.
34. Vendor has a right to a full administrative review of many adverse actions. Administrative review rights may be found in Alabama Administrative Code, Chapter 420-10-2, a copy of which may be obtained from the Alabama WIC Program.
35. The Department will immediately terminate the agreement of a Vendor if it is determined that the Vendor derives more than 50 percent of their annual food revenues from the sale of food items purchased with eWIC.
36. WIC is a federally funded program, and reimbursement levels may be subject to change due to fluctuations in appropriations or other law.

It is understood and agreed that none of the terms or provisions of this agreement shall constitute a waiver by the State of Alabama or the Department to claim or assert the protection of sovereign immunity or any other defense which might be available to it in the event of litigation concerning this agreement. The Vendor agrees to indemnify and hold harmless the State of Alabama and the Department from any and all damages, liabilities, claims, or costs that are caused by, or are the result of, actions of the Vendor in its performance of this agreement.

SECTION III CONFIDENTIALITY AND TRADE SECRET

PARTICIPANT INFORMATON

1. Any information about a WIC participant, whether obtained from the participant or another source, that identifies a WIC participant individually, or anyone authorized to act on behalf of the participant, is confidential regardless of its original source and exclusive of previously applicable confidentiality provided under Federal or State law.
2. Such information shall not be made available to the public or to any person who does not have a direct relationship to the administration or enforcement of the WIC Program.
3. The use and disclosure of confidential participant information is restricted to persons directly connected with the administration, delivery or enforcement of the WIC Program, the Department, and those the Vendor designates as having a need to know for operation and payment purposes related to the WIC Program.

VENDOR INFORMATION

1. Vendor information obtained from any source that individually identifies the Vendor is considered confidential except for name, address, telephone number, web site/e-mail address, store type, and authorization status.
2. Except as otherwise provided in 7 CFR §246.26, such information shall be restricted from disclosure to the public and may only be provided to persons directly connected with, or with direct relationship to, the administration or enforcement of the WIC Program.
3. As a condition of voluntarily participating as a WIC Vendor, pursuant to 7 CFR §246.26(e)(3), the Vendor and Department hereby agree that Vendor data (other than redemption data that is considered a trade secret) shall be made available to other Vendors participating in the WIC Program consistent with the requirements of 7 CFR §246.26. The Vendor information shall be provided to Vendors that are subject to an adverse action to the extent that the Vendor information concerns the Vendor subject to the adverse action and is related to that adverse action.
4. In executing this WIC Vendor Agreement, the Vendor and Department hereby declare WIC Vendor redemption data that specifically identifies redemptions combined with the Vendor's single identifying data is hereby declared and shall be maintained as a trade secret pursuant to the Alabama Trade Secrets Act. This trade secret information is considered to be secret, of significant economic value, for use or in use by WIC Vendors, an advantage to the WIC Vendor, and provides an opportunity to obtain an advantage over those who do not know or use such WIC records. Compilations of WIC redemptions, competitive analysis, or pricing information incorporating more than one Vendor's data and masking its source are not included in this declaration or definition.

SECTION IV

TERMINATION FOR CAUSE

If, through any cause, Vendor shall fail to fulfill, in a timely and proper manner, any of its obligations under this agreement, or if the Vendor shall violate any of the covenants herein contained, or any statutes or regulations governing the WIC Program, the Department shall thereupon have the right to terminate this agreement by giving written notice of the same to the Vendor, specifying the effective date thereof, at least fifteen (15) days before the effective date of such termination.

TERMINATION FOR CONVENIENCE - VENDOR

The Vendor may terminate this agreement at any time without cause by giving written notice to the Department of the effective date thereof, at least thirty (30) days prior to such termination.

TERMINATION FOR CONVENIENCE - DEPARTMENT

The Department may terminate this agreement in part or totally at any time without cause by giving written notice to the Vendor of the effective date thereof, at least thirty (30) days prior to such termination.

TERMINATION DUE TO CHANGE OF OWNERSHIP

This agreement is non-transferable and upon the sale of the Vendor's business, the agreement shall terminate immediately; Vendor shall notify the Department of its intention in writing to sell the business fifteen (15) days before such sale is completed. Vendor shall inform new owner that Vendor's agreement is terminated and not transferable upon sale of store.

TERMINATION UPON LACK OF APPROPRIATION

This agreement is conditional upon appropriations and funding by the Government of the United States; should such funding be discontinued, this agreement will terminate immediately.

TERMINATION FOR LACK OF PARTICIPATION

Authorized vendors no longer participating in WIC, as shown by a lack of WIC sales for an extended time frame of at least fifteen (15) days, may be terminated. Authorized vendors temporarily unable to serve WIC participants due to fire, natural disaster, or other unavoidable issue will continue to be authorized so long as the notification requirements outlined in this agreement are followed.

TERMINATION FOR SERIOUS NON-WIC PROGRAM VIOLATIONS

The Department may terminate the agreement if the Vendor has committed or is under investigation for serious non-Program violations, even without a conviction.

CONFLICT OF INTEREST

The Department will terminate the agreement if the Department identifies a conflict of interest, as defined by applicable State laws, regulations, and policies, between the Vendor and the Department, or its local agencies.

CHANGES TO THE AGREEMENT

The Department may change this agreement in part or totally at any time without cause by giving written notice to the Vendor of the effective date thereof, at least thirty (30) days prior to such changes.

CHANGE OF VENDOR'S STORE NAME/LOCATION

Should the Vendor's store name or location be changed the Vendor shall notify the Department of intention to change the name or location fifteen (15) days before such change is completed.

RENEWAL

Neither the Department nor the Vendor have an obligation to renew the agreement.

PENALTIES FOR FRAUD OR ABUSE

A Vendor who commits fraud or abuse of the Program is liable to prosecution and administrative action under applicable Federal, State or local laws. Under 7 C.F.R. §246.23, those who have willfully misapplied, stolen or fraudulently obtained WIC funds shall be subject to a fine of not more than $25,000 or imprisonment for not more than five (5) years or both, if the value of the funds is $100 or more. If the value is less than $100, then the penalties are a fine of not more than $1,000 or imprisonment for not more than one year or both. Under §22-12C-1, Ala. Code 1975, and 7C.F.R. § 246, any Vendor who violates WIC Program rules may be subject to disqualification from the Program, in accordance with SNAP, or imposition of a civil monetary penalty in accordance with Alabama Administrative Code, Chapter 420-10-2.

RIGHT OF APPEAL

Vendor has the right to appeal, as provided by Federal regulation, State law and rules, if denied participation, termination from the WIC Program or if otherwise acted upon adversely by the Department. Request for an appeal hearing must be made within fifteen (15) days of notification of the adverse action. Expiration of a Vendor agreement, disqualification of a Vendor as a result of disqualification from SNAP, and the Department's determination regarding participant access are not subject to review. Vendors whose agreements have expired and disqualified Vendors (except permanently disqualified Vendors) are required to apply for authorization and will be subject to the Department's applicable selection criteria and procedures.

ANTI-DISCRIMINATION CLAUSE

Vendor will comply with Titles IV, VI, and VII of the Civil Rights Act of 1964, the Federal Age Discrimination in Employment Act, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and all applicable Federal and State laws, rules and regulations implementing the foregoing statutes with respect to nondiscrimination on the basis of race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity, as defined in the above laws and regulations. Vendor shall not discriminate against any otherwise qualified disabled applicant for, or recipient of aid, benefits, or services or any employee or person on the basis of physical or mental disability in accordance with the Rehabilitation Act of 1973 or the Americans with Disabilities Act of 1990.

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The undersigned represents acknowledgement that he/she has read the entire agreement and fully understands and accepts the requirements herein on behalf of the Vendor. The undersigned agrees to process food instruments and cash value vouchers (eWIC) in accordance with the terms in the agreement, state and federal WIC program rules, regulations, policies and applicable law without exception. Signature further indicates an agreement on behalf of the Vendor to train all store personnel and cashiers in program rules and requirements and accept full responsibility for any intentional or unintentional violations of this agreement.

The undersigned, as Vendor Representative, represents that he/she has the authority to execute this Agreement on behalf of the Vendor.

Vendor Representative Signature: _____ Date: _____

Vendor Representative Printed Name: _____

Vendor Representative Title: _____

DO NOT WRITE BELOW THIS LINE – FOR ALABAMA WIC PROGRAM AGENCY USE ONLY

The Department agrees to the terms and conditions stated herein and authorizes Vendor's participation in the Alabama WIC Program.

The undersigned Alabama WIC Program Representative has authority to execute this Agreement on behalf of the Department.

WIC Representative Signature: _____ Date: _____

WIC Representative Printed Name: _____

WIC Representative Title: _____

Alabama Department of Public Health State Agency

By: _____

Title: _____

Date: _____

ATTACHMENT I

CATEGORIES OF VENDOR VIOLATIONS OF ALABAMA WIC PROGRAM

SANCTION SCHEDULE

Program violations are separated into categories by the seriousness of the violation. Each category lists the period of disqualification or fine for the violations and specifies whether warnings are given. Civil money penalties may be imposed in lieu of disqualification in cases where the DEPARTMENT determines that disqualification shall result in inadequate participant access. Vendor may be subject without prior warning to sanctions, including fines, disqualifications, and civil money penalties in lieu of disqualification, in accordance with Department's sanction schedule. For Category I through Category IV the vendor will receive a monetary penalty or disqualification for a second or subsequent offense that occurs within two years of the notice of the first violation.

Category VIII MANDATORY PERMANENT DISQUALIFICATION

1. Convicted of trafficking in food instruments, cash-value vouchers, or eWIC cards or selling firearms, ammunition, explosives, or controlled substances as defined in Section 102 of the Controlled Substances Act (21 U.S.C. 802) in exchange for food instruments, cash-value vouchers, or eWIC cards.
2. Permanent disqualification from the Supplemental Nutrition Assistance Program (SNAP).

Category VII MANDATORY DISQUALIFICATION FOR SIX YEARS

1. One incidence of buying or selling one or more food instruments, cash-value vouchers, or eWIC cards for cash (trafficking).
2. One incidence of selling firearms, ammunition, explosives, or controlled substances as defined in 21 U.S.C. 802, in exchange for one or more food instruments, cash-value vouchers, or eWIC card.

Category VI MANDATORY DISQUALIFICATION FOR THREE YEARS

1. One incidence of the sale of alcohol or alcoholic beverages or tobacco products in exchange for one or more food instruments, cash-value vouchers, or eWIC cards.
2. *A pattern of claiming reimbursement for the sale of an amount of a specific WIC food item that exceeds the vendor's documented inventory of that WIC food item for a specific period of time.
3. **A pattern of vendor overcharges.
4. **A pattern of receiving, transacting and/or redeeming food instruments, cash value vouchers, or eWIC cards outside of authorized channels, including the use of an unauthorized vendor and/or an unauthorized person.
5. **A pattern of charging for supplemental food not received by the participant.
6. **A pattern of providing credit or non-food items, other than alcohol, alcohol beverages, tobacco products, cash, firearms, ammunition, explosives, or controlled substances as defined in 21 U.S.C. 802, in exchange for one or more food instruments or eWIC cards.

Category V MANDATORY DISQUALIFICATION FOR ONE YEAR

1. **A pattern of providing unauthorized food items in exchange for food instruments, cash value vouchers, or eWIC including charging for supplemental foods provided in excess of those listed on the food instrument, cash value voucher or listed on the eWIC account.
2. A pattern of an above-50-percent vendor providing prohibited incentive items to WIC participants.

Category IV Warning on First Offense; On Second or Subsequent Offense, Disqualification for One Year.

1. Requiring a participant to make a cash purchase in order to conduct an eWIC transaction.
2. Failure to scan and enter all sold UPC items, directly from the product being sold into the redemption system.

3. Using a “scan book” or similar device in which a UPC label(s) in such book or other device are used in place of scanning the product UPC directly from the product being sold.
4. Failure to comply with the eWIC operating rules, standards and technical requirements established in the current Operating Rules, and the Technical Implementation Guide (TIG).
5. Attempting to seek restitution from a participant for a rejected eWIC transaction.
6. Accepting eWIC card or cards in promise of providing foods at a future date or at a different location.
7. Contacting a WIC participant regarding an improperly processed or rejected eWIC transaction.

Category III Warning on First Offense; On Second Offense, $400.00 Fine and Vendor Submits a Written Corrective Action Plan and Attends Mandatory Training as Defined by the Department; On Third or Subsequent Offense, Disqualification for 12 Months.

1. Failing to properly process eWIC or accepting an eWIC transaction outside of the valid dates to use.
2. Issuing a rain-check or IOU when unable to process an eWIC transaction.
3. Failing to mark the price of a WIC-approved food on the shelf or item.
4. Stocking a WIC-approved food outside of the manufacturer’s expiration date.
5. Failing to provide the quantity or type of infant formula specified on the eWIC account.
6. Requiring a separate check-out lane for WIC participants.
7. Failure to offer a WIC participant any courtesy offered to other customers, including, but not limited to, a buy one get one promotional opportunity or the use of a store loyalty card, manufacturer and/or store coupon.
8. Threatening or abusing, either verbally or physically, a WIC participant or WIC personnel in the conduct of official WIC business.

Category II Warning on First Offense; On Second Offense, $300.00 Fine and Vendor Submits a Written Corrective Action Plan and Attends Mandatory Training as Defined by the Department; On Third or Subsequent Offense, Disqualification for Nine Months.

1. Requiring additional ID besides the Personal Identification Number (PIN), in order to process an eWIC transaction.
2. Allowing the purchase of a WIC food in an unauthorized container size.

Category I Warning on First Offense; On Second Offense, $200.00 Fine and Vendor Submits a Written Corrective Action Plan and Attends Mandatory Training as Defined by the Department; On Third or Subsequent Offense, Disqualification for Six Months.

1. Allowing the exchange of a WIC food item obtained with an eWIC card, other than items that are defective, spoiled, or outside their sell/use date at time of redemption.
2. Allowing a refund for a returned food item.
3. Requiring the purchase of a specific brand if more than one WIC approved food brand is available and allowed by the Alabama WIC Program.
4. Failure to provide employee training on WIC procedures and on how to process eWIC transactions.
5. Requiring WIC customers to purchase all items in the eWIC account.
6. Failure to provide a WIC participant an itemized cash register receipt with each eWIC transaction.
7. Vendor making or keeping a record of a participant’s name or WIC identification number after an eWIC card is transacted by or on behalf of a participant for which payment has been denied by the WIC Program.

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*A pattern for this violation can be established during a single review where a vendor's records indicate that the vendor's redemptions for a specific food item exceeds the documented inventory for a two-month audit period.

**A pattern for compliance investigations is defined as committing the same violation two (2) or more times during a compliance investigation which consists of at least three (3) buys.

Second Mandatory Sanction. When a vendor, who previously has been assessed a sanction for any of the violations in Category V through Category VIII, receives sanctions for any of these violations, the Department shall double the second sanction. Civil money penalties may only be doubled up to the limits allowed under 7 CFR §246.12.

Subsequent Mandatory Sanctions. When a vendor, who previously has been assessed two or more sanctions for any of the violations listed in Category V through Category VIII, receives sanctions for any of these violations, the Department shall double the third sanction and all subsequent sanctions. The Department may not impose civil money penalties in lieu of disqualification for third and subsequent sanctions for violations listed in Category V through VIII.

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NUTRITION SERVICES

INTRODUCTION

Nutrition services include the full range of activities a variety of staff perform to operate a WIC Program such as, participant screening and assessment, nutrition education and counseling, breastfeeding promotion and support and health promotion, food package prescriptions, and health care and other referrals. The WIC Nutrition Service Standards, available at WIC Works Resource System at Home WIC Works Resource System (usda. gov), is a resource for State agencies to use in providing quality nutrition services. The following sections provide a brief overview of the information federal regulations require to be in State Plans. The questions that follow are designed to assist the State agencies in submitting compliant State Plans for FNS approval. State agencies are encouraged to review each federal regulation in its entirety. A. Nutrition Education-7 CFR 246. 4(a)(9); 246. 11(a)(b)(1-3) (c)(1,3-7): describe the nutrition education goals (in addition to those identified in 246. 11(b)) and action plan and the provisions for providing nutrition education contacts and materials to all participants including the special nutrition education needs of migrant farmworkers and their families, Native Americans, and homeless persons. Describe methods to be used to provide drug and other harmful substance use prevention information. Also, describe standards for breastfeeding promotion and support including the development and/or maintenance of a peer counselor program consistent with the WIC Breastfeeding Model Components for Peer Counseling. B. Food List Design and Food Package Tailoring-7 CFR 246. 10: describe the procedures for determining which foods should be authorized and how the food packages should be nutritionally tailored and by whom and plans for substitutions or eliminations to WIC food packages. In addition to regulations at 246. 10, State agencies should refer to https://www. fns. usda. gov/wic/food-packages WIC Food Packages. C. Staff Training- 7 CFR 246. 11(c)(2): describe the training and technical assistance provided to WIC professional and paraprofessional personnel who provide nutrition education and breastfeeding promotion, support, and education to participants.

A. Nutrition Education

1. Nutrition Education Plans (7 CFR 246. 11)

a. The State agency develops and coordinates the nutrition education component with consideration of local agency plans, needs, and available nutrition education resources. (246. 11(c)(1))

- (●) Yes
- ( ) No

b. The State agency monitors local agency activities to ensure compliance with provisions set forth in paragraphs 246. 11(c)(7), (d), and (e).

- (●) Yes
- ( ) No
- ( ) N/A, State agency has no authorized local agencies

c. The local agency develops an annual nutrition education plan that is consistent with the State s nutrition education component of Program operations. (246. 11(d)(2))

- (●) Yes
- ( ) No
- ( ) N/A, State agency has no authorized local agency(ies)

d. The State agency requires that local agency nutrition education include:

- [X] A needs assessment
- [X] Relevant information for healthier outcomes
- [X] Evaluation/follow-up
- [ ] Other

e. The State agency monitors local agency progress toward meeting nutrition education goals, nutrition education action plans, and objectives via:

- [X] Quarterly or annually written reports
- [X] Year-end summary report
- [X] Annual local agency reviews
- [ ] Other

f. State policies reflect the definition of nutrition education as defined in 246. 2 and in the Child Nutrition Act. The definition is Nutrition education means individual and group sessions and the provision of materials that are designed to improve health status and achieve positive change in dietary and physical activity habits, and that emphasize the relationship between nutrition, physical activity, and health, all in keeping with the personal and cultural preferences of the individual. "

- (●) Yes
- ( ) No

ADDITIONAL DETAIL: Nutrition Services Supporting Documentation:

AL WIC Procedure Manual Ch. 3 Nutrition Education, Ch. 6 Breastfeeding

2. Annual Assessment of Participant Views on Nutrition Education and Breastfeeding Promotion and Support

a. Is an annual Assessment of Participant Views on Nutrition Education and Breastfeeding Promotion and Support conducted?

- ( ) Yes
- (●) No

b. Check below the method(s) used in the past fiscal year to assess participant views on nutrition education and breastfeeding promotion and support provided by WIC:

[ ] State-developed questionnaire issued by local agencies

[ ] Locally-developed questionnaires (need approval by SA)

[ ] State-developed questionnaire issued by State agency

[ ] Focus groups

[X] Other (specify) : Local agencies may request input from participants from local suggestion boxes, focus groups, or discussion. The State WIC Office does not oversee these efforts, but the State WIC Office does informally talk with participants during Quality Assurance reviews and site visits. Suggestions are received from ADPH Customer Service surveys and emails shared with local agencies.

c. Results of participant views are:

[ ] Used in the development of the State Plan

[ ] Used in the development of local agency nutrition education plans and breastfeeding promotion and support plans

[X] Other

Specify: Participant feedback is used by local agencies to modify nutrition and breastfeeding support efforts to better reach participants.

ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):

AL WIC Procedure Manual Ch. 3 Nutrition Education, Ch. 6 Breastfeeding

3. Nutrition Education (246. 11(a)(1-3)

a. The State agency assures that each local agency offers adult participants, parents, or caretakers of infant and child participants, and whenever possible, the child participants themselves at least two (2) nutrition education contacts per 6 month certification period, and quarterly nutrition education contacts to participants certified in excess of 6 months, to ensure adequate nutrition education in accordance with 246. 11(e) via:

[X] Local agency addresses in the annual nutrition education plan

[X] State nutrition staff monitoring annually during local agency reviews

[X] Local agency providing periodic reports to State agency

[ ] Other

b. The State agency established the processes, policies, procedures, and training on nutrition education that address:

[X] Number of contacts

[X] Individual care plans

[X] Tailored nutrition topics relevant to an individual participant assessment

[X] Information on substance use prevention

[X] Breastfeeding promotion and support

[X] Counseling methods and teaching strategies

[ ] Protocols

[X] Documentation

[X] Referrals

[X] Content supports WIC’s purpose and goals

[X] Follow-up activity plans and future visits

[X] Appropriate use of educational reinforcement (videos, brochures, posters, etc.)

[X] Use of delivery methods and modes that fosters participants being able to access a CPA

to ask questions in a timely manner

[ ] Other

c. The State agency allows the following nutrition education delivery methods:

[X] Individual

[X] Group

[ ] Food demonstration

[X] Self-study

[X] Other (specify) : EFNEP - through AL Cooperative Extension Program

[X] A delivery method provided by another agency or program (specify) : EFNEP - through AL Cooperative Extension Program

d. The State agency ensures that nutrition risk data is used in providing appropriate nutrition education by:

[X] Individual nutrition education contacts tailored to the participant's needs

[ ] Group nutrition education contacts relevant to the participant's needs

[X] Other

Specify: Online contacts relevant to participant needs.

e. An individual care plan is provided based on:

[X] Nutritional risk

[X] Priority level

[X] Healthcare provider's prescription

[X] CPA discretion

[X] Participant set goals based on nutrition assessment

[ ] Other

f. Individual care plans developed include the following components:

Component	Must Include	May Include
Identification of risks/needs	**X**	

Breastfeeding support		**X**
Nutrition education that addresses needs and concerns	**X**	
Breastfeeding education that addresses needs and concerns		**X**
Tailored food package	**X**	
A practical relationship to a participant's nutritional needs, household situations, and individual cultural preferences including information on how to select food for themselves and their families		**X**

Participant set goal and achievable action steps	**X**	
A plan for follow-up and future visits	**X**	
Referrals		**X**

g. Check the following individuals allowed to provide general or high-risk nutrition education:

Qualified individuals	General Nutrition Education	High-Risk Nutrition Contact
Paraprofessionals (those without a degree in nutrition or nutrition-related field but have formal WIC training by State agency or Local Agency)		
Licensed Practical Nurses		
Registered Nurses	**X**	

Registered Dietitian or M.S. in Nutrition (or related field)	**X**	**X**
Dietetic Technician (2-year program completed)	**X**	**X**
Third party provider (contractor)		

h. The State agency allows adult participants to receive nutrition education by proxy, per 7 CFR 246. 12 (1-4).

[ ] No

[X] Yes

i. The State agency allows parents/guardians of infant and child participants to receive nutrition education by proxy.

[ ] No

[X] Yes

ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):

AL WIC Procedure Manual Ch 3 Nutritoin Education, Ch 4 Nutrition Assessment

4. Nutrition Education Materials (246. 11(c)(1,3,4,6,7)

a. The State agency shares material with the Child and Adult are Food Program (CACFP) at no cost:

◯ Yes

◉ No

If yes, does a written material sharing agreement exist bettween the relevant agencies,per 7 CFR 246. 4(a)(9)(ii)? on This is not applicable for my state agency

◯ Yes

◯ No

b. The State agency recommends and/or makes available nutrition education materials for the following topics:

Education material	English	Other languages 7 CFR 246.8(c)
General nutrition	X	Spanish

Specific nutrition-related disorders	**X**	**Spanish**
Maternal nutrition	**X**	**Spanish**
Infant nutrition	**X**	**Spanish**
Child nutrition	**X**	**Spanish**
Nutritional needs of homeless		

Nutritional needs of migrant farmworkers & their families		
Different eating patterns		
Nutritional needs of adolescent participant		
Breastfeeding promotion and support (including troubleshooting problems)	**X**	**Spanish**
Danger of harmful substances (alcohol, tobacco and other drugs), as well as secondhand smoke during pregnancy and breastfeeding	**X**	**Spanish**
Food Safety	**X**	**Spanish**
Approved Food List/How to shop with WIC benefits	**X**	**Spanish**
Physical activity		

Attach a listing of the nutrition education resources available from the State agency or other sources for use by local agencies or specify the location in the Procedure Manual and reference below.

c. The State agency recommends and/or provides nutrition education materials to their local agencies consistent with the WIC's purpose and goals.

- (●) Yes
- ( ) No

d. Locally developed nutrition education materials must be approved by State agency prior to use.

- (●) Yes
- ( ) No

If no, State agency requires local agency to follow a standardized format for evaluating nutrition education materials.

- ( ) Yes
- (●) No

ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation): on This is not applicable for my state agency

Attachment AL WIC Publications and Forms FY 2027

5. Nutrition Education Needs of Special Populations

The State agency tailors its nutrition education efforts to address the specific needs of migrant farmworkers (M), homeless individuals (H), substance-abusing individuals (S), and/or breastfeeding women (B) through (check all that apply):

	M	H	S	B
Providing nutrition education materials appropriate to this population and language need		X	X	X
Providing nutrition curriculum or care guidelines specific to this population	X	X	X	X
Requiring local agencies who serve this population to address its special needs in local agency nutrition education plans	X	X	X	X
Arranging for special population training of local agency personnel who work with this population			X	X
Distributing resource materials related to this population			X	X

Encouraging WIC local agencies to network with one another	**X**	**X**	**X**	**X**
Coordinating at the State and local levels with agencies who serve this population	**X**	**X**	**X**	**X**

ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):
Attachments - AL WIC Publications and Forms FY 2027, AL WIC Procedure Manual Ch. 3 Nutrition Education Education, Ch. 7 Special Populations

6. Breastfeeding Promotion and Support Plan

a. The State agency coordinates with local agencies to develop a breastfeeding promotion plan that contains the following elements (check all that apply):

[X] Activities such as development of breastfeeding coalitions, task forces, or forums to address breastfeeding promotion and support issues

[X] Identification of breastfeeding promotion and support materials

[X] Procurement of breastfeeding aids which support the initiation and continuation of breastfeeding (e.g., breast pumps).

[X] Training of State/local agency staff

[X] Designating roles and responsibilities of staff

[X] Evaluation of breastfeeding promotion and support activities

[ ] Other

b. The State agency has established minimum protocols for breastfeeding promotion and support which include the following (check all that apply):

[X] A policy that creates a positive clinic environment which endorses breastfeeding as the preferred method of infant feeding

[X] A requirement that each local agency designate a local agency staff person to coordinate breastfeeding promotion and support activities

[X] A requirement that each local agency incorporate task-appropriate breastfeeding

promotion and support training into orientation programs for new staff involved in direct contact with WIC participants.

[X] A plan to ensure that women have access to breastfeeding promotion and support activities during the prenatal and postpartum periods

[X] A plan to ensure that women have access to continued breastfeeding promotion and support when normal operations are disrupted

[X] Participant breastfeeding assessment

[X] Food package prescription and tailoring based on breastfeeding and nutrition assessment

[X] Data collection (at State and local level)

[X] Referral criteria

[X] Peer counseling

[ ] Other

c. The State agency ensures that every WIC applicant, parent, or caretaker is informed that selling or offering to sell WIC benefits is a participant violation in accordance with 7 CFR 246. 7(j)(10).

- (●) Yes
- ( ) No

7. Breastfeeding Peer Counseling

a. Does the State agency request WIC Breastfeeding Peer Counseling (BFPC) funds to develop and/or maintain a peer counselor program?

- (●) Yes
- ( ) No

If yes, the State agency is requesting to receive which of the following amounts in BFPC funds for the upcoming fiscal year (select only one amount)? Please consider available BFPC funds from prior fiscal years when making this request. on This is not applicable for my state agency

- ( ) Amount of available BFPC funds.
- (●) Specific amount of available BFPC funds $. (Not to exceed the full amount available.)

  Specify: $600,000 (carry-over received in 2026) No new FY 2027 BFPC funds requested.

If yes, does the State Agency supplement the BFPC funding with additional NSA funding?

- ○ Yes
- ◉ No

b. Attach a copy of an updated line-item budget, with written narrative, demonstrating how peer counseling funds are being used for approved peer counseling activities. Include the citation for the attachment here

Attachment - FY 2027 WIC BFPC Budget and Narrative

c. Please provide the approximate number of WIC peer counselors in your State:

7

d. Please provide the approximate number of Designated Breastfeeding Experts in your State

16

e. Please provide the number of local agencies designated by the State agency to receive funds to operate peer counseling programs. 8

AL WIC PM Ch. 6 Breastfeeding

8. Breastfeeding Peer Counseling Program Components- The State agency coordinates with local agencies and/or clinics to develop a breastfeeding peer counseling program that contains the following components (see WIC Breastfeeding Model Components for Peer Counseling):

a. Definition of peer counselor defined as follows: paraprofessional recruited and hired from target population; available to WIC participants outside usual clinic hours and outside the WIC clinic.

- (●) Yes
- ( ) No

b. Designated breastfeeding peer counseling program managers/coordinators at State and/or local level.

- (●) Yes
- ( ) No

c. Defined job parameters and job descriptions for breastfeeding peer counselors

- (●) Yes
- ( ) No

If yes, the job parameters for peer counselors (check all that apply): on This is not applicable for my state agency

[X] Define settings for peer counseling service delivery (check all that apply):

[X] Define frequency of client contacts

[X] Define procedures for making referrals

d. Defined job parameters and job description for designated breastfeeding expert

- (●) Yes
- ( ) No

e. Compensation and reimbursement of breastfeeding peer counselors.

- (●) Yes
- ( ) No

f. Training of State and local staff (managers, designated breastfeeding experts, peer counselors, CPAs, others) using the FNS-developed breastfeeding training curriculum.

- (●) Yes
- ( ) No

g. Training of WIC clinic staff about the role of the WIC peer counselor

- (●) Yes
- ( ) No

h. Establishment of standardized breastfeeding peer counseling program policies and procedures (check all that apply):

[X] Timing and frequency of contacts

[X] Documentation of participants contacts

[X] Referral protocols

[X] Confidentiality

[ ] Use of social media

[ ] Other

i. Adequate supervision and monitoring of breastfeeding peer counselors through (check all that apply):

[X] Regular, systematic contact with peer counselor

[X] Regular, systematic review of peer counselor contact logs

[X] Regular, systematic review of peer counselor contact documentation

[X] Spot checks

[X] Observation

[X] Other

Specify: Performance Appraisal

j. Participation in community partnerships to enhance the effectiveness of breastfeeding peer counseling programs (check all that apply):

[X] Breastfeeding coalitions

[X] Businesses

[X] Community organizations

[X] Cooperative extension

[X] La Leche League

[X] Hospitals

[X] Home visiting programs

[X] Private Healthcare clinics

[ ] Other

k. Adequate support of peer counselors by providing the following (check all that apply):

[X] Timely access to WIC-designated breastfeeding experts for referrals outside peer counselors' scope of practice

[X] Mentoring of newly trained peer counselors in early months of job

[X] Regular contact with supervisor

[X] Participation in clinic staff meetings as part of WIC team

[X] Opportunities to meet regularly with other peer counselors

[X] Other

Specify: Timely access to WIC-designated breastfeeding experts for referrals outside peer counselors' scope of practice; Mentoring of newly trained peer counselors in early months of job; Regular contact with supervisor; Participation in clinic staff meetings as part of WIC team; Opportunities to meet regularly with other peer counselors

l. Provision of training and continuing education of peer counselors (check all that apply):

[X] Standardized training using Loving Support Peer Counseling curriculum

[X] Ongoing training at regularly scheduled meetings

[ ] Home Study

[X] Opportunities to "shadow" or observe lactation experts and other peer counselors

[ ] Training/experience to become senior level peer counselors, WIC-Designated Breastfeeding Expert, etc

[X] Other

Specify: Standardized training using Loving Support Peer Counseling curriculum; Ongoing training at regularly scheduled meetings; Opportunities to “shadow” or observe lactation experts and other peer counselors

[X] Other

Specify: Standardized training using Loving Support Peer Counseling curriculum; Ongoing training at regularly scheduled meetings; Opportunities to “shadow” or observe lactation experts and other peer counselors

ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):

AL WIC Procedure Manual Ch. 6 Breastfeeding

B. Food List Design

a. The State agency s process of designing their food list involves evaluation of the following (check all that apply):

[X] Products meet minimum Federal WIC requirements (e.g., minimum nutrient requirements such as iron, maximum nutrient limits such as added sugar)

[X] Package size (e.g., multiple containers)

[X] Forms (e.g., fluid vs. dried milk)

[X] Varieties (e.g., different infant cereal grains)

[X] Competitive cost

[X] Comparable products

[X] Availability, including State-wide availability

[X] Participant preferences

[X] Participants’ special dietary needs

[X] Ability to accommodate limited cooking and/or storage facilities

[X] Stocking of variety and quantity

[X] Religious and/or cultural considerations

[ ] Health care provider feedback

[ ] Other

i. The State agency has a policy and procedure for regularly reviewing the selected above criteria to update the food list as applicable.

◉ Yes

○ No

1. Authorized WIC-Eligible Foods

b. The State agency uses the following food cost-containment practices (check all that apply):

[X] Generic or store brand

[ ] Least expensive brand

[X] Economical package sizes

[X] Limit number of brands

[X] Limit number of flavors

[ ] Other

c. In addition to providing package sizes that equal or add up to the maximum monthly allowance (MMA), a requirement, the State agency exercises the option to authorize additional package sizes that do not equal or add up to the full MMA for one or more foods (7 CFR 246. 10(b)(2)(ii)(A)):

● Yes

○ No

i. If yes, the State agency must inform participants, parents, caretakers, and proxies about the MMA of supplemental foods to which they are entitled to as a Program participant (7 CFR 246. 10(b)(2)(ii)(A)), how to obtain their full food benefit.

● Yes

○ No

d. Include a copy of the current State-approved food list (AFL) and WIC formula list (if not part of the AFL), in Appendix C or cite Procedure Manual reference:

AL WIC Procedure Manual Ch. 5 Supplemental Foods Attachment 5-2 Approved Foods Brochure, Attachment - AL WIC Formulary

e. How often does the State agency update its AFL?

[ ] Annually

[ ] Semi Annually

[X] More frequently

[X] Other

Specify: The APL (approved product list) is revised on an ongoing basis to include new or changed products of AL WIC's approved foods.

f. How often does the State agency update its formula list?

[ ] Annually

[ ] Semi Annually

[ ] More frequently

[X] Other

Specify: As needed, based on product changes and need.

g. Existing waivers or flexibilities impacting Program benefits and services are recorded in Appendix C

[X] Yes

[ ] No

[ ] N/A

h. The State agency provides authorized foods allowed in accordance with the Federal WIC regulations at section 7 CFR 246. 10 for each of the following WIC food packages:

Food Package	Yes	No
Pregnant	**X**	
Partially (Mostly) Breastfeeding (also for participants pregnant with 2 or more fetuses)(FP-V-B)	**X**	

Fully Breastfeeding partially (mostly) breastfeeding multiple infants from the same pregnancy or pregnant and fully or partially (mostly) breastfeeding singleton infants (FP VII)	**X**	
Women fully breastfeeding multiple infants from the same pregnancy receive 1.5 times the maximum monthly allowance for the fully breastfeeding food package (FP VII)	**X**	
Postpartum non-breastfeeding (FP V)	**X**	

Infants 0-5 months (FP I)	**X**	
Infants 6-11 months (FP II)	**X**	
Children 12 through 23 months (FP IV-A)	**X**	
Children 2 through 4 years (FP IV-B)	**X**	

i. WIC Formulas:

(1) The State agency establishes policies regarding the issuance of primary contract, contract, and non-contract brand infant formula.

- (●) Yes
- ( ) No

(2) The State agency requires medical documentation for contract infant formula (that does not meet the requirements in Table 4 at 7 CFR 246. 10(e)(12) per 246. 10(d)(1)(vi)).

- ( ) Yes
- (●) No

(3) The State agency requires medical documentation for contract formula (other than primary contract formula per 7 CFR 246. 16a(c)(9).

- ( ) Yes
- (●) No

(4) The State agency requires medical documentation for non-contract infant formula.

- ( ) Yes
- (●) No

(5) The State agency requires medical documentation for exempt infant formula/WIC eligible nutritionals.

- [x] Yes
- [ ] No

(6) State agency authorizes local agencies to issue a non-contract brand infant formula that meets the requirements of Table 4 in 7 CFR 246. 10(e)(12) without medical documentation in order to meet religious eating patterns

- [ ] Yes
- [x] No

(7) The State agency coordinates with medical payors and other programs that provide or reimburse for exempt infant formulas and WIC-eligible nutritionals per Section 7 CFR 246. 10(e)(3)(vi).

- [ ] Yes
- [x] No

If yes, describe the State agency reimbursement and/or referral system used for this coordination? Include describing monitoring/tracking tools in place to ensure program integrity. on This is not applicable for my state agency

If no, has the State agency met the requirement to annually contact their State Medicaid counterparts regarding the payment of WIC-eligible exempt infant formulas and medical foods to mutual program participants per WIC Policy Memo 2015-7? on This is not applicable for my state agency

- [x] Yes
- [ ] No

Please attach and provide the citation for any existing written agreement between the State agency and the State Medicaid office as well as local government agencies or private agencies regarding payment of WIC- eligible exempt infant formulas and medical foods.

j. Include a copy of the current State-developed medical documentation form in Appendix C or cite the Procedure Manual reference:

AL WIC Procedure Manual Ch. 5 Supplemental Foods Attachments 5-5, 5-6, and 5-7

k. Rounding:

(1) The State agency management information systems is flexible for issuing infant formula to support the option to use either method (i. e. , monthly issuance or rounding up methodology) for the timeframes (the number of months the participant will receive the food packages).

- (●) Yes
- ( ) No

(2) The State agency management information systems supports the ability for infant formula to be individual tailored when using either method (i. e. , monthly issuance or rounding up methodology) for the timeframes (the number of months the participant will receive the food packages).

- (●) Yes
- ( ) No

(3) Does the State agency issue infant foods according to the specific rounding methodology per Section 246. 10(h)(2)?

- (●) Yes
- ( ) No

(4) Does the State agency issue infant foods according to the specific rounding methodology per Section 246. 10(h)(2)?

- ( ) Yes
- (●) No

(5) If the State agency implemented the rounding option for issuing infant foods, are there established written policies in place? on This is not applicable for my state agency

- ( ) Yes
- (●) No

l. State policies materials reflect the definition of supplemental foods as defined 246. 2 and in the Child Nutrition Act.

- (●) Yes
- ( ) No

m. Does the State agency only allow issuance of reduced fat (2) milk to children 24 months of age and women with certain conditions, including but not limited to, underweight and maternal weight loss during pregnancy, in accordance with Footnote 7 of Table 2 in 246. 10(e)(10)?

- ○ Yes
- ◉ No

n. Does the State agency allow issuance of fat-reduced milks to 1-year-old children for whom overweight or obesity is a concern, in accordance with Footnote 7 of Table 2 in 246. 10(e)(10)?

- ○ Yes
- ◉ No

ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):

2. Individual Nutrition Tailoring Nutrition tailoring involves modifying an individual food package to better meet the supplemental nutritional needs of a participant. It entails making substitutions, reductions, and/or eliminations to food types and physical food forms in accordance to accommodate special dietary needs, individual practices, and/or personal preference.

a. The State agency allows individual nutrition tailoring of food packages only in accordance with 246. 10(c).

- ◉ Yes
- ○ No

b. The State agency provides a special individually tailored package for

[X] Homeless individuals and limited cooking facilities or living in a homeless facility that meets the requirements currently set

[X] Living in a residential institution that meets the requirements in 246.7(m)(2)

[ ] Other

ADDITIONAL DETAIL: Please attach copies of all food packages that are tailored, Nutrition Services Appendix and/or Procedure Manual (citation):

AL WIC Procedure Manual Ch. 7 Special Populations

c. The State agency develops written individual nutrition tailoring policies and supportive science-based nutrition rationale based on the following participant characteristics:

[ ] Does not develop individual nutrition tailoring policies

[X] Develops based on (check all that apply):

d. The State agency allows local agencies to develop specific individual tailoring guidelines. on This is not applicable for my state agency

◯ Yes

◉ No

If yes, check those of the following methods used by the State agency to review or approve local agency tailoring guidelines: on This is not applicable for my state agency

[ ] Local agencies are required to submit individual tailoring guidelines for State approval

[ ] Local agency individual tailoring guidelines are monitored annually during local agency reviews

[ ] Local agency reviews

[ ] Other

ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):

AL WIC Procedure Manual Ch. 5 Supplemental Foods, sec. 5.1

e. The State agency has a policy based on the below regulatory situations that allows issuance of less than the prescribed MMA when tailoring food packages. (7 CFR 246. 10(c))

[X] Medically or nutritionally warranted (e.g., to eliminate a food due to a food allergy)

[X] A participant refuses or cannot use the maximum monthly allowances, or chooses to take less than the maximum monthly allowance

[X] The quantities necessary to supplement another program's contribution to fill a medical prescription would be less than the maximum monthly allowances.

3. Food Substitutions Options

a. The State agency allows the following substitution options (7 CFR 246. 10(e)(12)) (check all that apply): on Plant-based milk alternatives

Milk alternative	Flavored	Unflavored
No substitutions	X	
Soy		X
Hazelnut		
Almond		
Cashew		
Rice		
Oat		
Hemp seed		
Coconut		
Pea protein		X

b. Please select substitutions that the State agency allows

[ ] goat's milk

[X] N/A

c. Please select the substitutions that the State agency allows.

[X] Dairy yogurt

[ ] N/A

d. Plant-based yogurt.

Alternative	Flavored	Unflavored
No substitutions	**X**	**X**
Soy		
Almond		
Cashew		
Chickpea		
Coconut		
Rice		

e. Plant based cheese

[ ] Soy

[ ] Tree Nut (e.g. cashew, almond, etc.)

[ ] Coconut

[X] N/A

[ ] Other

f. on Eggs

[X] Authorize 18 ounces nut or seed butter as a substitute for 1 dozen eggs.

[ ] Authorize 1 pound tofu as a substitute for 1 dozen eggs.

[ ] N/A

g. Please select the nut and seed butter substitutions that the State agency allows.

[X] Nut or seed butters

[X] Authorize 18 ounces nut or seed vutter for mature legumes (dry or canned) or 18 oz peanut butter.

[ ] N/A

h. Please select the substitutions that the State agency allows.

[X] Tofu

[ ] N/A

i. on More than 75 percent of cereals on State agency food list meet whole grain criteria (up to 100 percent) (select all that apply)

[X] 76-80 percent

[ ] 81 – 95 percent

[ ] 96-100 percent

[ ] N/A

j. Please select the substitutions that the State agency allows.

[ ] Baked beans - only for participants with limited cooking facilities.

[X] N/A

k. on Whole grain options (7 CFR 246. 10(e)(12)):

[X] Quinoa

[ ] Wild Rice

[ ] Millet

[ ] Triticale

[ ] Amarath

[ ] K a m u t

[ ] S o r g h u m

[ ] W h e a t b e r r i e s

[ ] C o r n m e a l (i n c l u d i n g b l u e)

[ ] T eff

[ ] B u c k w h e a t

[ ] Farro

[X] Whole wheat bread

[ ] Whole wheat pita

[X] Whole wheat English Muffin

[X] Whole wheat bagels

[ ] Whole wheat naan

[ ] Red rice

[ ] Black rice

[ ] Spelt

[X] Soft corn tortillas

[X] Whole wheat tortillas

[ ] Bulgar (cracked wheat)

[X] Brown rice

[X] Oats

[ ] Whole grain barley

[ ] Corn Massa flour

[X] Whole wheat macaroni pasta

[ ] Other

l. Please select the substitutions that the State agency allows.

[X] Boneless variety of fish for children

[ ] N/A

m. Please select the substitutions that the State agency allows.

[X] CVB substitute for infant fruits and infant vegetables, i.e., cannot apply only to fruits)

[ ] N/A

n. on Kosher foods. Please describe which foods are included:

No established procedure - participant choice

o. on Organic varieties. (optional for food categories except CVB; State agencies must allow organic forms of WIC-eligible fruits and vegetables.)

tofu, yogurt, infant cereal, infant fruit and vegetables

p. State-agency established criteria in addition to the minimum Federal requirements in 7 CFR 246. 10(e)(12)

[ ] Low sodium

[X] Non-nutritive sweeteners

[ ] Lower added sugar limit

q. Does the State agency exercise the option to make the CVB substitute for juice the default (i. e. , juice is issued upon request).

◯ Yes

◉ No

r. Does the State agency exercise the option to authorize larger packages of precut fresh fruits and vegetables (referred to as party trays); (may not contain added sugars, fats, or oils, which may appear in the form of dips, sauces, or glazes).

◉ Yes

◯ No

s. Does the State agency exercise the option to only allow issuance of nonfat yogurt to 1-year old children for whom overweight or obesity is a concern, in accordance with Footnote 9 of Table 2 in 7 CFR 246. 10(e)(10)?

◯ Yes

◉ No

t. The State agency has an approved cultural substitution plan? While a cultural substitution plan is a State agency option, those that opt into having cultural substitution plan per 246. 10(i) must ensure the plan provides the State agency's justification, including a specific explanation of the cultural eating pattern and other information necessary for FNS to evaluate as part of 7 CFR 246. 4(a)(6) and 7 CFR 246. 4(a)(11)(iii)).

- ○ Yes
- ◉ No

i. If yes, the State agency has a policy related to issuing a food from an approved cultural food substitution plan that accommodates for a specific cultural eating pattern. Attach a policy and USDA approved cultural foods substitution plan letter. (246. 10(i))

- ○ Yes
- ○ No
- ◉ N/A

C. Staff Training

The State agency provides or sponsors the following training for WIC competent professional authorities:

Training	Professionals Regularly	Professionals As Needed	Paraprofessionals Regularly	Paraprofessionals As Needed
General nutrition education methodology	**X**			

State certification policies/procedures		**X**		
Anthropometric measurements		**X**		
Blood work procedures		**X**		

Nutrition counseling techniques		X		
Breastfeeding promotion/support	X			
Breastfeeding Aids		X		
Nutrition and breastfeeding assessment techniques		X		
Nutrition and breastfeeding education		X		

WIC Nutrition risk criteria		**X**		
Prescribing & tailoring food packages		**X**		
Referral protocol		**X**		
Screening protocol (if applicable)		**X**		
Maternal, infant, and child nutrition		**X**		

Customer service		**X**		
Immunization Screening/referral		**X**		
Care Plan Development		**X**		
VENA staff competency training		**X**		
Substance abuse prevention				

Delivery of nutrition services in hybrid environment (e.g.				
continuity of care				
Confidentiality				
documentation				
etc.)				

civil rights	**X**			

ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):

ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation): (Please describe the type of training conducted or offered that correlate to the boxes selected above).

AL WIC Procedure Manual Ch. 1 sec. 1.14, Ch. 3 sec. 3.5, Ch. 6 sec. 6.2, Ch. 10 sec. 10.10, Attachment AL WIC Training materials available for WIC staff

Does the State agency provide virtual services training to all staff?

- ○ Yes
- ◉ No

Does the State agency provide virtual services training to participants?

- ○ Yes
- ◉ No

WIC Directory of Publications and Forms

July 2026

ADPH Form	Description	Revision Date	Packaged	Available From
WIC-100/100S	How WIC Can Help	06/26	Packs of 100	Document Library/Warehouse
WIC-101	Health Care Provider Guide booklet	04/26	individually	Request from State WIC Office
WIC-104	WIC Referral/Medical Information Form	08/20	--	Document Library
WIC-105	Data Update Request Form	08/26	--	Document Library
WIC-106	Shopper Push Notification Request Form	08/26	--	Document Library
WIC-109	WIC Formula Request Form	07/26	--	Document Library
WIC-110	Certificate of Donated Formula	01/26	--	Document Library
WIC-111a	WIC Formula Prescription for Infants	04/26	--	Document Library
WIC-111b	WIC Formula Prescription for Children and Women	04/26	--	Document Library
WIC-112	Formula Log/Issuance Sheet	04/18	--	Document Library
WIC-114	Hospital Special Formula Notification	08/25	--	Document Library
WIC-115/115S	Statement of Income Support (Spanish on Back)	07/25	--	Document Library
WIC-116/116S	No Proof Form (Spanish on Back)	07/26	--	Document Library
WIC-117	Verification of Participation	07/24	--	Document Library
WIC-118/118S	What to Bring to Your Appointment (Spanish on Back)	07/26	Pads of 100	Document Library/Warehouse
WIC-154/154S	Welcome, Baby! (Spanish on Back)	07/26	--	Document Library
WIC-157/157S	Who is Eligible for WIC (Spanish on Back)	06/26	Packs of 100	Document Library/Warehouse
WIC-167/167S	WIC Certification Process	04/26	Packs of 100	Document Library/Warehouse
WIC-264	Vendor Procedure Handbook	08/2026	--	State WIC Office
WIC-280/280S	Food Safety Tips	02/23	Packs of 100	Warehouse
WIC-299/299S	Caring for Yourself After Pregnancy Loss	04/24	Packs of 100	Document Library/Warehouse
WIC-308/308S	What Should I Eat? Breastfeeding and Non-Breastfeeding Moms	02/24	Packs of 100	Warehouse
WIC-331	Clinic Issuance/Inventory Sheet for Pumps/Pads	07/26	--	Document Library
WIC-331a	Clinic Issuance/Inventory for BF Aids	07/26	--	Document Library
WIC-332	Inter-Clinic Breast Pump Transfer Form	02/23	--	Document Library
WIC-334	Combined Pump Issuance Form	01/26	--	Document Library

Forms are shaded grey Education shaded white

WIC-340	Breast Pump Decision Tree	01/26	--	Document Library
WIC-341	Contingency Pump Issuance Protocol	12/22	--	Document Library
WIC-342	Contingency Pump Issuance Decision Tree	12/22	--	Document Library
WIC-351	Order Breastfeeding Supplies	05/26	--	Document Library
WIC-352	Property Removal Form	10/25	--	Document Library
WIC-401	WIC Operation – Equipment/Supply Request Form	07/26	--	Document Library
WIC-402	Record Destruction Request Form	08/17	--	Document Library
WIC-403	Coloring Book/Fruits & Veggies – More Matters	10/10	Packs of 100	Warehouse
WIC-414/414S/ 414Creole	Iron: You Need It	09/19	Packs of 100	Warehouse (E/S) Document Library (Creole)
WIC-426 (FHS-285/285S)	Make Good Food Choices to Help Prevent Lead Poisoning	2023	Packs of 100	Document Library/Warehouse
WIC-430/430S	What Should I Eat? Pregnant Moms	02/24	Packs of 100	Document Library/Warehouse
WIC-438A/438A-S	Alcohol, Tobacco, and Drugs: What They Can Do To You and Your Family	09/23	Packs of 100	Warehouse
WIC-438B/438B-S	Give Your Baby a Healthy Start	11/23	Packs of 100	Warehouse
WIC-439/439S	WIC Wants You to Know Healthy Choices for Your Family	10/15	Packs of 100	Warehouse/Document Library
WIC-440/440S	Feed Me, I'm Yours 0-6 months	06/23	Packs of 100	Warehouse
WIC-441/441S	Feed Me, I'm Yours 6-12 months	06/23	Packs of 100	Warehouse
WIC-444/444S	Time for a Cup	02/23	Packs of 100	Warehouse
WIC-445/445S	Baby Oral Checklist	02/23	Pads of 100	Warehouse
WIC-446/446S	Healthy Tips for Picky Eaters	05/23	Pads of 100	Warehouse
WIC-447/447S	Fruit & Vegetable Tip Card (Spanish on Back)	05/23	Packs of 100	Warehouse
WIC-467/467S	Snack Time: Build a Balanced Snack		Packs of 100	Warehouse
WIC-470/470S	What Should My Child Eat?	07/23	Packs of 100	Warehouse
WIC-471/471S	Healthy Eating for 1 Year Olds	04/21	Packs of 100	Warehouse
WIC-472/472S	Healthy Eating for 2 Year Olds	04/21	Packs of 100	Warehouse
WIC-473/473S	Healthy Eating for 3 Year Olds	04/21	Packs of 100	Warehouse
WIC-474/474S	Healthy Eating for 4 Year Olds	04/21	Packs of 100	Warehouse
WIC-475/475S	Folic Acid for Women	04/24	Packs of 100	Document Library/Warehouse
WIC-673	ADPH Employee/Family Receiving WIC Benefits or Serving as a Proxy	08/18	--	Document Library

Forms are shaded grey Education shaded white

WIC-667	Effective Communication Checklist	08/23	--	Document Library
WIC-678	WIC Coordinator Monitoring Checklist	07/26	--	Document Library
WIC-694/694S	WICHealth.org Insert/bookmark	04/24	Packs of 100	Document Library/Warehouse
WIC-697/697S	WIC Measures Up? (Spanish on Back)	2016	Pads of 100	Warehouse
WIC-700/700S	WIC Approved Foods Brochure	07/26	Packs of 50	Warehouse
WIC-701	How to Use the WIC Shopper App	09/24	--	Document Library
WIC-720	WIC Award for Excellence in Breastfeeding	08/24	--	Document Library/Warehouse
WIC-732/732S	Congratulations on the Birth of Your Baby (postcard)	11/23		Warehouse
WIC-733/733S	Proper Use of Nipple Shields	09/22	--	Document Library
WIC-750	Peer Counselor Participant Contact Log	07/22	--	Document Library
WIC-753	Peer Counselor Weekly Activity Form	07/22	--	Document Library
WIC-756	WIC Peer Counselor Opportunities	10/25	--	Document Library
WIC-762	Ten Steps to Successful Breastfeeding		Packs of 50	Warehouse
WIC-763/763S	Breastfeeding: The Older Baby	09/22	Packs of 100	Document Library/Warehouse
WIC-764/764S	Breastfeeding: Growing Healthy Babies & Moms	09/22	Packs of 100	Document Library/Warehouse
WIC-765/765S	BF Tips for Working Moms	08/23		Document Library/Warehouse
WIC-766/766S	Expressing Your Breastmilk	09/21	Packs of 100	Document Library/Warehouse
WIC-767/767S	Breastfeeding Basics: Getting Started	09/21	Packs of 100	Document Library/Warehouse
WIC-768/768S	Managing Basic Breastfeeding Challenges	09/21	Packs of 100	Document Library/Warehouse
WIC-769	Did You Know: Will Herbs Increase Breastmilk Supply?	01/24	--	Document Library
WIC-770/770S	Thinking About Breastfeeding?	09/21	Packs of 100	Document Library/Warehouse
WIC-792/792S	Breastmilk Storage Guide (Spanish on Back)	08/23		Document Library
WIC-793	Relactation Quick Reference Guide	05/22		Document Library
WIC-794	Infant Feeding During Emergencies	05/22		Document Library
WIC-795	Getting Started with Breastfeeding (Noodle Soup)	04/23		Warehouse
WIC-796	Is Baby Getting Enough Milk? (Spanish on Back) (Noodle Soup)	04/23		Warehouse
WIC-797	Breastmilk Storage Magnets (Noodle Soup)	2019		Warehouse
WIC-801	Crayons	--	1 pack	Warehouse

Forms are shaded grey Education shaded white

WIC-803	Do Not Disturb Door Hangers	2025	Packs of 50	Warehouse
ENC-400	Information Request Form	12/16	--	Document Library
ENC-401	Language Identification Flashcard		--	Document Library
	WIC Breastfeeding Community Resource Guide 2025-2026	10/25		Document Library/Website

Forms are shaded grey Education shaded white

Authorizing Food Package Changes for Alabama WIC

A statewide food package committee assembles every two years or when major food package changes need to be implemented due to federal regulation updates.

The committee is comprised of State WIC Office Nutrition Services staff and Local Agency staff. State staff help interpret federal regulations, monitor cost containment and advise on how food package changes can be incorporated into the MIS system. Local staff bring a comprehensive representation of participant needs/preferences as well as the knowledge of the availability of qualifying foods in the market statewide.

The committee members include 6-12 Registered Dietitians from both Local and State Office Nutrition Services staff. Other committee members (approximately 2-4 members) include representatives from both the Vendor Management and Operations Branches of the State WIC Office.

Beginning one year prior to implementing the anticipated food package changes, the committee meetings begin.

1. Staff are divided into subcommittees that focus on a particular food category (Whole Grains, Dairy, Proteins, Fruits & Vegetables/Juice, Infant foods, etc).
2. Each subcommittee reviews and researches food submissions that have come in from food manufacturers and participant request as well as reviews the market for additional eligible items.
3. In the first quarter of the fiscal year (October – December), there is at least one meeting to establish goals and tasks for subcommittees including discussing potential food package changes.
4. In the second quarter (January – April), the committee meets monthly to discuss subcommittee findings and recommendations. Individually, members also visit vendors to determine products available for purchase and review prices of submitted items.
5. Typically in April, subcommittes make recommendations to the entire committee to discuss and determine which new foods will be added in the upcoming fiscal year.
6. Once food package changes are finalized, work begins May – August to update documents and education materials to reflect the changes.

Committee Members use the following criteria to determine if foods may be added:

- Food must meet federal requirements as defined in 7 CFR Part 246.10 and Minimum Requirements and Specifications for Supplemental Foods (Table 4 to Paragraph (e)(12).
- Food must be available to meet participant access needs. Consider whether it is available at multiple vendor and/or statewide.
- Consider food costs compared to other foods in the same food category. Would including this item raise or lower food costs?
- Consider how adding this item would affect participants? Does it improve the shopping experience by giving additional options? Has it been requested by participants? Participants may be surveyed to gather this information.

Authorizing Exempt Infant Formula and WIC Eligible Nutritionals for Alabama WIC

Alabama WIC maintains a list of authorized exempt infant formulas and WIC eligible nutritionals that may be issued to eligible participants with qualifying medical conditions. Formula selections will be based on federal regulations, product availability, participant needs, clinical appropriateness, and cost effectiveness.

The State Agency reserves the authority to determine which medical formulas are approved for issuance through the WIC Program.

The review process generally follows the steps below:

1. Gather information and identify potential changes. On an ongoing basis, State WIC Office Nutrition Services staff gather information from a variety of sources to determine whether revisions to the formulary are needed. Information may include:
    a. Feedback from local agency staff regarding participant and provider needs.
    b. Input from pediatric specialists, specialty clinics, and other healthcare providers.
    c. Requests from formula manufacturers.
    d. Updates to professional nutrition and medical practice guidelines.
    e. Changes in federal WIC regulations or policy guidance.
    f. New products entering the market or discontinuation of existing products.
    g. Product recalls, shortages, or other supply concerns.
2. Evaluate products for authorization. Nutrition Services Staff review existing authorized formulas and any products being considered for addition to the formulary. During this review, staff consider:
    a. Whether the product meets the federal definition of an exempt infant formula or WIC-eligible nutritional as defined in 7 CFR Part 246.10, Table 4 Requirements and Specifications for Supplemental Foods.
    b. The clinical purpose of the product and the medical conditions it is intended to treat.
    c. Current professional practice guidelines, published scientific literature, and recommendations from pediatric specialists.
    d. Whether similar products are already authorized and if the new product provides additional clinical benefit or fills an unmet need.
    e. Utilization data, including how frequently comparable formulas are prescribed an disused within the Alabama WIC Program.
    f. Product availability through established distribution channels.
    g. Cost effectiveness compared with clinically appropriate alternatives, including consideration of package size, unit cost, and anticipated program impact.
3. Determine authorized products and qualifying conditions. Based on the review, State WIC Office Nutrition Services staff determine which products will be authorized, retained or removed from the formulary. For each authorized product, staff establish the qualifying medical conditions and any applicable issuance guidance to promote consistent statewide authorization.
4. Implement formulary changes. Once changes have been approved, the State WIC Office updates the WIC MIS system and related policy and procedure documents.
5. Communicate changes. The State WIC Office communicates additions, deletions, or revisions to the formulary and associated qualifying conditions to local agencies and healthcare providers through program communications and publishes the updated formulary on the Alabama WIC website for public reference.

Alabama WIC Formulary with Qualifying Conditions
Effective 04/01/2026

Prod ID	Product	RFO	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging
186 (PWD) 188 (CON) 187 (RTU)	Enfamil Infant (12.5 oz. Powder) Enfamil Infant (13oz. Concentrate) Enfamil NeuroPro Infant (32 oz. RTU)	90.00 26.00 32.00	**Milk-based Infant Formula:** 20 cal/oz, milk-based with prebiotics; 60:40 whey-to-casein ratio; not intended for infants or children with galactosemia. Similar to Similac Advance (AL WIC does not cover Similac products; only for reference) Allergens: Milk and Soy	**Current contract standard milk-based infant formula.** Over age 1 with medical need for a milk-based product with one or more of the following: 1. Prematurity (<37 weeks)/LBW 2. Developmental delays (sensory & motor) 3. Oral-motor feeding issues/aversions	**Requirements for Ages Over 12 months:** Medical documentation and prescription must be on file **Limitations:** Can only issue to infants and children through 23 months old. **Staff may only issue Enfamil NeuroPro Infant RTU when it meets criteria outlined in Chapter 5 of the WIC Procedure Manual (5.3).**	Contract formulas must be redeemed at the store unless unavailable or there is an access issue. Mead Johnson Powder: 6 cans/case Concentrate: 12 cans/case RTU: 6 bottles/case
184 (PWD) 185 (RTU)	Enfamil Gentlease (12.4 oz. Powder) Enfamil NeuroPro Gentlease (32 oz. RTU)	90.00 32.00	**Milk-based Infant Formula:** 20 cal/oz, milk-based with 20% of carbohydrates from lactose; contains partially hydrolyzed nonfat milk and whey protein with 60:40 whey-to-casein ratio; not intended for infants or children with galactosemia. Similar to Similac Total Comfort and Good Start SoothePro (AL WIC does not cover Similac products; only for reference) Allergens: Milk and Soy	**Current contract partially hydrolyzed milk-based formula.** Intolerance to Enfamil Infant, digestive issues, and/or colic. Over age 1 with medical need for a milk-based product with one or more of the following: 1. Prematurity (<37 weeks)/LBW 2. Developmental delays (sensory & motor) 3. Oral-motor feeding issues/aversions	**Requirements for Ages Over 12 months:** Medical documentation and prescription must be on file **Limitations:** Can only issue to infants and children through 23 months old. **Staff may only issue Enfamil NeuroPro Gentlease RTU when it meets criteria outlined in Chapter 5 of the WIC Procedure Manual (5.3).**	Contract formulas must be redeemed at the store unless unavailable or there is an access issue. Mead Johnson Powder: 6 cans/case RTU: 6 bottles/case
66	Enfamil AR (12.9 oz. Powder)	91.00	**Milk-Based Infant Formula:** 20 cal/oz, milk-based with rice starch; contains prebiotics, 20:80 whey-to-casein ratio; not intended for infants or children with galactosemia. Allergens: Milk and Soy	**Current contract added rice starch milk-based formula.** Intolerance to Enfamil Infant or spitting up and/or reflux. Over age 1 with medical need for a milk-based product with one or more of the following: 1. Prematurity (<37 weeks)/LBW 2. Developmental delays (sensory & motor) 3. Oral motor feeding issues/aversions	**Requirements for Ages Over 12 months:** Medical documentation and prescription must be on file **Limitations:** Can only issue to infants and children through 23 months old.	Contract formulas must be redeemed at the store unless unavailable or there is an access issue. Mead Johnson 6 cans/case
181 (PWD) 182 (CON) 208 (RTU)	Enfamil ProSobee (12.9 oz. Powder) Enfamil ProSobee (13 oz. Concentrate) Enfamil ProSobee (32oz. RTU)	92.00 26.00 32.00	**Soy-Based Infant Formula:** 20 cal/oz, lactose-free, soy-based. Similar to Similac Soy Isomil (AL WIC does not cover Similac products; only for reference) Allergens: Soy	**Current contract standard soy-based infant formula.** Over age 1 with medical need for a soy-based product with one or more of the following: 1. Cow's milk allergy or intolerance 2. Galactosemia	**Requirements for Ages Over 12 months:** Medical documentation and prescription must be on file **Limitations:** Can only issue to infants and children through 23 months old. **Staff may only issue Enfamil ProSobee RTU when it meets criteria outlined in Chapter 5 of the WIC Procedure Manual (5.3).**	Contract formulas must be redeemed at the store unless unavailable or there is an access issue. Mead Johnson Powder: 6 cans/case Concentrate: 12 cans/case RTU: 6 bottles/case

Prod ID	Product	RFO	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging
211	Enfamil Reguline (12.4 oz. Powder)	90.00	**Milk-based Infant Formula:** 20 cal/oz, milk-based with 50% carbohydrates from lactose; contains prebiotics, partially hydrolyzed nonfat milk and whey protein; not intended for infants or children with galactosemia. Similar to Similac Total Comfort. (AL WIC does not cover Similac or Gerber products, only for reference) Allergens by Nature: Milk and Soy	**Current contract partially hydrolyzed milk-based formula with prebiotics.** Intolerance to Enfamil Infant, digestive issues, and/or constipation. Over age 1 with medical need for a milk-based product with one or more of the following: 1. Prematurity (<37 weeks)/LBW 2. Developmental delays (sensory & motor) 3. Oral motor feeding issues/aversions	**Requirements for Ages Over 12 months:** Medical documentation and prescription must be on file **Limitations:** Can only issue to infants and children through 23 months old.	Contract formulas must be redeemed at the store unless unavailable or there is an access issue. Mead Johnson 6 cans/case
Prod ID	**Product**	**RFO**	**Description**	**Qualifying Conditions**	**Staff Guidance**	**Manufacturer/ Packaging**
178	(CI) Alfamino Infant (14.1 oz. Powder)	96.00	**Elemental/Amino Acid:** 20 cal/oz; hypoallergenic amino acid based, 43% of fat is MCT oil. Mixing Instructions: 1 scoop to 1 oz water Similar to Elecare DHA/ARA, Neocate Infant DHA/ARA, Neocate Syneo and PurAmino.	1. Cow's milk protein allergy (CMPA) 2. Multiple food allergies 3. Eosinophilic GI disorders 4. Malabsorptive conditions 5. Short bowel syndrome (SBS) 6. Food protein-induced enterocolitis syndrome (FPIES)	**Limitations:** Can only issue to infants and children through 23 months old. **Recommendations:** A protein hydrolysate formula (Alimentum, Extensive HA, Nutramigen, Pepticate, or Pregestimil) is recommended before issuing unless medically contraindicated.	Nestle 6 cans/case
179	(CI) Alfamino Junior (14.1 oz. Powder)	62.00	**Elemental/Amino Acid:** 30 cal/oz; hypoallergenic amino acid based, 63% of fat is MCT oil. Mixing Instructions: 1 scoop to 1 oz water Similar to Elecare Jr, Neocate Jr and Puramino Jr.	1. Cow's milk protein allergy (CMPA) 2. Multiple food allergies 3. Eosinophilic GI disorders 4. Malabsorptive conditions 5. Short bowel syndrome (SBS) 6. Food protein-induced enterocolitis syndrome (FPIES)	**Limitations:** Can only issue to children 12 months to 5 years old.	Nestle 6 cans/case unflavored vanilla
153	(CI) Beneprotein (8 oz. Powder)	27.00	**Modular:** contains 6 grams of high-quality whey protein in every scoop. Nutritionally incomplete. 1 scoop: 7g powder, 25 cal, 6g protein Allergens by Nature: Milk, Soy	1. Elevated protein requirements for renal (dialysis), burns, surgery, cancer or wound management 2. Malnutrition	**Limitations:** Can only issue to children from 12 months to 5 years old and women. **Requirements:** **Modular formulas must be approved by District Nutrition Director or State WIC Office**	Nestle 6 cans/case unflavored

Prod ID	Product	RFO	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging
165	Boost (8 oz. RTF)	8.00	**Increased Calorie Supplement:** 31 cal/oz, lactose-free and nutritionally complete. 10g protein and 240 calories per container Similar to Ensure. Allergens By Nature: Milk, Soy	Women: Increased calorie needs with one or more of the following diagnoses: 1. Pregnancy with underweight BMI pre-pregnancy 2. Fetal growth restriction 3. Multi-fetal pregnancy 4. Underweight BMI during breastfeeding Children: Weight/length or BMI <10% and/or downward crossing of 2 major percentiles along with one or more of the following diagnoses: 1. Faltering weight or inadequate weight gain 2. Failure to Thrive (FTT) or malnutrition 3. Increased calorie needs 4. Tube feeding* 5. Oral motor feeding issues/aversions* 6. Developmental delays (sensory & motor)* 7. Prematurity (<37 weeks)/LBW *Authorization is not dependent on growth meeting parameters outlined above when diagnosis is present. See Note on page 24 for additional information.	**Limitations:** Can only issue to children from 2 to 5 years old and women.	Nestle 24 containers/case vanilla chocolate strawberry butter pecan
166	Boost Glucose Control (8 oz. RTF)	8.00	**Increased Calorie Supplement:** 24 cal/oz; nutritionally complete. 16g protein and 190 calories per container Similar to Glucerna Allergens by Nature: Milk, soy	1. Gestational Diabetes 2. Diabetes Mellitus	**Limitations:** Can only issue to women.	Nestle 24 containers/case chocolate vanilla
59	(CI) Boost Kid Essentials 1.0 (8 oz. RTF)	8.00	**Increased Calorie Supplement:** 30 cal/oz, lactose-free; nutritionally complete; for oral or tube feeding; contains MCT oil. Similar to Pediasure Allergens by Nature: Milk.	Weight/length or BMI <10% and/or downward crossing of 2 major percentiles along with one or more of the following diagnoses: 1. Faltering weight or inadequate weight gain 2. Failure to Thrive (FTT) or malnutrition 3. Increased calorie needs 4. Tube feeding* 5. Oral motor feeding issues/aversions* 6. Developmental delays (sensory & motor)* 7. Prematurity (<37 weeks)/LBW *Authorization is not dependent on growth meeting parameters outlined above when diagnosis is present. See Note on page 24 for additional information.	**Limitations:** Can only issue to children 12 months to 5 years.	Nestle 24 containers/case vanilla chocolate strawberry

Prod ID	Product	RFO	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging
60	(CI) Boost Kid Essentials 1.5 (8 oz. RTF)	8.00	**Increased Calorie Supplement:** 45 cal/oz, lactose free; nutritionally complete, contains MCT oil. Similar to Pediasure 1.5 Allergens by Nature: Milk	Weight/length or BMI <10% and/or downward crossing of 2 major percentiles along with one or more of the following diagnoses: 1. Faltering weight or inadequate weight gain 2. Failure to Thrive (FTT) or malnutrition 3. Increased calorie needs 4. Tube feeding* 5. Oral motor feeding issues/aversions* 6. Developmental delays (sensory & motor)* 7. Prematurity (<37 weeks)/LBW *Authorization is not dependent on growth meeting parameters outlined above when diagnosis is present. See Note on page 24 for additional information.	**Limitations:** Can only issue to children 12 months to 5 years.	Nestle 24 containers/case vanilla chocolate strawberry
61	(CI) Boost Kid Essentials 1.5 w/Fiber (8 oz. RTF)	8.00	**Increased Calorie Supplement:** 45 cal/oz, lactose free; nutritionally complete; for oral or tube feeding; contains MCT oil; 2.1 g fiber/8 oz container. Similar to Pediasure 1.5 w/ Fiber Allergens by Nature: Milk	Increased fiber needs AND Weight/length or BMI <10% and/or downward crossing of 2 major percentiles along with one or more of the following diagnoses: 1. Faltering weight or inadequate weight gain 2. Failure to Thrive (FTT) or malnutrition 3. Increased calorie needs 4. Tube feeding* 5. Oral motor feeding issues/aversions* 6. Developmental delays (sensory & motor)* 7. Prematurity (<37 weeks)/LBW *Authorization is not dependent on growth meeting parameters outlined above when diagnosis is present. See Note on page 24 for additional information.	**Limitations:** Can only issue to children 12 months to 5 years old.	Nestle 24 containers/case vanilla
58	Boost Plus (8 oz. RTF)	8.00	**Increased Calorie Supplement:** 45 cal/oz, lactose-free, high-calorie; nutritionally complete. 14g protein and 360 calories per container Similar to Ensure Plus. Allergens by Nature: Milk, Soy	Increased calorie needs with one or more of the following diagnoses: 1. Pregnancy with underweight BMI pre-pregnancy 2. Fetal growth restriction 3. multi-fetal pregnancy 4. Underweight BMI during breastfeeding	**Limitations:** Can only issue to women.	Nestle 24 containers/case, vanilla
174	(CI) Calcilo-XD (12.4 oz. Powder)	89.00	**Special Medical Conditions - Hypercalcemia:** 20 cal/oz; lactose and vitamin D free, low-calcium. <u>Nutritionally incomplete:</u> nutritionally complete for all nutrients except calcium, phosphorus and vitamin D. Add 1 unpacked level scoop (8.6 g) to 2 fl oz of water Allergens by Nature: Milk	1. Osteopetrosis 2. William's Syndrome 3. Hypercalcemia and hyperparathyroidism (need a low-calcium, vitamin D-free formula)	**Limitations:** Can only issue to infants and children.	Abbott 6 cans/case unflavored

Prod ID	Product	RFO	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging
160	(CI) Compleat Pediatric Standard 1.0 (8.45 oz. RTF)	8.45	**Increased Calorie Supplement:** 29.5 cal/oz; nutritionally complete, contains pea protein with soluble and insoluble fiber, plant-based, milk-free, lactose-free, gluten-free, non-GMO, and Kosher; no added artificial flavors, colors, or sweeteners; primarily used for tube feeding. Allergens by Nature: N/A	Weight/length or BMI <10% and/or downward crossing of 2 major percentiles along with one or more of the following diagnoses: 1. Faltering weight or inadequate weight gain 2. Failure to Thrive (FTT) or malnutrition 3. Increased calorie needs 4. Tube feeding* 5. Oral motor feeding issues/aversions* 6. Developmental delays (sensory & motor)* 7. Prematurity (<37 weeks)/LBW *Authorization is not dependent on growth meeting parameters outlined above when diagnosis is present. See Note on page 24 for additional information.	**Limitations:** Can only issue to children 12 months to 5 years.	Nestle 24 containers/case vanilla
223	(CI) Compleat Pediatric Standard 1.4 (8.45 oz. RTF)	8.45	**Increased Calorie Supplement:** 41 cal/oz, nutritionally complete, contains pea protein with soluble and insoluble fiber, plant-based, milk-free, lactose-free, gluten-free, non-GMO, and Kosher; no added artificial flavors, colors, or sweeteners, primarily used for tube feeding. Allergens by Nature: N/A	Weight/length or BMI <10% and/or downward crossing of 2 major percentiles along with one or more of the following diagnoses: 1. Faltering weight or inadequate weight gain 2. Failure to Thrive (FTT) or malnutrition 3. Increased calorie needs 4. Tube feeding* 5. Oral motor feeding issues/aversions* 6. Developmental delays (sensory & motor)* 7. Prematurity (<37 weeks)/LBW *Authorization is not dependent on growth meeting parameters outlined above when diagnosis is present. See Note on page 24 for additional information.	**Limitations:** Can only issue to children 12 months to 5 years.	Nestle 24 containers/case vanilla
224	(CI) Complex Essential MSD (16 oz. Powder)	80.00	**Special Medical Conditions - Metabolic:** Isoleucine, leucine, and valine-free (BCAA free), nutritionally incomplete; 380 kcal, 3.9 g fiber, and 25 g protein equivalent per 100 g powder; with DHA and EPA. Add 40 g (approx. 1/4 cup, level and unpacked) to approx. 7 fl oz (210 mL) of cold water. Allergens by Nature: Soy	Maple syrup urine disease (MSUD)	**Limitations:** Can only issue to children 12 months to 5 years and women. **Requirements:** **Metabolic formulas must be approved by District Nutrition Director or State WIC Office**	Nutricia 6 cans/case vanilla
63	(CI) Cyclinex-1 (14.1 oz. Powder)	102.00	**Special Medical Conditions - Metabolic:** Non-essential amino acid free with added L-carnitine and taurine; vitamins and mineral content to compensate for nutrient losses due to nitrogen-scavenger medications and a low protein diet; nutritionally incomplete; not intended as a sole source of nutrition. 1 Tbsp = 8 g RFO is calculated based on mixing to 20cal/oz Allergens by Nature: Soy	1. HHH Syndrome (ornithine translocase deficiency- hyperornithinemia, hyperammonemia, homocitrullinemia) 2. Defects in urea cycle enzyme 3. Gyrate atrophy of the choroid and retina	**Limitations:** Can only issue to infants and children. **Requirements:** **Metabolic formulas must be approved by District Nutrition Director or State WIC Office**	Abbott 6 cans/case unflavored

Prod ID	Product	RFO	Description	1. Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging
161	(CI) Cyclinex-2 (14.1 oz. Powder)	59.00	**Special Medical Conditions - Metabolic:** Non-essential amino acid free with added L-carnitine and taurine; vitamins and mineral content to compensate for nutrient losses due to nitrogen-scavenger medications and a low protein diet; Nutritionally incomplete; not intended as a sole source of nutrition. 1 Tbsp = 8 RFO is calculated based on mixing to 30cal/oz Allergens by Nature: Soy	2. HHH Syndrome (ornithine translocase deficiency- hyperornithinemia, hyperammonemia, homecirtrullinuria) 3. Defects in urea cycle enzyme 4. Gyrate atrophy of the choroid and retina	**Limitations:** Can only issue to children 1 year old to 5 years old and women. **Requirements:** **Metabolic formulas must be approved by District Nutrition Director or State WIC Office**	Abbott 6 cans/case unflavored
64	(CI) Duocal (14.1 oz. Powder)	160.00	**Modular:** 4.9 cal/g, high-calorie, carbohydrate and fat with no protein, sucrose, fructose, or lactose; Nutritionally incomplete; contains 35% MCT. Add 2 scoops to 4oz water. 1 scoop = 5g, 25 cal 1 Tbsp = 8.5g Allergens by Nature: N/A	1. Conditions where a high-energy, low-fluid, low-electrolytes diet is indicated 2. Protein-restricted diets 3. Disorders of protein and amino acid metabolism 4. Malabsorptive states 5. Modular diets 6. Catabolic states (e.g. burns, trauma, post-operative stress)	**Limitations:** Can only issue to infants, 6-12 months and children through 5 years old. **Requirements:** **Modular formulas must be approved by District Nutrition Director or State WIC Office**	Nutricia 6 cans/case unflavored
65	(CI) Elecare Infant DHA/ARA (14.1 oz. Powder)	95.00	**Elemental/Amino Acid:** 20 cal/oz; hypoallergenic amino acid-based; for oral or tube feeding; does not contain milk or soy protein, fructose, galactose, or lactose; contains 33% MCT oil. Similar to Alfamino, Neocate Infant DHA/ARA, Neocate Syneo, and PurAmino. Mix 2 fl oz water with 1 scoop (9.4 g) Allergens by Nature: Soy	1. Cow's milk protein allergy (CMPA) 2. Multiple food allergies 3. Eosinophilic GI disorders 4. Malabsorptive conditions 5. Short bowel syndrome (SBS) 6. Food protein-induced enterocolitis syndrome (FPIES)	**Limitations:** Can only issue to infants and children through 23 months old. **Recommendations:** A protein hydrolysate (Alimentum, generic hypoallergenic, Extensive HA, Nutramigen, Pepticate, or Pregestimil) is recommended before issuing unless medically contraindicated.	Abbott 6 cans/case unflavored
144	(CI) EleCare Junior (14.1 oz. Powder)	62.00	**Elemental/Amino Acid:** 30 cal/oz; Nutritionally complete; hypoallergenic amino acid-based; for oral or tube feeding; does not contain milk or soy protein, fructose, galactose, lactose; contains 33% MCT oil. Contains added DHA and lutein. Similar to Alfamino Jr., Neocate Jr. and Puramino Jr. Allergens by Nature: Soy	1. Cow's milk protein allergy (CMPA) 2. Multiple food allergies 3. Eosinophilic GI disorders 4. Malabsorptive conditions 5. Short bowel syndrome (SBS) 6. Food protein-induced enterocolitis syndrome	**Limitations:** Can only issue to children 12 months to 5 years.	Abbott 6 cans/case unflavored vanilla

Prod ID	Product	RFO	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging
72	(CI) Enfamil 24 (2 oz. RTU)	2.00	**Increased Calorie Infant Formula:** 24 cal/fl oz formulation for full-term infants who require increased caloric density; 80:20 whey-to-casein ratio patterned after early breast milk. Allergens by Nature: Milk and Soy	Weight/length or BMI <10% and/or downward crossing of 2 major percentiles along with one or more of the following diagnoses: 1. Faltering weight or inadequate weight gain 2. Failure to Thrive (FTT) or malnutrition 3. Increased calorie needs 4. Tube feeding* 5. Oral motor feeding issues/aversions* 6. Developmental delays (sensory & motor)* 7. Prematurity (<37 weeks)/LBW *Authorization is not dependent on growth meeting parameters outlined above when diagnosis is present. See Note on page 24 for additional information.	**Limitations:** Can only issue to infants and children through 23 months old.	Mead Johnson 48 bottles/case
68 (PWD) 70 (RTU)	Enfamil NeuroPro Enfacare (13.6 oz. Powder) (CI) Enfamil NeuroPro Enfacare (2 oz. RTU)	87.00 2.00	**Special Medical Conditions – Premature:** 22 cal/oz, high protein, vitamin, and mineral milk-based, for preterm and/or low birth weight infants; 20% of fat is MCT oil. Mix 2 fl oz water with 1 unpacked level scoop (9.8 g) Similar to Similac Neosure. Allergens by Nature: Milk and Soy	1. Prematurity (<37 weeks), regardless of birthweight 2. Low or very low birth weight (LBW/VLBW) ≤ 5lb 8oz	**Limitations:** Can only issue powder to infants and children through 23 months old. Ready to Use (RTU) may only be issued through 12 months of age. **Recommendations:** At 6 months chronological age staff should assess the infant's readiness to eat solids. **Staff may only issue Enfamil NeuroPro Enfacare RTU when it meets criteria outlined in Chapter 5 of the WIC Procedure Manual (5.3).**	Mead Johnson Powder: 6 cans/case RTU: 48 bottles/case
149	(CI) Enfaport (6 oz. RTU)	6.00	**Special Medical Conditions - Chylothorax or Metabolic:** 30 cal/oz, lactose-free, milk-based; Nutritionally complete; 83% of fat as MCT. Designed for infants. Allergens by Nature: Milk and Soy	1. Chylothorax 2. Long chain 3-hydroxyacyl-CoA dehydrogenase deficiency (LCHAD) 3. Condition that impairs digestion/absorption e.g., decreased pancreatic lipase, decreased bile salts, defective mucosal fat absorption, and/or defective lymphatic anomalies	**Limitations:** Can only issue to infants and children 0 months to 5 years old.	Mead Johnson 24 bottles/case

Prod ID	Product	RFO	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging
167	Ensure (8 oz. RTF)	8.00	**Increased Calorie Supplement:** 31 cal/oz, lactose-free with prebiotic (scFOS) short-chain fructooligosaccharides; Nutritionally complete; 3 g fiber, 9 g protein, and 220 calories per 8 oz container. Similar to Boost. Allergens by Nature: Milk and Soy	Women: Increased calorie needs with one or more of the following diagnoses: 1. Pregnancy with underweight BMI pre-pregnancy 2. Fetal growth restriction 3. Multi-fetal pregnancy 4. Underweight BMI during breastfeeding Children: Weight/length or BMI <10% and/or downward crossing of 2 major percentiles along with one or more of the following diagnoses: 1. Faltering weight or inadequate weight gain 2. Failure to Thrive (FTT) or malnutrition 3. Increased calorie needs 4. Tube feeding* 5. Oral motor feeding issues/aversions* 6. Developmental delays (sensory & motor)* 7. Prematurity (<37 weeks)/LBW *Authorization is not dependent on growth meeting parameters outlined above when diagnosis is present. See Note on page 24 for additional information.	**Limitations:** Can only issue to children 2 years old to 5 years old and women.	Abbott 8 containers/case vanilla chocolate coffee latte strawberry butter pecan banana nut
189	Ensure Plus (8 oz. RTF)	8.00	**Increased Calorie Supplement:** 45 cal/oz; Nutritionally complete, high calorie, lactose-free; with prebiotic short-chain fructooligosaccharides (scFOS); 3 g fiber/8 oz container. 16g protein and 350 calories per container Similar to Boost Plus. Allergens by Nature: Milk and Soy	Increased calorie needs with one or more of the following diagnoses: 1. Pregnancy with underweight BMI pre-pregnancy 2. Fetal growth restriction 3. Multi-fetal pregnancy 4. Underweight BMI while breastfeeding	**Limitations:** Can only issue to women.	Abbott 24 containers/case vanilla chocolate strawberry butter pecan
225	(CI) Essential Amino Acid Mix (7 oz. Powder)	135.00	**Modular:** powdered mixture of essential amino acids, including cystine and histidine; nutritionally incomplete; does not contain carbohydrates or fat. Recommended feeding concentration is 5% weight per volume (e.g. 5 g powder to 100 mL of water). Allergens by Nature: N/A	1. Dietary management of urea cycle disorders 2. Disorders of protein metabolism 3. Conditions in which a nutritionally complete feed is not suitable, or a modular approach is required	**Limitations:** Can only issue to children 12 months to 5 years old and women. **Requirements: Modular formulas must be approved by District Nutrition Director or State WIC Office**	Nutricia 6 cans/case
213	Extensive HA (14.1 oz. Powder)	96.00	**Hydrolysate/Peptide:** 20 cal/oz; hypoallergenic 100% extensively hydrolyzed whey protein; 49% of fat is MCT oil; contains the probiotic Bifidobacterium lactis and DHA/ARA. Mixing Instructions: 1 scoop to 1 oz. water Similar to Alimentum, generic hypoallergenic, Nutramigen, Pepticate, Pregestimil. Allergens by Nature: N/A	1. Cow's milk protein allergy and multiple food protein intolerance 2. Cow's milk induced FPIES 3. Soy protein sensitivity 4. Fat malabsorption	**Limitations:** Can only issue to infants and children through 23 months old.	Nestle 6 cans/case

Prod ID	Product	RFO	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging
214	(CI) Fortini (4 oz. RTF)	4.00	**Increased Calorie Infant Formula:** 30 cal/oz, high calorie, contains milk and soy, prebiotic fiber and DHA/ARA, for oral and tube feeding. Allergens by Nature: Milk and Soy	Weight/length or BMI <10% and/or downward crossing of 2 major percentiles along with one or more of the following diagnoses: 1. Faltering weight or inadequate weight gain 2. Failure to Thrive (FTT) or malnutrition 3. Increased calorie needs 4. Tube feeding* 5. Oral motor feeding issues/aversions* 6. Developmental delays (sensory & motor)* 7. Prematurity (<37 weeks)/LBW *Authorization is not dependent on growth meeting parameters outlined above when diagnosis is present. See Note on page 24 for additional information.	**Limitations:** Can only issue to infants and children through 23 months old. **Cannot continue more than 90 days - prescriptions written for more than 3 months will not be honored.** **Requirements:** **Monthly weights must be obtained**	Nutricia 30 bottles/case
216	(CI) GA-1 Anamix Early Years (14.1 oz. Powder)	80.00	**Special Medical Conditions - Metabolic:** lysine-free, low tryptophan, nutritionally incomplete; 12.5 g of protein equivalent per 100 g powder. Mixing Instructions: To make a standard dilution (21 kcal/fl oz), add 1 unpacked level scoop (5 g) of powder to each fluid ounce of water. Allergens by Nature: Milk, Coconut and Soy	Glutaric aciduria type 1 (GA-1)	**Limitations:** Can only issue to infants and children **Requirements: Metabolic formulas must be approved by District Nutrition Director or State WIC Office**	Nutricia 6 cans/case
172	Glucerna (8 oz. RTF)	8.00	**Increased Calorie Supplement:** 28 cal/oz, nutritionally complete. 10g protein and 180 calories per container. Similar to Boost Glucose Control Allergens by Nature: Milk and Soy	1. Gestational Diabetes 2. Diabetes Mellitus	**Limitations:** Can only issue to women.	Abbott 24 containers/case homemade vanilla rich chocolate creamy strawberry
226	(CI) Glutarade Essential (16 oz Powder)	80.00	**Special Medical Conditions - Metabolic:** lysine-free, low tryptophan, nutritionally incomplete. Mixing Instructions: Add 40 g (approx. 1/4 cup, level and unpacked) to approx. 7 fl oz (210 mL) of cold water Allergens by Nature: Soy	1. Glutaric aciduria type 1 (GA-1) 2. Pyridoxine-dependent epilepsy (PDE) or other epilepsy and recurrent seizure.	**Limitations:** Can only issue to children 12 months through 5 years and women. **Requirements:** **Metabolic formulas must be approved by District Nutrition Director or State WIC Office**	Nutricia 6 cans/case
22	(CI) Glutarex-1 (14.1 oz. Powder)	96.00	**Special Medical Conditions - Metabolic:** Lysine- and tryptophan-free, with DHA/ARA; nutritionally incomplete; lactose-free. 1 Tbsp powder = 8 g; preparation and dilution only as directed by a physician RFO is calculated based on mixing to 20cal/oz Allergens by Nature: Coconut and Soy	Glutaric aciduria type I (GA-1)	**Limitations:** Can only issue to infants and children. **Requirements:** **Metabolic formulas must be approved by District Nutrition Director or State WIC Office**	Abbott 6 cans/case unflavored

Prod ID	Product	RFO	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging
162	(CI) Glutarex-2 (14.1 oz. Powder)	55.00	**Special Medical Conditions - Metabolic:** Lysine- and tryptophan-free, with DHA/ARA, nutritionally incomplete; lactose-free. 1 Tbsp powder = 8 g; preparation and dilution only as directed by a physician RFO is calculated based on mixing to 30cal/oz Allergens by Nature: Coconut and Soy	Glutaric aciduria type I (GA-1)	**Limitations:** Can only issue to children 12 months to 5 years old and women. **Requirements: Metabolic formulas must be approved by District Nutrition Director or State WIC Office**	Abbott 6 cans/case unflavored
217	(CI) HCU Anamix Early Years (14.1 oz. Powder)	80.00	**Special Medical Conditions - Metabolic:** methionine and cysteine-free with iron, DHA/ARA and prebiotic fiber blend; nutritionally incomplete. Provides 13.5 g of protein equivalent per 100 g of powder. Mixing Instructions: To make a standard dilution (21 kcal/fl oz), add 1 unpacked level scoop (5 g) of powder to each fluid ounce of water. Allergens by Nature: Milk, Coconut and Soy	1. Vitamin B6 non-responsive homocystinuria 2. Hypermethioninemia	**Limitations:** Can only issue to infants and children. **Requirements: Metabolic formulas must be approved by District Nutrition Director or State WIC Office**	Nutricia 6 cans/case unflavored
227	(CI) HCU Anamix Next (14.1 oz. Powder)	78.00	**Special Medical Conditions - Metabolic:** methionine-free, contains DHA and prebiotic fiber blend; nutritionally incomplete. Dilution: 18 g (approx. 2 scoops) with 3.5 fl oz for final 3.9 fl oz (0.6 kcal/mL) Allergens by Nature: Coconut and Soy	1. Vitamin B6 non-responsive homocystinuria 2. Hypermethioninemia	**Limitations:** Can only issue to children 12 months to 5 years old and women. **Requirements: Metabolic formulas must be approved by District Nutrition Director or State WIC Office**	Nutricia 6 cans/case unflavored
228	(CI) HCU Maxamum (16 oz. Powder)	84.00	**Special Medical Conditions - Metabolic:** methionine and fat-free, nutritionally incomplete; 40 g protein equivalents/100 g powder. Dilution: add 38 g (approx. ¼ cup) of powder to 6 - 8 fl oz of water. Allergens by Nature: Soy	1. Vitamin B6 non-responsive homocystinuria 2. Hypermethioninemia	**Limitations:** Can only issue to children 12 months to 5 years old and women. **Requirements: Metabolic formulas must be approved by District Nutrition Director or State WIC Office**	Nutricia 6 cans/case orange
177	(CI) I-Valex-1 (14.1 oz. Powder)	96.00	**Special Medical Conditions - Metabolic:** leucine-free, Lactose-free, with L-carnitine and DHA/ARA; nutritionally incomplete. 1 Tbsp powder = 8 g; preparation and dilution only as directed by a physician RFO is calculated based on mixing to 20cal/oz Allergens by Nature: Coconut and Soy	1. Isovaleric acidemia 2. Other proven disorders of leucine metabolism	**Limitations:** Can only issue to infants and children. **Requirements: Metabolic formulas must be approved by District Nutrition Director or State WIC Office**	Abbott 6 cans/case unflavored

Prod ID	Product	RFO	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging
218	(CI) IVA Anamix Early Years (14.1 oz. Powder)	80.00	**Special Medical Conditions - Metabolic:** leucine-free with DHA/ARA; nutritionally incomplete; 13.5g of protein equivalent per 100g powder; for oral or tube feeding. Mixing Instructions: To make a standard dilution (21 kcal/fl oz), add 1 unpacked level scoop (5 g) of powder to each fluid ounce of water. Allergens by Nature: Milk, Coconut and Soy	1. Isovaleric acidemia 2. Other proven disorders of leucine metabolism	**Limitations:** Can only issue to infants and children. **Requirements:** **Metabolic formulas must be approved by District Nutrition Director or State WIC Office**	Nutricia 6 cans/case
229	(CI) IVA Anamix Next (14.1 oz. Powder)	78.00	**Special Medical Conditions - Metabolic:** leucine-free with DHA/ARA, nutritionally incomplete; 13.5g of protein equivalent per 100g powder. Dilution: 18 g (approx. 2 scoops) with 3.5 fl oz for final 3.9 fl oz. (0.6 kcal/mL) Allergens by Nature: Coconut and Soy	1. Isovaleric acidemia 2. Other proven disorders of leucine metabolism	**Limitations:** Can only issue to children 12 months to 5 years old and women. **Requirements:** **Metabolic formulas must be approved by District Nutrition Director or State WIC Office**	Nutricia 6 cans/case
230	(CI) IVA Maxamum (16 oz. Powder)	84.00	**Special Medical Conditions - Metabolic:** leucine and fat-free, nutritionally incomplete; 40 g of protein equivalents/100 g powder. Dilution: Add 38 g (approx. ¼ cup) of powder to 6 - 8 fl oz. water Allergens by Nature: Coconut and Soy	1. Isovaleric acidemia 2. Other proven disorders of leucine metabolism	**Limitations:** Can only issue to women. **Requirements:** **Metabolic formulas must be approved by District Nutrition Director or State WIC Office**	Nutricia 6 cans/case
154	(CI) Ketocal 3:1 (11 oz. Powder)	108.00	**Special Medical Conditions - Ketogenic:** high-fat, low-carbohydrate; nutritionally complete; 3 to 1 fat to carbohydrate and protein ratio. Dilution: 9.3 g powder with 90 ml water, final 100 ml for 20 kcal per oz. Allergens by Nature: Milk	1. Refractory/intractable epilepsy 2. Other epilepsy-related conditions where the ketogenic diet is indicated, including: - Glucose transporter type-1 deficiency syndrome (Glut1DS) - Pyruvate dehydrogenase deficiency (PDH) - Dravet syndrome - Super Refractory Status Epilepticus (SRSE)	**Limitations:** Can only issue to children 12 months to 5 years old.	Nutricia 6 cans/case
81 (PWD) 199 (RTF)	(CI) Ketocal 4:1 (11 oz. Powder) (CI) Ketocal 4:1 (8 oz. Liquid)	8.00 51.00	**Special Medical Conditions - Ketogenic:** high-fat, low-carbohydrate; nutritionally complete; 4 to 1 fat to carbohydrate and protein ratio. Allergens by Nature: Milk and Soy	1. For the dietary management of drug-resistant epilepsy 2. Other epilepsy-related conditions where a ketogenic diet is indicated, including: - Glucose Transporter Type 1 Deficiency Syndrome (Glut1 DS) - Pyruvate Dehydrogenase Deficiency (PDHD) - Dravet Syndrome - Super Refractory Status Epilepticus (SRSE)	**Limitations:** Can only issue to children 12 months to 5 years.	Nutricia Powder: 6 cans/case Liquid: 27 containers/case unflavored vanilla chocolate

Prod ID	Product	RFO	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging
16	(CI) Ketonex-1 (14.1 oz. Powder)	96.00	**Special Medical Conditions - Metabolic:** branched-chain amino acid-free, lactose-free, gluten-free; nutritionally incomplete Must be supplemented with protein and fluid in prescribed amounts to completely meet isoleucine, leucine, valine and water requirements. 1 Tbsp powder = 8 g; preparation and dilution only as directed by a physician RFO is calculated based on mixing to 20cal/oz Allergens by Nature: Coconut and Soy	1. Maple Syrup Urine Disease (MSUD) 2. Beta-ketothiolase deficiency	**Limitations:** Can only issue to infants and children. **Requirements:** **Metabolic formulas must be approved by District Nutrition Director or State WIC Office**	Abbott 6 cans/case unflavored
82	(CI) Ketonex-2 (14.1 oz. Powder)	65.00	**Special Medical Conditions - Metabolic:** Branched-chain amino acid-free, lactose-free, gluten-free, Not intended as a sole source of nutrition; nutritionally incomplete. Must be supplemented with protein and fluid in prescribed amounts to completely meet isoleucine, leucine, valine and water requirements. 1 Tbsp powder = 8 g; Preparation and dilution only as directed by a physician RFO is calculated based on mixing to 30cal/oz Allergens by Nature: Coconut and Soy	1. Maple Syrup Urine Disease (MSUD) 2. Beta-ketothiolase deficiency	**Limitations:** Can only issue to children 12 months to 5 years old and women. **Requirements:** **Metabolic formulas must be approved by District Nutrition Director or State WIC Office**	Abbott 6 cans/case unflavored
231	(CI) Lipistart (14.1 oz Powder)	80.00	**Special Medical Conditions - Metabolic:** high MCT, low LCT, nutritionally complete formula. Suitable as sole source of nutrition for infants. Can be used as a supplementary feed from 1 to 10 years of age. Standard dilution of 20cal/oz is made by adding 1 level scoop (5g) to 1 fl oz water. Allergens by Nature: Milk	1. Long chain 3-hydroxyacyl-CoA dehydrogenase (LCHAD) 2. Very long chain acyl-CoA dehydrogenase deficiency (VLCADD) 3. Other Long-chain fatty acid oxidation 4. Other disorders requiring dietary management using a high MCT, low LCT formula	**Limitations:** Can only issue to infants and children. **Requirements:** **Metabolic formulas must be approved by District Nutrition Director or State WIC Office**	Vitaflo 6 cans/case
200	(CI) Liquigen (8.5 fl oz.)	8.50	**Modular:** 45 cal/10 ml; Emulsion of 50% MCT oil and 50% water; nutritionally incomplete. Allergens by Nature: Coconut	Conditions where MCTs are part of dietary management, such as: 1. Conditions managed by the medical ketogenic diet 2. Long-chain fatty acid oxidation disorders 3. Chylothorax 4. Fat malabsorption 5. Short bowel syndrome	**No Limitations:** May issue to infants, children, and women. Liquigen may require dilution for children under 5 years of age. Follow physician's directions. **Requirements:** **Modular formulas must be approved by District Nutrition Director or State WIC Office**	Nutricia 12 containers/case

Prod ID	Product	RFO	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging
219	(CI) MMA/PA Anamix Early Years (14.1 oz. Powder)	80.00	**Special Medical Conditions - Metabolic:** methionine, threonine, and valine-free, low isoleucine with a prebiotic fiber, iron and DHA/ARA; nutritionally incomplete. Provides 13.5 g of protein equivalent per 100 g of powder. Mixing Instructions: To make a standard dilution (21 kcal/fl oz), add 1 unpacked level scoop (5 g) of powder to each fluid ounce of water. Allergens by Nature: Milk, Coconut and Soy	1. Methylmalonic acidemia (MMA) 2. Propionic acidemia (PA)	**Limitations:** Can only issue to infants and children **Requirements:** **Metabolic formulas must be approved by District Nutrition Director or State WIC Office**	Nutricia 6 cans/case
232	(CI) MMA/PA Anamix Next (14.1 oz. Powder)	78.00	**Special Medical Conditions - Metabolic:** methionine, threonine, and valine-free, low isoleucine with a prebiotic and DHA; nutritionally incomplete. Dilution: 18 g powder (approx. 2 scoops) with 3.5 fl oz water, final 3.9 fl oz, 0.6 kcal/mL product Allergens by Nature: Coconut and Soy	1. Methylmalonic acidemia (MMA) 2. Propionic acidemia (PA) 3. For oral and tube feeding	**Limitations:** Can only issue to children 12 months to 5 years old and women. **Requirements:** **Metabolic formulas must be approved by District Nutrition Director or State WIC Office**	Nutricia 6 cans/case
233	(CI) MMA/PA Maxamum (16 oz. Powder)	84.00	**Special Medical Conditions - Metabolic:** methionine, threonine, valine and fat-free, low isoleucine; nutritionally incomplete; 40 g protein equivalents/100 g powder Dilution: Add 38 g (approx. ¼ cup) of powder to 6 - 8 fl oz of water. Allergens by Nature: Soy	1. Methylmalonic acidemia (MMA) 2. Propionic acidemia (PA)	**Limitations:** Can only issue to women. **Requirements:** **Metabolic formulas must be approved by District Nutrition Director or State WIC Office**	Nutricia 6 cans/case
234	(CI) Monogen (14.1 oz. Powder)	71.00	**Special Medical Conditions - Chylothorax or Metabolic:** milk-based; 90% of fat is MCT oil. Nutritionally complete, formula low in long chain triglycerides (LCT) and high in medium chain triglycerides (MCT); containing linoleic acid (LA) and alpha-linolenic acid (ALA); supplemented with DHA/ARA. Mix 16.8 g (3 scoops – 5.6g/scoop) with 90 ml (3 fl oz.) water, final 100 ml. Final concentration 22 kcal/oz. The scoop provided in the can measures 5.6 g Allergens by Nature: Milk, Walnut, Coconut	1. Chylothorax 2. Condition that impairs digestion/absorption 3. Fat and long chain fatty acid oxidation disorders, e.g., decreased pancreatic lipase, decreased bile salts, defective mucosal fat absorption, and/or defective lymphatic anomalies, hyperlipoproteinemia Type 1, or long chain 3-hydroxyacyl-CoA dehydrogenase deficiency (LCHAD) 4. High MCT oil needs	**Limitations:** Can only issue to children 12 months to 5 years and women. **Requirements:** **Metabolic formulas must be approved by District Nutrition Director or State WIC Office**	Nutricia 6 cans/case
220	(CI) MSUD Anamix Early Years (14.1 oz. Powder)	80.00	**Special Medical Conditions - Metabolic:** valine, leucine, and isoleucine-free; contains DHA/ARA and prebiotics; nutritionally incomplete. Dilution: add 1 unpacked level scoop (5 g) of powder to each fluid ounce of water (21 kcal/fl oz.) Allergens by Nature: Milk, Coconut and Soy	Maple syrup urine disease (MSUD)	**Limitations:** Can only issue to infants and children. **Requirements:** **Metabolic formulas must be approved by District Nutrition Director or State WIC Office**	Nutricia 6 cans/case

Prod ID	Product	RFO	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging
51	(CI) Neocate Infant w/DHA/ARA (14.1 oz. Powder)	97.00	**Elemental/Amino Acid:** 20 cal/oz lactose, sucrose, and soy-free; hypoallergenic; 100% free amino acids; 33% of fat is MCT oil. Mixing Instructions: Add 1 scoop of powder to 1 oz. water. Similar to Alfamino, Elecare, Neocate Syneo, and PurAmino Allergens by Nature: Coconut (MCT may come from coconut oil)	1. Cow's milk protein allergy (CMPA) 2. Multiple food allergies 3. Eosinophilic GI disorders 4. Malabsorptive conditions 5. Short bowel syndrome (SBS) 6. Food protein-induced enterocolitis syndrome (FPIES)	**Limitations:** Can only issue to infants and children through 23 months old. **Recommendations:** A protein hydrolysate (Alimentum, generic hypoallergenic, Extensive HA, Nutramigen, Pepticate, or Pregestimil) is recommended before issuing unless medically contraindicated.	Nutricia 4 cans/case
85	(CI) Neocate Junior (14.1 oz. Powder)	64.00	**Elemental/Amino Acid:** 30 cal/oz, hypoallergenic, nutritionally complete, 100% non- allergenic free amino-acids with prebiotic fiber but without probiotics; for oral or tube feeding; 35% of fat is MCT oil. Previously named Neocate Jr. with Prebiotics. Mixing Instructions: Add 1 unpacked, level scoop (7.6 g) of powder to each 1 fl oz. of water. Similar to Alfamino Jr., Elecare Jr., Puramino Jr. Allergens by Nature: Coconut (MCT may come from coconut oil)	1. Cow's milk protein allergy (CMPA) 2. Multiple food allergies 3. Eosinophilic GI disorders 4. Malabsorptive conditions 5. Short bowel syndrome (SBS) 6. Food protein-induced enterocolitis syndrome (FPIES)	**Limitations:** Can only issue to children 12 months to 5 years old.	Nutricia 4 cans/case vanilla strawberry chocolate unflavored (without prebiotics)
155	(CI) Neocate Syneo Jr. (14 oz. Powder)	62.00	**Elemental/Amino Acid:** 30 cal/oz, hypoallergenic, nutritionally complete, 100% non- allergenic free amino-acids with prebiotic fiber and probiotics; for oral or tube feeding; 35% of fat is MCT oil. Add 1 unpacked, level school of powder to 1 oz water. 1 scoop = 7.3 g for all flavors except chocolate (7.5 g/scoop) Similar to Alfamino Jr., Elecare Jr., Puramino Jr. Allergens by Nature: Coconut (MCT may come from coconut oil)	1. Cow's milk protein allergy (CMPA) 2. Multiple food allergies 3. Eosinophilic GI disorders 4. Malabsorptive conditions 5. Short bowel syndrome (SBS) 6. Food protein-induced enterocolitis syndrome (FPIES)	**Limitations:** Can only issue to children 12 months to 5 years old.	Nutricia 4 cans/case unflavored
76	(CI) Neocate Splash (8 oz. RTF)	8.00	**Elemental/Amino Acid:** 30 cal/oz, hypoallergenic, nutritionally complete, 100% non- allergenic free amino acids; 35% of fat is MCT oil.	1. Cow's milk protein allergy (CMPA) 2. Multiple food allergies 3. Eosinophilic GI disorders 4. Malabsorptive conditions 5. Short bowel syndrome (SBS) 6. Food protein-induced enterocolitis syndrome (FPIES)	**Limitations:** Can only issue to children 12 months to 5 years old.	Nutricia 27 containers/case unflavored grape orange-pineapple tropical fruit vanilla

Prod ID	Product	RFO	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging
201	(CI) Neocate Syneo Infant (14.1 oz. Powder)	94.00	**Elemental/Amino Acid:** 20 cal/oz, lactose, sucrose, and soy-free; hypoallergenic; 100% free amino acids; 33% of fat is MCT oil; contains a blend of prebiotics and probiotics. Mixing Instructions: Add 1 scoop of powder to 1 oz water. Similar to Alfamino, Elecare, Neocate DHA/ARA, and Puramino	1. Cow's milk protein allergy (CMPA) 2. Multiple food allergies 3. Eosinophilic GI disorders 4. Malabsorptive conditions 5. Short bowel syndrome (SBS) 6. Food protein-induced enterocolitis syndrome (FPIES)	**Limitations:** Can only issue to infants and children through 23 months old. **Recommendations:** A protein hydrolysate (Alimentum, generic hypoallergenic, Extensive HA, Nutramigen, Pepticate, or Pregestimil) is recommended before issuing unless medically contraindicated.	Nutricia 4 cans/case
141 (PWD) 87 (CON) 88 (RTU)	Nutramigen with Probiotic LGG (12.6 oz. Powder) Nutramigen (13 oz. concentrate) Nutramigen (32 oz. RTU)	87.00 26.00 32.00	**Hydrolyzed/Peptide:** 20 cal/oz, hypoallergenic casein hydrolysate, lactose, sucrose, and galactose-free; does not contain MCT oil. Powder contains probiotic Lactobacillus rhamnosus GG (LGG). For powder, add 1 **PACKED** level scoop (9 g powder) with 2 fl oz. water Similar to Alimentum, Extensive HA, generic hypoallergenic, Pepticate, Pregestimil. Allergens by Nature: Coconut and Soy	1. Cow's milk protein allergy and multiple food protein intolerance 2. Cow's milk-induced FPIES 3. Soy protein sensitivity	**Limitations:** Can only issue to infants and children through 23 months old. **Staff may only issue Nutramigen RTU when it meets criteria outlined in Chapter 5 of the WIC Procedure Manual (5.3).**	Mead Johnson Powder: 6 cans/case Concentrate: 12 cans/case RTF: 6 bottles/case
50	PediaSure (8 oz. RTF)	8.00	**Increased Calorie Supplement:** 30 cal/oz, lactose-free; with DHA and prebiotic scFOS; nutritionally complete; 15% MCT oil; 1 g fiber and 18 g sugar/8 oz container. Similar to Boost Kid Essentials. Allergens by Nature: Milk and Soy	Weight/length or BMI <10% and/or downward crossing of 2 major percentiles along with one or more of the following diagnoses: 1. Faltering weight or inadequate weight gain 2. Failure to Thrive (FTT) or malnutrition 3. Increased calorie needs 4. Tube feeding* 5. Oral motor feeding issues/aversions* 6. Developmental delays (sensory & motor)* 7. Prematurity (<37 weeks)/LBW *Authorization is not dependent on growth meeting parameters outlined above when diagnosis is present. See Note on page 24 for additional information.	**Limitations:** Can only issue to children 12 months to 5 years old.	Abbott 24 containers/case vanilla chocolate strawberry smores
126	(CI) PediaSure w/Fiber (8 oz. RTF)	8.00	**Increased Calorie Supplement:** 30 cal/oz, lactose-free with fiber and DHA; nutritionally complete, 15% MCT oil; 3.2 g fiber and 18 g sugar/8 oz container. Allergens by Nature: Milk and Soy	Increased fiber needs AND Weight/length or BMI <10% and/or downward crossing of 2 major percentiles along with one or more of the following diagnoses: 1. Faltering weight or inadequate weight gain 2. Failure to Thrive (FTT) or malnutrition 3. Increased calorie needs 4. Tube feeding* 5. Oral motor feeding issues/aversions* 6. Developmental delays (sensory & motor)* 7. Prematurity (<37 weeks)/LBW *Authorization is not dependent on growth meeting parameters outlined above when diagnosis is present. See Note on page 24 for additional information.	**Limitations:** Can only issue to children 12 months to 5 years old.	Abbott 24 containers/case vanilla strawberry chocolate

Prod ID	Product	RFO	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging
139	(CI) PediaSure 1.5 (8 oz. RTF)	8.00	**Increased Calorie Supplement:** 45 cal/oz, lactose-free with DHA; nutritionally complete; 15% MCT oil; for oral or tube feeding. Similar to Boost Kid Essentials 1.5. Allergens by Nature: Milk and Soy	Weight/length or BMI <10% and/or downward crossing of 2 major percentiles along with one or more of the following diagnoses: 1. Faltering weight or inadequate weight gain 2. Failure to Thrive (FTT) or malnutrition 3. Increased calorie needs 4. Tube feeding* 5. Oral motor feeding issues/aversions* 6. Developmental delays (sensory & motor)* 7. Prematurity (<37 weeks)/LBW *Authorization is not dependent on growth meeting parameters outlined above when diagnosis is present. See Note on page 24 for additional information.	**Limitations:** Can only issue to children 12 months to 5 years old.	Abbott 24 containers/case vanilla
138	(CI) PediaSure 1.5 w/Fiber (8 oz. RTF)	8.00	**Increased Calorie Supplement:** 45 cal/oz, lactose-free with DHA and prebiotic (scFOS); nutritionally complete; for oral or tube feeding; 15% MCT oil and 3 g fiber per 8 oz container. Similar to Kid Essentials 1.5 with Fiber. Allergens by Nature: Milk and Soy	Increased fiber needs AND Weight/length or BMI <10% and/or downward crossing of 2 major percentiles along with one or more of the following diagnoses: 1. Faltering weight or inadequate weight gain 2. Failure to Thrive (FTT) or malnutrition 3. Increased calorie needs 4. Tube feeding* 5. Oral motor feeding issues/aversions* 6. Developmental delays (sensory & motor)* 7. Prematurity (<37 weeks)/LBW *Authorization is not dependent on growth meeting parameters outlined above when diagnosis is present. See Note on page 24 for additional information.	**Limitations:** Can only issue to children 12 months to 5 years old.	Abbott 24 containers/case vanilla strawberry
140	(CI) PediaSure Peptide 1.0 (8 oz. RTF)	8.00	**Hydrolyzed/Peptide Increased Calorie Supplement:** 30 cal/oz, lactose-free, nutritionally complete; hydrolyzed whey protein for oral or tube feeding for children 1 to 13 years; 50% of fat is MCT oil. Similar to Peptamen Junior Allergens by Nature: Milk and Soy	Need for peptide formula AND Weight/length or BMI <10% and/or downward crossing of 2 major percentiles along with one or more of the following diagnoses: 1. Faltering weight or inadequate weight gain 2. Failure to Thrive (FTT) or malnutrition 3. Increased calorie needs 4. Tube feeding* 5. Oral motor feeding issues/aversions* 6. Developmental delays (sensory & motor)* 7. Condition that impairs digestion/absorption 8. Food Allergies (cow's milk, soy, corn) *Authorization is not dependent on growth meeting parameters outlined above when diagnosis is present. See Note on page 24 for additional information.	**Limitations:** Can only issue to children 12 months to 5 years old.	Abbott 24 containers/case unflavored vanilla strawberry chocolate

Prod ID	Product	RFO	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging
147	(CI) PediaSure Peptide 1.5 (8 oz. RTF)	8.00	**Hydrolyzed/Peptide Increased Calorie Supplement:** 45 cal/oz, lactose-free; nutritionally complete; hydrolyzed formula with hydrolyzed whey protein and 50% of fat as MCT oil; for oral or tube feeding. Similar to Peptamen Junior 1.5 Allergens by Nature: Milk and Soy	Need for peptide formula AND Weight/length or BMI <10% and/or downward crossing of 2 major percentiles along with one or more of the following diagnoses: 1. Faltering weight or inadequate weight gain 2. Failure to Thrive (FTT) or malnutrition 3. Increased calorie needs 4. Tube feeding* 5. Oral motor feeding issues/aversions* 6. Developmental delays (sensory & motor)* 7. Condition that impairs digestion/absorption 8. Food Allergies (cow's milk, soy, corn) *Authorization is not dependent on growth meeting parameters outlined above when diagnosis is present. See Note on page 24 for additional information.	**Limitations:** Can only issue to children 12 months to 5 years old.	Abbott 24 containers/case vanilla
204	(CI) Pediasure Sidekicks High Protein (8 oz. RTF)	8.00	**Increased Calorie Supplement:** 22.5 cal/oz, lactose-free; nutritionally complete; contains 3 g prebiotic fiber and 10 g milk protein per bottle. Allergens by Nature: Milk and Soy	Weight/length or BMI <10% and/or downward crossing of 2 major percentiles along with one or more of the following diagnoses: 1. Faltering weight or inadequate weight gain 2. Failure to Thrive (FTT) or malnutrition 3. Increased calorie needs 4. Tube feeding* 5. Oral motor feeding issues/aversions* 6. Developmental delays (sensory & motor)* 7. Prematurity (<37 weeks)/LBW *Authorization is not dependent on growth meeting parameters outlined above when diagnosis is present. See Note on page 24 for additional information.	**Limitations:** Can only issue to children 12 months to 5 years old.	Abbott 24 containers/case vanilla chocolate
99	(CI) Peptamen Junior (8.45 oz. RTF)	8.45	**Hydrolyzed/Peptide Increased Calorie Supplement:** 30 cal/oz, lactose-free, gluten-free, peptide-based, 100% hydrolyzed whey protein, nutritionally complete; 60% of fat is MCT oil. Similar to PediaSure Peptide 1.0 Allergens by Nature: Milk and Soy	Need for peptide formula AND Weight/length or BMI <10% and/or downward crossing of 2 major percentiles along with one or more of the following diagnoses: 1. Faltering weight or inadequate weight gain 2. Failure to Thrive (FTT) or malnutrition 3. Increased calorie needs 4. Tube feeding* 5. Oral motor feeding issues/aversions* 6. Developmental delays (sensory & motor)* 7. Condition that impairs digestion/absorption 8. Food Allergies (cow's milk, soy, corn) *Authorization is not dependent on growth meeting parameters outlined above when diagnosis is present. See Note on page 24 for additional information.	**Limitations:** Can only issue to children 12 months to 5 years old.	Nestle 24 containers/case unflavored vanilla

Prod ID	Product	RFO	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging
157	(CI) Peptamen Junior 1.5 (8.45 oz. RTF)	8.45	**Hydrolyzed/Peptide Increased Calorie Supplement:** 45 cal/oz, high calorie, lactose-free, gluten-free; peptide-based, 100% hydrolyzed whey protein, nutritionally complete; 60% of fat is MCT oil; enriched with EPA, DHA. 1.35 g fiber per 250 mL container. Similar to PediaSure Peptide 1.5 Allergens by Nature: Milk and Soy	Need for peptide formula AND Weight/length or BMI <10% and/or downward crossing of 2 major percentiles along with one or more of the following diagnoses: 1. Faltering weight or inadequate weight gain 2. Failure to Thrive (FTT) or malnutrition 3. Increased calorie needs 4. Tube feeding* 5. Oral motor feeding issues/aversions* 6. Developmental delays (sensory & motor)* 7. Condition that impairs digestion/absorption 8. Food Allergies (cow's milk, soy, corn) *Authorization is not dependent on growth meeting parameters outlined above when diagnosis is present. See Note on page 24 for additional information.	**Limitations:** Can only issue to children 12 months to 5 years old.	Nestle 24 containers/case unflavored vanilla
156	(CI) Peptamen Junior with Fiber (8.45 oz. RTF)	8.45	**Hydrolyzed/Peptide Increased Calorie Supplement:** 30 cal/oz, lactose-free, gluten-free, peptide-based, 100% hydrolyzed whey protein, nutritionally complete, for oral or tube feeding; 60% of fat is MCT oil; 1.8 g fiber per 250 mL container. Allergens by Nature: Milk and Soy	Increased fiber needs/need for peptide formula AND Weight/length or BMI <10% and/or downward crossing of 2 major percentiles along with one or more of the following diagnoses: 1. Faltering weight or inadequate weight gain 2. Failure to Thrive (FTT) or malnutrition 3. Increased calorie needs 4. Tube feeding* 5. Oral motor feeding issues/aversions* 6. Developmental delays (sensory & motor)* 7. Condition that impairs digestion/absorption 8. Food Allergies (cow's milk, soy, corn) *Authorization is not dependent on growth meeting parameters outlined above when diagnosis is present. See Note on page 24 for additional information.	**Limitations:** Can only issue to children 12 months to 5 years old.	Nestle 24 containers/case vanilla
215	(CI) Pepticate (13.2 oz Powder)	86.00	**Hydrolyzed/Peptide:** 20cal/oz; hypoallergenic, extensively hydrolyzed whey protein; contains scGOS and lcFOS, prebiotics, lactose, DHA/ARA; 15% of fat as MCT Oil; lactose is primary source of carbohydrate. Add 1 unpacked, level scoop (4.8 g) of powder to 1 fl oz of water. Similar to Alimentum, Extensive HA, generic hypoallergenic, Nutramigen, Pregestimil. Allergens by Nature: Coconut	1. Cow's milk protein allergy and multiple food protein intolerance 2. Cow's milk-induced FPIES 3. Soy protein sensitivity	**Limitations:** Can only issue to infants and children through 23 months old.	Nutricia 4 cans/case
235	(CI) Periflex Advance (16 oz. Powder)	78.00	**Special Medical Conditions - Metabolic:** phenylalanine-free, nutritionally incomplete. Dilution: add 29 g powder to 5 - 6 fl oz of cold water for a 10 g protein equivalent serving Allergens by Nature: Coconut	Phenylketonuria (PKU) or hyperphenylalaninemia	**Limitations:** Can only issue to children 12 months to 5 years old and women. **Requirements:** **Metabolic formulas must be approved by District Nutrition Director or State WIC Office**	Nutricia 6 cans/case unflavored orange

Prod ID	Product	RFO	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging
221	(CI) Periflex Early Years (14.1 oz Powder)	80.00	**Special Medical Conditions - Metabolic:** Phenylalanine-free, nutritionally incomplete Mixing Instructions: To make a standard dilution (21 kcal/fl oz), add 1 unpacked level scoop (5 g) of powder to each fluid ounce of water. Allergens by Nature: Milk, Coconut and Soy	Phenylketonuria (PKU) or hyperphenylalaninemia	**Limitations:** Can only issue to infants and children. **Requirements:** **Metabolic formulas must be approved by District Nutrition Director or State WIC Office**	Nutricia 6 cans/case
236	(CI) Periflex Junior Plus (14.1 oz. Powder)	51.00	**Special Medical Conditions - Metabolic:** phenylalanine-free; nutritionally incomplete; 28 protein equivalents per 100 g powder. Preparation and dilution only as directed by a physician Allergens by Nature: Coconut and Soy	Phenylketonuria (PKU) or hyperphenylalaninemia	**Limitations:** Can only issue to children 12 months to 5 years old. **Requirements:** **Metabolic formulas must be approved by District Nutrition Director or State WIC Office**	Nutricia 6 cans/case plain orange berry vanilla
18	(CI) Phenex-1 (14.1 oz. Powder)	96.00	**Special Medical Conditions - Metabolic:** Phenylalanine and lactose- free; nutritionally incomplete. 1 Tbsp powder = 8 g; Preparation and dilution only as directed by a physician RFO is calculated based on mixing to 20cal/oz Allergens by Nature: Coconut and Soy	Phenylketonuria (PKU) or hyperphenylalaninemia	**Limitations:** Can only issue to infants and children. **Requirements:** **Metabolic formulas must be approved by District Nutrition Director or State WIC Office**	Abbott 6 cans/case unflavored
101	(CI) Phenex-2 (14.1 oz. Powder)	55.00	**Special Medical Conditions - Metabolic:** Phenylalanine and lactose-free; nutritionally incomplete. 1 Tbsp powder = 8 g; Preparation and dilution only as directed by a physician RFO is calculated based on mixing to 30cal/oz Allergens by Nature: Coconut and Soy	Phenylketonuria (PKU) or hyperphenylalaninemia	**Limitations:** Can only issue to children 12 months to 5 years old and women. **Requirements:** **Metabolic formulas must be approved by District Nutrition Director or State WIC Office**	Abbott 6 cans/case unflavored vanilla
106	(CI) Phenyl-Free 2HP (16 oz. Powder)	59.00	**Special Medical Conditions - Metabolic:** phenylalanine, lactose, galactose-free; nutritionally incomplete; 40 g protein equivalents/100 g powder. 1 scoop = 15.1 g powder Allergens by Nature: Soy	Phenylketonuria (PKU) or hyperphenylalaninemia	**Limitations:** Can only issue to children 12 months to 5 years old and women. **Requirements:** **Metabolic formulas must be approved by District Nutrition Director or State WIC Office**	Mead Johnson 6 cans/case
104	(CI) PhenylAde Essential Drink Mix (16 oz. Powder)	80.00	**Special Medical Conditions - Metabolic:** phenylalanine-free, nutritionally incomplete; with flax and soluble fiber; 40 g/scoop = 10 g protein equivalents. Dilution: Add 40 g powder (approx. 1/4 cup, level and unpacked) to approx. 7 fl oz of cold water Allergens by Nature: Soy	Phenylketonuria (PKU) or hyperphenylalaninemia	**Limitations:** Can only issue to children 12 months to 5 years old and women. **Requirements:** **Metabolic formulas must be approved by District Nutrition Director or State WIC Office**	Nutricia 6 cans/case vanilla strawberry orange crème chocolate unflavored

Prod ID	Product	RFO	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging
105	(CI) Phenylade MTE Powder (16 oz. Powder)	175.00	**Special Medical Conditions - Metabolic:** phenylalanine-free, nutritionally incomplete; 313 kcal per 100 g powder. Dilution: Add 13 g powder (approx 1 tbsp level and unpacked) to 5 fl oz of a flavored (protein-free) beverage or other PKU formula Allergens by Nature: N/A	Phenylketonuria (PKU) or hyperphenylalaninemia	**Limitations:** Can only issue to children 12 months to 5 years old and women. **Requirements:** **Metabolic formulas must be approved by District Nutrition Director or State WIC Office**	Nutricia 6 cans/case unflavored
238	(CI) PKU Explore 5 (0.44 oz. Powder)	1.40	**Special Medical Conditions - Metabolic:** phenylalanine-free; contains blend of essential and non-essential amino acids, carbohydrate, ARA, DHA, vitamins and minerals; nutritionally incomplete. Each 12.5 g (0.44 oz) packet provides 5 g protein equivalent. Dilution: Each packet mixes with approximately 1 tablespoon of cold water; shake well and let stand for 2 minutes to allow smooth semi-solid consistency to form. Designed to form a spoonable consistency to support introduction of solids. Allergens by Nature: fish (tuna); may contain: milk.	Phenylketonuria (PKU) or hyperphenylalaninemia	**Limitations:** Can only issue to infants and children 6 months to 5 years old. **Requirements:** **Metabolic formulas must be approved by District Nutrition Director or State WIC Office**	Vitaflo 30 packets/case unflavored
237	(CI) PKU Explore 10 (0.88 oz. Powder)	2.80	**Special Medical Conditions - Metabolic:** phenylalanine-free; contains blend of essential and non-essential amino acids, carbohydrate, ARA, DHA, vitamins and minerals; nutritionally incomplete. Each 25 g (0.88 oz) packet provides 10 g protein equivalent. Dilution: Each packet mixes with approximately 1.5-2 tablespoon of cold water; shake well and let stand for 2 minutes to allow smooth semi-solid consistency to form. Designed to form a spoonable consistency to support introduction of solids. Add 1 packet to 3 fl oz water to prepare a low volume drink. Allergens by Nature: fish (tuna); may contain: milk.	Phenylketonuria (PKU) or hyperphenylalaninemia	**Limitations:** Can only issue to children 12 months to 5 years old and women. **Requirements:** **Metabolic formulas must be approved by District Nutrition Director or State WIC Office**	Vitaflo 30 packets/case raspberry orange
239	(CI) PKU Sphere 15 (0.95 oz. Powder)	4.00	**Special Medical Conditions - Metabolic:** low phenylalanine formula; contains a blend of whey protein isolate (GMP), essential and non-essential amino acids, carbohydrate, fat (including DHA), vitamins and minerals; nutritionally incomplete. Each 27g (0.95oz) packet provides 15g protein equivalent. Mix 1 packet with 4oz water. Allergens by Nature: fish (tuna), Milk and Soy	Phenylketonuria (PKU) or hyperphenylalaninemia	**Limitations:** Can only issue to children 12 months to 5 years old and women. **Requirements:** **Metabolic formulas must be approved by District Nutrition Director or State WIC Office**	Vitaflo 30 packets/case vanilla red berry

Prod ID	Product	RFO	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging
240	(CI) PKU Sphere 20 (1.23 oz. Powder)	4.00	**Special Medical Conditions - Metabolic:** low phenylalanine formula; contains a blend of whey protein isolate (GMP), essential and non-essential amino acids, carbohydrate, fat (including DHA), vitamins and minerals; nutritionally incomplete. Each 35 g (1.23oz) packet provides 20 g of protein equivalent and contains 30 mg of phenylalanine. Mix 1 packet with 4oz water. Allergens by Nature: fish (tuna), Milk and Soy	Phenylketonuria (PKU) or hyperphenylalaninemia	**Limitations:** Can only issue to children 12 months to 5 years old and women. **Requirements:** **Metabolic formulas must be approved by District Nutrition Director or State WIC Office**	Vitaflo 30 packets/case vanilla red berry chocolate banana lemon
241	(CI) PKU Trio (14.1 oz. Powder)	55.00	**Special Medical Conditions - Metabolic:** phenylalanine-free; nutritionally incomplete. Add 2 level scoops (33 g) to 4.5 oz water to provide 10 g protein equivalent. Allergens by Nature: Milk	Phenylketonuria (PKU) or hyperphenylalaninemia	**Limitations:** Can only issue to children 12 months to 5 years old and women. **Requirements:** **Metabolic formulas must be approved by District Nutrition Director or State WIC Office**	Vitaflo 6 cans/case unflavored vanilla
109	Pregestimil (16 oz. powder)	112.00	**Hydrolyzed/Peptide:** 20 cal/oz, hypoallergenic, lactose, sucrose, and galactose-free, casein hydrolysate; nutritionally complete; 55% of fat is MCT oil; appropriate for infants with galactosemia. Mixing Instructions: Add 1 **PACKED** level scoop (8.9 g) add 2 fl oz water Similar to Alimentum, Extensive HA, generic hypoallergenic, Nutramigen, Pepticate.	1. Cow's milk protein allergy and multiple food protein intolerance 2. Cow's milk-induced FPIES 3. Soy protein sensitivity 4. Fat malabsorption	**Limitations:** Can only issue to infants and children through 23 months old.	Mead Johnson 6 cans/case
112	(CI) Pro-Phree (14.1 oz. Powder)	102.00	**Modular:** protein and lactose-free; nutritionally incomplete; provides 49% of energy as fat; supplemented with L-carnitine and taurine. 1 Tbsp = 8 g, 1 cup = 120 g RFO is calculated based on mixing to 20cal/oz Allergens by Nature: Coconut and Soy	1. Congenital heart disease 2. Congestive Heart Failure (CHF) 3. Bronchopulmonary dysplasia (BPD) 4. Other specified inborn errors of metabolism	**No limitations:** Can issue to infants, children and women. **Requirements:** **Modular formulas must be approved by District Nutrition Director or State WIC Office**	Abbott 6 cans/case unflavored
20	(CI) Propimex-1 (14.1 oz. Powder)	96.00	**Special Medical Conditions - Metabolic:** methionine, valine and lactose-free; low in isoleucine and threonine; nutritionally incomplete. 1 Tbsp powder = 8 g; Preparation and dilution only as directed by a physician RFO is calculated based on mixing to 20cal/oz Allergens by Nature: Coconut and Soy	Propionic or methylmalonic acidemia	**Limitations:** Can only issue to infants and children **Requirements:** **Metabolic formulas must be approved by District Nutrition Director or State WIC Office**	Abbott 6 cans/case unflavored

Prod ID	Product	RFO	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging
113	(CI) Propimex-2 (14.1 oz. Powder)	55.00	**Special Medical Conditions - Metabolic:** Methionine, valine, and lactose-free; low in isoleucine and threonine; nutritionally incomplete 1 Tbsp powder = 8 g; Preparation and dilution only as directed by a physician RFO is calculated based on mixing to 30cal/oz Allergens by Nature: Coconut and Soy	Propionic or methylmalonic acidemia	**Limitations:** Can only issue to children 12 months to 5 years old and women. **Requirements:** **Metabolic formulas must be approved by District Nutrition Director or State WIC Office**	Abbott 6 cans/case unflavored
242	(CI) ProViMin (5.3 oz. Powder)	23.00	**Modular:** Protein-vitamin-mineral with iron, reduced fat and carbs, increased protein; nutritionally incomplete. 1 Tbsp = 8 g RFO is calculated based on mixing to 20cal/oz Allergens by Nature: Coconut and Milk	For use in the management of patients who require a formula modified in carbohydrate, fat, and/or increased protein	**Limitations:** Can only issue to infants and children. **Requirements**: **Modular formulas must be approved by District Nutrition Director or State WIC Office**	Abbott 6 cans/case unflavored
151	(CI) PurAmino (14.1 oz. Powder)	98.00	**Elemental/Amino Acid:** 20 cal/oz, hypoallergenic; lactose, sucrose, soy, and galactose-free; 100% free amino acids; 14.3 g protein equivalents/100 g powder Mixing Instructions: Mix 1 fl oz of water with 1 unpacked level scoop of powder (4.5 g) Similar to Alfamino, Elecare, Neocate DHA/ARA, Neocate Syneo Allergens by Nature: Soy	1. Cow's milk protein allergy (CMPA) 2. Multiple food allergies 3. Eosinophilic GI disorders 4. Malabsorptive conditions 5. Short bowel syndrome (SBS) 6. Food protein-induced enterocolitis syndrome (FPIES)	**Limitations:** Can only issue to infants and children through 23 months old. **Recommendations:** A protein hydrolysate (Alimentum, generic hypoallergenic, Extensive HA, Nutramigen, Pepticate, or Pregestimil) is recommended before issuing unless medically contraindicated.	Mead Johnson 4 cans/case
205	(CI) PurAmino Junior (14.1 oz. Powder)	66.00	**Elemental/Amino Acid:** 30 cal/oz, hypoallergenic, 100% free amino acids; contains DHA. Mixing Instructions: Mix 1 fl oz of water with 1 unpacked level scoop of powder (6.8 g) Similar to Alfamino Jr., Elecare Jr, Neocate Jr. Allergens by Nature: Soy	1. Cow's milk protein allergy (CMPA) 2. Multiple food allergies 3. Eosinophilic GI disorders 4. Malabsorptive conditions 5. Short bowel syndrome (SBS) 6. Food protein-induced enterocolitis syndrome (FPIES)	**Limitations:** Can only issue to children 12 months to 5 years old.	Mead Johnson 4 cans/case unflavored vanilla
114	(CI) RCF Soy Infant Formula Base with Iron (13 oz. Conc)	26.00	**Special Medical Conditions - Metabolic:** 20 cal/oz, carbohydrate and lactose free, soy protein. Nutritionally incomplete; carbohydrate source must be added separately. Dilution: For 20 Cal/fl oz Formula, dissolve carbohydrate in 12 fl oz of water, cover and bring to a boil, Add RCF to cooled carbohydrate solution. Allergens by Nature: Coconut and Soy	**Non-metabolic reason:** Seizure disorders requiring a ketogenic diet **Metabolic reason:** Carbohydrate intolerance	**Limitations:** Can only issue to infants and children through 23 months old. **Requirements:** **Metabolic formulas must be approved by District Nutrition Director or State WIC Office**	Abbott 12 cans/case unflavored

Prod ID	Product	RFO	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging
202	(CI) Renastart (14.1 oz Powder)	66.00	**Special Medical Conditions - Renal:** 30 cal/oz, low levels of milk protein, calcium, potassium, phosphorus and vitamin A. Mixing Instructions: Add 1 level scoop (7 g) to 1 fl oz water. Use the scoop provided in the can. Allergens by Nature: Soy and Milk	Pediatric kidney disease	**Limitations:** Can only issue to infants and children from 6 months to 5 years old.	Vitaflo 6 cans/case unflavored
243	(CI) Renastep (6.7 oz RTF)	6.70	**Special Medical Conditions - Renal:** 60 cal/oz; contains protein, carbohydrate, and fat (including DHA), vitamins and minerals for a diet restricted in potassium, chloride, phosphorus, calcium, and vitamin D; not suitable as a sole source of nutrition. Dosage to be determined by the prescribing physician.	Pediatric kidney disease	Limitations: Can only issue to children from 1 to 5 years old.	Vitaflo 15 bottles/case vanilla
053 (PWD) 54 (RTF)	Similac Alimentum (12.1 oz Powder) Similac Alimentum (32 oz. RTF)	87.00 32.00	**Hydrolyzed/Peptide:** 20 cal/oz, hypoallergenic infant formula with iron; contains hydrolyzed casein with free amino acids; 33% of fat as MCT oil; contains DHA/ARA; suitable for lactose sensitivity. Add 1 unpacked level scoop (8.7 g) to 2 fl oz of water Similar to generic hypoallergenic, Nutramigen, Pepticate, Pregestimil. Allergens by Nature: Soy Contains casein hydrolysate (derived from milk) but does not contain milk protein.	1. Cow's milk protein allergy and multiple food protein intolerance 2. Cow's milk-induced FPIES 3. Soy protein sensitivity	**Limitations:** Can only issue to infants and children through 23 months old. **Staff may only issue Similac Alimentum RTU when it meets criteria outlined in Chapter 5 of the WIC Procedure Manual (5.3).**	Abbott Powder: 6 cans/case RTF: 6 bottles/case
122 (PWD) 123 (2oz RTF) 121 (32oz RTF)	Similac Neosure (13.1 oz. Powder) (CI) Similac Neosure (2 oz. RTF) Similac Neosure (32 oz. RTF)	87.00 2.00 32.00	**Special Medical Conditions - Premature:** 22 cal/fl oz, high in protein, vitamins, and minerals for preterm and/or low birth weight infants; contains 25% fat from MCT oil. Powder Mixing Instructions: Add 1 unpacked level scoop (9.6 g) to 2 fl oz of water. Allergens by Nature: Soy and Milk	1. Prematurity (<37 weeks), regardless of birthweight 2. Low or very low birth weight (LBW/VLBW) ≤5lb 8oz	**Limitations:** Can only issue powder to infants and children through 2 years old. RTF 2oz. may only be issued through 12 months of age. **Recommendations:** At 6 months chronological age staff should assess infant's readiness to eat solids. **Staff may only issue Similac Neosure RTF when it meets criteria outlined in Chapter 5 of the WIC Procedure Manual (5.3).**	Abbott Powder: 6 cans/case 2oz RTF: 48 bottles/case 32oz RTF: 6 bottles/case

Prod ID	Product	RFO	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging
102	(CI) Similac PM 60/40 (14.1 oz. Powder)	102.00	**Special Medical Conditions - Hypocalcemia:** 20 cal/oz, (60:40) whey:casein ratio, lower in iron and other minerals and electrolytes; nutritionally complete; additional iron should be supplied from other sources. Mixing Instructions: Add 1 unpacked level scoop (8.7 g) to 2 fl oz of water Allergens by Nature: Coconut, Soy and Milk	1. Hypocalcemia 2. Hyperphosphatemia 3. CRF/EASD 4. Hyperkalemia	**Limitations:** Can only issue to infants and children through 23 months old.	Abbott 6 cans/case unflavored
130	(CI) Tolerex (2.82 oz.)	8.00	**Elemental:** 30 cal/oz, nutritionally complete elemental formula made of 100% free amino acids; Lactose-free, gluten-free, low-residue. Dilution: mix 1 packet (2.82oz) with 1 cup water. Allergens by Nature: N/A	1. Severely impaired GI function: 2. Severe protein and fat malabsorption, specialized nutrient needs	**Limitations:** Can only issue to children 2 to 5 years old and women.	Nestle 60 packets/case
222	(CI) TYR Anamix Early Years (14.1 oz. Powder)	80.00	**Special Medical Conditions - Metabolic:** tyrosine and phenylalanine-free with DHA/ARA; nutritionally incomplete; 13.5 g of protein equivalent per 100 g. Mixing Instructions: To make a standard dilution (21 kcal/fl oz), add 1 unpacked level scoop (5 g) of powder to each fluid ounce of water. Allergens by Nature: Soy, Coconut and Milk.	Tyrosinemia (TYR)	**Limitations:** Can only issue to infants and children. **Requirements:** **Metabolic formulas must be approved by District Nutrition Director or State WIC Office**	Nutricia 6 cans/case
244	(CI) TYR Anamix Next (14.1 oz. Powder)	78.00	**Special Medical Conditions - Metabolic:** 34.7 cal/9 g scoop; Phenylalanine and tyrosine free with DHA & multi-fiber blend 29% soluble and 71% insoluble); nutritionally incomplete. Dilution: Add 18 g (2 scoops) powder to 3.5 fl oz water, final product 0.6 kcal/mL Allergens by Nature: Coconut and Soy.	Tyrosinemia (TYR)	**Limitations:** Can only issue to children 12 months to 5 years old and women. **Requirements:** **Metabolic formulas must be approved by District Nutrition Director or State WIC Office**	Nutricia 6 cans/case
245	(CI) UCD Anamix Junior (14.1 oz. Powder)	47.00	**Special Medical Conditions - Metabolic:** 0.6 g protein (19.2 calories) in 5 g powder; essential amino acids and branched chain amino acids for positive nitrogen balance, non-protein calories, calcium, vitamin D, and zinc; nutritionally incomplete. Dilution: Add 30 g (approx 6 scoops) powder to 3.5 fl oz water, final product 0.9 kcal/mL (approx protein equivalent 3.6 g) Allergens by Nature: Coconut	1. Urea Cycle Disorders (UCD) 2. Hyperammonemia, Hyperornithinemia, Homocitrullinemia (HHH) syndrome 3. Gyrate atrophy	**Limitations:** Can only issue to children 12 months to 5 years old and women. **Requirements:** **Metabolic formulas must be approved by District Nutrition Director or State WIC Office**	Nutricia 6 cans/case unflavored vanilla

***Note for Increased Calorie Supplements:** When specific diagnoses, including tube feeding, oral motor feeding issues/aversions, and/or developmental delays (sensory & motor) are present, BMI or weight/length is not required to fall <10% or have downward crossing of 2 major percentiles. Diagnosis of the condition alone is sufficient for WIC authorization. However, it is important for the child to have regular growth checks and evaluations to determine if the prescribed formula is meeting without exceeding the child's nutritional needs.

Nutrition Education Plan FY2026-27

Utilization of WIC Foods in Preventing Nutrition-Related Risks and Diseases

October 1, 2025 – September 30, 2027

Introduction

Alabama faces disproportionately high rates of food insecurity and nutrition-related diseases.[1] WIC foods – specifically designed to supply key nutrients – can mitigate many of these risks.[2] Alabama's Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), a division of Alabama Department of Public Health (ADPH) plays a critical role in combating food insecurity, nutrient deficiencies, and chronic health conditions. This Nutrition Education Plan (NE Plan) for FY2026-2027 is titled "Utilization of WIC Foods in Preventing Nutrition-Related Risks and Diseases." The goals of the NE Plan are:

- To encourage the benefits of breastfeeding and how breastfeeding plays a powerful role in promoting health for both infants and mothers.
- To promote the use of WIC Approved Foods to support healthy growth, prevent chronic diseases, and reduce food insecurity.

This NE Plan aims to provide WIC participants with the knowledge and skills needed to utilize their WIC foods in ways that are realistic. By integrating evidenced-based nutrition education as well as access to nutrient-dense foods, we aim to foster healthier eating habits that can help to prevent nutrition-related risks and diseases and establish a foundation for lifelong health.

State Needs Assessment

Breastfeeding rates in Alabama are significantly below national averages with only 68% of infants ever breastfed and only 29.4% of infants continuing to breastfeed at 12 months.[3] In addition, infants in Alabama are at risk of iron and vitamin D deficiency, childhood obesity, and maternal health complications, which are linked to poor nutrition and early feeding practices.

One in four children in Alabama are food insecure.[1] Children who are food insecure are more likely to have anemia and growth issues due to the lack of iron-rich foods and poor dietary diversity.[4] According to the State of Childhood Obesity Report, children ages 2 to 4 years that are participating in the WIC program overall have an obesity rate of 14.4%. In Alabama, the obesity rate in this population is 15.6%.[6]

Alabama is among the states with the highest obesity prevalence in women ages 18-44 years old with 38.9% of these women classified as obese. Limited access to affordable, nutritious foods, among other factors, contributes to the high obesity rates. Women with limited access to nutritious foods are particularly vulnerable to iron deficiency, which can lead to anemia, especially during pregnancy and postpartum. Additionally, inadequate folate intake in women of childbearing age is linked to increased risk of neural tube defects.[7]

WIC Approved foods specifically address these nutrient gaps[2]:

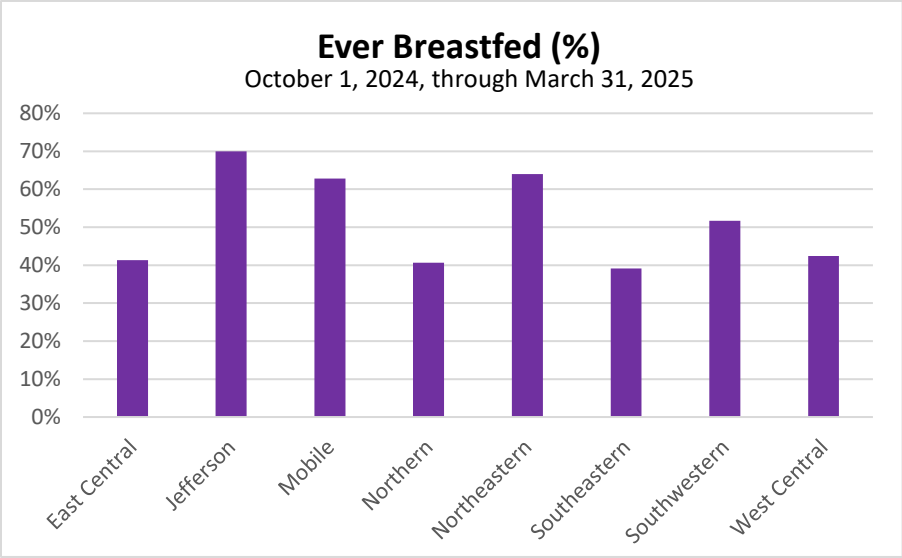
- Cereal, eggs, whole grains, beans, infant cereal, and infant meats contain iron to reduce deficiencies.
- Milk, yogurt, cheese, tofu, soy milk, eggs, fish, and fruits and vegetables supply calcium, vitamin D and other vitamins and minerals to reduce deficiencies.
- Cereal, whole grains, and beans are rich in folic acid and folate, which are essential for fetal development in early pregnancy.
- Whole grains, fruits, and vegetables reduce chronic disease risk and support healthy weight
- Fruits and vegetables, infant fruits and vegetables, cereal, whole grains, and beans contain fiber, which helps to support healthy weight by increasing satiety, lowers energy density of foods, and reduces cravings.[2]

Alabama WIC utilizes WICHealth.org as an alternate delivery method for nutrition education contacts. This resource includes nutrition education as well as tips and healthy recipes utilizing WIC foods. WICHealth.org will continue to be utilized to help encourage breastfeeding, educate about preventing nutrition related diseases and support participants in utilizing their WIC food benefits.

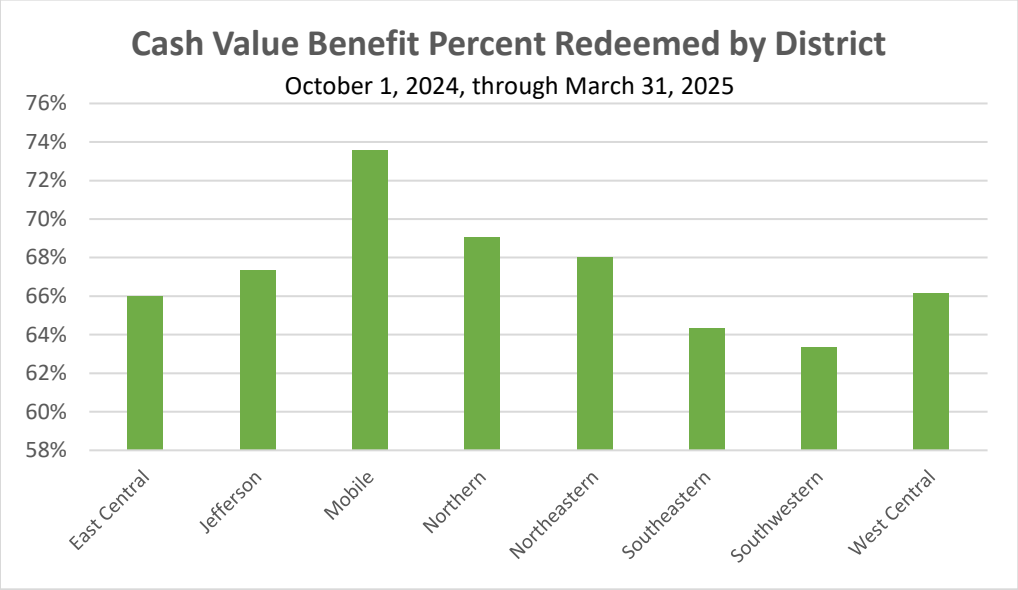
By enhancing breastfeeding support and maximizing the use of nutritious WIC food packages, Alabama can reduce infant and maternal health disparities, prevent nutrition-related diseases, and build healthier futures for low-income families.

District Data for Needs Assessment

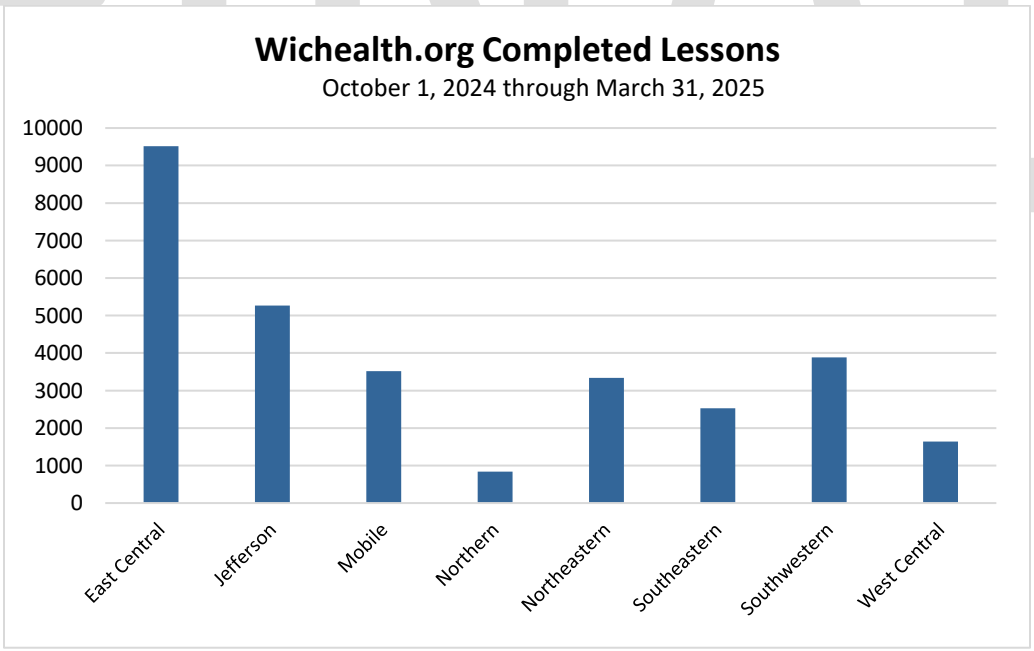
The percentage of infants that ever breastfed from October 1, 2024, through March 31, 2025, ranged from just under 40% to 70% in districts across the state of Alabama.



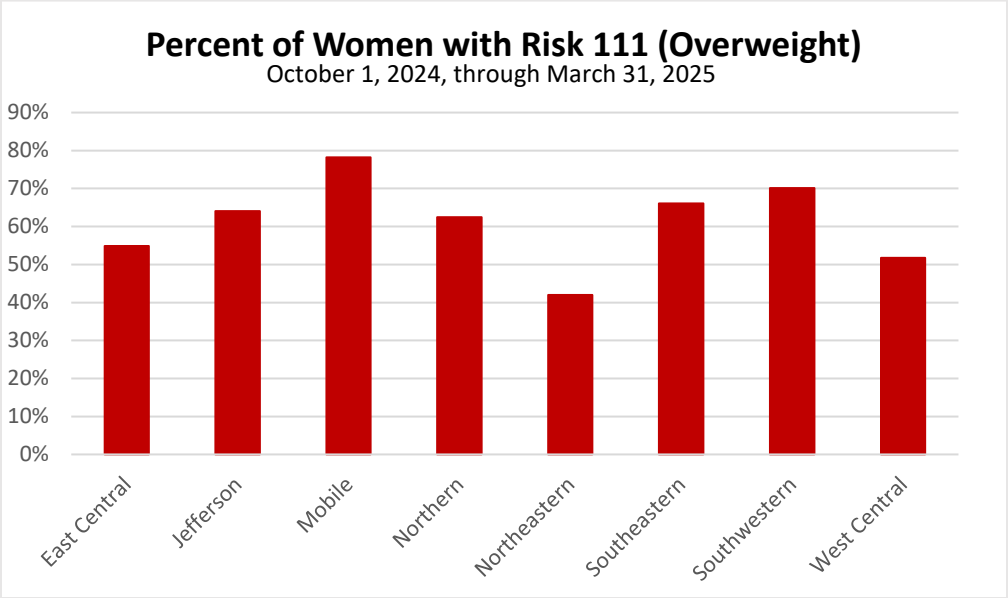
WIC Participants receive a cash value benefit for fresh and frozen fruits and vegetables. Redemption percentages from October 1, 2024, through March 31, 2025 ranged from about 62% to almost 74%.



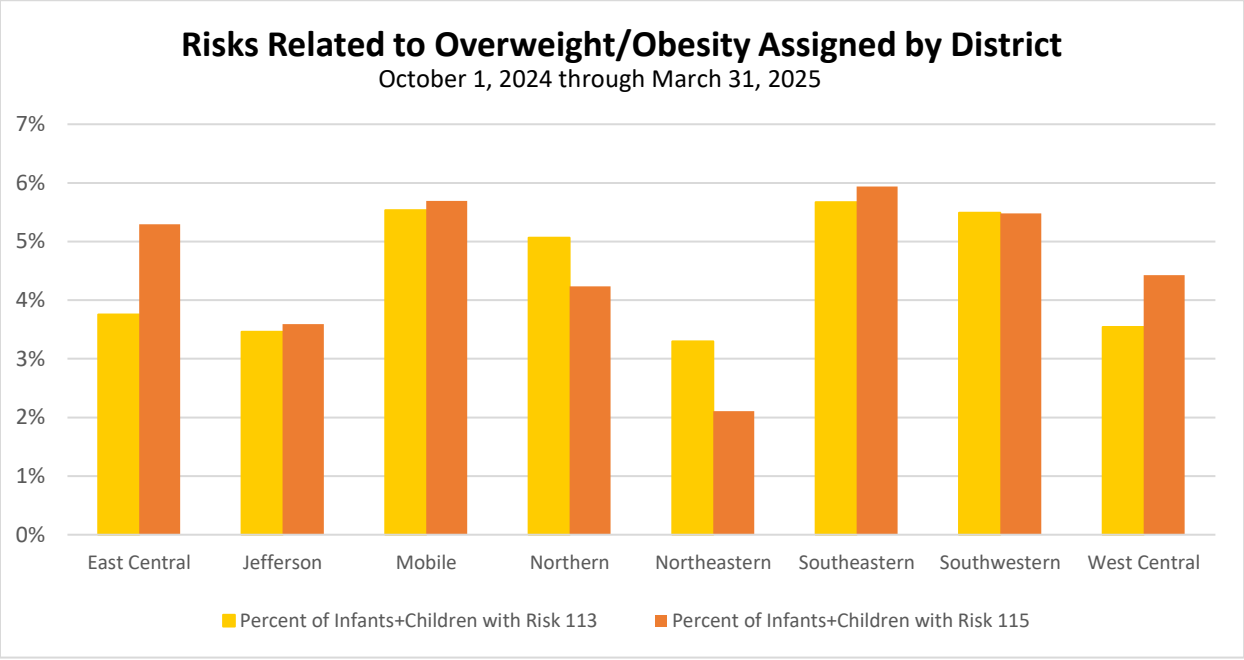
Usage of WIChealth.org to complete online nutrition lessons varied across the state with some districts completing less than 1,000 lessons and others completing more than 9,000 lessons.



From October 1, 2024, through March 31, 2025, the number of women assigned risk 111 (Overweight) compared to the average number of participating women ranged from 40% to almost 80% in various districts across the state.



From October 1, 2024, through March 31, 2025, the number of children over 2 years old assigned risk 113 (Obese Children) compared to the average number of participating infants and children ranged from 3% to almost 5% in various districts across the state. For the same period, the number of infants and children less than 24 months assigned risk 115 (High Weight-for-Length) compared to the average number of participating infants and children ranged from 2% to almost 6% in various districts across the state.



	wichealth.org Completed Lessons	Risk 111 Overweight Women	Risk 113 Obese (>24 Months)	Risk 115 High Weight for Length (0-24 Months)	Percent of Women with Risk 111	Percent of Infants+ Children with Risk 113	Percent of Infants+ Children with Risk 115	CVB	Ever Breastfed (%)
East Central	9512	2498	490	691	55%	4%	5%	66%	41%
Jefferson	5268	2043	358	372	64%	3%	4%	67%	70%
Mobile	3520	1815	503	372	78%	6%	6%	74%	63%
Northern	840	3639	1045	874	62%	5%	4%	69%	41%
Northeastern	3342	2448	680	435	42%	3%	2%	68%	64%
Southeastern	2526	1667	521	546	66%	6%	6%	64%	39%
Southwestern	3888	1559	455	454	70%	5%	5%	63%	52%
West Central	1642	1295	348	435	52%	4%	4%	66%	42%

State Goals

1. To promote the benefits of breastfeeding through breastfeeding education and support.

   Objective: Increase the number of breastfeeding moms and infants by promoting breastfeeding benefits.

   Evaluation: Review AL Breastfeeding Enrollment Summary report for the number of breastfeeding moms ever breastfed during a specified timeframe. Compare these rates to those from the previous 6-month period.

2. To encourage use of WIC foods to prevent nutrition-related risks and diseases.

   Objective: Encourage incorporating fruits and vegetables into typical intake.

   Evaluation: Monitor AL EBT Issued and Redeemed by Clinic and Subcategory report for the percent redeemed of the Cash Value Benefit for Fruits and Vegetables.

   Objective: Encourage completion of nutrition lessons on WIChealth.org to reinforce knowledge of healthy diets utilizing WIC foods.

   Evaluation: Monitor course completion statistics in WIChealth.org for the total number of completed lessons within a specified timeframe.

   Objective: Provide category appropriate nutrition education to promote healthy weight for category.

   Evaluation: Review Risk Factor Summary report and Enrollment and Participation Reports for the number of participants assigned risks 111 (Overweight woman), 113 (Obese Children), and 115 (High Weight-for-Length) compared to the average number of participating women, children, and infants during a specified timeframe. There will be a percentage for each risk (i.e. 5% infants and children <24months were determined to be have high weight-for-length during the timeframe).

Reports

Reports will be completed annually by the District Nutrition Director for each clinic within the district. The evaluation portion of the report will be compared to the previous 6-month period. The Nutrition

Director will follow up with clinics individually for concerns, questions, and recommendations based on findings in the report.

Along with education activities outlined in this Nutrition Plan, clinics will be required to complete special education activities for Fruit & Vegetable More Matters, National Breastfeeding Month, and National Nutrition Month.

General Nutrition Education Plan for WIC Participant Groups

Group(s)	Topic	Resources	Target Dates	Comments
Prenatal, Breastfeeding, Non-Breastfeeding, Child, Infant, Migrant, Homeless (High Risk), Indian	Substance Abuse Screening	WIC 100- How WIC Can Help WIC 438A – Alcohol, Tobacco and Drugs, What They Can Do to You and Your Family WIC 439- WIC Wants You to Know Healthy Choices	Certification Visits (In Person & Remote)	**Written education (handouts and brochures) must be accompanied with verbal education and discussion.
Prenatal, Breastfeeding, Non-Breastfeeding, Child, Infant, Migrant, Homeless (High Risk), Indian	Other Referrals **For Homeless and Indian Participants – Referrals should be made to appropriate health and human services agencies.	WIC 100 – How WIC Can Help	Certification Visits (In Person & Remote)	**Written education (handouts and brochures) must be accompanied with verbal education and discussion.
Infant and Children (Provided to Parents/Caregivers)	Lead Screening	FHS-285 – Make Good Food Choices to Help Prevent Lead Poisoning	Certification Visits (In Person & Remote)	**Written education (handouts and brochures) must be accompanied with verbal education and discussion.
Homeless (High Risk), Indian, all participant categories, as indicated	Tailoring of Food Package	WIC 700/700S – AL Approved Foods Brochure WIC Procedure Manual Chapter 7: Special Populations	Certification Visits (In Person & Remote)	**Verbally review and discuss WIC Shopping List
Pregnant, Breastfeeding, Non-Breastfeeding	Reinforcement Counseling	WIC-439 – WIC Wants You to Know Healthy Choices	At the last contact during pregnancy, or at the postpartum certification, NE-I or mid-cert visit.	**Written education (handouts and brochures) must be accompanied with verbal education and discussion.

References

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2. WIC Foods and Key Nutrients. *Arizona WIC*. https://www.azdhs.gov/documents/prevention/azwic/families/wic-foods/wic-foods-and-key-nutrients.pdf. Accessed 25 April 2025.
3. NIS-Child Breastfeeding Rates by State: 2021. *CDC*. https://www.cdc.gov/breastfeeding-data/about/rates-by-state.html. Accessed 25 April 2025.
4. Facts About Child Hunger. *Feeding America.* https://www.feedingamerica.org/hunger-in-america/child-hunger-facts. Accessed 25 April 2025.
5. Obesity Trends (Data). *Alabama Department of Public Health.* https://www.alabamapublichealth.gov/awa/trends.html. Accessed 25 April 2025.
6. Obesity among women of childbearing age: Alabama, 2012-2022. *March of Dimes*. https://www.marchofdimes.org/peristats/data?reg=99&top=17&stop=350&lev=1&slev=4&obj=1&sreg=01. Accessed 25 April 2025.
7. Ghose B, Tang S, Yaya S, Feng Z. Association between food insecurity and anemia among women of reproductive age. *PeerJ*. 2016;4:e1945. Published 2016 May 5. doi:10.7717/peerj.1945

Acknowledgement of Review of FY2026-27 WIC Nutrition Education Plan

The District Nutrition Director will review the Nutrition Education Plan for FY2026-27 with each WIC employee by December 31, 2025. Following the review, each staff member will sign the enclosed acknowledgement form and keep it in the clinic's Nutrition Education Plan file.

Name	Title	Date of Review

_____

Signature of District Nutrition Director

USDA WIC Breastfeeding Peer Counseling Line Item Budget Worksheet

State Agency Name	Alabama
Fiscal Year	2027

Staff Salaries (State and Local)			
Staff Salary, Fringe, and Indirect Costs		$	85,000.00
Peer Counselor Salary, Fringe, and Indirect Costs		$	100,000.00
Other	Subrecipient grants for Jefferson and Mobile Counties	$	382,000.00
Total Salaries		**$**	**567,000.00**
Program Expenses			
Travel		$	3,000.00
Communications and Forms		$	10,000.00
Office Supplies			
Equipment		$	2,000.00
Advertising		$	10,000.00
Rent and Utilities			
Other			
Total Program Expenses		**$**	**25,000.00**
Training Expenses			
Training Materials		$	1,000.00
Conferences and Workshops		$	3,000.00
Other			
Total Training Expenses		**$**	**4,000.00**
Educational Materials			
Total Educational Materials			
Other Expenses			
Indirect Costs			
Other	Peer Counseling Program Lead Agency (FY 2026 start-up cost estimate of $100,000)	$	-
Total Other Expenses		**$**	**-**

Fiscal Year 2027 Total BFPC Expenses and Budget	**$**	**596,000.00**

USDA WIC Breastfeeding Peer Counseling Line Item Budget Worksheet

Narrative

Please provide a written narrative describing how the available WIC breastfeeding peer counseling funds will be used for the activities described on the previous page. If necessary, additional documentation may be provided as a separate attachment.

The greatest percentage of Breastfeeding Peer Counseling (BFPC) funds is allocated to salaries, fringe, and indirect costs for the State Breastfeeding Peer Counselor Coordinator (currently vacant), State Breastfeeding Coordinator, Peer Counselors, and Peer Counselor Supervisors. Subrecipients, Jefferson County and Mobile County, receive funding to operate BFPC programs comprising three Peer Counselors and a Peer Counselor Supervisor at each agency.

Alabama is refocusing efforts to gain approval from State Personnel for full- or part-time merit positions for Peer Counselors, which would provide additional benefits and pay rates above the current hourly rates. Discussions will begin in FY 2027. However, in the event that these efforts are unsuccessful, to overcome state government human resources limitations and utilize available funding more effectively, Alabama may select a lead agency, through an RFP process, to assist with expanding the BFPC program. If necessary, this RFP process may begin in FY 2027, however, a contract is not anticipated to be in place until FY 2028, due to selection and procurement timelines. By outsourcing the program, Alabama would ensure that BFPC positions offer salaries and benefits that are competitive with other employment opportunities.

Remaining funds are allocated to BFPC program training, conferences/workshops, travel, and advertising to promote the BFPC program and continue BFPC recruitment efforts throughout FY 2027.

Alabama continues to spend down carry-forward funding from FY 2026 ($600,000) for a total budget of $596,000. **Alabama WIC does not request additional BFPC funds for FY 2027.**

Training Materials Available for Alabama WIC Staff

Updated for FY2027

Staff	Type of Training and Topics	Format	Location	Frequency
All WIC Staff	**ADPH Civil Rights Training** (WIC Procedure Manual Chapter 10, 10.10 includes specific topics included)	Document	Learning Content Management System (LCMS)	Required annually for all employees
CPAs, Lab Aides	**Anthropometrics Guidance** • Procedures for Weighing and Measuring Bloodwork Procedures	Document	WIC Provider Guidance Manual	As Needed
Clerks	**Clerical Training Plan** • WIC Program Overview • Technology Literacy • Civil Rights • Communication • Certification • Benefit Issuance • Benefit Redemption • Scheduling • Nutrition Education • Critical Thinking	Document	Document Library	Required for New Employees, portions may be used for Refresher training as needed
Clerks, CPAs, Lab Aides	**Crossroads User Manual for Beginners** • Logging into Crossroads • Searching for Participant or Family • Creating a New Family/Add Participant • Access to Reports • Add Walk-in Appointments • View Clinic Family Workflow Dashboard • Create and Manage Alerts	Document	Document Library	Required for New Employees (Clerical and CPA Training Plans), As Needed refresher
Clerks, CPAs, Lab Aides	**Food Package Changes 2026** • Review all default food packages changes that will go into effect on October 1, 2025 • Understand how food packages will be updated and tailored • New allowable substitutions	Document	Document Library	As Needed

Clerks, CPAs, Lab Aides	**Formulary Training** • Identify information found on WIC Formulary • Identify medical documentation needed for Increased Calorie Supplements • Differentiate the Qualifying Conditions for Exempt Infant Formulas and WIC Eligible Nutritionals • List categories of formula that require approval by District Nutrition Director or State WIC Office RD/RN	Video	Document Library	Required for all staff by 4/1/2026
CPAs	**Healthcare Provider Outreach Training** • Review contents of outreach folder • Walk through steps of completing outreach visits with Healthcare Provider offices	Video	Document Library	As Needed
CPAs	**Immunization Information for Referral Procedures** • Checking immunization status in Crossroads • Documentation of referrals	Document	Document Library	As Needed
Clerks	**Income Assessment Guidance** • Understand Adjunctive Eligibility and Income-Based Eligibility • Learn how to handle special situations (e.g. future income, zero income, military pay, etc) • Practice income calculations • Learn how to calculate household size, including special situations	Document	Document Library	Required for New Employees (Clerical Training Plan), As Needed refresher
CPAs	**Nutrition Education Plan** • Nutrition Education goals with plan for monitoring • Nutrition Education topics for WIC Participant Groups	Document	Document Library	Required Every Other Year
CPAs	**Nutrition Risk Training** • Understand why Nutrition Risks are important • Know when and how to assign all applicable Nutrition Risks • Understand how to use the Provider Guidance Manual • Understand Nutrition Risk Criteria Definitions and Required Documentation	Document	Document Library	As Needed
CPAs	**Provider Training Plan** • WIC Program Overview • Technology Literacy • Civil Rights • Communication • Certification	Document	Document Library	Required for New Employees, portions may be used for Refresher training as needed

	• Anthropometrics/Hematology • Nutrition Assessment • Nutrition Interventions (Education, Goal Setting, & Referrals) • Infant Nutrition • Child Nutrition • Prenatal Nutrition • Breastfeeding • Food Prescription and Benefit Issuance • Benefit Redemption • Scheduling • Critical Thinking			
Clerks, CPAs	**Tech Talk Tuesday: eWIC Tips and Reminders** • Common errors in intake process related to establishing an active EBA • Issuing and pinning eWIC card successfully	Video	Learning Content Management System (LCMS)	As Needed
Clerks, CPAs	**Tech Talk Tuesday: Formula Exchanges in Crossroads** • Correcting food prescriptions • Medical documentation • Voiding future food benefits • Exchanging formula on current benefits	Video	Learning Content Management System (LCMS)	As Needed
All Staff	**USDA/FNS Breastfeeding Training Curriculum** Level 1: Required for all staff Level 2: Required for Peer Counselors, CPAs, DBEs Level 3: Required for Peer CPAs, DBEs Level 4: Required for DBEs	Videos	Learning Content Management System (LCMS)	Required for New Employees (Clerical and CPA Training Plans)
CPAs	**VENA and Nutrition Assessment** • Describe a WIC Nutrition Assessment • Provide an overview of VENA • Discuss specific strategies for incorporating VENA into nutrition assessment	Video	Document Library	As Needed
CPAs	**VENA – Value Enhanced Nutrition Assessment (3 Lessons)** • Provide an overview of VENA • Describe the WIC nutrition services process • Explain the anticipated result of incorporating VENA for staff and participants, along with how to use these results • Identify the health outcome approach and your use of critical thinking as skills key to the completion of VENA	Video	WIC Learning Online (WLOL)	Required for New Employees (CPA Training Plan), As Needed refresher

Clerks, CPAs, Lab Aides	**WIC 101** • Understand the history and mission of the WIC Program • Describe eligibility requirements for participation • Describe the services and benefits WIC offers	Video	WIC Learning Online (WLOL)	Required for New Employees (Clerical and CPA Training Plans), As Needed refresher
CPAs	**WIC Baby Behavior** • Discuss why understanding baby behavior is important for proper feeding and ongoing development of the child • Identify common beliefs parents and caregivers hold about infants that may not be entirely accurate • Identify and describe the various infant states of behavior • Identify the correct responses to several infant behaviors in the areas of engagement, crying, eating, and sleeping • Discuss a variety of ways baby behavior can be taught to parents and caregivers at a WIC agency, both in one-on-one and group settings	Video	WIC Learning Online (WLOL)	Required for New Employees (CPA Training Plan), As Needed refresher

MANAGEMENT INFORMATION SYSTEM

INTRODUCTION

This section, Management Information System (MIS) involves the planning, documentation, security/ confidentiality, and production of the necessary reports relating to program operations through the utilization of automated data processing services at the State and local level. The following sections provide a brief overview of the information that is required by federal regulations to be included in State Plans. The questions that follow are designed to assist the State agencies in submitting compliant State Plans for FNS approval. State agencies are encouraged to review each federal regulation in its entirety. A. System Planning and Operation 246. 4(a)(11)(iv): Describe the procedures for planning, approving and monitoring Automated Data Processing (ADP) goods and services, and any interaction with other statewide ADP operations which may take place, including system costs for services and security. B. Participant Characteristics Minimum Data Set (MDS) 246. 4(a)(11)(i): All State agencies currently collect all required Minimum Data Set items. Please confirm that your State agency will continue to do so. For the Supplemental Data Set (SDS), which varies by the capacity of State systems, please describe the data items which are reported electronically regarding participant characteristics and whether these items are currently being collected or if there are plans to collect them in the future. C. WIC Systems Functional Requirements Checklist 246. 4(a)(8); (9); (11); (12); (13); (14); (15); and (18): Describe those functions which are currently incorporated into the MIS or which are planned to be incorporated in the future.

A. System Planning and Operation (Online and Offline)

1. Management Information System Planning

a. The WIC State agency is included in the following comprehensive Statewide ADP plan(s):

[ ] Title IVa (TANF)

[ ] Title V (MCH)

[ ] Title XIX (Medicaid)

[ ] Supplemental Nutrition Assistance Program (SNAP)

[X] Other

Specify: The Alabama Department of Public Health (ADPH) follows state procedures for planning, approving, and monitoring goods and services as regulated by the Office of Information Technology (OIT) and the Alabama Department of Finance. See Attachment -AL - OIT System and Services Acquisition Policy

[ ] None

b. The State agency has written procedures for monitoring and approving local agency requests for ADP goods and services.

◯ Yes

◉ No

ADDITIONAL DETAIL: Management Information System Appendix and/or Procedure Manual (cite):

2. System Documentation

a. The State system is fully documented in accordance with (check all that apply):

[X] USDA/FNS Advance Planning Document Handbook No.902

[ ] USDA/FNS ADP Security Guide

[ ] Other

b. The State agency maintains overall system documentation (check all that apply):

[ ] A general design

[X] User's manual

[X] Method for updating documentation for system changes/modifications

[X] A detailed design

[ ] Maintenance manual

Note: These documents are NOT required for FNS review or submission with the state plans but should be available if requested.

3. Automated Data Processing Services

a. Indicate below whether the following ADP functions, if applicable, are performed by State agency staff or are contracted to an outside firm.

Function	Performed SA Staff	Performed LA Staff	Contracted to Outside Firm (specify company name)
Data entry	**X**	**X**	
Food instrument production			**Conduent - eWIC processor**

EBT Data Reports	**X**	**X**	
Feasibility study	**X**		
ADP development	**X**		
ADP system hardware operation	**X**		
Custom software development	**X**		**Voyatek - XRUG M&E contract**
Custom software maintenance	**X**		**Voyatek-XRUG M&E contract**
Printing forms/FIs		**X**	

Backup computer facility	**X**		

Back-up files	**X**		
EBT processing			**Conduent -eWIC processor**

b. The State agency has a contract in effect (check all that apply). Please provide a copy of agreement.

[ ] Equipment

[X] Services

[ ] Software

c. The State agency has methods in place for ensuring that the costs of equipment or services used by WIC and other programs are equitably prorated among funding sources. Please provide policy of method used.

- (●) Yes
- ( ) No

d. The State agency periodically reviews system costs billing.

- (●) Yes
- ( ) No

e. The State agency acquires banking services through:

- ○ Competitive bids among banks within the State
- ○ Competitive bids among in State and out-of-State banks
- ◉ Use of State agency designated bank
- ○ Other

f. The State agency acquires EBT services through:

- ○ Competitive bids among EBT processors
- ○ State hosted EBT services
- ◉ Other

  Specify: Request for Proposal (RFP)

ADDITIONAL DETAIL: Management Information System Appendix and/or Procedure Manual (cite):

Attachments - AL Nutr. Serv. and Expenditures Overview - FY 2027, AL-OIT System and Services Acquisition Policy, AL-Conduent-EBT Processor Contract, AL-GComVoyatek-MIS Provider Contract

4. System Security/Data Confidentiality

a. To ensure that data files and computer programs are protected, the State agency ensures that (check all that apply):

[X] There is a separate organizational area/individual to control access to electronic storage media.

[X] Access to WIC Program data files is controlled through password access or similar control.

[X] Operational personnel are limited to only those jobs for which they are responsible.

[X] Passwords are protected.

[X] Passwords are changed periodically.

[ ] The system access procedures are audited at least once a year. Please provide a copy of access procedures.

[X] Procedures are implemented for timely removing passwords, ID's etc. when personnel leave.

[ ] Biennial security reviews are performed. (Please provide a written summary of the most current biennial security review.)

[ ] Periodic risk assessments are performed.

[X] Data uploaded to mobile applications, participant portals, etc. are secure and participant

information is protected.

[X] Other

Specify: Password auditing (every 60 days) is an internal process not performed by external vendor.

b. To ensure that disaster contingency plans (e. g. , file storage, backup hardware, and software procedures) are sufficient to allow the management information and electronic benefit transfer systems to recover and continue processing after fire, flood or similar disaster, the State agency ensures that (check all that apply):

[ ] Backup copies of files and program are stored off-site in a secure location

[X] Backup copies are kept up to date.

[ ] There is an agreement with another processing unit with compatible hardware to provide services in an emergency. Please provide copy of agreement.

[X] A contingency plan is in place in the event of service interruption. Please provide a copy of contingency plan.

[ ] A recent test of the WIC system or mock disaster recovery operation has been conducted at the backup facility. Please provide a written summary of the conducted test.

[ ] Other

ADDITIONAL DETAIL: Management Information System Appendix and/or Procedure Manual (cite):

Attachments - AL WIC Business Continuity Plan-MIS-Unavailable, AL WIC Crossroads MIS Disaster Recovery Plan

5. Description of MIS changes that occurred in the past year:

Completed full implementation of the 2024 Food Package Final Rule changes, various enhancements, and many defects fixed.

6. Description of MIS changes planned for the upcoming year:

Fully deploy participant portal enhancement, finalize requirements and begin work on waiting list enhancements, begin design sessions for enhanced vendor management functionality. Continue to work on Crossroads defect tickets.

B. Participant Characteristics Minimum Data Set (MDS)

246. 4(a)(11)(i): All State agencies currently collect all required Minimum Data Set items. Please confirm that your State agency will continue to do so. For the Supplemental Data Set (SDS), which varies by the capacity of State systems, please describe the data items which are reported electronically regarding participant characteristics and whether these items are currently being collected or if there are plans to collect them in the future. The Participant Characteristics (PC) Minimum Data Set (MFDS) contains data items which are reported to FNS electronically by State agencies in April in even numbered years on all or a State-representative sample of participants. The MDS has required data items which must be collected and reported. The Supplemental Data Set (SDS) is comprised of data items which State agencies have agreed are desirable to collect and report at the national level. Please check MDS or SDS data items the State agency currently collects in its Information Systems and those MDS or SDS data items it is planning to collect within the next two years.

State Agency IS Collects:

[X] State Agency ID. A unique number that permits linkage to the WIC State agency where the participant was certified.

[X] Local Agency ID. A unique number that permits linkage to the local agency where the participant was certified as eligible for WIC benefits

or

[X] Service Site ID. A unique number that permits linkage to the service site where certified. Either local agency ID or service site ID may be reported according to the level the State Agency feels appropriate. At a minimum, State agencies must provide agency names and addresses for each ID provided on their files.

[X] Case ID. A unique record number for each participant which maintains individual privacy at the national level. (This may not be the case number used in the State agency's MIS for the individual.) Participant or Case IDs for each participant should continue to maintain individual privacy at the national level.

[X] Client Date of Birth. Month, day and year of participant's birth reported in MMDDYYYY format.

[X] Client Race/Ethnicity. The classification of the participant into one of the five (5) racial/ethnic categories: For race: American Indian or Alaskan Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; and White. For ethnicity: Hispanic or Latino; Not Hispanic or Latino.

[X] Certification Category. The category---one of five (5) possible categories---under which a person is certified as eligible for WIC benefits: pregnant woman; breastfeeding woman; postpartum woman (not breastfeeding); infant (under 12 months); or child (12-59 months).

[X] Expected Date of Delivery or Weeks Gestation. For pregnant women, the projected date of delivery (MMDDYYYY format) or the number of weeks since the last menstrual period as determined at WIC Program certification.

[X] Date of Certification. The date the person was declared eligible for the most current WIC Program certification. Month, day, and year should be reported in MMDDYYYY format.

[X] Sex. For infants and children, male or female.

[X] Priority Level. Participant priority level for WIC Program certification.

[X] Participation in TANF, SNAP, Medicaid. The participant's reported participation in each of these programs at the time of the most recent WIC Program certification.

[X] Migrant Status. Participant migrant status according to the federal WIC Program definition of a migrant farm worker (currently counted in the FNS 798 report).

[X] Number in Family/Household or Economic Unit. The number of persons in the family/household or economic unit upon which WIC income eligibility was based. A self-declared number in the family/household or economic unit may be reported for participants whose income was not required to be determined as part of the WIC certification process. These participants include adjunctively income-eligible participants (due to TANF, SNAP, or Medicaid participation) and those participants deemed income eligible under optional procedures available to the State Agency in Federal WIC Regulations, Section 246.7(d)(2)(vi-viii) (means-tested programs identified by the State for automatic WIC Program income eligibility, income eligibility of Indian and in-stream migrant farmworker applicants).

[X] "Family/Household or Economic Unit Income. For persons for whom income is determined during the certification process, the income amount that was determined to qualify them for the WIC Program during the most recent certification. For descriptive purposes only, for participants whose income was not required to be determined as part of the WIC Program certification process, the self-reported income at the time of certification. These participants include adjunctively income-eligible participants and those persons deemed eligible under optional procedures available to the State Agency in Federal WIC Regulations, Section 246.7(d)(2)(vi-viii).
Zero should not be used to indicate income values that are missing or not available. Zero should indicate only an actual value of zero.

[X] Nutrition Risk(s) Present at Certification. Up to 10 highest priority nutritional risks present at the WIC Program certification.

[X] Hemoglobin or Hematocrit. That value for the measure of iron status that applies to the WIC Program certification. It is assumed that the measure was collected at the time of certification or within ninety (90) days of the certification date.

[X] Date of Blood Measurement. The date of the blood measurement that was used during the most recent WIC Program certification in MMDDYYYY format.

[X] Weight. The participant's weight measured according to the CDC nutrition surveillance program standards [nearest one-quarter (1/4) pound]. If weight is not collected in pounds and quarter pounds, weight may be reported in grams.

[X] Height. The participant's height (or length) measured according to the CDC nutrition surveillance program standards [nearest one-eighth (1/8) inch]. If height is not collected in inches and 1/8 inches, height may be reported in centimeters.

[X] Date of Height and Weight Measure. The date of the height and weight measures that were used during the most recent WIC Program certification in MMDDYYYY format.

[X] Currently Breastfed. Information is needed for all infant participants ages six through thirteen months, whether or not the infant is currently receiving breastmilk.

[X] Ever Breastfed. Information is needed for all infant participants ages six through thirteen months, whether or not the infant was ever breastfed.

[X] Length of Time Breastfed. For infants ages six through thirteen months, the number of weeks the infant received breastmilk.

[X] Date Breastfeeding Data Collected. For infants ages six through thirteen months, the date on which breastfeeding status was reported in MMDDYYYY format.

[X] Food Packages. The food package code(s) for the WIC food package or for all food instruments prescribed for the participant during the month.

OPTIONAL: Supplemental Data Set on This is not applicable for my state agency

State Agency IS Collects	State Agency IS Plans to Collect	

X		**Date of First WIC Certification. Date the participant was first certified for the WIC Program in MMDDYYYY format. For pregnant, breastfeeding and postpartum women, this applies to the current/most recent pregnancy and not to prior pregnancies.**

X		**Educational Level. For pregnant, breastfeeding and postpartum women, the highest grade or year of school completed. For infants and children, the highest grade or year of school completed by mother or primary caretaker.**
X		**Number in Family/Household on WIC. The number of people in the participant's family/household receiving WIC benefits.**
X		**Date Previous Pregnancy Ended. For pregnant women, the date previous pregnancy ended in MMDDYYYY format.**

X		**Total Number of Pregnancies. For pregnant women, the total number of times the woman has been pregnant, including this pregnancy, all live births and any pregnancies resulting in miscarriage, abortion or stillbirth.**
X		**Total Number of Live Births. For pregnant women, the total number of babies born alive to this woman, including those who may have died shortly after birth.**

X		**Pre-pregnancy Weight. For pregnant women only, the participant's weight immediately prior to pregnancy. Pre-pregnancy weight may be reported either in pounds and ounces or in grams.**
X		**Participant's Weight Gain During Pregnancy. For breastfeeding and postpartum women, the participant's weight gain during pregnancy as taken immediately at or prior to delivery. Weight gain during pregnancy may be reported in either pounds and ounces or in grams.**

X		**Birth Weight. For infants and children, the participant's weight at birth measured according to the CDC nutrition surveillance program standards (lbs/oz). Birth weight may be reported in either pounds or ounces, or in grams.**
X		**Birth Length. For infants and children, the participant's length measured according to the CDC nutrition surveillance program standards (1/8 inches). Birth length may be reported in either inches and eighth inches or in centimeters.**

		Participation in the Food Distribution Program on Indian Reservations. The participant's reported participation in this program.

C. WIC Systems Functional Requirements Checklist 246. 4(a)(8); (9); (11); (12); (13); (14); (15); and (18): Describe those functions which are currently incorporated into the MIS or which are planned to be incorporated in the future.

The following checklists were taken from the WIC Functional Requirements Document (FRED) which is provided as guidance to State agencies on functions they should consider incorporating into their Information Systems. Please check those functions/capabilities which the State agency system currently performs or plans to perform within the next two years.

State Agency System Performs	State Agency System Planned	Automated Core Function/Capabilities
X		1. Calculates the date certification is due to expire.
X		2. Assigns the participant a nutritional risk code and assigns a priority level. (CPA confirms the code is correct.)
		2a. Assigns one risk code.
		2b. Assigns up to 3 risk codes.

		2c. Assigns up to 6 risk codes.

X		**2d. Assigns more than 6 risk codes.**
X		**3. Calculates the applicant's household income and flags individuals whose income exceeds program standards.**
X		**3a. Converts incremental income (weekly, monthly) to an annual figure.**
X		**4. Associates family members**
X		**5. Statewide data is maintained to facilitate families transferring within the State.**

X		**6. Transfers certification data to the central computer facility electronically either in real time or batch mode.**
X		**7. Captures or documents the nutrition education provided each participant as well as the topics covered.**
X		**8. Uses table-driven food packages.**
X		**8a. Uses standard pre-defined food packages.**
X		**8b. Enables easy food package tailoring.**

X		**8c. Performs edits to prevent over-issuance during food package creation.**
X		**9. Enables food instruments to be issued when the participant is present for pick-up, i.e., on-demand.**
X		**10. Captures or documents the name of the programs to which the participant was referred.**
X		**11. Performs food instrument reconciliation.**
X		**12. Produces standard Dual Participation Report.**

		13. Produces standard Food Delivery Portal(FDP) Report.
		14. Produces standard Rebate Billing Report.
		15. Produces standard Participation Report.
		16. Produces Participant Characteristics Datasets.
X		**17. Captures basic transaction data by vendor.**
X		**18. Flags high-risk vendors through peer group analysis of redemption data.**

X		**18a. Identifies vendors with high average food instrument redemptions.**
X		**18b. Identifies vendors with a narrow variation in redemptions.**
X		**19. Assigns a maximum value for each food instrument type (paper) or each item/UPC (EBT)**
X		**19a. Receives data about the amount a vendor requests for each food instrument (paper) or item/UPC (EBT) redeemed.**
X		**20. Captures source of income.**

X		**21. Has the capability of annualizing household income occurring at more than one frequency.**
X		**22. Performs automated dietary assessment.**
X		**23. Has automated growth charts.**
X		**24. Has point of certification data entry, i.e., a personal computer at each “station” within the clinic.**
X		**25. Allows for ad hoc reporting.**

GOVERNANCE

This document is governed by the IT Governance policy which provides the following guidance:

a. Roles and Responsibilities
b. Policy Control Application
c. Policy Compliance Requirements
d. Policy Exceptions and Exemptions
e. Policy Reviews and Updates

SCOPE

This policy covers all State information and information systems to include those used, managed, or operated by a contractor, an agency, or other organization on behalf of the State. This policy applies to all State employees, contractors, and all other users of State information and systems supporting the operation and assets of the State.

SA-1 POLICY AND PROCEDURES

All information assets that process, store, receive, transmit or otherwise impact the confidentiality, integrity, and accessibility of State data must meet the required security controls defined in this policy document that are based on the National Institute of Standards and Technology (NIST) SP 800-53, r5 Security and Privacy Controls.

The State has adopted the System and Service Acquisition principles established in National Institute of Standards and Technology (NIST) SP 800-53 “System and Service Acquisition” control guidelines as the official policy for this security domain. The “SA” designator identified in each control represents the NIST-specified identifier for the System and Service Acquisition control family. A designator followed by a number in parenthesis indicates a control enhancement that provides statements of security and privacy capability that augment a base control. Only those control enhancements associated with the moderate level controls are listed. Should an executive-branch agency be required to address other control enhancements for a control item, the organization will be responsible for writing an additional policy to meet that requirement.

The following subsections in this document outline the system and service acquisition requirements the State and executive-branch agencies shall implement and maintain.

This policy and associated procedures shall be reviewed and updated at least every three (3) years, or as State-defined events require more frequent review and update.

This policy and the associated procedures shall be developed, documented, and disseminated by the Agency Head, Chief Information Officer (CIO), Chief Information Security Officer (CISO), or other designated organizational officials at the senior leadership level.

SA-2 ALLOCATION OF RESOURCES

Organizations shall expediently allocate resources for information security to provide rapid yet supervised allocation, ensuring the organization is modernized and protected against emerging and ongoing threats. Funding shall include allocation of resources for initial systems or system services acquisition and funding for their sustainment. The following shall be done:

a. Determine the high-level security and privacy requirements for the system or service in each

mission or business-process planning.
b. Identify, document, and allocate the appropriate amount of resources which are required to protect the system or service as part of the capital planning and investment control process.
c. Establish discrete line items for information security and privacy in the budgeting process.

SA-3 SYSTEM DEVELOPMENT LIFE CYCLE

Organizations shall acquire, develop, and manage systems using a System Development Life Cycle (SDLC) that incorporates information security and privacy considerations, including the following:

a. Identify qualified individuals having information security and privacy roles and responsibilities involved in creating the SDLC to ensure the system life cycle activities meet the security and privacy requirements for the State.
b. Define and document information security and privacy roles and responsibilities throughout the SDLC.
c. Integrate the agency information security and privacy risk management process into SDLC activities.
d. A business case justification of custom system development projects shall be required. When proposing the development of custom software, a strong business case shall:
    i. Support the rationale for not enhancing current systems
    ii. Demonstrate the inadequacies of packaged solutions
    iii. Justify the creation of custom software
e. A change management program shall be implemented which enables system engineers, architects, and security analysts to expediently perform necessary business functions, yet maintain a controlled, secure, and functioning environment.
f. The State/agencies shall plan for End-of-Life (EoL) and End-of-Support dates (EoS) for systems and services to ensure systems and services can receive security patches and updates throughout the system development lifecycle, and that the State is prepared to discontinue the system or service once no longer supported, or when security cannot be ensured.

Recommended Guidelines:

a. A general SDLC should include the following phases:
    i. Initiation
    ii. Acquisition/Development
    iii. Implementation/Assessment
    iv. Operations / Maintenance
    v. Sunset (disposition)
b. Each of these five phases should include a minimum set of tasks to incorporate security in the system development process. Including security early in the SDLC will usually result in less expensive and more effective security than retrofitting security into an operational system.
c. The following questions should be addressed in determining the security controls required for a system:
    i. How mission critical is it?

ii. What are the security objectives required by the system, e.g., integrity, confidentiality, and availability?
iii. What regulations, statutes, and policies are applicable in determining what is to be protected?
iv. What are the applicable threats?
v. What kinds of data will be used?

SA-4 ACQUISITION PROCESS

Functional security requirements shall be a part of any acquisition process. Agencies shall be capable of acquiring necessary solutions in an expedient manner in accordance with State requirements.

The following shall be done:

a. Security and privacy functional requirements shall include security capabilities, security functions, and security mechanisms.
b. Strength of mechanism requirements shall be determined by a categorization of the system and the information processed, stored, and transmitted based on an impact analysis. The process to determine a system categorization can be found in the NIST Federal Information Processing Standard 199 (FIPS 199) documentation. The results of this categorization will indicate a baseline of security controls to follow; either Low, Moderate, or High, and will correspond to the security controls identified in NIST SP 800-53.
c. Security and privacy assurance requirements shall include:
    i. Development processes, procedures, practices, and methodologies.
    ii. Evidence from development and assessment activities indicating the required security and/or privacy functionality is implemented, and the required security strength achieved.
d. Controls needed to satisfy security and privacy requirements.
e. Security and privacy documentation requirements.
f. Description of the information system development environment and environment in which the system is intended to operate.
g. Acceptance criteria requirements for assessing the ability of a system component, software, or system to perform intended functions.
h. Allocation of responsibility or identification of parties responsible for information security, privacy, and supply chain risk management.
i. Vendor hardware design shall comply with information security and other State policies and standard security and technical specifications, such as:
    i. Adequate capacity to fulfill the functional requirements stated in the agency's design document.
    ii. Vendor-configured hardware security controls to adequately protect data. (Optionally, the vendor may assist the agency with the configuration of software security controls to provide adequate data protection on the vendor's hardware.)
j. Systems under consideration for acquisition shall be interoperable with current peripherals and systems.
k. Third-party applications shall be obtained from reputable sources to mitigate risk of covert channels exploitation.

l. Non-security functional and technical requirements shall be a part of the hardware, software, or firmware acquisition process.
m. Agencies shall follow State procurement policies when acquiring hardware to ensure that the purchase meets specified functional needs. Agencies shall include specific requirements for performance, reliability, cost, capacity, security, support, and compatibility in Requests for Proposals (RFPs) to rigorously evaluate quotes.
n. Agencies shall ensure vendor compliance with State and Federal security State and Federal laws, regulations, guidelines, standards, policies, and procedures. Agencies shall also obtain a Vendor Risk Assessment (VRA) for the vendor prior to contract approval. This document is intended to help agencies reach a decision for specific systems that will meet the State's security and compliance requirements. A VRA is required regardless of where the system is hosted.
o. New system purchases shall meet, at a minimum, current operational specifications and have scalability to accommodate for growth projected by the agency.

SA-4 (1) ACQUISITION PROCESS – FUNCTIONAL PROPERTIES OF CONTROLS

Developer(s) of the system, system component, or information system service shall provide a description of the functional properties of the security controls to be employed. Functional properties of security controls describe the functionality (e.g., security capability, functions, or mechanisms) visible at the interfaces of the controls and specifically exclude functionality and data structures internal to the operation of the controls.

SA-4 (2) ACQUISITION PROCESS – DESIGN AND IMPLEMENTATION INFORMATION FOR CONTROLS

Developer(s) of a system, system component, or information system service shall provide design and implementation information for the security controls to be employed that includes the following: security-relevant external system interfaces, high-level design, source code, or hardware schematics.

SA-4 (9) ACQUISITION PROCESS – FUNCTIONS, PORTS, PROTOCOLS, AND SERVICES IN USE

Developer(s) of a system, system component, or information system service shall identify the functions, ports, protocols, and services intended for use.

SA-4 (10) ACQUISITION PROCESS – USE OF APPROVED PIV PRODUCTS

Agencies may use information technology products on the FIPS 201-approved products list for Personal Identity Verification (PIV) within State systems.

SA-5 SYSTEM DOCUMENTATION

Organizations must obtain, develop, or document administrator and user documentation for the system, system component, or system service. Such documentation shall be distributed to designated agency officials that describes:

a. Secure configuration, installation, and operation of the system, component, or service.
b. Effective use and maintenance of security and privacy functions/mechanisms.
c. Known vulnerabilities regarding configuration and use of administrative (i.e., privileged) functions.
d. User-accessible security and privacy functions/mechanisms and how to effectively use those functions/mechanisms.
e. Methods for user interaction, which enable individuals to use the system, component, or service in a more secure manner and protect individual privacy.
f. End user responsibilities to maintain the security and privacy of the system.

The following shall also be done:

a. Ensure each new or updated system includes supporting system documentation and technical specifications of information technology hardware, whether the system is developed or updated by in-house staff or by a third-party vendor.
b. Create, manage, and secure system documentation libraries or data stores that are always available to only authorized personnel.
c. Ensure that system documentation is readily available to support the staff responsible for operating, securing, and maintaining new and updated systems.
d. Control system documentation to ensure that it is current and available for purposes such as auditing, troubleshooting, and staff turnover.
e. All documentation of operational procedures must be approved by management and reviewed at least annually for accuracy and relevancy.

SA-8 SECURITY AND PRIVACY ENGINEERING PRINCIPLES

Organizations shall apply information system security and privacy engineering principles in the specification, design, development, implementation, and modification of systems and their components.

Security and privacy engineering principles shall be primarily applied to new development information systems or systems undergoing major upgrades.

For legacy systems, agencies shall apply security engineering principles to system upgrades and modifications to the extent that it is technically configurable, given the current state of hardware, software, and firmware within those systems.

Security and privacy engineering principles shall include the following:

a. Developing layered protections.
b. Establishing sound security and privacy policy, architecture, and controls as the foundation for design.
c. Incorporating security and privacy requirements into the SDLC.
d. Delineating physical and logical security boundaries.
e. Ensuring that system developers are trained on how to build secure software.
f. Tailoring security and privacy controls to meet organizational and operational needs.
g. Performing threat modeling to identify use cases, threat agents, attack vectors, and attack patterns as well as compensating controls and design patterns needed to mitigate risk.

h. Reducing risk to acceptable levels, thus enabling informed risk management decisions.

SA-9 EXTERNAL SYSTEM SERVICES

Agencies shall require third parties and providers of external system services to comply with statewide information security and privacy requirements. Agencies shall employ controls as follows:

a. Define and document how external information systems comply with statewide information security and privacy controls to include user roles and responsibilities, and compliance auditing and reporting requirements. Agencies must ensure vendor compliance with State and Federal laws, regulations, guidelines, standards, policies, and procedures. It is also highly recommended that agencies obtain a third-party risk assessment prior to contract approval.
b. Monitor security and privacy control compliance by external service providers on an ongoing basis.
c. Restrict the location of information systems that receive, process, store, or transmit State and Federal data to the Continental United States (CONUS), United States Territories, Embassies and Military installations.
d. Agencies outsourcing their information processing shall ensure the service provider demonstrates compliance with State and Federal laws, regulations, guidelines, standards, policies, procedures, and related industry quality standards.
e. Outsourcing agreements shall include the following:
    i. The agency's course of action and remedy if the vendor's security and privacy controls are inadequate such that the confidentiality, integrity, or availability of the agency's data cannot be assured.
    ii. The vendor's ability to provide an acceptable level of processing and information security during contingencies or disasters.
    iii. The vendor's ability to provide processing in the event of failure(s).
f. To support service delivery, the outsourcing agreements shall contain, or incorporate by reference, all the relevant security and privacy requirements necessary to ensure compliance with the statewide information security standards, the agency's record retention schedules, its security policies, and its business continuity requirements.
g. Services, outputs, and products provided by third parties shall be reviewed and checked at least annually.
h. To monitor third party deliverables, agencies shall do the following:
    i. Monitor third-party service performance to ensure service levels meet contract requirements.
    ii. Review reports provided by third parties and arrange regular meetings as required by contract(s).
    iii. Resolve and manage any identified problem areas.
i. Contracts with vendors providing offsite hosting or cloud services that will host sensitive or confidential data must require the vendor to provide the State a third-party risk assessment due diligence response and supporting documentation such as, but not limited to Service Organization Control (SOC) 2 Type II, International Organization for Standardization (ISO) 27001, Federal Risk and Authorization Management Program (FedRAMP Moderate), or CSF (Common Security Framework) report before contract award and annually thereafter to

establish and maintain compliance with State policies.

j. Agencies shall approve any changes to services provided by a third party prior to implementation.
k. Agencies shall develop a process for engaging service providers and maintain a list of all service providers who store or share confidential data.
l. Agencies shall ensure that the service-level agreement (SLA) includes requirements for regular monitoring, review, and auditing of the service levels and security requirements as well as incident response and reporting requirements. The SLA shall state how the service provider is responsible for data stored or shared with the provider.
m. Agencies shall perform the monitoring, review, and auditing of services to monitor adherence to the SLA and identify new vulnerabilities that may present unreasonable risk. Agencies shall enforce compliance with the SLA and must be proactive with third parties to mitigate risk to a reasonable level.
n. Changes to an SLA and services provided shall be controlled through formal change management.
o. Agencies shall prohibit the use of non-agency-owned information systems, system components, or devices that receive, process, store, or transmit confidential data, including Federal Tax Information (FTI), unless explicitly approved by OIT.

SA-9 (2) EXTERNAL SYSTEM SERVICES – IDENTIFICATION OF FUNCTIONS, PORTS, PROTOCOLS, AND SERVICES

Providers of external system services shall identify the functions, ports, protocols, and other services required for the use of such services. Information from external service providers regarding the specific functions, ports, protocols, and services used in the provision of such services can be particularly useful when the need arises to understand the trade-offs involved in restricting certain functions/services or blocking certain ports/protocols.

SA-10 DEVELOPER CONFIGURATION MANAGEMENT

System developers shall create and implement a configuration management plan that does the following:

a. Performs configuration management during system design, development, implementation, operation, and/or disposal for the following:
    i. Internal system development and system integration of commercial software.
    ii. External system development and system integration.
b. Documents, manages, and controls changes to the system or configuration items and the potential security and privacy impacts.
c. Implements only agency approved changes to the system.
d. Documents approved changes to the system.
e. Tracks security flaws and flaw resolution within the system.
f. Mitigates the risk of exploitation of covert channels by protecting the source code in custom developed applications.

SA-11 DEVELOPER TESTING AND EVALUATION

System developers shall assess for software faults that pose a security risk at all post-design stages of the system development life cycle prior to putting an application into production. The following shall be done:

a. Develop and implement a security and privacy assessment plan.
    i. Develop and implement a plan that supports ongoing security and privacy assessments. Testing requirements must be defined and documented for both system development and system integration activities. The plan must include requirements for retesting after significant changes occur.
    ii. Perform security testing/evaluation.
        1. Sensitive or confidential data shall not be used for testing purposes, including FTI, unless explicitly approved by OIT or the agency owning the data.
        2. Organizations may permit the use of production data during the testing of new systems or systems changes only when no other alternative allows for the validation of the functions and when permitted by other regulations and policies. Data anonymization or data masking tools shall be used if available.
        3. If production data is used for testing, the same level of security controls required for a production system shall be used.
            a. Produce evidence of the execution of the security and privacy assessment plan and the results of the security testing/evaluation
            b. Implement a verifiable flaw remediation process.
            c. Correct flaws identified during security testing/evaluation.
b. Teach and encourage software fault-reporting procedures through security training and awareness programs.
c. Designate a quality control team that consistently checks for faults and that is responsible for reporting them to software support.
d. Use a formal recording system for the following:
    i. Tracking faults from initial reporting through to resolution.
    ii. Monitoring the status of reported faults and confirms that satisfactory resolutions have been achieved.
    iii. Providing reports and metrics for system development and software support management.
    iv. Addressing and prioritizing prompt resolution of software faults to minimize the exposure resulting from the security vulnerability.
e. While faults are being tracked through to resolution, research shall also be conducted to ensure no security controls have been compromised and resolution activities have been appropriately authorized.
f. Perform unit, integration, and system regression testing/evaluation:
    i. Require that information system developers/integrators perform a vulnerability assessment to document vulnerabilities, exploitation potential, and risk mitigations.
    ii. Appropriate testing and assessment activities shall be performed after vulnerability mitigation plans have been executed to verify and validate that the vulnerabilities have been successfully addressed.
    iii. To maintain the integrity of information technology systems, software shall be evaluated and certified for functionality in a test environment before it is used in an

operational/production environment.

iv. Test data and accounts shall be removed from an application or system prior to being deployed into a production environment if the application or system does not have a dedicated testing environment.

v. Qualified personnel must certify that the upgrade or change has passed acceptance testing.

vi. A rollback plan must be established in the event the upgrade or change has unacceptable ramifications.

g. The following issues and controls shall be included when developing acceptance criteria and acceptance test plans:

i. Capacity requirements - both for performance and for the computer hardware needed.

ii. Error response - recovery and restart procedures and contingency plans.

iii. Routine operating procedures - prepared and tested according to defined policies.

iv. Security controls - agreed to and put in place.

v. Manual procedures - effective and available where technically configurable and appropriate.

vi. Business continuity - meets the requirements defined in the business continuity plan.

vii. Impact on production environment - able to demonstrate that installation of new system will not adversely affect current production systems (particularly at peak processing times).

viii. Training - of operators, administrators, and users of the new or updated system.

ix. Logs - logs of results shall be kept for a defined period once testing is completed.

h. Implement a verifiable flaw remediation process to correct security weaknesses and deficiencies identified during the security testing and evaluation process.

i. Controls that have been determined to be either absent or not operating as intended during security testing/evaluation must be remediated.

SA-15 DEVELOPMENT PROCESS, STANDARDS, AND TOOLS

Developers of a system, system component, or system service shall follow a documented development plan that:

a. Explicitly addresses security requirements;
b. Identifies the standards and tools used in the development process;
c. Documents the specific tool options and tool configurations used in the development process; and
d. Documents, manages, and ensures the integrity of changes to the process and/or tools used in development.

The development process, standards, tools, tool options, and tool configurations to determine if the process, standards, tools, tool options, and tool configurations selected and employed can satisfy security and privacy requirements.

Development tools include, for example, programming languages and computer-aided design systems. Reviews of development processes can include, for example, the use of maturity models to determine the potential effectiveness of such processes.

Maintaining the integrity of changes to tools and processes assists effective supply chain risk assessment and mitigation. Such integrity requires configuration control throughout the system development life cycle to track authorized changes and to prevent unauthorized changes.

SA-15 (3) DEVELOPMENT PROCESS, STANDARDS, AND TOOLS – QUALITY METRICS

Developers of a system, system component, or system service shall:

a. Define quality metrics at the beginning of the development process; and
b. Provide evidence of meeting the quality metrics periodically, and at program review milestones and upon delivery.

Quality metrics are used by organizations to establish acceptable levels of system quality. Metrics may include quality gates to provide clear, unambiguous indications of progress. Quality gates are collections of completion criteria or sufficiency standards representing the satisfactory execution of specific phases of the system development project.

Other metrics apply to the entire development project. These metrics can include defining the severity thresholds of vulnerabilities. An example of this would be requiring no known vulnerabilities in the delivered system with a Common Vulnerability Scoring System (CVSS) severity of Medium or High.

SA-22 UNSUPPORTED SYSTEM COMPONENTS

Agencies must replace system components when support for the components is no longer available from the developer, vendor, or manufacturer. Examples of system components can include, but are not limited to servers, workstations, laptops, and applications.

POLICY OWNER

Secretary of Office of Information Technology (OIT)

MATERIAL SUPERSEDED

This is the first State of Alabama System and Services Acquisition Policy. All State agencies and vendors of the State are required to comply with the current implemented version of this policy.

REVISION HISTORY

Revision Date	Summary of Change
12/31/2024	Policy Update

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APPROVED BY

Signature	Daniel Urquhart
Approved by	Daniel Urquhart
Title	Secretary of Office of Information Technology (OIT)
Date Approved	01/15/2025

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WIC Crossroads System Description

The WIC Crossroads Management Information System (MIS) is a comprehensive click-once desktop application system that provides food benefits, breastfeeding support, and nutrition education to low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, infants, and children up to age five who are eligible for the federally regulated Supplemental Nutrition program for Women, Infants, and Children (WIC). In addition, the system allows for the management and tracking of authorized WIC vendors, WIC benefit redemption, and reporting of WIC data.

Stakeholders

- Alabama Department of Public Health (ADPH), Bureau of Family Health Services (FHS), Division of WIC
- Clinics throughout the state administered by County Health Departments and private non-profit health service organizations (Poarch Creek)

Environment Description/Requirements

A. Primary Site
B. Backup/Failover Site

The Crossroads application was originally written as an XBAP browser application that ran using Microsoft Internet Explorer (IE) only. When support for Microsoft IE was discontinued, the Crossroads application was converted to a click-once desktop application that continues to utilize the XBAP technology. To support the click-once desktop application, the Crossroads Launcher was developed, and it is currently installed on all Crossroads user machines. A shortcut to the launcher is saved to each Crossroads user's desktop and each user accesses the Crossroads system by double clicking this launcher shortcut on the desktop.

The Crossroads click-once application can also be launched using the Microsoft Edge browser, but this is not the recommended method for accessing the system. Currently, no other browsers support the application without the installation of unapproved browser extensions.

WIC Crossroads Production Servers

Server Name	Purpose	Operating System Requirement	Disaster Recovery (DR) Actions
Application/Web Servers	Serves Alabama (AL) WIC Crossroads web pages to the User Interface (UI), saves documents and signatures to the file server, initiates manual batch processes on the batch server, communicates in real-time with the eWIC Service Provider, and calls reports from the Reports server.	Windows Server 2022 (Virtual)	• Restore Backup of Production application server to application server at DR site • Server can be virtual • Required within 1 – 7 business days
Batch Process Server	Runs the End of Day (EOD) and month end processes, runs daily batch processing, and runs scheduled in-house WIC interface processes	Windows Server 2022 (Virtual)	• Restore Backup of Production batch server to server at DR site • Server can be virtual • Required within 1 – 7 business days
File Server	Storage location for captured signatures, scanned documents, batch files, and in-house interface processes.	Windows Server 2025 (Physical)	• Restore Backup of Production batch server to server at DR site • Server can be virtual • Required within 1 – 7 business days
Database Server	Main Microsoft SQL Database Server that stores WIC Crossroads data.	Windows Server 2025 (Virtual) Database version Microsoft SQL Server 2022	• Switch over to the secondary Never Fail Crossroads Database (DB) server at the DR site • Physical server • Required within 1 – 7 business days
Reports Database Server	Replicated Microsoft SQL Database Server that stores replicated Crossroads data used for Crossroads Reporting.	Windows Server 2025 (Virtual) Database version Microsoft SQL Server 2022	• Restore Backup of Production Reports DB server to server at DR site and replicate secondary Crossroads DB server to restored Reports server • Server can be virtual • Required within 7 – 14 business days
Reporting Services Server	Stores and serves up WIC Crossroads Reports. Reports connect to either the Main Database Server or the Reports Database Server.	Windows Server 2025 (Virtual)	• Restore Backup of Production Reporting Services DB server to server at DR site • Server can be virtual • Required within 7 – 14 business days

NOTE: To maintain real-time communications between the Crossroads System and the eWIC Service Provider, the external (public) Internet Protocol (IP) address will need to be maintained or masked so data is sent to the eWIC Service Provider from the same IP address currently used in Production.

Alternative Solutions

Due to the WIC Crossroads System design and the method in which information is communicated to the eWIC Service Provider, there is not an alternative solution that will allow eWIC information, such as the Electronic Benefit Account (EBA) information, eWIC card information, and eWIC benefits for all new and existing WIC families and participants to be communicated to the eWIC Service Provider without the use of the WIC Crossroads MIS and the real-time web service communications and batch processes between Crossroads and the eWIC Service Provider. In addition, batch communications are required for information such as redemption to be communicated from our eWIC Service Provider to our Crossroads MIS.

For an eWIC account to be created for new families or updated for existing families, the information must be keyed through the Crossroads system and interfaced to the eWIC Service Provider using real-time web services.

In addition, eWIC cards used for redeeming WIC food benefits must be issued to WIC families through the Crossroads system and interfaced to the eWIC Service Provider using real-time web services.

Alabama has two alternatives for issuing food benefits when unable to issue through our Crossroads MIS. However, both alternatives are limited to existing families with certified participants, an active EBA, and an active eWIC card. There is no alternative for issuing food benefits to families and individuals not actively certified in Crossroads or families that do not have an active EBA and eWIC card.

- WIC State Office Staff can manually issue eWIC Benefits from the WIC Connect Administrative Terminal. However, this process is used on a limited basis for exception cases only and can only be used to issue benefits for existing Crossroads families with an active EBA account. In order to issue benefits from the Administrative Terminal, WIC State Office Staff will need access to the Crossroads MIS to identify families, review individual prescriptions, and determine which benefits to manually issue. Any benefits issued through the Administrative Terminal are not interfaced back to Crossroads, resulting in limited reporting capabilities for benefit redemption, formula rebate, and individual participation.

- Alabama can utilize the Automated Issuance process established as an emergency alternative during the COVID-19 pandemic. This process will issue one month of benefits to some active WIC participants with an active EBA account based on their most recent prescription. However, this process requires our Crossroads Database, Crossroads batch server, and communication with our eWIC provider to be functional. Review of the Automated Issuance process with WIC and IT staff will be necessary before re-activating this process in a production environment to ensure functional changes are not required.

Alabama Women, Infants, and Children (WIC) Program

Business Continuity Plan for Local Agency Operations in the Event Crossroads is Unavailable

Prerequisites:

- Staff has been trained on the Business Continuity Plan as part of WIC's response during disaster or emergency situations.
- Crossroads Downtime forms are available to document certification and other activities (e.g., nutrition education, care plan, changes in family/participant demographics, food prescription).
- Staff has run the AL Master Participant List report from Crossroads monthly and printed or saved it to a local device or jump drive.
- All Crossroads data is replicated to databases at the ADPH disaster recovery site.
    - If one or more clinics are down, the state office and other clinics assist with reporting and information sharing. The clinic staff will complete certifications on paper as stipulated below and benefits can be loaded remotely.
    - If the state office is down, a copy of the main application server would be installed at the disaster recovery site and users would be given an alternate URL to access Crossroads.

When Crossroads is initially unavailable, and duration is uncertain:

- Check with local IT support to determine if a local problem.
- If not a local problem, notify AL Help Desk and appropriate AL Crossroads staff.
- Continue to certify participants using Crossroads Downtime forms.
- Order special formulas from State WIC Office.

When Crossroads is expected to be unavailable for a week or longer:

- Continue to certify applicants:
    - Complete new certifications by completing the Crossroads Downtime forms.
    - Complete subsequent certifications by reviewing the AL Master Participant List and completing the Crossroads Downtime forms.
- Continue to provide classes, individual nutrition education, assessments:
    - Ask family about any changes in demographic or personal information, and food prescription. Document any reported changes on the Crossroads Downtime form.
    - Complete the Crossroads Downtime form to document services.

- Continue to provide food benefit issuance, when able to do so:
    - Alabama WIC has minimal issuance capabilities outside of Crossroads. Alternative solutions depend on the family having an active electronic benefit account (EBA) and an active eWIC card. Refer to the Alabama WIC Crossroads Disaster Recovery Plan for alternative solutions when both an active EBA and active eWIC card are available.
    - Ask family about any changes in demographic or personal information, and food prescription. Document any reported changes on the Crossroads Downtime form.
    - If Crossroads remains available at alternate sites, issuance may be conducted remotely.
        - For all participants except those on exempt formula or WIC-eligible medical foods, coordinate with staff able to access Crossroads to issue each participant one month of food benefits remotely. Up to three months benefits may be issued if the situation warrants.
        - Ask participant to call for a future appointment when Crossroads is back online or continue procedure in place for open access clinics.
    - Participants on exempt formula or WIC-eligible medical foods (Food Package III) may be issued clinic issued formula, if available in inventory. Additional product may be ordered from the State WIC Office, Operations Branch. Thoroughly document actions/instructions.

<u>When Crossroads system is available again:</u>

- Enter data documented on forms:
    - Required Data Elements
    - Other data forms as needed
    - Print required notices
    - When Crossroads becomes available, participants may be contacted either by phone or mail to schedule appointments.

<u>Readiness Training for WIC Staff:</u>

- Alabama WIC conducts training to ensure readiness to utilize Crossroads Downtime forms and procedures during initial staff onboarding and will ensure refresher training of all employees every 2 years.
- Any changes to Crossroads are communicated when pertinent updates are released.

ORGANIZATION AND MANAGEMENT

INTRODUCTION

Organization and management involve the procedures for the documentation of staff time at the State level devoted to the various WIC functions, the evaluation and selection of local agencies, the documentation of local agency staffing standards and data, as well as disaster planning. The following sections provide a brief overview of the information that is required by federal regulations to be included in State Plans. The questions that follow are designed to assist the State agencies in submitting compliant State Plans for FNS approval. State agencies are encouraged to review each federal regulation in its entirety. A. State Staffing 7 CFR 246. 3(e), 246. 4(a)(4) and (24): describe the information relating to State level staff requirements and utilization as it relates to WIC Program functions and how the State agency will provide a drug-free workplace. B. Evaluation and Selection of Local Agencies 7 CFR 246. 4(a)(5)(i) and (7) and 246. 5: describe the procedures and criteria utilized in the selection and authorization of local agencies. C. Local Agency Staffing 7 CFR 246. 4(a)(4): describe the State staffing standards which apply to the selection of local agency staff and the means used by the State agency to track and analyze local level staffing data. D. Plan of Alternate Operating Procedures (Disaster Plan) 7 CFR 246. 4(a)(30) the plan of alternate operating procedures in preparation for a disaster and/or public health emergency.

A. State Staffing

1. State Level Staff (7 CFR 246. 3(e))

a. Record below the current total full-time equivalent staff (FTEs) available for each position listed or attach equivalent information in the section s Appendix noted here:

Attachment - AL WIC Organizational Chart

Note the following when completing this section. State agencies should consider best practices to meet their optimal operating goals: A full-time WIC director is required when monthly participation levels are 1,500 or half-time or equivalent when participation exceeds 500. A full-time Nutrition Coordinator is required when participation exceeds 1,500 or half-time or equivalent when participation exceeds 500. A full-time or equivalent Program specialist for each 10,000 participants above 1,500 up to 8 staff.

Program	FTE WIC	FTE In-Kind	Total FTE
Director	**1.00**		**1.00**
Nutrition Coordinator	**1.00**		**1.00**
Vendor Specialist	**6.00**		**6.00**
Program Specialist	**10.0**		**10.0**
Financial Specialist	**2.15**		**2.15**
Breastfeeding Coordinator	**1.00**		**1.00**
(MIS/EBT) Specialist	**4.50**		**4.50**

Intern			

Program Administration	**.35**		**.35**
Administration Support	**5.95**		**5.95**
IT Floor Support	**.25**		**.25**

b. Does the State agency include a WIC organizational chart showing all positions (including position descriptions, titles, and staff names) in their State Plan?

- ○ Yes
- ◉ No

c. Does the State agency describe the WIC Program's relationship within the State Health Department or Indian Tribal Organization in their State Plan?

- ◉ Yes
- ○ No

2. Does the State agency estimate the average percent of State staff time devoted to fulfilling the following functions?

- ◉ Yes
- ○ No

Function	Percent of Total Staff Time
Certification, including nutrition risk determination	**10**
Breastfeeding training/promotion and support	**10**
Nutrition education	**5**
State food list	**5**
Monitoring of local agencies	**10**
Fiscal reporting	**10**
Food delivery system management	**10**

Vendor management, including vendor training	**10**
Staff training and continuing education	**10**
(MIS/EBT) system development and maintenance	**10**

Civil Rights	**5**
Coordination with and referrals to other assistance programs and social service agencies	**5**

Total staff time	**100**

3. Drug-Free Workplace (7 CFR 246. 4(a)(25))

a. Does the State agency have a plan to achieve a drug-free workplace?

- (●) Yes
- ( ) No

B. Evaluation and Selection of Local Agencies

1. Local Agencies Authorized

Number of local agencies authorized to provide WIC services last fiscal year:

9

Number of local agencies planned to provide WIC services this fiscal year:

9

2. When does the State agency accept applications from potential local agencies?

[ ] Annually

[ ] Biennially

[ ] On an on-going basis

[X] Other

Specify: As needed through a request for proposal (RFP) process. Current LAs are all run through the State Health Department and Mobile and Jefferson county health departments with one private local agency -Poarch Band of Creek Indians.

3. Does the State agency require existing local agencies to reapply and compete with new applicant agencies for authorization? (if yes, what is the frequency?)

[X] Yes

[ ] No

4. Selection Criteria

a. The State agency uses the following criteria in selecting local agencies in new service areas and/or in reviewing applications from existing service areas: (Check all that apply)

	New Service Areas	Existing Service Areas
Coordination with other health care providers	**X**	**X**
Projected cost of operations/ability to operate with available funds	**X**	**X**
Location/participant accessibility	**X**	**X**
Financial integrity/solvency	**X**	
Relative need in the area	**X**	**X**
Range and quality of services	**X**	**X**

History of performance in other programs		

Ability to serve projected caseload	**X**	**X**
Non-smoking facility	**X**	**X**
Americans with Disabilities Act (ADA) compliance	**X**	**X**

b. The State agency conducts studies (provide a link to or copy of the most recent study: See Attachment - AL WIC LA Cost Effectiveness Study FY2026 Q2) of the cost-effectiveness of local agency operations that examine:

[ ] Location and distribution of local agencies in proportion to new applicants/participants

[ ] Clinic procedures to optimize participant access/service (Patient Flow Analysis, etc.)

[X] Staff-to-participant ratios and related staffing analyses

[ ] Comparative analyses of local agency/clinic costs

[X] Other

5. Does the State agency have a formal written agreement or contract with each local agency? (7 CFR 246. 6)

- (●) Yes
  Specify: Yes with private local agencies (those outside the State Public Health Structure) - 1 year unless stated otherwise.
- ( ) No

6. Does the State agency have statewide fair hearing procedures for local agency appeals? (7 CFR 246. 4(a)(18))

- (●) Yes
  Specify: AL WIC PM Chapter 12. Program Abuse
- ( ) No

7. Does the State agency maintain a list of clinic sites that include the following information? If available, please attach and/or reference the location of the listing: WIC Clinic List - Aug. 2026

[X] Location

[ ] Type of site (e.g., hospital, health department, community action program)

[ ] Service area

[X] Hours of operation

[X] Days of operation

[ ] Health services provided on-site

[ ] Social services provided on-site

[ ] Participation

[X] Other

Specify: Contact information

C. Local Agency Staffing

1. Staffing Standards (7 CFR 246. 3(e))

a. Which local agency staffing standards are prescribed by the State agency?

[X] Credentials

[X] Staff levels

[X] Functions of CPAs

[ ] Paraprofessional requirements

[X] Separation of duties to ensure no conflicts of interest

[ ] Other

[ ] Not applicable

b. Does the State agency's ensure local agency(ies) credentials are in line with the Nutrition Services Standards?

(●) Yes

( ) No

c. Does the State agency maintain copies of local agency(ies) CPA position descriptions, classified in terms of Nutrition Services Standards, i. e. , federal requirements, recommended criteria, best practices?

- (●) Yes
- ( ) No

d. Do local agency(ies) follow staffing standards established by unions or local governmental authorities?

- ( ) Yes
- (●) No

e. Does the State agency maintain copies of local agency designated breastfeeding expert (DBE) position descriptions?

- (●) Yes
- ( ) No

2. Local Level Staffing Data

a. When/how is data collected and analyzed by the State agency to determine staff-to-participant ratios? (Check all that apply):

- [X] At regular intervals
- [X] Program management
- [X] Food delivery
- [X] Certification
- [X] Nutrition education
- [X] Breastfeeding promotion and support
- [ ] By function
- [X] Each clinic or local agency
- [ ] Other

b. Are results of analyses from data collected to determine staff-to-participant ratio reported back to local agency(ies)?

- ( ) No
- (●) Yes, in a single report comparing all local agencies
- ( ) Yes, in a local agency-specific report (no comparative data)

3. Local Agency Breastfeeding Staffing Requirement

a. List the number of local agency(ies) with a designated staff person to coordinate breastfeeding promotion and support activities.

8

b. The State agency maintains approved copies of local agency(ies) Breastfeeding Coordinator and Peer Counselor position descriptions as outlined in the WIC Breastfeeding Support guide?

- (●) Yes
- ( ) No

c. Number of local agencies with breastfeeding peer counselors.

4

d. Number of local agencies with Designated Breastfeeding Experts (DBE).

8

D. Plan of Alternate Operating Procedures (Disaster Plan) Per 7 CFR 246. 4(a)(30), developing a plan of alternate operating procedures (AOPs), previously referred to as Disaster Plans, is required. This provision requires State agencies to include policies and procedures for operations when regular operations are disrupted, which may include disasters, emergencies, public health emergencies, and supply chain disruptions that can impede delivery of WIC benefits. For the purposes of this section, the term program disruption is used to refer to when regular operations are disrupted due to a disaster, emergency, public health emergency, or supply chain disruption, unless otherwise specified.

1. Has the State agency developed AOPs separate from a broader plan developed by the State agency s administering Department (e. g. , Health Department)?

- (●) Yes

  Specify: AL WIC Procedure Manual, Ch. 1 Program Administration (1.23 Disaster Plan), Ch. 2 Certification (2.18), Ch. 8 Food Benefit Delivery (8.4 and 8.5)

- ( ) No

2. Does the State agency have AOPs that are part of a broader Health Department or Indian Health Services plan or have policies that are partnered with other State agency(ies) during disasters?

- (●) Yes

  Specify: AL Dept. of Public Health Center for Emergency Preparedness https://www.alabamapublichealth.gov/cep/index.html

- ( ) No

List the location and sections of these plans that are not part of the State agency s WIC-specific AOPs:

Refer to https://www.alabamapublichealth.gov/cep/index.html

~~3.~~ Has the State agency shared their AOPs with its local agency(ies) and clinics? ~~on This is not applicable for my state agency~~

- (●) Yes
- ( ) No

4. Section a-g is a guide for the types of policies and procedures that may be needed in preparation for and during program disruptions. Not all items listed will be applicable to each State agency.

a. Coordination and Communication.

i. Does State agency have a designated emergency contact for program disruptions?

- (●) Yes

  Specify: Program Director - Pam Galloway, 334-206-5673, pam.galloway@adph.state.al.us or wic@adph.state.al.us

- ( ) No
- ( ) Other

ii. Does State agency coordinate with the following organizations to support data informed approaches when responding to program disruptions? (Select all the apply.)

[X] State/Local emergency operation centers (EOC)

[ ] Relief organizations (such as Red Cross, Southern Baptist, Salvation Army, etc.)

[ ] Federal Emergency Management Agency (FEMA)

[ ] N/A

[ ] Other Organizations

iii. Does the State agency have a communication plan with its local agencies? (7 CFR 246. 4a(30)(vii))

- (●) Yes
  Specify: WIC Procedure Manual Ch. 1 Program Administration Sec. 1.23, Attachment 1-9
- ( ) No
- ( ) N/A State agency does not have local agencies.

iv. Does the State agency have a communication plan with its vendors? (7 CFR 246. 4a(30)(vii))

- (●) Yes
  Specify: WIC PM Ch 1. Program Administration, Sect 1.23, Attachment 1-9
- ( ) No

v. Does the State agency have a communication plan with its FNS Regional Office? (7 CFR 246. 4A(30)(viii))

- (●) Yes
- ( ) No

If yes, select the information shared with the Regional Office after a disaster?

[ ] N/A

[ ] Call down roster

[X] Clinic Damage Assessment

[X] Status/Number of Participants impacted

[X] Clinic location

[ ] Open Shelters

[ ] Feeding Organizations

[X] Clinic closure

[X] Alternate clinic sites

[X] Request for Program assistance (waiver request)

[X] Other operating procedures

Specify: Clinic Damage Assessment; Status/Number of Participants impacted; Clinic location; Clinic closure; Alternate clinic sites; Request for Program assistance (waiver request); Other operating procedures > based on nature and scope of disaster

vi. Does the State agency have a communication plan to notify participants and other program partners of AOPs? (7 CFR 246. 4a(30)(vii))

- (●) Yes
  Specify: WIC Procedure Manual Ch. 1 Program Administration-attachment 1-9
- ( ) No
- ( ) Other

vii. Does the State agency have a plan to inform receiving State agencies of where they may obtain a verification of certification for displaced participants during program disruptions?

- (●) Yes
  Specify: WIC Procedure Manual Ch. 1 Program Administration, Ch. 2 Certification
- ( ) No
- ( ) Other

viii. Does the State agency provide participants with instructions for obtaining their verification of certification?

- (●) Yes
  Specify: WIC PM Chapter 2. Certification, Section 2-13
- ( ) No

ix. Does the State agency have a plan to determine if an emergency period or supply chain disruption as declared by the Secretary of Agriculture exists? An emergency period is defined as (1) 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.), (2) a presidentially declared emergency as defined under the Stafford Act, (3) 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.

- (●) Yes
  Specify: WIC PM Ch 1. Program Administration, Sect 1-23
- ( ) No

x. Does the State agency have a plan for how it would determine if a waiver is necessary to continue WIC services?

- (●) Yes
  Specify: WIC PM Ch 1. Program Administration, Sect 1-23
- ( ) No

b. Continuation of Benefits When a disaster occurs, State agencies must continue to serve participants. This section lays out a plan to collect required information from participants.

i. The State agency will continue to serve participants during a disaster by: (Select all that apply)

[X] Remote certification for new applicants and recertification for current participants

[X] Physical presence exemption, if applicable

[ ] Temporary certification for applicants temporarily displaced

[ ] Temporary certification for applicants eligible for Disaster Supplemental Nutrition Assistance Program
(DSNAP) benefits

[X] Expedited certification for displaced participants

[X] Issue VOC (verification of certification) to applicants that must evacuate (7 CFR 246.7(k))

[X] Issue VOC (verification of certification) to evacuees returning to the originating State

[X] Alternate clinic locations (within the disaster area, if possible)

[ ] Mobile clinics or satellite clinics (grassroot organizations, etc.)

[X] Provide participants access to program records to relocate

[ ] Provide nutrition assessments and referrals to other organizations when clinic operations are disturbed

[ ] Other

Describe or attach a plan for each method the State agency plans to implement during a disaster:

WIC PM Chapter 1. Program Administration, Section 1.23 & WIC PM Chapter 2. Certification, Section 2.17

ii. The State agency has alternate procedures to collect the following during program disruptions (Select all that apply)

[X] Anthropometric data (7 CFR 246.7(e)(1))

[X] Medical documentation (7 CFR 246.10(d))

[X] Bloodwork data (7 CFR 246.7(e)(1)(i)(B))

[X] Income documentation (7 CFR 246.7(d))

[X] Residency documentation (7 CFR 246.7(c))

[X] Adjunct or Automatic eligibility documentation 7 CFR 246.7(d)(2)(v)(A))

[X] Verification of certification (VOC) documentation (7 CFR 246.7(k))

[X] Signature for Rights and Obligations and other required documentation (7 CFR 246.7(i)

[X] Other

Specify: Anthropometric data (7 CFR 246.7(e)(1)); Medical documentation (7 CFR 246.10(d)); Bloodwork data (7 CFR 246.7(e)(1)(i)(B)); Income documentation (7 CFR 246.7(d)); Residency documentation (7 CFR 246.7(c)); Adjunct or Automatic eligibility documentation 7 CFR 246.7(d)(2)(v)(A)); Verification of certification (VOC) documentation (7 CFR 246.7(k)); Signature for Rights and Obligations and other required documentation (7 CFR 246.7(i)

Describe or attach a plan for each method the State agency plans to implement during a disaster:

WIC PM Chapter 1. Program Administration, Section 1.23 & WIC PM Chapter 2. Certification, Section 2.17

iii. The State agency allows the certification of participants affected by a disaster to submit for certification: (Select all the apply) (7 CFR 246. 7(d)(2)(v)(C))

[X] A signed statement

[X] Letter from the employer

[ ] Other

iv. How will the State agency collect information from participants when using remote certification?(Select all the apply)

[ ] Secure website upload

[ ] Mobile device screen share

[ ] Mail

[X] Secure email

[ ] Video conference

[ ] Other

Describe or attach a plan for each method the State agency plans to implement during a disaster

WIC PM Chapter 1. Program Administration, Section 1.23 & WIC PM Chapter 2. Certification, Section 2.17

v. The State agency has a Memorandum of Understanding/Agreement with WIC-affiliated agencies (such as Medicaid) to collect WIC eligible documentation during a disaster?

- ○ Yes
- ◉ No
- ○ Not applicable

c. Benefit Issuance and Redemption.

i. How will the State agency issue Food Instruments (i. e. , EBT cards) during a disaster? (Select all that apply)

[X] Clinic pickup

[ ] Certified Mail

[X] Other

Specify: regular first class mail marked "Do Not Forward" and "Return to Sender"

Describe or attach a plan on how the State agency will issue Food Instruments during a disaster:

WIC PM Chapter 8. Food Benefit Delivery, Section 5. Food Benefit Delivery in Disaster Situations

ii. Does the State agency have a reciprocal agreement to accept EBT cards with bordering States?

- ○ Yes
- ◉ No
- ○ Other

iii. Does the State agency have a plan to replace lost, stolen, or damaged Food Instruments during a disaster? 7 CFR 246. 4(a)(14)(xix)

- ◉ Yes
- ○ No

○ Not Applicable

Describe or attach a plan on how the State agency will replace Food Instruments during a disaster:

WIC PM Chapter 8. Food Benefit Delivery, Section 5. Food Benefit Delivery in Disaster Situations

iv. Does the State agency keep replacement Food Instruments on hand?

● Yes

○ No

○ Not applicable

Does the State agency have a policy to replace a participant s supplemental foods if destroyed during a disaster?

● Yes

○ No

Describe or attach the policy on how the State agency will replace destroyed supplemental food(s) for participants:

WIC PM Chapter 8. Food Benefit Delivery, Section 5. Food Benefit Delivery in Disaster Situations

v. Does the State agency have a direct distribution or home delivery system in place as an alternative to using the retail food delivery system during normal program operations?

○ Yes

● No

If yes, does the direct distribution and home delivery system include provisions reasonable to institute during recalls and/or supplemental food shortages?

○ Yes

○ No

● Not applicable

Describe or attach the policy on direct distribution or home delivery systems:

vi. Does the State agency have a policy to implement direct distribution to participants during disasters?

○ Yes

- (●) No
- ( ) Not applicable

Does the State agency have a policy to implement direct distribution or direct home delivery model to participants during program disruptions?

- ( ) Yes
- (●) No
- ( ) Not applicable

vii. Does the State agency have a policy to implement direct distribution of ready-to-feed, liquid concentrate, or powder infant formula to participants?

- ( ) Yes
- (●) No
- ( ) Not applicable

Describe or attach a plan on how the State agency will implement direct distribution of ready-to-feed, liquid concentrate, or powder infant formula:

d. Vendor Management Requirements. , 246. 4(a)(14)(xv).

i. Does the State Agency have a plan to adjust vendor minimum stocking requirements (MSR) for the variety and quantity of supplemental foods during a disaster? (7 CFR 246. 12(g)(3)(i)

- (●) Yes
- ( ) No
- ( ) Not applicable

Describe or attach the policy on how the State agency will implement MSR:

Vendor Management may adjust MSR based on product availability during emergency and/or supplemental food shortage - see WIC PM Ch. 1 Sec. 1.23 and Vendor Compliance Manual attachments

ii. Does the State agency have a plan to adjust authorization requirements for new vendor applicants and/or authorized vendors during a disaster?

- (●) Yes
- ( ) No
- ( ) Not applicable

If yes, which parts of the selection criteria will the State agency adjust?

[ ] N/A

[ ] State agency business integrity requirements

[X] State agency minimum stocking requirements

[ ] Competitive price selection criteria and/or maximum allowable reimbursement levels

[ ] Other State agency-imposed criteria

iii. Does the State agency have a plan to meet the annual vendor routine monitoring and compliance investigation requirements during a disaster? 7 CFR 246. 4(a)(14)(iv)

- (●) Yes
- ( ) No
- ( ) Not applicable

e. Nutrition Services. (7 CFR 246. 4(a)(30)(ii), 246. 7(j)(2)(iii), 246. 10(d), 246. 10(i), 246. 10(e) and 246. 16a(5).

i. Does the State agency have a designated emergency contact to address the needs of participants with qualifying conditions receiving Food Package III?

- (●) Yes

  Specify: Meg Stone, Nutrition Services Director - 888-942-4673
  WIC@adph.state.al.us or WIC@adph.state.al.us
- ( ) No
- ( ) Other

ii. Does the State agency have a plan to support participants within the following groups? (Select all the apply.)

[X] Participants in rural areas

[X] Tribal populations

[X] Medically fragile participants (i.e., participants with documented qualifying conditions receiving Food
Package III)

[ ] Other

Describe or attach a plan on how the State agency will support medically fragile participants,participants in rural areas, tribal populations, and other priority populations, as applicable:

AL supports medically fragile participants according to federal regulations. AL is a rural state accustomed to providing services in rural areas. AL has grant agreement to provide WIC Services with Indian Tribal Organization.

iii. Does the State agency have a plan to review and update supplemental foods authorized by their program at least annually for reasons including, but not limited to: ensuring continued marketplace availability of authorized foods in package sizes that provide the maximum monthly amount and being responsive to evolving participant needs?

- (●) Yes
- ( ) No

iv. Does the State agency have a plan to communicate temporary changes to participant authorized food packages when there is limited availability of certain food items offered on the agency s approved food list during a disaster? (i. e. , exercise allowable regulatory flexibilities that don t require a waiver) (includes informing participants, vendors, etc.)

- (●) Yes
- ( ) No

v. Does the State agency have a plan to support breastfeeding participants during a disaster? Support would include, but not limited to: Supporting participants with breastfeeding initiation, relactation, and breastfeeding challenges as well as assisting with breast pump acquisition. This support may include referrals outside of WIC.

- (●) Yes
- ( ) No

Describe or attach a plan on how the State agency will implement breastfeeding support during a disaster.

WIC PM Chapter 6. Breastfeeding Promotion and Support

vi. Does the State agency have a plan for implementing infant formula cost containment contract remedies during an infant formula recall?

- (●) Yes
- ( ) No

○ Not applicable

Describe or attach a plan on how the State agency will implement infant formula cost containment remedies during an infant formula recall

Attachment - FY 2027 - FY 2031 Infant Formula Rebate Contract

f. Allowable Cost. (7 CFR 246. 14(d)) and (7 CFR 246. 14(c)(1)(i))

i. Does the State agency have a plan to request the necessary health and safety equipment needed during disasters (e. g. , Personal Protect Equipment)?

- ◉ Yes
- ○ No
- ○ Not applicable

ii. Does the State agency plan to use State/local agency staff to support disaster recovery efforts?

- ◉ Yes

  Specify: All ADPH employees are required to respond to emergency and disaster situations when called to duty.

- ○ No
- ○ Not applicable

iii. Does the State agency have a cost sharing agreement with other agencies to use staff during a disaster?

- ○ Yes
- ◉ No
- ○ Not applicable

g. Additional Elements of AOPs. State agencies should consider any policies and procedures necessary to continue Program operations. For instance, certain policies may generate Management Information System (MIS) changes. Planning is key. The State agency s AOP should support any request for Program flexibilities that impact their MIS.

i. Does the State agency have a plan to monitor local agency(ies) during a disaster?

- ◉ Yes
- ○ No

- ○ Not applicable

ii. Does the State agency have a plan for MIS recovery?

- ◉ Yes
- ○ No
- ○ Not applicable

iii. Does the State agency have a plan for MIS backup filing system?

- ◉ Yes
- ○ No
- ○ Not applicable

iv. Does the State agency have a plan to backup computer systems?

- ◉ Yes
- ○ No
- ○ Not applicable

v. Does the State agency have a plan to manage alternate procedures in the MIS?

- ◉ Yes
- ○ No
- ○ Not applicable
- ○ Other

vi. Does the State agency have a plan for a backup power system?

- ◉ Yes
- ○ No
- ○ Not applicable

Describe or attach a plan for each method the State agency plans to implement during a disaster:

WIC PM Chapter 1 Program Administration, Section 1.23,
Attachment AL WIC Crossroads MIS Disaster Plan

5. At what frequency will the State agency plan to train staff and test the readiness of their approved disaster plans? State agencies that do not encounter disasters regularly should test their plan at a minimum every two years to learn about any MIS updates. For example: State agencies can test readiness by requesting to participate in State-lead (emergency operating

centers) disaster exercises that would include the Health Department or Indian Health Services.

[ ] Semi-annually

[ ] Annually

[X] Every 2 years

[X] Other

Specify: During employee on boarding

Please describe or attach how the State agency plans to conduct its readiness testing:

Attachment AL WIC Business Continuity Plan-MIS Unavailable

6. Does the State agency require local agencies/clinics to have individual disaster plans.

◯ Yes

◉ No

If yes, such plans are reviewed for compliance and consistency with the State agency disaster plan.

◯ Yes

◯ No

◉ Not applicable

ADDITIONAL DETAIL: Organization Management Appendix and/or Procedure Manual (citation):

Alabama Department of Public Health
Bureau of Family Health Services
Women, Infants, and Children (WIC) Program
Organizational Chart

Bureau Director
Meredith Adams (HSA 4)

WIC Director
Pam Galloway (HSA 3)

Administrative Support
Allison Thompson (ASA 3)
Sandy Liepins (ASA 2)

Assistant Director
Meg Stone (RDA)

Operations Branch
Thurston Lee (HSA 2)*
Renee Gordon (HSA 1 Sr)
VACANT (HSA 1)
April Johnson (HSA 1)
VACANT (ASA 2)
Ashley Moore (Stock Clerk 2)

SAM Crossroads Project
Thurston Lee (HSA 2)*
Sylvia Taylor (PA 2)

Nutrition Services Branch
Meg Stone (RDA)
Miclah Hood (RDAA)
Mandy Darlington (RDAA)
VACANT (RDAA)
VACANT (RD)

WIC Training Clinic
VACANT (RDAA)
VACANT (RD)
Frances Collins (ASA 3)
Girlena Smith (ASA 2) Clerk

WIC Lactation Coordinator
Amber Stevens (NS)

BFPC Coordinator
VACANT (RDAA)

Vendor Management Branch
Austin Atkins (HSA 2)
David Johnson (HSA 1)
Debbie Free (Acct Tech)
Kenny Thomas (Spec Inv)
VACANT (Spec Inv)
VACANT (Spec Inv)
Charlie Martin (PT RSE)

WIC Program IT Support Staff
Silva Taylor (PA 2) - Crossroads Project Manager
Shelly Lisle (PA 4) – Crossroads Support & Reporting (0.50 FTE)
Neal Alford (PA 2) Crossroads Support & Reporting
Reese Smith (PA 2) Crossroads Support & Reporting
Steven Flowers (IT SS) – Floor Support (0.25 FTE)
Sharonda Bonner (IT SS Associate) – Crossroads Help Desk

Effective 07.09.2026

Abbreviations:
Acct Tech – Account Technician
ASA – Administrative Support Assistant
BFPC – Breastfeeding Peer Counselor
HSA – Health Services Administrator
IT – Information Technology
IT SS – IT Systems Specialist
RDAA – Registered Dietitian Assistant Administrator
RDA – Registered Dietitian Administrator
RD – Registered Dietitian
NS – Nurse Supervisor
PA – Programmer Analyst
PT RSE – Part-time Retired State Employee
SAM – State Agency Model
Spec Inv – Special Investigator
WIC – Women, Infants, and Children Program
* Dual Role - 1.0 FTE total

ALABAMA PUBLIC HEALTH

State Government

State Committee of Public Health

State Health Officer
Scott Harris, MD, MPH

Public Health Administrative Officer
Catherine M. Donald, MBA

- **Children's Health Insurance**
  Wanda Davis
  Administrative Services, ALL Kids Customer Service, Customer Services/Community Education, Program Operations and Professional Services, Program Services
- **Financial Services**
  Shaundra B. Morris, MAcc, CPM
- **Health Statistics**
  Nicole Rushing, MPH
  Administrative Services, Quality Assurance and Registration, Record Services, Special Services, Statistical Analysis
- **Information Technology**
  Leslie Hay
  Administration, Business and Information Architecture, Database Administration, Logistics, Project Management Support, Technical Support

Chief Legal Officer
Brian Hale, JD

- **General Counsel**
  Sancha Howard, JD
- **Compliance**
  Pam Kendrick
- **Facilities Management and Technical Services**
  Kristi Rollins
  Technical Services
- **Health Provider Standards**
  Denise Milledge
  Assisted Living, Acute and Continuing Care, Nursing Home, CLIA, Licensure, Certification
- **Program Integrity**
  Debra Thrash, CPA, CIA

Chief Medical Officer
Karen Landers, MD, FAAP

- **District Medical Officers**
  East Central/West Central, Northern/Northeastern, Southeastern/Southwestern
- **Clinical Laboratories**
  Sharon P. Massingale, PhD, HCLD
  Administrative Support Services, Clerical, Clinical Chemistry, Microbiology, Newborn Screening, Quality Management, Sanitary Bacteriology/Media, STD/Serology, Mobile
- **HIV Prevention and Care**
  Vontrese McGhee
- **State Epidemiologist**
  Sherri Davidson, PhD, MPH
- **Informatics and Data Analytics**
  Sherri Davidson, PhD, MPH
- **Medical Officer, Disease Control and Prevention**
  Burnestine Taylor, MD
- **Medical Officer, Family Health Services**
  Gary Pugh, DO, FACOG
- **Medical Director, Health Provider Standards/Home and Community Services**
  Amber Clark-Brown, MD

Governmental Affairs and Community Relations
Carolyn Bern, MPA

- **Community Affairs**
  Latisha Kennebrew
- **Environmental Toxicologist**
  John Guarisco, PhD
- **State Public Health Veterinarian**
  Dee W. Jones, DVM
- **Communicable Disease**
  Kelly M. Stevens, MS
  Immunization, Infectious Diseases and Outbreaks, STD Control, Tuberculosis Control
- **Family Health Services**
  Meredith Adams
  Administration, Child and Adolescent Health, Cancer Prevention and Control, Family Planning, Office of Women's Health, Oral Health, Perinatal Health, WIC
- **Home and Community Services**
  Choona Lang, BSN, MHA, DHEd
  Accounts Payable, Accounts Receivable, Budget and Personnel, Home Care Services

Field Operations
Amanda Martin, MSPH

- **Clinical Management and Practice**
  Kaye Melnick, MSN, RN
  Nursing, Social Work, Clerical, Electronic Health Record, Infection Control & Employee Health
- **Local Health Services**
  Public Health Districts
  County Health Departments
- **Digital Health**
  April Golson
- **Billing Compliance and Integrity**
  April Golson

Chief of Staff
Michele Jones, MS

- **Deputy Chief of Staff**
  Brent Hatcher
- **Environmental Services**
  Matt Conner
  Community Environmental Protection, Food/Milk Lodging
- **Prevention, Promotion, and Support**
  Jamey Durham, MBA
  Behavioral Health, Health Media and Communications, Management Support, Nutrition and Physical Activity, Pharmacy, Primary Care and Rural Health, Wellness

Human Resources
Robyn Peacock

- **Emergency Medical Services**
  Jamie Gray, BS, AAS, NRP
- **Emergency Preparedness**
  Gavin Graf
- **Employee Relations**
  Danita Rose
  Civil Rights, ADA
- **Radiation Control**
  Nick Swindall
  Licensing and Registration, Environmental Radiation, Emergency Planning and Response, X-Ray Inspection, Radioactive Materials Inspection
- **Workforce Development**
  Ken Harrison

Legislative and External Affairs
Boone Kinard

June 17, 2026

Scott Harris

State Health Officer

Bureau of Family Health Services
Medical Officer
Gary Pugh (PHPD)

Deanah Maxwell (PHPS)
Margaret McGrath (PRM)
D'Tanja Brock (ASA 3)

Bureau Director - Amanda Martin (HSA 4)
Toni Russell (DOS)
Vacant (ASA 3)
Monica Harris (Clerk)

Administrative Division

Director
Dan Milstead (HSA 3)
Assistant Director
Claudia Cauthen (SR ACCT)

Vacant (ASA 2)

Financial Management
Dan Milstead (HSA 3)
Claudia Cauthen (SR ACCT)
Jessica Hadaway (Staff ACCT)
Greg Roberts (AT)

Contract Management
Audrey Price (HSA 1 Sr)

Perinatal Health Division

Director
Katie Campbell (HSA 3)
Assistant Director
Amy McAfee (NM)

Shalisa Gauntt (ASA 3)

State Perinatal
Amy McAfee (NM)
Tana-Kae Lewis (NS)
Janise Norman (NS)
Cathy Nichols (NS)
CSierra Payne (NS)
April Ray (NS)
Karina Resendiz (NC)
Tamara Bunn (NC)
Tamara Jones (NC)
Tonya Troncalli (NC)
Lorna Green (NC)
Vacant (NC)
Vacant (NC)
Shacari Choice (ASA 2)

Office of Women's Health
Katie Campbell (HSA 3)

Well Woman Program
Molly Mims (NS)
Gabrielle Henderson (SW Sup)

Well Woman Medical Director
Deanah Maxwell (PHPS)

MMR Program
Lindsay Harris (NM)
Latasha Bell (NC)
Leigh Ann Hollon (NC)
Vacant (NC)

Maternal and Child Health Division

Director
Katherine Hert (HSA 3)
Assistant Director
Tim Feuser (Epi Sup)

Jaquana Pierce (ASA 3)

MCH Operations
Samille Jackson (HSA 2)
Vacant (HSA 1)
Vacant (PHE)

District MCH Coordinators
Africa Patterson (SW Sr)
Crystalee Walters (SW Sr)
Demetra Peoples (SW Sr)
Kelly Clark (SW Sr)
Lee Andra Calvin (SW Sr)
Vacant (SW Sr)

MCH Epidemiology
Tim Feuser (Epi Sup)
Alice Irby (Epi Sr)
Vacant (Epi Sr)
Aijun Zhang (PHRA 3)
Le Wu (Statistician Sr)
Vacant (Epi)

Cancer Prevention and Control Division

Director
Nancy Wright (HSA 3)
Assistant Director
Julie Till (NM)

Misty Price (ASA 3)

Cancer Prevention
Vacant (HSA 2)
Tonya Gandy-Hamilton (HSA 1 Sr)
Lakita Hawes (PHE)

Cancer Epidemiology
Justin George (Epi Sup)
Edana Huffman (Epi Sr)
Mirwais Zhuben (Epi Sr)
Shannon Phillips (Epi)
Vacant (RSE)

Cancer Registry
Aretha Bracy (HSA 2)
Eunetha Boykin (PHRA 1)
Mark Jackson (CTR Sr)
Vacant (PHRA 3)
Vacant (SPT)
Angela Gaston (PHRA 2)
LaTunya Scott (PHRA 1)
Cassandra Glaze (PHRA 2)
Elaine Wooden (PHRA 2)
Vacant (ASA 3)

Breast and Cervical Cancer
Julie Till (NM)
Vacant (HSA 2)
Stephen Jaye (HSA 1 Sr)
Linda Hayes (HSA 1 Sr)
Kelli Hardy (NC)
Rhonda Hollon (SW Sr)
Maxine Hawthorne (ASA 2)
Tiffany Fields (ASA 2)
Vacant (ASA 2)
Pattie Parker (ASA 2)
Shandra Graham (ASA 2)
Hazel Cunningham (SW Sr)
Bobbie Roland (NC)
Amy Ikner (NC)
Colleen Green (NC)
Dana Padgett (NC)

Child and Adolescent Health Division

Director
Meredith Adams (HSA 3)
Assistant Director
Vacant (NM)

Donna Hooks (HSA 1)
Vanessa Cunningham (ASA 3)

Children's Health
Vacant (NM)
Kathy Adams (ASA 2)

Lead
Seratia Johnson (NS)
Jaquana Satterwhite (NC)
Caroline Jones (HSA 1)
Talynn Sasser (ASA 2)

Healthy Child Care Alabama
Jennifer Moseley (NS)
Debbie Shoemaker (NS)
Jessica Boykin (NC)
Sheila Davis (NC)
Daphne Pate (NC)
Vacant (NC)
Karen Cobb (NC)
Anna McCay (NC)
Whitney Jones (NC)
Vacant (NC)
Jeremy McCombs (NC)
Judy Cunningham (NC)
Teresa Goad (NC)
Pamela Senters (NC)
Kay Rombokas (NC)
Deborah Weaver (NC)
Vacant (NC)

Social Work
Kimberly Gordon (SWM)
Tierra Lee (SW Sup)
Gabrielle Henderson (SW Sup)
Alison Thompson (SW Sup)
Pamela Foster (SW Sr)
Vacant (SW Sr)
Sherrell Moore (SW Sr)

Adolescent Health

Adolescent Pregnancy Prevention
Rebekah Smay (HSA 2)
April Palmer (PHES)
Vacant (PHES)
Sengdhuan St. John (PHE)
Vacant (PHE)

WIC Division

Director
Pam Galloway (HSA 3)
Assistant Director
Meg Stone (RDA)

Allison Thompson (ASA 3)
Sandy Liepins (ASA 2)

Nutrition Services
Meg Stone (RDA)
Vacant (RDAA)
Mandy Darlington (RDAA)
Vacant (RDAA)
Vacant (RDAA)
Vacant (RD)

WIC Training Clinic
Vacant (RDAA)
Vacant (RD)
Frances Collins (ASA 3)
Girlena Smith (ASA 2)

Breastfeeding/Peer Counseling
Vacant (NS)
Vacant (RDAA)

Vendor Management
Austin Atkins (HSA 2)
David Johnson (HSA 1)
Debbie Free (AT)
Kenny Thomas (Spec Inv)
Vacant (Spec Inv)
Vacant (Spec Inv)
Charlie Martin (RSE)

Operations Branch
Thurston Lee (HSA 2)
Renee Gordon (HSA 1 Sr)
Tashenma Lawrence (HSA 1)
Vacant (ASA 2)
Ashley Moore (St Clk 1)
April Johnson (HSA 1)

Crossroads State Agency Model (SAM) Project
Thurston Lee (HSA 2)
Vacant (PA III)

Family Planning Division

Director
Trina Simmons (NPD)
Assistant Director
Vacant (NM)

D'Tanja Brock (ASA 3)

Family Planning Medical Director
Lynda Gilliam (PHPD)

State Clinical Operations
Trina Simmons (NPD)
DaJuna Tatom (NPS)
Neysa Hernandez (NPS)
Stephanie Phillips (NPS)
Krysta Hood (NPS)
Deah Barnes (NPS)
Kelli Hulsey (NPS)
Kristy Wilkinson (NM)
Nicole Byrd (NC)

Plan First/Title X
Vacant (NM)
Vacant (HSA 2)
Vacant (HSA 1)
Gabrielle Henderson (SW Sup)
Pam Foster (SW Sr)
Vacant (PHE Sr)
Vacant (PHE)
Vacant (PHE)
Dianne Delbridge (ASA 2)

Oral Health
Tommy Johnson (DD)
Jennifer Morris (RDH)
Vacant (HSA I)
Vacant (ASA 2)

Abbreviations:

ACCT - Accountant
ACCT Clk - Account Clerk
ASA - Administrative Support Assistant
AT - Account Technician
Cler Aide - Clerical Aide
CTR Sr - Certified Tumor Registrar Senior
DD - Dental Director
Epi - Epidemiologist
Epi Sr - Epidemiologist Senior
Epi Sup - Epidemiologist Supervisor
HSA - Health Services Administrator
NA - Nurse Administrator
NC - Nurse Coordinator
NM - Nurse Manager
NPD - Nurse Practitioner Director
NPS - Nurse Practitioner Senior
NS - Nurse Supervisor
PA - Programmer Analyst
PHE - Public Health Educator
PHES - Public Health Educator Senior
PHPD - Public Health Physician Director
PHPS - Public Health Physician Senior
PHRA - Public Health Research Analyst
PI Spec - Public Information Specialist
PRM - Physician Reviewing Monitor
RD - Registered Dietitian
RDA - Registered Dietitian, Administrator
RDAA - Registered Dietitian, Assistant Administrator
RDH - Registered Dental Hygienist
RSE - Retired State Employee
SN - Staff Nurse
Spec Inv - Special Investigator
Spec Inv Chief - Special Investigator Chief
SPT - State Professional Trainee
SR ACCT - Senior Accountant
St Clk - Stock Clerk
Staff ACCT - Staff Accountant
SW Sr - Social Worker Senior
SW Sup - Social Worker Supervisor
SWM - Social Worker Manager

Gary Pugh, DO 2/17/26
Gary D. Pugh, D.O., F.A.C.O.G — Date

Amanda C. Martin 2/13/2026
Amanda C. Martin, MSPH — Date

Effective February 1, 2026

EAST CENTRAL DISTRICT

7.1.202(

Jennifer Capps, RD, LD
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Wetumpka, AL 36092

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CLINIC # / COUNTY	CITY	ADDRESS	PHONE	FAX	HOURS	WIC COORDINATOR
011 - Autauga	Prattville	219 North Court St. Prattville, AL 36067	334-361-3743	334-361-3718	M-F 7:30-5:00	Jennifer Capps, RD
061 - Bullock	Union springs	674 Hicks Industrial Blvd, Union Springs, 36089	334-738-3030	334-738-3008	Weds 8:00-4:30	Jennifer Capps, RD
092 - Chambers	Valley	5 North Medical Park Dr., Valley, AL 36854	334-756-0758	334-756-0765	M-F 8:00-5:00 EST	Jennifer Capps, RD
191 - Coosa	Rockford	9518 US 231, Rockford, AL 35136	256-377-1068 back up cell: 334-213-8017	256-377-1067	Every other Wed 8:00-4:30	Jennifer Capps, RD
261 - Elmore	Wetumpka	6501 Hwy, 231 No., Wetumpka, AL 36092	334-567-1171	334-567-1186	M-F 8:00-5:00	Jennifer Capps, RD
411 - Lee	Opelika	1801 Corporate Drive, Opelika, AL 36801	334-745-5765	334-745-9830	M-F 8:00-5:00	Jennifer Capps, RD
433 - Lowndes	Hayneville	507 E. Tuskeena St., Hayneville, AL 36744	334-548-2564	334-548-2566	M-F 8:00-4:30	Jennifer Capps, RD
441 - Macon	Tuskegee	812 Hospital Rd., Tuskegee, AL 36083	334-727-1800	334-727-7100	M-F 8:00-5:00	Jennifer Capps, RD
511 - Montgomery	Montgomery	3060 Mobile Hwy., Montgomery, AL 36108	334-293-6450	334-293-6404	M-F 7:30-5:00	Jennifer Capps, RD
514 - Montgomery Training Clinic	Montgomery	401-A Coliseum Blvd., Montgomery, AL 36109	334-270-9263	334-271-1314	M-F 7:30-4:30	Meg Stone, MS, RD
571 - Russell	Phenix City	1850 Crawford Rd., Phenix City, AL 36867	334-297-0251	334-291-5478	M-F 7:30-5:00 EST	Jennifer Capps, RD
621 - Tallapoosa	Dadeville	220 LaFayette Street, Dadeville, AL 36853	256-825-9203	256-329-1798	M-F 8:00-5:00	Jennifer Capps, RD
622 - Tallapoosa	Alexander City	2078 Sportplex Blvd., Alexander City, AL 35010	256-329-0531	256-825-6546	M-F 8:00-5:00	Jennifer Capps, RD

JEFFERSON DISTRICT

7.1.2026

Micah Madsen, RD, LD, CBS
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Birmingham, AL 35202

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CLINIC # / COUNTY	CITY	ADDRESS	PHONE	FAX	EMAIL	HOURS	WIC COORDINATOR
371 - Jefferson Central	Central Health Center	1400 6th Ave., So., Birmingham, AL 35233	205-930-1119	205-930-1379	wic@jcdh.org	M-F 7:45-4:30	Elli Davis McGhee, RD
373 - Jefferson Western	Western Health Center	631 Bessemer Super Hwy, Midfield, AL 35228	205-715-6130	205-241-5235	wic@jcdh.org	M-F 7:45-4:30	Gail Hill, RD
375 - Jefferson Eastern	Eastern Health Center	601 West Blvd, Birmingham, AL 35206	205-510-3404	205-838-4394	wic@jcdh.org	M-F 7:45-4:30	Lee Baxter, RD
Jefferson Administration		1400 6th Ave., So., Birmingham, AL 35233	205-930-1482	205-930-1328			

Phone line for participants to call:
205-558-2144
1 = Central
3 = Eastern
5 = Western

MOBILE DISTRICT

7.1.2026

Virginia Stabler, RD, LD
Mobile County Health Dept.
P.O. Box 2567
Mobile, AL 36652

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vstabler@mchd.org
Aimee Walton-Jackson (Admin Support) 251-690-8967

CLINIC # / COUNTY	CITY	ADDRESS	PHONE	FAX	EMAIL	HOURS	WIC COORDINATOR
493 - Mobile	Keeler	251 N. Bayou St. Mobile, AL 36603	251-690-8829	251-445-2252	WICmchd@mchd.org	M-F 7:30-4:30 Sat. 8:00-12:00	Virginia Stabler, RD
494 - Mobile	Southwest Mobile	5580 Inn Road, Mobile, AL 36619	251-602-8451	251-602-8454	WICmchd@mchd.org	M-F 7:30-4:30	Morgan McGehee, RD
495 - Mobile	Citronelle	19255 Main St., Citronelle, AL 36522	251-866-5940 ext. 8	251-410-8435	WICmchd@mchd.org	T, Th 8:00-3:00	Morgan McGehee, RD
498 - Mobile	Semmes	3810 Wulff Road East, Semmes, AL 36575	251-445-0581	251-445-2255	WICmchd@mchd.org	M-F 8:00-4:30 Closed 12-1pm	Morgan McGehee, RD
499 - Mobile	Eight Mile	4009 St. Stephens Rd, Prichard, AL 36612	251-457-4186	251-445-3662	WICmchd@mchd.org	M-F 7:30-4:30 Closed 12-1pm	Morgan McGehee, RD

NORTHEASTERN DISTRICT

7.1.2026

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CLINIC # / COUNTY	CITY	ADDRESS	PHONE	FAX	EMAIL	HOURS	WIC COORDINATOR
051 - Blount	Oneonta	1001 Lincoln Ave, Oneonta, AL 35121	205-274-2120	205-274-2210	WICHelpBlount@adph.state.al.us	M-F 7:30-5:00	Jennifer Kujan, RD
081 - Calhoun *	Anniston	3400 McClellan Blvd, Anniston, AL 36201	256-237-7523	256-741-3679	WICHelpCalhoun@adph.state.al.us	M-F 7:30-5:00	Jana Bryant, RD
101 - Cherokee *	Centre	833 Cedar Bluff Road, Centre, AL 35960	256-927-3132	256-927-2809	WICHelpCherokee@adph.state.al.us	M, F, 2nd & 4th W 8:00-5:00	Jana Bryant, RD
141 - Clay *	Lineville	86892 Hwy 9, Lineville, AL 36854	256-396-6421	256-396-9172	WICHelpClay@adph.state.al.us	M-F 8:00-5:00	Jenny Adams, RD
151 - Cleburne *	Heflin	90 Brockford Road, Heflin, AL 36264	256-463-2296	256-463-2772	WICHelpCleburne@adph.state.al.us	M-F 8:00-5:00	Jenny Adams, RD
251 - Dekalb	Ft. Payne	2401 Calvin Dr., SW, Ft Payne, AL 35967	256-845-1931	256-845-2967	WICHelpDekalb@adph.state.ek.us	M-F 8:00-5:00	Leslie Guevara, RD
281 - Etowah	Gadsden	709 E. Broad Street, Gadsden, AL 35903	256-547-6311	256-549-1579	WICHelpEtowah@adph.state.al.us	M-F 8:00-5:00	Lauren Davenport, RD
561 - Randolph *	Roanoke	320 Main Street, Roanoke, AL 36274	334-863-8981	334-863-8975	WICHelpRandolph@adph.state.al.us	M-F 8:00-5:00	Jenny Adams, RD
581 - St. Clair	Ashville	31675 US Hwy 411, Ashville, AL 35953	205-594-4919	205-594-7134	WICHelpStClair@adph.state.al.us	2nd & 4th Th	Jennifer Kujan, RD
582 - St. Clair *	Pell City	1175 23rd St. No., Pell City, AL 35125	205-338-3357	205-338-4863	WICHelpStClair@adph.state.al.us	M-F 8:00-5:00	Jennifer Kujan, RD
592 - Shelby	Pelham	2000 County Services Dr. Pelham, AL 35124	205-685-4197	205-664-3164	WICHelpShelby@adph.state.al.us	M-F 7:30-5:00	Juanita Wooley, RD
611 - Talladega *	Talladega	1004 South St. East, Talladega, AL 35160	256-362-2593	256-362-0529	WICHelpTalladega@adph.state.al.us	M-F 8:00-5:00	Anna Keith, RD
612 - Talladega *	Sylacauga	311 North Elm Ave., Sylacauga, AL 35150	256-249-3807	256-245-0169	WICHelpSylacauga@adph.state.al.us	M-F 8:00-5:00	Anna Keith, RD

NORTHERN DISTRICT

7.1.2026

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CLINIC # / COUNTY	CITY	ADDRESS	PHONE	FAX	EMAIL	HOURS	WIC COORDINATOR
171 - Colbert	Tuscumbia	1000 S. Jackson Hwy., Sheffield, AL 35660	256-383-1231	256-314-6435		M-F 7:30-5:00	Danna Rutz, RD
221 - Cullman	Cullman	601 Logan Ave., S.W., Cullman, AL 35055	256-734-1030	256-737-9646		M-F 7:00-5:00	Kendra Whitley, RD
301 - Franklin	Russellville	801 Hwy 48, Russellvile, AL 35654	256-332-2700	256-332-1563		M-F 8:00-5:00	Danna Rutz, RD
360 - Jackson	Scottsboro	204 Liberty Lane, Scottsboro, AL 35769	256-575-0220	256-574-5691	WICHelpJackson@adph.state.al.us	M-F 8:00-5:00	Lauren Jett, RD
391 - Lauderdale	Florence	4112 Chisholm Road, Florence, AL 35630	256-764-7453	256-764-4185		M-F 8:00-5:00	Danna Rutz, RD
401 - Lawrence	Moulton	13299 Alabama Hwy 157, Moulton 35650	256-974-1141	256-974-5350		M-F 8:00-5:00	Danna Rutz, RD
421 - Limestone	Athens	20371 Clyde Mabry Dr., Athens, AL 35611	256-232-3200	256-232-6632		M-F 8:00-5:00	Geraldine Remisse, RD
450 - Madison	Max Luther	301 Max Luther Dr. NW, Huntsville, AL 35811	256-533-0826	256-533-1570		M-F 7:30-5:00	Kashera Sims, RD
451 - Madison	New Hope	156 Church Ave, New Hope, AL 35760	256-781-1038	256-533-1570	WICHelpMadison@adph.state.al.us	Friday 9:00-4:00	Kashera Sims, RD
471 - Marion	Hamilton	2448 Military St. So., Hamilton, AL 35570	205-921-3118	205-921-7954		M,W,T,F 8:00-5:00	Danna Rutz, RD
482 - Marshall	Guntersville	150 Judy Smith Drive, Guntersville, AL 35976	256-582-3174	256-582-3548		M-F 8:00-5:00	Lauren Jett, RD
521 - Morgan	Decatur	3821 US Hwy 31 South, Decatur, AL 35603	256-560-6574	256-355-0345		M-F 8:00-5:00	Geraldine Remisse, RD
671 - Winston	Double Springs	110 Legion Road, Double Springs, AL 35553	659-247-8300	205-489-2634	WICHelpWinston@adph.state.al.us	M-F 8:00-5:00	Kendra Whitley, RD

SOUTHEASTERN DISTRICT

7.1.2026

Angela Stevens
634 School Street
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CLINIC # / COUNTY	CITY	ADDRESS	PHONE	FAX	HOURS	WIC COORDINATOR
032 - Barbour	Clayton	39 Browder St., Clayton, AL 36016	334-755-8324		M, W, TH 8:00-5:00	Angela Stevens, RD
032 - Barbour	Eufaula	634 School St., Eufaula, AL 36027	334-687-4808	334-687-6470	M-F 8:00-5:00	Angela Stevens, RD
071 - Butler	Greenville	300 N College St., Greenville, AL 36037	334-382-3154	334-382-3530	M-F 7:30-5:00	Angela Stevens, RD
161 - Coffee	Enterprise	2841 Neal Metcalf Rd., Enterprise, AL 36330	334-347-9574	334-347-7104	M-F 8:00-5:00	Angela Stevens, RD
201 - Covington	Andalusia	23989 Alabama Hwy 55, Andalusia, AL 36420	334-222-1175	334-222-1560	M-F 8:00-5:00	Angela Stevens, RD
211 - Crenshaw	Luverne	15 Hospital Dr., Luverne, AL 36049	334-335-2471	334-335-3795	M-F 8:00-5:00	Angela Stevens, RD
231 - Dale	Ozark	532 W. Roy Parker Rd., Ozark, AL 36360	334-774-5146	334-774-2333	M-W, F 8:00-5:00	Angela Stevens, RD
311 - Geneva	Hartford	300 Co. Rd., 41 Hartford, AL 36344	334-684-2256	334-684-3970	M-F 8:00-5:00	Angela Stevens, RD
341 - Henry	Abbeville	505 Kirkland St., Abberville, AL 36310	334-585-2660	334-585-3036	M-F 8:00-5:00	Angela Stevens, RD
351 - Houston	Dothan	1781 E. Cottonwood Rd., Dothan, AL 36302	334-678-2800	334-678-5307	M-F 8:00-5:00	Desa Rae Frazier, RD
551 - Pike	Troy	900 S. Franklin Dr., Troy, AL 36081	334-566-2860	334-566-8534	M, T, F 8:00-5:00	Angela Stevens, RD

SOUTHWESTERN DISTRICT

7.1.2026

Stacy Lewis, MS, RD
Baldwin Co HD-Environmental
22251 Palmer Street
Robertsdale, AL 36567

Office 251-947-1671
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Stacy.Lewis@adph.state.al.us

CLINIC # / COUNTY	CITY	ADDRESS	PHONE	FAX	EMAIL	HOURS	WIC COORDINATOR
021 - Baldwin	Bay Minette	312 Courthouse Sq., Bay Minette, AL 36507	251-937-6935	251-580-4767	WICHelpBayMinette@adph.state.al.us	M-F 8:00-5:00	Margaret McCulloch, RD
025 - Baldwin	Robertsdale	23280 Gilbert Dr., Robertsdale, AL, 36567	251-946-8040	251-946-8080	WICHelpRobertsdale@adph.state.al.us	M-F 8:00-5:00	Margaret McCulloch, RD
026 - Baldwin	Foley	8158 Hwy 59, Unit 108, Foley, AL 36535	251-943-7260	251-943-7280	WICHelpFoley@adph.state.al.us	M-F 8:00-5:00	Margaret McCulloch, RD
121 - Choctaw	Butler	1001 South Mulberry Ave. Butler, AL 36904	205-459-4026	205-459-4027	WICHelpChoctaw@adph.state.al.us	M-F 8:00-5:00	Rebecca Stewart, RD
131 - Clarke	Grove Hill	22600 Hwy 84 E., Grove Hill, AL 36451	251-275-3772	251-275-4253	WICHelpClarke@adph.state.al.us	M-F 8:00-5:00	Stacy Lewis, RD
181 - Conecuh	Evergreen	102 Wild Avenue, Evergreen, AL 36401	251-578-1952	251-578-5566	WICHelpConecuh@adph.state.al.us	M-F 8:00-5:00	Jamie Thibodeaux, RD
241 - Dallas	Selma	100 Sam O. Moseley Dr., Selma, AL 36701	334-877-2809	334-875-7960	WICHelpDallas@adph.state.al.us	M-F 8:00-5:00	Rebecca Stewart, RD
271 - Escambia	Brewton	1115 Azalea Place, Brewton, AL 36426	251-867-5765	251-867-5179	WICHelpEscambia@adph.state.al.us	M-F 8:00-5:00	Jamie Thibodeaux, RD
272 - Escambia	Atmore	8600 Hwy 31 N., Atmore, AL 36502	251-368-9188	251-368-9186	WICHelpEscambia@adph.state.al.us	M-F 8:00-5:00	Jamie Thibodeaux, RD
273 - Escambia	Poarch	5811 Jack Springs Rd, Atmore, AL 36502	251-368-9136	251-368-1329		M-F 8:00-5:00	Jill Lee, DTR
460 - Marengo	Linden	303 Industrial Drive, Linden, AL 36748	334-295-4205	334-295-0124	WICHelpMarengo@adph.state.al.us	M-F 8:00-5:00	Rebecca Stewart, RD
501 - Monroe	Monroeville	416 Agriculture Dr. Monroeville, AL 36460	251-575-3109	251-575-7935	WICHelpMonroe@adph.state.al.us	M-F 8:00-5:00	Jamie Thibodeaux, RD
650 - Washington	Chatom	14900 St. Stephens, Ave, Chatom, AL 36518	251-847-2245	251-847-3480	WICHelpWashington@adph.state.al.us	M-F 8:00-5:00	Margaret McCulloch, RD
661 - Wilcox	Camden	107 Union Street, Camden, AL 36726	334-682-4515	334-682-4796	WICHelpWilcox@adph.state.al.us	Wed 8:00-5:00	Rebecca Stewart, RD

WEST CENTRAL DISTRICT

7.1.2026

Megan Hartin, MS, RDN, CBS
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CLINIC # / COUNTY	CITY	ADDRESS	PHONE	FAX	HOURS	WIC COORDINATOR
041 - Bibb	Centreville	281 Alexander, Ave., Centerville, AL 35042	205-926-9702	205-926-6536	M-F 8:00-5:00	Megan Hartin, RD
111 - Chilton	Clanton	301 Health Center Dr., Clanton, AL 35045	205-755-1287	205-755-2027	M-F 8:00-5:00	Megan Hartin, RD
291 - Fayette	Fayette	215 1st. Ave., N.W., Fayette, AL 35555	205-932-5260	205-932-3532	M-F 8:00-5:00	Savannah Smith, RD
321 - Greene	Eutaw	412 Morrow Avenue, Eutaw, AL 35462	205-372-9361	205-372-9283	M-F 8:00-5:00	Megan Hartin, RD
331 - Hale	Greensboro	670 Hall Street, Greensboro, AL 36744	334-624-3018	334-624-4721	M-F 8:00-5:00	Megan Hartin, RD
381 - Lamar	Vernon	300 Springfield Rd, Vernon, AL 35592	205-695-9195	205-695-9214	M-F 8:00-5:00	Savannah Smith, RD
531 - Perry	Marion	1748 S. Washington St., Marion, AL 36756	334-683-6155	334-628-3010	M-F 8:00-5:00	Megan Hartin, RD
532 - Perry	Uniontown	54 Hamburg-Duncan Rd, Uniontown, AL Mail goes to 531 Perry/Marion	334-628-6226	334-628-3010	T-Thur 8:30-4:00 1st, 3rd Tues	Megan Hartin, RD
541 - Pickens	Carrollton	80 Hospital Drive, Carrollton, AL 35447	205-367-8157	205-367-8374	M-F 8:00-5:00	Megan Hartin, RD
601 - Sumter	Livingston	1121 N Washington St., Livingston, 35470	205-652-2320	205-6527919	M-F 8:00-5:00	Megan Hartin, RD
631 - Tuscaloosa	Tuscaloosa	2350 Hargrove Rd., E. Tuscaloosa, Al 35405	205-562-6900	205-562-6902	M-F 8:00-5:00	Megan Hartin, RD
635 - Tuscaloosa	Maude Whatley	2731 M.L. King Jr. Blvd., Tuscaloosa, AL 35403	205-614-6139	205-345-3993	M, TU, TH, F 8:00-4:00	Megan Hartin, RD
641 - Walker	Jasper	705 20th Ave E., Jasper, AL 35501	205-221-9775	205-221-8810	M-F 7:30-5:00	Leigh Ann Colvin, RD

NUTRITION SERVICES AND ADMINISTRATION EXPENDITURES

INTRODUCTION

NSA expenditures involve the process of allocating, documenting, and monitoring the distribution of administrative funds to local agencies, including the monitoring of nutrition education costs, and State and local agency direct/indirect costs. The following sections provide a brief overview of the information that is required by federal regulations to be included in State Plans. The questions that follow are designed to assist the State agencies in submitting compliant State Plans for FNS approval. State agencies are encouraged to review each federal regulation in its entirety. A. Funds Allocation-246. 4(a)(13); (14)(ix): describe the policies and procedures used to allocate administrative funds to local agencies, including start-up funds, and conversion of food funds to NSA funds. B. Local Agency Budgets/Expenditure Plans-246. 4(a)(2): describe the policies and procedures for preparing and submitting local agency budgets and expenditure plans and the services that are entirely supported by WIC Program funds. C. State and Local Agency Access to Funds-246. 4(a)(13): describe the procedures and method(s) of distribution/ reimbursement of NSA funds to local agencies. D. Reporting and Reviewing of State and Local Agency Expenditures-246. 4(a)(11)(iv); (12); and (13): describe the policies and procedures used to report, monitor, and review State and local agencies expenditures, including the documentation of staff time, local agency report forms, on-site reviews of local agencies NSA expenditures, and in-kind contributions. E. Nutrition Education Costs-246. 4(a)(9)and 246. 14(c)(1): describe the plans and procedures used to meet the nutrition education expenditure requirements, including monitoring activities, local agency reports, and assurances that the special nutrition education needs of migrant farmworkers and their families, Indians, and homeless persons are met. F. Indirect Costs-246. 4(a)(12) and 246. 14(a)(1)(ii): describe the policies and procedures used to document and monitor indirect cost rates and services at the State and local level.

A. Funds Allocation

1. Allocation Process

a. The State agency has established and provided written procedures to local agencies describing the process for allocation of NSA funds among local agencies.

- (●) Yes
- ( ) No
- ( ) Not applicable, State agency does not have separate local agencies. (Proceed to A. 2. Conversion of Food Funds to NSA Funds)

b. Local agencies were involved in developing these procedures via:

[ ] Task force/committee of selected local agencies

[ ] Comment on proposals made available to all local agencies

[X] Other

Specify: Funds allocation procedures are established by Alabama Public Health Administration and Finance.

c. The State agency allocates NSA funds to local agencies through the use of:

[ ] A negotiated budget

[X] Flat cost per participant Statewide

[ ] Formula (variable)

[ ] Other method

d. The allocation procedure takes the following factors into account (check all that apply):

[ ] Staffing needs

[X] Number of participants

[ ] Population density

[ ] Cost-containment initiatives

[X] Availability of administrative support from other sources

[X] Other

Specify: The availability of funds.

e. The State agency methodology for funds allocations to local agencies includes a mechanism for reallocation.

[ ] Yes

[ ] No

[X] Other (specify): There is no formal reallocation process, however, special requests from a district administrator are considered if funds are available.

ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):

Attachment - AL Nutr. Services and Admin. Expenditures Overview - FY 2027

f. Local agency contracts include mechanisms for cost reductions, when needed.

(●) Yes

Specify: Written in to sub-recipient grant agreements - The State WIC Program Office reserves the right to reduce this grant amount if caseload does not grow or is not maintained which causes the administrative cost per participant to be determined as excessive.

( ) No

2. Conversion of Food Funds to NSA Funds

a. The State agency converts food funds to NSA funds:

[ ] Based on a plan submitted to FNS to reduce average food costs per participant and to increase participation above the FNS-projected level for the State agency.

[ ] The State agency achieves, through acceptable measures, increases in participation in excess of the FNS-projected level for the State agency.

[ ] Describe measures used to increase participation:

[ ] Not applicable

ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):

See AL WIC Procedure Manual Ch. 14 Outreach

3. The State’s Fiscal Year runs from 2026-10-01 to 2027-09-30

B. Local Agency Budgets/Expenditures Plans

B.

☐ Not applicable, State agency does not have separate local agencies. (Proceed to C. State and Local Agency Access to Funds.)

1. Local Agency Budgets/Expenditure Plans

a. The State agency requires its local agencies to prepare and submit administrative budgets.

◉ Yes

○ No

i. If yes, the State agency requires that local agency budgets include the same cost categories as those used for State-level budget preparation.

◉ Yes

○ No

b. Local agencies' budgets are broken out by (check all that apply):

[X] Line items

[ ] Functions

c. The State agency has an established formal process for local agencies to follow when requesting amendments or modifications to their budgets.

◉ Yes

○ No

d. To prepare the federally required WIC administrative budget, the State agency:

[ ] Uses local agency budgets or prior year expenditures

[ ] Uses a state agency information system to collect and compile expenditure and cost data

[X] Extracts or consolidates data reported under other State or local agency systems to group costs under the federal line items and functions

[X] Other

Specify: Quarterly Monitoring Report submitted by District (LA) Nutrition Directors

ADDITIONAL DETAIL: SA/LA Spending Plan Appendix and/or Procedure Manual (citation

Attachment - AL Nutr. Services and Admin. Expenditures Overview -

FY 2027

C. State and Local Agency Access to Funds

Local Agency Budgets/Expenditure Plans

1. The State Agency manages its NSA Grant on a/an:(After making selection, enter Skip Section to skip the entire section.)

- (●) Cash basis
  Specify: Cash basis
- ( ) Accrual basis
- ( ) Other (specify)

ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):

2. Reimbursement/Provision of Funds to Local Agencies

a. The State agency provides local agencies with funds in advance.

- ( ) Yes
- (●) No
- ( ) Not Applicable (Proceed to next section.)

If yes, advances must be reconciled to incoming claims. Local agency claims are submitted: on This is not applicable for my state agency

- ( ) Monthly
- ( ) Quarterly

b. In order to qualify for payment, an expenditure must be (check all that apply):

[ ] At or below the level of its approved budget line item

[X] Supported by appropriate documentation (e.g., check or receipt)

[X] A reasonable and necessary expense for WIC

[ ] Other

c. If an expenditure exceeds the budget provided for that particular line item, the State agency requires the local agency to (check all that apply):

[ ] Submit a supplemental request

[ ] Provide a justification for exceeding the budget line item

[ ] Make an offsetting adjustment to another line item in its budget

[X] Request approval of a budget modification

[ ] Other

d. Local agencies receive payment via:

[ ] Electronic funds transfer

[X] State treasury check/warrant

[ ] Other

ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):

D. Reporting and Reviewing of State and Local Agency Expenditures

1. Documentation of Staff Time

a. How does the State agency determine the percentage of staff time devoted to WIC tasks to document allowable staff costs under the WIC Program (check all that apply):(In the Additional Detail text field, enter Skip Section to skip the entire section)

At SA	At LA	
X	X	100 percent reporting
		Random moment sampling

	X	**Periodic time studies:**
		1 week/month
		1 month/quarter

Additional Detail

skip section

b. The State agency last evaluated its time documentation protocol on . If available, please attach a copy of the protocol to this section or cite Procedure Manual reference.

2. Please indicate below the services that are entirely supported by WIC funds:

[X] Anthropometric measurements

[X] Nutrition counseling/education

[X] Breastfeeding promotion/support

[X] Immunization status assessments

[X] Referrals to health and/or social services

[X] Hematological assessments

[X] Other

Specify: Outreach and training

ADDITIONAL DETAIL: SA/LA Spending Plan Appendix and/or Procedure Manual (citation):

3. Local Agency Report Forms

a. The State agency specifies standard forms and/or procedures for local agencies to use in reporting monthly local-level expenditures.

- (●) Yes
- ( ) No
- ( ) Not Applicable (Proceed to next section)

ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):

4. On-Site Review of Local Agencies' Administrative Expenditures

a. The State agency conducts on-site reviews of local agency administrative expenditures: on

[ ] Annually

[ ] Every two years

[ ] Every three years

[X] Other

Specify: Determined by State Health Office of Program Integrity and State Department of Public Examiners.

i. The review is conducted by:

[ ] WIC State agency staff

[X] State Department of Health fiscal or audit staff

[X] CPA or audit firm

[ ] Other

b. The State agency utilizes a standard format/guide to review local agencies' NSA expenditures

◯ Yes

◉ No

If yes, the standard review guide includes the following procedures (check all that apply): on This is not applicable for my state agency

[ ] Verification of at least one monthly billing/claim/expenditure report against source

[ ] Documents

[ ] Tracking written approval of procurements

[ ] Requesting records of ordering, receipt, billing, and payment

[ ] Determination that costs were necessary, reasonable, and appropriate

[ ] Determination that costs were properly allocated among WIC and other programs

[ ] Determination that personnel costs charged to WIC were appropriate

[ ] Determination that local agencies' indirect costs were appropriately charged

[ ] Other

c. If available, please attach a copy of the State agency's NSA expenditure review guide.

d. The State agency notifies local agencies of findings and establishes claims for unallowable costs, as appropriate.

- ◯ Yes
- ◯ No

ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):

5. The State agency requires local agencies to document the sources and values of in-kind contributions. on This is not applicable for my state agency

- ◯ Yes
- ◯ No

ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):

E. Nutrition Education Costs

1. The State agency documents that it meets its nutrition education and breastfeeding promotion expenditure requirements per 7 CFR 246. 14(c)(1) via:

[ ] Activity reports

[X] Time studies

[ ] Itemizing expenditures

[ ] Other

ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):

2. The State agency monitors expenditures for the following activities related to breastfeeding promotion and support at the State and/or local level (check all that apply):

	At SA	At LA
Breastfeeding promotion coordinator’s salary	X	
Written educational materials	X	
Participant education/counseling		X
Staff training	X	X
Breastfeeding promotion activities	X	X
Direct support costs		
Breastfeeding aids and equipment (e.g., breast ..pumps purchased with NSA funds)	X	
State Breastfeeding Coordinator and State BFPC Coordinator's salaries and state agency travel	X	

ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):

In the event that the State agency uses funds from other sources in meeting minimum expenditure requirements for nutrition education (NE) and breastfeeding promotion and support (BFPS), please provide below the source of these funds, the amount, and the method the State agency will use to document the use of these NE and BFPS funds. (Federal WIC food funds used to purchase/rent breast pumps, and expenditures from breastfeeding peer counseling funds, cannot be counted toward the nutrition education and breastfeeding expenditure requirement.)

☐ Does not apply. (Proceed to E. 4. Local agencies report nutrition education and breastfeeding promotion and support costs.)

This is not applicable for my state agency

Method(s): on This is not applicable for my state agency

[ ] Activity reports

[ ] Time studies

[ ] Itemizing expenditures

[ ] Other

ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):

AL has 67 counties with more than 90 clinics providing WIC services.
There is no geographic area of the state without access to WIC services.

4. Local agencies report nutrition education and breastfeeding promotion and support costs:

- ○ Does not apply
- ◉ When they report routine NSA costs
- ○ Through a different system

ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):

F. State and Local Agency Indirect Costs

1. Indirect Cost Rate and Services

a. Please list below indirect cost/cost allocation agreements in which the State agency is included:

Provisional 10/0/1/2025-9/30/2029 30.30 State staff; 74.70 County staff; 9.70 District staff

b. The State agency's indirect cost rate(s) is 30. 30 and is based on:

- ◉ Salaries
- ○ Direct costs for administration
- ○ Both
- ○ Other

c. If applicable, cite the effective date of the State agency s executed cost allocation plan for indirect cost: 2025-10-01 If applicable, cite the expiration date of the State agency s most recent executed indirect cost allocation plan: 2029-09-30

d. The State agency receives the following types of services under the indirect cost rate agreement(s):

[ ] Budgeting/accounting

[ ] Personnel/payroll

[X] ADP

[X] Space usage/maintenance

[X] Communication/phone/mail

[X] Central supply

[X] Legal services

[X] Procurement/contracting

[ ] Printing/publication

[ ] Audit services

[X] Equipment usage/maintenance

[X] Other

Specify: Other indirect costs required to run the program

e. The State agency allows local agencies to report indirect costs.

(●) Yes

( ) No

( ) Not Applicable

ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):

2. Review of Indirect Cost Documentation

a. The State agency and local agencies ensure that services received and paid for through indirect costs benefit WIC, and are not also charged directly to WIC by comparing direct charges by line item to a listing of services paid by funds collected through the application of the indirect cost rate:

[ ] Done for State agency level indirect costs

[ ] Done for local agency level indirect costs

[ ] Not done at either level.

b. State and local agency WIC management have access to and review the following documents as applicable to ensure that indirect cost services are not also charged directly to WIC (check all that apply):

	At SA	At LA
Indirect cost agreements/plans	X	
The accounting mechanism used to ensure the propriety of indirect cost charges	X	
A copy of the cost allocation plan		
A list of all services paid from indirect costs		
Other documentation related to the establishment and charging of indirect costs		
Not applicable		

c. When the State agency reviews the local agencies' indirect cost rate agreements, the review includes (check all that apply):

[ ] Required submission of indirect cost agreement by the local agency to the State agency

[ ] Assessment of how the rate or method is applied (correct time period, percentage, and base)

[ ] Verification that the State agency had previously approved the local agency to negotiate such an agreement

[X] Post-review or audit to ensure the rate was applied correctly

[ ] Other documentation related to the establishment and charging of indirect costs

[ ] Not applicable

ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):

Completed by Public Health Finance.

FOOD FUNDS MANAGEMENT

INTRODUCTION

Food funds management involves monitoring cost containment measures and procedures related to infant formula and other authorized food items, the monitoring and management of State agency funding sources, and the accurate reporting of participation figures. The following sections provide a brief overview of the information that is required by federal regulations to be included in State Plans. The questions that follow are designed to assist the State agencies in submitting compliant State Plans for FNS approval. State agencies are encouraged to review each federal regulation in its entirety. A. Cost Containment Measures - 246. 4(a)(14)(xi), 246. 4(a)(14)(xvii), 246. 16a(a): describe the policies and procedures used to implement cost containment measures as they relate to infant formula contracts, their approval and the processing of infant formula and/ or other rebates, and food package cost containment practices. B. Funds Monitoring/798 Reporting - 246. 4(a)(2); (a)(12); and (a)(14): describe the State agency's funding sources, how food obligations are calculated to allow for inflation, rebate cash management, and monthly closeout monitoring activities. C. Participation Reporting - 246. 4(a)(11): describe the methods used to accurately document and monitor participation at the State and local level, and methods for monitoring changes in participation by priority.

A. Cost Containment Measures

1. The State agency seeks FNS approval related to infant formula cost containment measures (check one):

- ○ For a waiver of the requirement for a single-supplier competitive system. State agency must complete a cost comparison projecting food cost savings in the single-supplier competitive system based on the lowest monthly net price or highest monthly rebate [as required in Section 246.16a(d)(2)(i) through (d)(2)(iii) and savings under an alternative cost containment system, Section 246.16a(d)(2)(B)]
- ○ To issue an infant formula bid solicitation that evaluates bids by highest rebate. A State agency must demonstrate to FNS' satisfaction that the weighted average retail prices for different brands of infant formula in the State vary by 5% or less [as required in Section 246.16a(c)(5)(iii)].
- ◉ Not applicable

Please attach in the Appendix supporting documentation for requests for FNS approval.

2. Cost Containment Contracts for Infant Formula

a. The State agency acquires infant formula through the following food delivery systems:

i. Non-exempt infant formula (check all that apply):

[ ] Home food delivery system

[ ] Direct distribution food delivery system

[X] Retail food delivery system

[X] Other

Specify: Infant formula purchased directly from the manufacturer or distributor if retail supply is an issue.

ii. Exempt infant formula (check all that apply):

[ ] Home food delivery system

[ ] Direct distribution

[X] Retail food delivery system

[X] Other

Specify: Ordered directly from the manufacturer or distributor and shipped to clinic.

iii. WIC-eligible nutritionals (check all that apply):

[ ] Home food delivery system

[ ] Direct distribution system

[X] Retail food delivery system

[X] Other

Specify: Ordered directly from the manufacturer or distributor and shipped to clinic.

b. The State agency has a rebate contract/agreement for infant formula. If no, check which applies.

[X] Yes

[ ] No

c.

■ My rebate price sheet is available and attached as Appendix (Proceed to A. 3. Infant Formula Issuance.)

Primary Contract Infant Formula:

Product/Unit Size	Manufacturer	Rebate/ Unit	Net price/Unit	% WS Discount
Milk-Based Liquid Concentrate				
Soy-based* Liquid Concentrate				
Milk-based Powder				
Soy-based* Powder				
Milk-Based Ready to Feed				
Soy-based* Ready to Feed				
Exempt Formula (if applicable)				

3. Infant Formula Issuance.

a. Does the State agency issue the Primary Contract Infant Formula as the first choice of issuance (by physical form), with all other infant formulas issued as an alternative? (Section 246. 16a(c)(8) 246. 10(e)(1)(iii))

- (●) Yes
- ( ) No

b. The percent of total infant participants receiving each type of formula is estimated at: Contract (infant formula authorized and rebated through infant formula cost containment contract(s) awarded by the State agency) 78 Non-contract (infant formula that is not rebated through an infant formula cost containment contract awarded by the State agency. 22 Exempt infant formula (non-contract infant formula that is issued through Food Package III) 100 Non-exempt infant formula (non-contract infant formula that is issued through Food Packages I II) 0 Contract and Non-contract categories should total to 100 . Exempt and Non-Exempt subcategories should total to 100 .

4. Cost Containment for Other Foods

a. Rebates are also obtained on other WIC foods.

- ○ Yes
- ◉ No

b. The State agency intends to pursue rebates on other authorized foods.

- ○ Yes
- ◉ No

c. To contain food costs, the State agency has limited authorized foods/container sizes/types, etc.

- ◉ Yes (Note such limitations on the following table)
- ○ No

ADDITIONAL DETAIL: Food Funds Management Appendix and/or Procedure Manual (citation):

AL WIC Procedure Manual Ch. 5 Supplemental Foods attachment
5-2 Approved Foods
Brochure and attachment AL WIC Formulary for list of approved formulas and WIC Eligible Nutritionals.

on This is not applicable for my state agency

	Specific brands are designated Disallowed	Only certain container sizes are allowed	Allowable types are limited	Other
Exempt formula for women, infants & children	X	X	X	
Infant cereal	X	X		
Infant Fruit/Veg/Meat	X	X		
Whole fresh fluid milk				
Lowfat fresh fluid milk		X		
Skim fresh fluid milk		X		
Fresh milks (e.g. Lactaid, cultured buttermilk, goat milk) (specify): buttermilk and goat milk			X	
Shelf-stable milk (e.g. evaporated milk, UHT, whole/low fat/nonfat dry milk)				
Cheese		X		

Yogurt		**X**		
Soy-based beverage		**X**		
Tofu	**X**	**X**		
Fresh eggs	**X**			
Dried egg mix				**X - not a pproved**
Hot cereal				
Cold cereal				
Single strength fruit/vegetable juice		**X**		
Concentrated fruit/vegetable juice				**X - not a pproved**
Whole wheat bread		**X**		
Other whole grains				
Peanut butter	**X**	**X**		

Dry beans/peas				
Canned Fish				
Canned beans/peas				

B. Funds Monitoring/798 Reporting

1. The State agency has procedures to assure that the requirements are met regarding the nonprocurement of food in bulk lots, supplies, equipment, and other services from entities that have been debarred or suspended.

- (●) Yes
- ( ) No

ADDITIONAL DETAIL: Food Funds Management Appendix and/or Procedure Manual (citation):

2. Food Cost Obligations

a. The State agency calculates food obligations based on the following data (check one):

- (●) Number of expected participants and average food cost per participant
- ( ) Number of expected participants by category (e.g., pregnant woman, infant, etc.) and average food cost per participant category
- ( ) Number of expected redemptions by food instrument type and cash-value voucher type and average value per food instrument type and cash-value voucher type
- ( ) Other

b. The State agency estimates the impact of inflation on food costs through the use of the following inflation escalators:

[ ] Inflation factor used in Federal funding formula

[ ] State-generated estimates of inflation based on State market basket of foods

[X] Best guess by food item based on economic reports or other sources

[X] Other

Specify: Best guess by food item based on economic reports or other sources

c. The State agency Management Information System automatically produces a monthly obligation amount

- ○ Yes
- ◉ No, data are pulled from various sources and an estimated amount is calculated manually or with a PC spreadsheet
- ○ Other

d. The State agency system (in-house or contracted) provides the following data on electronic benefit transactions at specific (daily, weekly, monthly, as needed) frequencies (check all that apply and provide frequency):

Frequency	Data	
d,w,m	**X**	**Electronic benefits paid for issue month**
m	**X**	**Electronic benefits outstanding for issue month**
m	**X**	**Electronic benefits that have expired**
m, as needed	**X**	**Electronic benefits that are void/unclaimed**

ADDITIONAL DETAIL: Food Funds Management Appendix and/or Procedure Manual (citation):

3. Rebate Cash Management

a. The State agency has a billing system in place that ensures rebate invoices for all authorized food, including infant formula, under competitive bidding, provide a reasonable estimate, or actual count of the number of units purchased by participants during WIC transactions (Section 246. 16a(k)).

- (●) Actual count of units purchased
- ( ) Estimate of units purchased (attach methodology)
- ( ) Other

b. The State agency uses a food instrument that enables it to identify the type and brand of infant formula redeemed.

- (●) Yes, for all formula types, brands, and physical forms
- ( ) Yes, for exempt infant formulas
- ( ) No

c. The invoice to the formula manufacturer is issued by:

- (●) The WIC unit
- ( ) The State agency fiscal unit
- ( ) Other

d. Monthly invoices are submitted with supporting data.

- (●) Yes
- ( ) No

ADDITIONAL DETAIL: Food Funds Management Appendix and/or Procedure Manual (citation):

4. Closeout of Report Month Outlays

a. State agency allows the food vendor (and farmer if any) the following number of days to submit food instruments and cash-value benefits for payment (provide the number of days): Days from the participant's first valid date

b. The State agency is generally able to close out a report month completely within:

- ○ 90 days
- ○ 120 days
- ◉ Other

Specify: 30

ADDITIONAL DETAIL: Food Funds Management Appendix and/or Procedure Manual (citation):

5. Indicate the method used to reimburse vendors (and farmers if any) for redeemed food instruments and cash-value vouchers or other services and specify the entity responsible for making payment:

State WIC	State FM	Other (Specify)	
			By check directly to vendor or farmer
			By check directly to vendor's or farmer's bank

X			By electronic transfer to vendor's or farmer's bank
			Other (specify):

ADDITIONAL DETAIL: Food Funds Management Appendix and/or Procedure Manual (citation):

AL eWIC processor provider is Conduent.

C. Participation Reporting

1. Participation Counting

a. The State agency counts an enrollee who received at least one food instrument/food package (or who received no food instrument/food package, but was either a fully-breastfed infant of a participating breastfeeding woman or a woman partially breastfeeding a participating 6 to 12 month old infant) as a participant during:

- (●) The calendar month
- ( ) The computer system cycle month
- ( ) Other

b. The State agency receives participation counts from:

[X] The State agency computer system based on the number of persons issued food or food benefits, the number of fully-breastfed infants who receive no food or food benefits, but are breastfed by participating breastfeeding women, and the number of women who receive no food or food benefits, but are partially breastfeeding a participating 6 to 12 month old infant.

[ ] Counts reported from local agencies based on issuance records

[ ] Other

c. If State funds are present, the State agency differentiates between Federal-supported and State supported participants by:

- ( ) Special code on food instrument
- ( ) Special areas of State designated as State-supported areas
- ( ) Pro rata allocation based on proportion of Federal to State funds spent
- (●) N/A
- ( ) Other

d. When local agencies are chronically late in furnishing food issuance and/or certification data needed for participation counts, the State agency:

[ ] Sends warnings

[ ] Applies financial sanctions

[ ] Requires manual reporting

[ ] Other

[X] N/A

ADDITIONAL DETAIL: Food Funds Management Appendix and/or Procedure Manual (citation):

2. Participation by Priority

a. Priority level is a critical data field in the State agency's computer system.

- (●) Yes
- ( ) No

b. The State computer system automatically assigns priority level based on the enrollee's nutritional risk condition.

- (●) Yes
- ( ) No

c. The State agency s computer system revises the priority level determination when a participant changes category (e. g. , infant becomes child and receives a child s food package).

- (●) Yes
- ( ) No

d. The State agency has an unknown priority category for VOC transfers where priority is unknown.

- ( ) Yes
- (●) No

3. Participation by Local Agency

a. The State agency's computer system supports its requirement to report participation data by local agency to measure breastfeeding performance.

- (●) Yes
- ( ) No
- ( ) N/A

ADDITIONAL DETAIL: Food Funds Management Appendix and/or Procedure Manual (citation):

CASELOAD MANAGEMENT

INTRODUCTION

Caseload management involves identifying the target population and special populations within it, implementing strategies to enroll the potential population, and utilizing caseload effectively to reach the desired populations. Describe the procedures in place to implement these strategies. The following sections provide a brief overview of the information that is required by federal regulations to be included in State Plans. The questions that follow are designed to assist the State agencies in submitting compliant State Plans for FNS approval. State agencies are encouraged to review each federal regulation in its entirety. A. No-Show Rate 7 CFR 246. 4(a)(11)(i): describe the procedures used by the State agency to monitor potential and current participants utilization of program services. B. Allocation of Caseload 7 CFR 246. 4(a)(5)(i) and (13): describe how the State agency assigns and manages local agency caseload allocations. C. Caseload Monitoring 7 CFR 246. 4(a)(5)(i): describe the information and procedures used by the State agency to monitor caseload. D. Benefit Targeting 7 CFR 246. 4(a)(5)(i); (6), (7), (19), (20), (21), and (22): describe the plans and procedures for ensuring that WIC benefits reach the highest risk participants and persons in special need such as migrants, homeless, and institutionalized persons; pregnant women in their early months of pregnancy; and applicants who are employed or who reside in rural areas. E. Outreach Policies and Procedures 7 CFR 246. 4(a)(5)(i),(ii); (6), (7), (19), and (20): describe the types of outreach materials used, where these materials are directed, special agreements with other service organizations and how special populations are addressed. Please provide data describing the types of outreach efforts conducted. F. Caseload Management Strategies 7 CFR 246. 16(c)(2)(ii), 7 CFR 246. 4(a)(11)(i); 246. 7(f)(1),(2); 246. 7(h)(3)(i): describe the policies and procedures used to manage caseload during a funding shortage, lapse in appropriations, or other WIC funding circumstances.

A. No-Show Rate

1. Policies and Procedures for Missed Certification Appointments and Food Instrument/Cash Value Voucher Pick-Up (No-Shows)

a. The State agency has specific policies and procedures to ensure follow-up of no-shows for (check all that apply):

[ ] Initial certification for any potential participant

[ ] Subsequent certifications for high-risk participants

[ ] Subsequent certifications for any current participant

[X] Food instruments/cash value voucher pick-up

[ ] Food instruments/cash value voucher benefit non-redemption

[ ] State agency has no specific policies and procedures for no-show follow-up

b. The local agency or State agency, when the State agency has no separate local agencies, attempts to contact each pregnant woman who misses her first appointment to apply for participation in the Program to reschedule the appointment. Such procedures include (check all that apply):

[X] At the time of initial contact, the local agency obtains the pregnant woman's mailing and/or email address and telephone number

[X] If the applicant misses her first certification appointment, an attempt is made to contact her by:

[X] If contact is established, she is offered one additional certification appointment.

[ ] If she cannot be reached, the local agency follows-up with a request for the applicant to contact the local agency for a second appointment by sending her a:

[X] A second appointment is provided upon request from the applicant.

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):

WIC Procedure Manual Ch. 2 Certification, section 2.4

2. Monitoring No-Show Rates

a. The State agency has (check all that apply):

[X] Standards defining acceptable no-show rates

[X] Policies and procedures designed to assist local agencies to improve no-show rates. Please attach.

[ ] Sanctions that may be applied to local agencies that have chronically unacceptable no-show rates. Please attach.

[X] Provides regular feedback to local agencies concerning no-show rates

[ ] Reports to address appropriate follow-up of no-shows

[ ] No specific policies or procedures concerning local agency no-show rates

b. As a matter of standard procedure, the State agency monitors no-show rates through (check all that apply):

[ ] State agency does not monitor local agency no-show rates

[ ] Local agency reviews

[X] Automated reports

[X] Local agency reports on no-show rates

[ ] Other

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):

AL WIC Procedure Manual Chapter 1 Program Administration
Attachment 1-2 Quarterly Monitoring Report, Chapter 9 - Reports -AL
Missed Appointments Report

B. Allocation of Caseload

1. The State agency considers the following factors in its initial allocation of caseload to local agencies in a program year (check all that apply):

[ ] Percent of target population served by local agency's service area

[ ] Analysis of no-show, void, non-redemption rates by local agencies

[ ] Participation by priority and category

[ ] Special population pockets

[ ] Waiting lists

[ ] Staffing/ability of local agencies to serve caseload

[X] Prior year caseload

[ ] Food package costs per person

[ ] Special projects

[X] Other

Specify: Target caseload

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):

Attachment - AL WIC Nutrition Services and Administration Expenditures Overview – FY 2027

2. The State agency has a written procedure for allocation of caseload to local agencies

(●) Yes

Specify: Attachment - AL WIC Nutrition Services and Administration Expenditures Overview - FY 2027

( ) No

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):

Attachments - FY 2026 Quarterly Monitoring Report Example. FY 2027 WIC District Budget Allocations, FY 2026 Statewide Participation.

3. The State agency has a procedure in place to ensure that current/prior year caseload levels are maintained.

(●) Yes

( ) No

If yes, attach procedure in the Caseload Management Appendix

WIC Procedure Manual Ch. 1 Program Administration - Attachment 1-2 Quarterly Monitoring Report, Ch. 10 Outreach

4. If it appears that during the program year all funds will be spent, the State agency may reallocate caseload based on the following factors (check all that apply):

[ ] The State agency does not reallocate caseload mid-year

[X] Same basis as for initial allocation of caseload

[X] Local agency participation levels

[ ] Local agency high priority participation

[ ] Waiting lists

[X] Other

Specify: Special request with justification from the LA Director.

5. If it appears that during the course of the program year all funds will not be spent, the State agency may reallocate caseload on the basis of the following factors (check all that apply):

[ ] The State agency does not reallocate caseload mid-year

[X] Same basis as for initial allocation of caseload

[X] Local agency participation levels

[ ] Local agency high priority participation

[ ] Waiting lists

[ ] Successful special projects

[X] Other

Specify: Special request with justification from the LA Director.

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):

6. The State agency has written procedures for local agencies to follow in situations of overspending:

◯ Yes

◉ No

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):

Local agencies must develop a budget based upon the target caseload allocated by the State Agency.

C. Caseload Monitoring

1. The State agency's caseload monitoring process includes the review of the following data (check all that apply):

[X] Participation levels/rates

[ ] High-risk participant levels/rates

[X] No-show rates

[ ] Food costs per participant

[ ] Food costs by area

[X] Other

Specify: Quarterly Monitoring Report submitted by District Nutrition Director

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):

AL WIC Procedure Manual Ch. 1 Program Administration,
Attachment 1-2 Quarterly Monitoring Reports

2. The State agency uses the following methods to monitor the below task (check all that apply):

[X] Manual reports submitted by local agencies

[ ] MIS-generated reports (If utilized please attach a description of each report and how they are used)

[X] On-site reviews

[X] Other

Specify: Quarterly Monitoring Report submitted by District (LA) Nutrition Directors

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):

3. Local agency caseload utilization, by any method, is reviewed by the State agency at least:

- (●) Monthly
- ( ) Quarterly
- ( ) Other
- ( ) Not applicable

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):

Attachment - AL Combined Enrollment-Participation Report-June 2026

D. Benefit Targeting

1. Development and Monitoring of State Agency Targeting Plans

a. The State agency has a plan to inform the following classes of individuals of the availability of Program benefits (check all that apply):

[X] Pregnant women, with special emphasis on pregnant women in the early months of pregnancy

[ ] High-risk postpartum women (e.g., teenagers)

[ ] Parents/Caregivers of Priority I & II infants

[X] Migrants

[X] Homeless persons/families

[ ] Incarcerated pregnant women

[ ] Institutionalized persons

[ ] Other

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):

AL WIC Procedure Manual Chapter 14 - Outreach

b. The local agency or State agency, when the SA has no separate local agencies, contacts the following organizations to provide WIC Program information to eligible infants and children:

[X] Foster care agencies

[X] Protective service agencies

[X] Child welfare authorities

[X] Other

Specify: See AL WIC Procedure Manual Ch 14 - Outreach

c. The State agency ensures that benefits are targeted to those at greatest risk by limiting the use of regression as a nutrition risk criterion to only once after a certification period.

(●) Yes

( ) No

d. In addition to, or in lieu of, State-developed plans, the State agency encourages/permits local agencies to develop their own targeting plans.

(●) Yes

( ) No

( ) NA

e. The State agency assures the appropriateness/quality of local agency targeting plans by:

[ ] N/A

[ ] Requiring local agencies to submit plans for State agency approval

[X] Review plans during local agency reviews

[ ] Other

~~f.~~ The State agency monitors benefit targeting through (check all that apply): ~~on This is not applicable for my state agency~~

[ ] Automated reports developed by State agency

[ ] Manual reports submitted by local agencies

[X] Local agency reviews

[X] Other

Specify: Feedback on outreach initiatives by LA nutrition directors.

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):

E. Outreach Policies and Procedures

1. Outreach Policies, Procedures and Materials

a. To administer outreach activities, the State agency (check all that apply):

[X] Issues a standard set of outreach materials for use by all local agencies

[X] Requires local agencies to develop outreach plans

[X] Reviews outreach plans developed by local agencies

[X] Reviews and approves any outreach materials developed by local agencies

[X] Utilizes broadcast media for outreach activities

[X] Other

Specify: Social media posts, AL WICShopper app notifications, etc.

b. Availability of Program benefits is publicly announced at least annually via:

State Agency	Local Agency	
		Newspapers
		Radio
		Posters
		Letters
X	X	Brochures/pamphlets
		Television
X	X	Social Media (Twitter, Facebook, etc.)

X		**Radio and television media are utilized when funds are available or through public service announcements, social media, WICShopper app, or ADPH website**

c. Outreach materials are available in the following languages (check all that apply):

[X] English

[X] Spanish

[ ] Vietnamese

[ ] Tribal Language(s)

[ ] Other

d. Outreach materials are distributed to (check all that apply):

[X] Health and medical organizations

[X] Hospitals and clinics

[X] Welfare and unemployment offices or social service agencies

[ ] Migrant farmworker organizations

[X] Indian and tribal organizations

[X] Homeless organizations

[X] Faith-based and community organizations in low-income areas

[ ] Shelters for victims of domestic violence

[X] Food Banks

[X] Head Start Centers

[X] Other

Specify: Local business and community organizations

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):

AL WIC Procedure Manual Ch. 14 Outreach

2. Accessibility to Special Populations

a. When an ITO State agency operates as both the State and local agency "All" should be checked. The State agency requires all, some, none local agencies to implement the following to meet the special needs of employed applicants/participants.

All	Some	None	
		X	Early morning/evening clinic hours by appointment
		X	Early morning/evening clinic hours
X			walk-in basis
	X		Weekend hours
X			by appointment
	X		Weekend hours

X			**walk-in basis**

		X	Priority appointment scheduling during regular clinic operations
		X	Food instrument mailing procedures specifically designed for working participants
		X	Expedited clinic procedures for working participants
		X	Evening/weekend nutrition education classes

X			On demand nutrition education opportunities
X			Virtual appointments by appointment
		X	Virtual appointments on-demand basis

b. The State agency requires/authorizes all, some, none local agencies to implement the following to meet the special needs of rural participants (check all that apply):

All	Some	None	
		X	Special clinic hours to accommodate travel time to clinic sites
		X	Use of mobile clinics to rural areas
		X	Food instrument/cash value voucher mailing procedures specifically designed for rural participants

		X	**Special appointment/scheduling procedures for rural participants who do not have access to public transportation**
		X	**Special food instrument/cash value voucher issuance cycles for rural participants (check one):**
X			3 mo. issuance

X			On demand nutrition education opportunities
X			Virtual appointments by appointment
		X	Virtual appointments on-demand basis

c. The State agency requires/authorizes all, some, none local agencies to implement the following to meet the special needs of migrant families (check all that apply):

All	Some	None	
		X	Formal coordination with rural/migrant health centers
		X	Special outreach activities aimed at migrants
		X	Special clinic hours/ locations to service migrant populations
		X	Expedited appointment procedures to accommodate migrant families

		X	**Special food instrument/cash value voucher issuance cycles for migrant families (check one):**
X			3 mo. issuance
X			**On demand nutrition education opportunities**
X			**Virtual appointments by appointment**
		X	**Virtual appointments on-demand basis**

d. The State agency has in place formal agreements with one or more contiguous States to facilitate service continuity to migrants (exclusive of normal verification of certification procedures):

- ○ Yes
- ◉ No

e. The State agency requires all, some, none local agencies to implement the following proceedings to facilitate service to homeless families/individuals (check all that apply):

All	Some	None	
X			**Provide homeless applicants with a list of shelters/facilities that fulfill WIC Program requirements**

		X	**Undertake regular and ongoing outreach to homeless individuals**
		X	**Routinely monitors facilities serving homeless participants to ensure WIC foods are not subsumed into communal food service**

		X	Implement formal agreement with other service providers to facilitate referrals of homeless fa milies/indivi duals
		X	Secure a written statement from the facility attesting to compliance with the requisite conditions for WIC services in a homeless facility

X			**Establish, to the extent practicable, plans to ensure that the three conditions in 7 CFR 246 .7(m)(1)(i) regarding homeless facilities are met**

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):

AL WIC Procedure Manual Chapter 2 - Certification, Ch. 7 Special Populations

3. Unserved Geographical Areas

a. How does the State agency prioritize areas defined as underserved geographic areas in descending order?

A geographic area of the state where a WIC clinic is located, and the clinic is not accessible by residents of the geographic area.

b. Please list unserved geographic areas or attach a list to appendix: **No current unserved areas** (check if applicable)

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation): on This is not applicable for my state agency

4. Underserved Geographic Areas

a. The State agency has a list on file of served and/or underserved geographic areas including the number of newly potential applicants, the priority level currently being served, and participation.

- ○ Yes
- ◉ No

b. The names and addresses of all local agencies found in the last FNS-648 Report, reflect all local agencies currently in operation.

- ◉ Yes
- ○ No, an update list is provided in the Appendix
- ○ N/A, State agency has no local agencies

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):

No one geographic area of the state takes priority over the other in regards to being accessible to WIC services. WIC services are provided in every county in the state.

5. The State agency has a plan to: This is not applicable for my state agency

[ ] Inform potential local agencies of the Program and the availability of technical assistance in implementation.

[ ] Describes how State agencies will take all reasonable actions to identify potential local agencies.

[ ] Encourage potential and existing local agencies to implement or expand operations in the neediest one-third of all areas unserved or partially served.

[ ] The State agency does not have local agencies and does not plan to have local agencies. Explanation of how underserved and/or partially served areas are addressed is below.

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation) AND/OR State agency/ITO explanation of how the State agency without local agencies addresses underserved or partially served areas:

AL has 67 counties with more than 90 clinics providing WIC services.
There is no geographic area of the state without access to WIC services.

F. Caseload Management Strategies. For FY 2025, Section F. 1 is required. Sections F. 2-5 are optional and allow State agencies to anticipate any potential impacts due to funding shortages or lapse in funding. State agencies should review the below strategies and consider any necessary policy changes, where appropriate.

1. Waiting List Management and Procedures

a. The State agency has specific policies/procedures for the establishment and maintenance of waiting lists, which are used by all local agencies(After making selection, enter Skip Section to skip the entire section.)

- (●) Yes
  Specify: Yes
- ( ) No

b. Waiting list procedures are uniform throughout the State agency.

- (●) Yes
- ( ) No, but State agency approves all exceptions
- ( ) No, local variation allowed without State agency approval

c. The State agency routinely monitors waiting lists.

- ( ) Yes
- ( ) No
- (●) No, for the current Fiscal Year, the State agency does not have a waiting list.

d. The State agency requires/allows sub prioritization of waiting lists by (check all that apply):

[X] No subprioritization permitted

[ ] Income

[ ] Nutrition risk

[ ] Age

[ ] Point system

[ ] Special target populations

[ ] Other

e. The State agency requires pre-screening for certification of individuals prior to placement on waiting lists.

(●) Yes

( ) No, only categorical eligibility established

( ) No, only categorical and income eligibility established

( ) No, local agency variation

( ) Other

f. Waiting lists are maintained:

( ) Manually

(●) Automated system linked to State agency's central system

( ) Automated system, stand alone at some/all local agencies

g. Telephone requests for placement on the waiting list are accepted.

(●) Yes

( ) No

h. The State agency requires all local agencies to maintain waiting lists (telephone and/or pre-certification) with the following information (check all that apply):

[X] Name

[X] Address

[X] Phone number(s)

[X] Date placed on waiting list

[X] Category

[X] Priority

[X] Nutritional risk

[X] Income eligibility status

[X] Method of application

[X] Date applicant notified of placement on the waiting list

[ ] Other

i. The State agency requires local agencies to provide information on other food assistance programs to applicants who are placed on a waiting list. If the State agency has no local agencies, it provides the information.

(●) Yes

( ) No

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):

A list of referral resources available is required in all WIC clinics regardless of waiting list.

2. Allowable Cost Saving Strategies (Optional) SKIP

a. Does the State agency have policies and procedures to control cost when funding is insufficient relative to projected costs? on This is not applicable for my state agency

(●) Yes

( ) No

b. Does the State agency use any of the following policies and procedures? (select all that apply): on This is not applicable for my state agency

[ ] Modified approved food list

[ ] Least expensive brands (LEB)

[ ] Economical container size and packaging

[ ] Other

c. During funding shortfalls/to control costs, the State agency requires local agencies to certify participants for the minimum period specified in regulations. 7 CFR 246. 7(g)(1) on This is not applicable for my state agency

- ◯ Yes
- ◯ No

d. During funding shortfalls/to control costs, the State agency requires local agencies to shorten certifications on a case-by-case basis. 7 CFR 246. 7(g)(2) on This is not applicable for my state agency

- ◯ Yes
- ◯ No

e. The State agency uses targeted outreach to serve participants most in need to control cost. 7 CFR 246. 4(a)(7) and 7 CFR 246. 6(f). on This is not applicable for my state agency

- ◯ Yes
- ◯ No

3. Mid-Certification Benefit Discontinuation During Funding Shortfalls (Optional) - SKIP

a. The State agency has specific policies/procedures for establishing and implementing mid-certification benefit discontinuation due to funding shortfalls, which are used by all local agencies. on This is not applicable for my state agency

- ◯ Yes
- ◯ No

b. If a State agency experiences a funding shortfall where it is unable to maintain its current level of participation for the remainder of the fiscal year and has explored all other alternative actions, the State agency will instruct local agencies to begin mid-certification benefit discontinuation by: (Select all that apply) on This is not applicable for my state agency

- [ ] Mid-certification disqualification of program participants
- [ ] Withholding of benefits for program participants

c. The mid-certification benefit discontinuation action must affect the least possible number of participants and be directed first at those where their nutritional and health status is at least risk. When implementing mid-certification benefit discontinuation due to funding shortfalls, State agencies will select participants by: (Select all that apply) on This is not applicable for my state agency

[ ] Selecting participants in reverse order from the nutritional risk priority system.

[ ] Selecting participants who were certified due to possible regression in nutritional status, especially if original eligibility was based on a lower priority condition.

[ ] Selecting participants who have only one month left in their certification periods.

[ ] Selecting participants at higher income ranges.

[ ] Other

d. Prior to implementing mid-certification benefit discontinuation due to funding shortfalls, the State agency will notify FNS. on This is not applicable for my state agency

◯ Yes

◯ No

e. Prior to implementing mid-certification benefit discontinuation due to funding shortfalls, the State agency will provide FNS the following information: on This is not applicable for my state agency

[ ] A summary description of the alternative policies and procedures explored or used prior to implementing any adverse action.

[ ] An explanation of how the planned action is intended to meet the criteria of affecting the least number of people and also the lowest priority persons to bring caseload in line with available resources.

[ ] Other

4. During funding shortfalls, the State agency authorizes local agencies to disqualify participants in the middle of a certification period for failure to pick up food instruments. (Optional)

◯ Yes

◯ No

◯ N/A, the State agency already authorizes local agency to disqualify participants for failure to pick up food instruments/CVV during normal operations.

5. Competitive Vendor Selection Strategies. (Optional) - SKIP

a. During funding shortfalls/to control costs, does the State agency have procedures to adjust their vendor cost containment policies, including their competitive price selection criteria and/or maximum allowable reimbursement levels? on This is not applicable for my state agency

◯ Yes

◯ No.

b. During funding shortfalls/to control costs, does the State agency have procedures to adjust their vendor authorization policies (outside of cost containment), including application periods, selection criteria, and limiting criteria? on This is not applicable for my state agency

- ◯ Yes
- ◯ No

c. If the State agency answered yes to either a or b: During funding shortfalls/To control costs, does the State agency reassesses vendors using the updated vendor authorization policies and selection criteria, including cost containment? on This is not applicable for my state agency

- ◯ Yes
- ◯ No.

d. During funding shortfalls/to control costs, does the State agency have procedures to assess the effectiveness of their above-50-percent vendor population to ensure continued oversight of cost neutrality assessment? on This is not applicable for my state agency

- ◯ Yes
- ◯ No.

WIC
Monthly Caseload Totals
FY 2026

			OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	TOTAL	AVERAGE
		East Central District														
011		Autauga Co. - Prattville	1,095	1,067	1,161	1,246	1,253	1,249	1,229	1,257	1,246				10,803	1,200
061		Bullock Co. - Union Springs	332	305	299	318	310	296	291	301	300				2,752	306
092		Chambers Co. - Valley	1,031	959	953	1,009	984	969	926	911	909				8,651	961
191		Coosa Co. - Rockford	25	23	27	26	28	27	29	30	28				243	27
261		Elmore Co. - Wetumpka	1,299	1,200	1,280	1,359	1,268	1,201	1,179	1,239	1,274				11,299	1,255
411		Lee Co. - Opelika	2,394	2,246	2,281	2,460	2,403	2,382	2,413	2,407	2,371				21,357	2,373
433		Lowndes Co. - Hayneville	308	312	314	314	306	313	320	324	329				2,840	316
441		Macon Co. - Tuskegee	416	375	387	413	397	399	412	405	393				3,597	400
511		Montgomery Co. - Montgomery	3,885	4,397	4,750	4,910	4,975	5,041	5,203	5,344	5,450				43,955	4,884
514		WIC Training Clinic	1,392	1,452	1,521	1,476	1,338	1,225	1,155	1,045	966				11,570	1,286
		Health Services Inc. TOTAL	757	208	0	0	0	0	0	0	0	0	0	0	965	483
517		Health Services - Main	612	174	0	0	0	0	0	0	0				786	393
519		Health Services - Chisholm	145	34	0	0	0	0	0	0	0				179	90
571		Russell Co. - Phenix City	1,579	1,498	1,530	1,595	1,545	1,540	1,510	1,460	1,372				13,629	1,514
		Tallapoosa Co. TOTAL	902	869	902	930	913	951	954	972	983	0	0	0	8,376	931
621		Tallapoosa Co. - Dadeville	290	280	286	289	286	294	302	294	289				2,610	290
622		Tallapoosa Co. - Alexander City	612	589	616	641	627	657	652	678	694				5,766	641
		SUBTOTAL FOR EAST CENTRAL DISTRICT WITHOUT CONTRACT AGENCIES	14,658	14,703	15,405	16,056	15,720	15,593	15,621	15,695	15,621	0	0	0	139,072	15,452
		TOTAL FOR EAST CENTRAL DISTRICT WITH CONTRACT AGENCIES	15,415	14,911	15,405	16,056	15,720	15,593	15,621	15,695	15,621	0	0	0	140,037	15,560
		Jefferson County														
371		Jefferson Co. - Central Health Center	3,651	3,357	3,410	3,527	3,528	3,529	3,604	3,616	3,637				31,859	3,540
373		Jefferson Co. - Western Health Center	3,784	3,502	3,625	3,755	3,755	3,774	3,845	3,837	3,842				33,719	3,747
375		Jefferson Co. - Eastern Health Center	3,961	3,709	3,736	3,882	3,967	3,996	4,036	4,017	4,053				35,357	3,929
		TOTAL FOR JEFFERSON COUNTY	11,396	10,568	10,771	11,164	11,250	11,299	11,485	11,470	11,532	0	0	0	100,935	11,215
		Mobile County														
493		Mobile Co. - Keeler	3,484	3,256	3,286	3,624	3,586	3,639	3,726	3,691	3,555				31,847	3,539
494		Mobile Co. - Southwest	2,368	2,200	2,180	2,379	2,327	2,325	2,400	2,462	2,413				21,054	2,339
495		Mobile Co. - Citronelle	439	414	424	448	425	424	417	402	409				3,802	422
498		Mobile Co. - Semmes	1,772	1,638	1,703	1,726	1,699	1,688	1,686	1,704	1,696				15,312	1,701
499		Mobile Co. - Eight Mile	1,612	1,605	1,648	1,620	1,557	1,393	1,403	1,378	1,378				13,594	1,510
		TOTAL FOR MOBILE COUNTY	9,675	9,113	9,241	9,797	9,594	9,469	9,632	9,637	9,451	0	0	0	85,609	9,512

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
7																	
8			***OCT***	***NOV***	***DEC***	***JAN***	***FEB***	***MAR***	***APR***	***MAY***	***JUN***	***JUL***	***AUG***	***SEPT***	***TOTAL***	***AVERAGE***	
52		***Northern District***															
53																	
54	171	Colbert Co. - Tuscumbia	1,401	1,269	1,295	1,358	1,342	1,350	1,375	1,371	1,390				12,151	1,350	
55	221	Cullman Co. - Cullman	1,902	1,826	1,859	1,873	1,862	1,884	1,918	1,936	1,944				17,004	1,889	
56	301	Franklin Co. - Russellville	1,221	1,155	1,238	1,296	1,303	1,316	1,292	1,281	1,278				11,380	1,264	
57	360	Jackson Co. - Scottsboro	1,257	1,216	1,208	1,239	1,237	1,217	1,249	1,229	1,264				11,116	1,235	
58	391	Lauderdale Co. - Florence	1,513	1,482	1,500	1,528	1,530	1,528	1,543	1,577	1,589				13,790	1,532	
59	401	Lawrence Co. - Moulton	664	618	634	654	629	633	624	631	631				5,718	635	
60	421	Limestone Co. - Athens	1,935	1,822	1,821	1,916	1,923	1,935	1,876	1,863	1,883				16,974	1,886	
61		**Madison Co. TOTAL**	5,666	5,395	5,387	5,532	5,580	5,651	5,771	5,751	5,771	0	0	0	50,504	5,612	
62	450	Madison Co. - Max Luther	5,527	5,262	5,253	5,392	5,436	5,509	5,618	5,603	5,628				49,228	5,470	
63	451	Madison Co. - New Hope	139	133	134	140	144	142	153	148	143				1,276	142	
64	471	Marion Co. - Hamilton	892	831	823	868	857	856	868	873	904				7,772	864	
65	482	Marshall Co. - Guntersville	4,255	3,996	4,019	4,158	4,145	4,179	4,172	4,102	4,066				37,092	4,121	
66	521	Morgan Co. - Decatur	3,121	2,874	3,018	3,293	3,353	3,407	3,409	3,391	3,354				29,220	3,247	
67	671	Winston Co. - Double Springs	489	482	489	504	514	499	507	508	501				4,493	499	
68																	
69		TOTAL FOR NORTHERN DISTRICT	24,316	22,966	23,291	24,219	24,275	24,455	24,604	24,513	24,575	0	0	0	217,214	24,135	
70																	
71		***Northeastern District***															
72																	
73	051	Blount Co. - Oneonta	1,126	1,110	1,127	1,151	1,159	1,223	1,252	1,233	1,227				10,608	1,179	
74	081	Calhoun Co. - Anniston	2,622	2,437	2,466	2,630	2,641	2,657	2,600	2,640	2,623				23,316	2,591	
75	101	Cherokee Co. - Centre	521	490	486	516	508	516	502	525	539				4,603	511	
76	141	Clay Co. - Lineville	418	397	408	405	392	407	410	402	401				3,640	404	
77	151	Cleburne Co. - Heflin	366	338	355	378	374	376	383	366	348				3,284	365	
78	251	DeKalb Co. - Fort Payne	2,331	2,186	2,197	2,284	2,269	2,308	2,357	2,370	2,339				20,641	2,293	
79	281	Etowah Co. - Gadsden	2,806	2,630	2,629	2,718	2,792	2,858	2,867	2,886	2,864				25,050	2,783	
80	561	Randolph Co. - Roanoke	570	527	527	542	513	517	544	550	538				4,828	536	
81		**St. Clair Co. TOTAL**	1,453	1,377	1,411	1,441	1,422	1,435	1,435	1,441	1,466	0	0	0	12,881	1,431	
82	581	St. Clair Co. - Ashville	31	30	36	36	33	32	28	28	24				278	31	
83	582	St. Clair Co. - Pell City	1,422	1,347	1,375	1,405	1,389	1,403	1,407	1,413	1,442				12,603	1,400	
84	592	Shelby Co. - Pelham	2,460	2,417	2,481	2,577	2,592	2,618	2,642	2,626	2,617				23,030	2,559	
85		**Talladega Co. TOTAL**	2,022	1,869	1,843	1,948	1,925	1,891	1,902	1,914	1,886	0	0	0	17,200	1,911	
86	611	Talladega Co. - Talladega	1,010	928	914	987	972	951	965	981	955				8,663	963	
87	612	Talladega Co. - Sylacauga	1,012	941	929	961	953	940	937	933	931				8,537	949	
88																	
89		TOTAL FOR NORTHEASTERN DISTRICT	16,695	15,778	15,930	16,590	16,587	16,806	16,894	16,953	16,848	0	0	0	149,081	16,565	
90																	
91																	

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7																	
8			***OCT***	***NOV***	***DEC***	***JAN***	***FEB***	***MAR***	***APR***	***MAY***	***JUN***	***JUL***	***AUG***	***SEPT***	***TOTAL***	***AVERAGE***	
92		***Southeastern District***															
93																	
94		**Barbour Co. TOTAL**	727	701	743	754	752	759	781	770	749	0	0	0	6,736	748	
95	031	Barbour Co. - Clayton	83	83	76	84	87	89	92	98	96				788	88	
96	032	Barbour Co. - Eufaula	644	618	667	670	665	670	689	672	653				5,948	661	
97	071	Butler Co. - Greenville	489	503	501	508	510	507	518	539	539				4,614	513	
98	161	Coffee Co. - Enterprise	1,800	1,699	1,732	1,783	1,771	1,758	1,768	1,752	1,768				15,831	1,759	
99	201	Covington Co. - Andalusia	864	801	803	872	896	892	865	848	894				7,735	859	
100	211	Crenshaw Co. - Luverne	343	319	314	336	342	332	352	364	368				3,070	341	
101	231	Dale Co. - Ozark	1,012	937	951	973	968	964	991	1,010	981				8,787	976	
102	311	Geneva Co. - Geneva	612	604	603	630	633	620	611	615	608				5,536	615	
103	341	Henry Co. - Abbeville	270	256	276	287	275	280	279	276	283				2,482	276	
104	351	Houston Co. - Dothan	2,834	2,615	2,702	2,829	2,841	2,907	2,901	2,896	2,963				25,488	2,832	
105	551	Pike Co. - Troy	843	786	777	803	802	801	815	828	812				7,267	807	
106																	
107		TOTAL FOR SOUTHEASTERN DISTRICT	9,794	9,221	9,402	9,775	9,790	9,820	9,881	9,898	9,965	0	0	0	87,546	9,727	
108																	
109		***Southwestern District***															
110																	
111		**Baldwin Co. TOTAL**	3,648	3,439	3,378	3,517	3,386	3,507	3,605	3,644	3,614	0	0	0	31,738	3,526	
112	021	Baldwin Co. - Bay Minette	717	706	653	649	627	657	644	646	676				5,975	664	
113	025	Baldwin Co. - Robertsdale	1,612	1,489	1,470	1,563	1,469	1,514	1,581	1,584	1,532				13,814	1,535	
114	026	Baldwin Co. - South Baldwin	1,319	1,244	1,255	1,305	1,290	1,336	1,380	1,414	1,406				11,949	1,328	
115	121	Choctaw Co. - Butler	255	252	270	270	265	274	282	276	271				2,415	268	
116	131	Clarke Co. - Grove Hill	751	673	701	735	699	695	716	709	681				6,360	707	
117	181	Conecuh Co. - Evergreen	266	241	266	271	259	267	273	258	264				2,365	263	
118	241	Dallas Co. - Selma	1,295	1,209	1,225	1,306	1,309	1,365	1,393	1,403	1,387				11,892	1,321	
119		**Escambia Co TOTAL**	981	898	953	983	956	953	958	970	983	0	0	0	8,635	959	
120	271	Escambia Co. - Brewton	530	491	510	509	508	493	486	505	496				4,528	503	
121	272	Escambia Co. - Atmore	451	407	443	474	448	460	472	465	487				4,107	456	
122	273	Poarch Creek Indians WIC - Escambia County	201	211	216	231	215	219	206	208	212				1,919	213	
123	460	Marengo Co. - Linden	479	436	425	461	474	495	499	493	473				4,235	471	
124	501	Monroe Co. - Monroeville	564	550	554	554	541	529	548	558	551				4,949	550	
125	650	Washington Co. - Chatom	306	271	260	298	292	279	291	273	285				2,555	284	
126	661	Wilcox Co. - Camden	320	277	299	315	332	321	321	316	308				2,809	312	
127																	
128		SUBTOTAL FOR SOUTHWESTERN DISTRICT WITHOUT CONTRACT AGENCIES	8,865	8,246	8,331	8,710	8,513	8,685	8,886	8,900	8,817	0	0	0	77,953	8,661	
129		TOTAL FOR SOUTHWESTERN DISTRICT WITH CONTRACT AGENCIES	9,066	8,457	8,547	8,941	8,728	8,904	9,092	9,108	9,029	0	0	0	79,872	8,875	
130																	
131																	
132																	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
7																	
8			***OCT***	***NOV***	***DEC***	***JAN***	***FEB***	***MAR***	***APR***	***MAY***	***JUN***	***JUL***	***AUG***	***SEPT***	***TOTAL***	***AVERAGE***	
133		***West Central District***															
134																	
135	041	Bibb Co. - Centreville	450	452	461	465	478	487	481	486	491				4,251	472	
136	111	Chilton Co. - Clanton	1,130	1,050	1,091	1,088	1,081	1,119	1,144	1,127	1,156				9,986	1,110	
137	291	Fayette Co. - Fayette	383	322	352	371	345	349	343	348	351				3,164	352	
138	321	Greene Co. - Eutaw	286	278	279	285	296	288	297	282	279				2,570	286	
139	331	Hale Co. - Greensboro	406	412	418	422	421	422	443	443	435				3,822	425	
140	381	Lamar Co. - Vernon	351	311	311	328	320	313	320	319	328				2,901	322	
141		**Perry Co. TOTAL**	351	332	343	350	340	334	332	325	330	0	0	0	3,037	337	
142	531	Perry Co. - Marion	264	255	258	265	249	249	250	244	252				2,286	254	
143	532	Perry Co. - Uniontown	87	77	85	85	91	85	82	81	78				751	83	
144	541	Pickens Co. - Carrollton	504	470	488	518	518	522	532	532	519				4,603	511	
145	601	Sumter Co. - Livingston	351	339	356	373	363	359	370	381	384				3,276	364	
146		**Tuscaloosa Co. TOTAL**	4,989	4,771	4,919	5,023	4,960	5,008	4,960	5,014	5,132	0	0	0	44,776	4,975	
147	631	Tuscaloosa Co. - Tuscaloosa	4,360	4,181	4,339	4,426	4,399	4,434	4,395	4,464	4,581				39,579	4,398	
148	635	ML Whatley HC/WIC	629	590	580	597	561	574	565	550	551				5,197	577	
149	641	Walker Co. - Jasper	1,801	1,788	1,780	1,859	1,851	1,899	1,929	1,910	1,910				16,727	1,859	
150																	
151																	
152		TOTAL FOR WEST CENTRAL DISTRICT	11,002	10,525	10,798	11,082	10,973	11,100	11,151	11,167	11,315	0	0	0	99,113	11,013	
153																	
154		GRAND TOTAL FOR ALL CLINICS	107,359	101,539	103,385	107,624	106,917	107,446	108,360	108,441	108,336	0	0	0	959,407	106,601	
155																	
156		MIGRANTS	19	19	10	20	21	19	19	17	15				159	18	
157																	
158																	
159		***WIC***															
160		***Contract Agencies***															
161		***Monthly Caseload Totals***															
162		***FY 2026***															
163																	
164																	
165																	
166		***East Central District***															
167																	
168		Health Services Inc.															
169	517	HSI Gateway	612	174	0	0	0	0	0						786	393	
170	519	HSI Chisholm	145	34	0	0	0	0	0						179	90	
171																	
172		SUBTOTAL FOR HSI CLINICS	757	208	0	0	0	0	0	0	0	0	0	0	965	483	
173																	
174		***Southwestern District***															
175																	
176	273	Poarch Creek Indians	201	211	216	231	215	219	206	208	212	0	0	0	1,919	213	
177																	
178																	
179																	
180		GRAND TOTAL FOR CONTRACT AGENICES	958	419	216	231	215	219	206	208	212	0	0	0	2,884	696	
181																	

AL Participation Counts By Clinic
Alabama WIC
Report Month: Jun 2026

Report Date: 08/03/2026
Data Updated: 8/3/2026
AL_ParticipationByClinic

EAST CENTRAL

Clinic	Participation
011 - AUTAUGA COUNTY HEALTH-PRATTVILLE	1,246
061 - BULLOCK COUNTY HEALTH DEPT-UNION SPRINGS	300
092 - CHAMBERS COUNTY HEALTH DEPT -VALLEY	909
191 - COOSA COUNTY HEALTH DEPT - ROCKFORD	28
261 - ELMORE COUNTY HEALTH DEPARTMENT-WETUMPKA	1,274
411 - LEE COUNTY HEALTH DEPARTMENT-OPELIKA	2,371
433 - LOWNDES COUNTY HEALTH DEPARTMENT - HAYNEVILLE	329
441 - MACON COUNTY HEALTH DEPARTMENT-TUSKEGEE	393
511 - MONTGOMERY COUNTY HEALTH DEPARTMENT-MONTGOMERY	5,450
514 - TRAINING CLINIC	966
571 - RUSSELL COUNTY HEALTH DEPARTMENT-PHENIX CITY	1,372
621 - TALLAPOOSA COUNTY HEALTH DEPT - DADEVILLE	289
622 - TALLAPOOSA COUNTY HEALTH DEPT -ALEXANDER CITY	694
EAST CENTRAL Total	**15,621**

JEFFERSON

Clinic	Participation
371 - JEFFERSON COUNTY-CENTRAL HEALTH CENTER	3,637
373 - JEFFERSON COUNTY-WESTERN HEALTH CENTER	3,842
375 - JEFFERSON COUNTY-EASTERN HEALTH CENTER	4,053
JEFFERSON Total	**11,532**

MOBILE

Clinic	Participation
493 - MOBILE COUNTY HEALTH DEPARTMENT - KEELER	3,555
494 - MOBILE COUNTY HEALTH DEPARTMENT - SOUTHWEST	2,413
495 - MOBILE COUNTY HEALTH DEPARTMENT - CITRONELLE	409
498 - MOBILE COUNTY HEALTH DEPARTMENT - SEMMES	1,696
499 - MOBILE COUNTY HEALTH DEPARTMENT- EIGHT MILE	1,378
MOBILE Total	**9,451**

NORTHERN

Clinic	Participation
171 - COLBERT COUNTY HEALTH DEPARTMENT- TUSCUMBIA	1,390
221 - CULLMAN COUNTY HEALTH DEPARTMENT - CULLMAN	1,944
301 - FRANKLIN COUNTY HEALTH DEPARTMENT- RUSSELLVILLE	1,278
360 - JACKSON COUNTY HEALTH DEPARTMENT - SCOTTSBORO	1,264
391 - LAUDERDALE COUNTY HEALTH DEPARTMENT- FLORENCE	1,589

	401 - LAWRENCE COUNTY HEALTH DEPARTMENT - MOULTON	631
	421 - LIMESTONE COUNTY HEALTH DEPARTMENT - ATHENS	1,883
	450 - MADISON COUNTY HEALTH DEPARTMENT - MAX LUTHER	5,628
	451 - MADISON COUNTY HEALTH DEPARTMENT - NEW HOPE	143
	471 - MARION COUNTY HEALTH DEPARTMENT- HAMILTON	904
	482 - MARSHALL COUNTY HEALTH DEPARTMENT - GUNTERSVILLE	4,066
	521 - MORGAN COUNTY HEALTH DEPARTMENT - DECATUR	3,354
	671 - WINSTON COUNTY HEALTH DEPARTMENT- DOUBLE SPRINGS	501
NORTHERN Total		**24,575**

NORTHEASTERN

	Clinic	**Participation**
	051 - BLOUNT COUNTY HEALTH DEPARTMENT - ONEONTA	1,227
	081 - CALHOUN COUNTY HEALTH DEPT.-ANNISTON	2,623
	101 - CHEROKEE COUNTY HEALTH DEPARTMENT - CENTRE	539
	141 - CLAY COUNTY HEALTH DEPT - LINEVILLE	401
	151 - CLEBURNE COUNTY HEALTH DEPT. - HEFLIN	348
	251 - DEKALB COUNTY HEALTH DEPARTMENT- FORT PAYNE	2,339
	281 - ETOWAH COUNTY HEALTH DEPARTMENT - GADSDEN	2,864
	561 - RANDOLPH COUNTY HEALTH DEPT - ROANOKE	538
	581 - ST. CLAIR COUNTY HEALTH DEPARTMENT - ASHVILLE	24
	582 - ST. CLAIR COUNTY HEALTH DEPARTMENT - PELL CITY	1,442
	592 - SHELBY COUNTY HEALTH DEPARMENT - PELHAM	2,617
	611 - TALLADEGA COUNTY HEALTH DEPT - TALLADEGA	955
	612 - TALLADEGA COUNTY HEALTH DEPT - SYLACAUGA	931
NORTHEASTERN Total		**16,848**

SOUTHEASTERN

	Clinic	**Participation**
	031 - BARBOUR COUNTY HEALTH DEPARTMENT- CLAYTON	96
	032 - BARBOUR COUNTY HEALTH DEPART- EUFAULA	653
	071 - BUTLER COUNTY HEALTH DEPARTMENT - GREENVILLE	539
	161 - COFFEE COUNTY HEALTH DEPARTMENT-ENTERPRISE	1,768
	201 - COVINGTON COUNTY HEALTH DEPARTMENT - ANDALUSIA	894
	211 - CRENSHAW COUNTY HEALTH DEPARTMENT-LUVERNE	368
	231 - DALE COUNTY HEALTH DEPARTMENT-OZARK	981
	311 - GENEVA COUNTY HEALTH DEPARTMENT- GENEVA	608
	341 - HENRY COUNTY HEALTH DEPARTMENT-ABBEVILLE	283
	351 - HOUSTON COUNTY HEALTH DEPARTMENT- DOTHAN	2,963
	551 - PIKE COUNTY HEALTH DEPARTMENT- TROY	812
SOUTHEASTERN Total		**9,965**

AL Participation Counts By Clinic
Alabama WIC
Report Month: Jun 2026

SOUTHWESTERN

Clinic	Participation
021 - BALDWIN COUNTY HEALTH DEPARTMENT - BAY MINETTE	676
025 - BALDWIN COUNTY HEALTH DEPARTMENT - ROBERTSDALE	1,532
026 - BALDWIN COUNTY HEALTH DEPARTMENT - SOUTH BALDWIN	1,406
121 - CHOCTAW COUNTY HEALTH DEPARTMENT - BUTLER	271
131 - CLARKE COUNTY HEALTH DEPARTMENT - GROVE HILL	681
181 - CONECUH COUNTY HEALTH DEPARTMENT - EVERGREEN	264
241 - DALLAS COUNTY HEALTH DEPARTMENT - SELMA	1,387
271 - ESCAMBIA COUNTY HEALTH DEPARTMENT - BREWTON	496
272 - ESCAMBIA COUNTY HEALTH DEPARTMENT - ATMORE	487
273 - POARCH CREEK INDIANS WIC - ESCAMBIA COUNTY	212
460 - MARENGO COUNTY HEALTH DEPARTMENT - LINDEN	473
501 - MONROE COUNTY HEALTH DEPARTMENT - MONROEVILLE	551
650 - WASHINGTON COUNTY HEALTH DEPARTMENT - CHATOM	285
661 - WILCOX COUNTY HEALTH DEPARTMENT - CAMDEN	308
SOUTHWESTERN Total	**9,029**

WEST CENTRAL

Clinic	Participation
041 - BIBB COUNTY HEALTH DEPARTMENT - CENTREVILLE	491
111 - CHILTON COUNTY HEALTH DEPARTMENT-CLANTON	1,156
291 - FAYETTE COUNTY HEALTH DEPARTMENT - FAYETTE	351
321 - GREENE COUNTY HEALTH DEPARTMENT - EUTAW	279
331 - HALE COUNTY HEALTH DEPARTMENT - GREENSBORO	435
381 - LAMAR COUNTY HEALTH DEPARTMENT - VERNON	328
531 - PERRY COUNTY HEALTH DEPARTMENT - MARION	252
532 - PERRY COUNTY HEALTH DEPARTMENT - UNIONTOWN	78
541 - PICKENS COUNTY HEALTH DEPARTMENT - CARROLLTON	519
601 - SUMTER COUNTY HEALTH DEPARTMENT - LIVINGSTON	384
631 - TUSCALOOSA COUNTY HEALTH DEPARTMENT - TUSCALOOSA	4,581
635 - ML WHATLEY HC/ WIC	551
641 - WALKER COUNTY HEALTH DEPARTMENT- JASPER	1,910
WEST CENTRAL Total	**11,315**

State Total **108,336**

AL Crossroads Enrollment Participation
Date Range: 06/01/2026 - 06/30/2026
Generated on: 08/03/2026 03:02:11 PM

Alabama WIC

		Priority						Gender		Address Status		
	Enrollment	**I**	**II**	**III**	**IV**	**V**	**VI**	**Male**	**Female**	**Homeless**	**Incarcerated**	**Migrant**
Pregnant	10500	10270	0	0	230	0	0	0	10500	18	6	1
Breastfeeding	5839	5547	83	2	207	0	0	0	5839	6	2	2
Non-Breastfeeding	8869	1	0	8625	0	0	243	0	8869	15	9	0
Infant	27226	13383	12997	16	813	17	0	13821	13405	30	0	2
Child	64505	140	2	43654	285	20424	0	33089	31416	54	0	10
	116939	**29341**	**13082**	**52297**	**1535**	**20441**	**243**	**46910**	**70029**	**123**	**17**	**15**

Race	**Woman**	**Infant**	**Child**	**Total**
White	13610	12937	30337	**56884**
Black or African American	9525	10794	25462	**45781**
American Indian or Alaskan Native	935	965	2629	**4529**
Asian	250	225	405	**880**
Native Hawaiian or Pacific Islander	42	51	146	**239**
Multi-Race	831	2222	5523	**8576**
Not Declared / Not Present	0	0	0	**0**
				116889

Trimester	**Counts**
First	1454
Second	3859
Third	5162
Other	25
Total	**10500**

Ineligible	**Counts**
Over Income	66
No Risk (< 4 months)	0
Categorically Ineligible	31
Not an AL Resident	1
Total	**98**

Part Month	**WIC Category**	**Formula Given Amount**	**Participation**
Jun 2026	Pregnant	Not Applicable	10583
Jun 2026	Breastfeeding	Fully Breastfed	2332
Jun 2026	Breastfeeding	Partially Breastfed <= MMA	1106
Jun 2026	Breastfeeding	Partially Breastfed > MMA	390
Jun 2026	Breastfeeding	Fully Formula Fed	1426
Jun 2026	Non-Breastfeeding	Not Applicable	7426
Jun 2026	Infant	Fully Breastfed	2419
Jun 2026	Infant	Partially Breastfed <= MMA	1278
Jun 2026	Infant	Partially Breastfed > MMA	2108
Jun 2026	Infant	Fully Formula Fed	20124
Jun 2026	Child	Not Applicable	59144
			108336

AL Participation by Race and Ethnicity - No Batch

Participation Month: Jun 2026

Report Type: All - Clinic, Agency, & State

Generated on: 08/03/2026 03:14:50 PM

	WIC Category Totals											Ethnicity Totals		
	FB Infant	PB Infant	FFF Infant	Infant Totals	Child Totals	Pregnant	BF Women	Non-BF Women	Women Totals	Race Totals	Race Total %	Hispanic	Non Hispanic	Not Declared / Not Present
State Totals														
American Indian or Alaskan Native	41	106	791	938	2462	379	177	319	875	4275	3.95%	3892	383	0
Asian	36	61	110	207	382	76	108	47	231	820	0.76%	58	762	0
Black or African American	530	1280	8512	10322	23185	4049	1636	3090	8775	42282	39.03%	746	41536	0
White	1569	1689	9010	12268	27933	5685	3142	3738	12565	52766	48.71%	16821	35945	0
Native Hawaiian or Pacific Islander	2	7	40	49	134	18	14	8	40	223	0.21%	121	102	0
Multi	240	235	1637	2112	5044	370	171	221	762	7918	7.31%	1169	6749	0
Not Declared / Not Present	0	0	0	0	0	0	0	0	0	0	0%	0	0	0
Not Defined	0	0	0	0	0	0	0	0	0	0	0%	0	0	0
State Totals:	**2419**	**3386**	**20124**	**25929**	**59144**	**10583**	**5254**	**7426**	**23263**	**108336**	**100%**	**22836**	**85500**	**0**

Alabama Women, Infants, and Children (WIC) Program

FY 2027 Projected Statewide Participation

FY 2027 Projected Statewide Participation

Total	=	110,250 (Year to date average June 2027 caseload)
Women	=	23,814 (21.6 percent)
Infants	=	25,799 (23.4 percent)
Children	=	60,638 (55.0 percent)

CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

INTRODUCTION

The review of certification, eligibility and coordination of services involves the process of determining and documenting participant eligibility (income eligibility as well as nutritional risk determination, standards, and criteria), and the coordination of certification activities with other health services. The following sections provide a brief overview of the information that is required by federal regulations to be included in State Plans. The questions that follow are designed to assist the State agencies in submitting compliant State Plans for FNS approval. State agencies are encouraged to review each federal regulation in its entirety. A. Eligibility Determination and Documentation - 7 CFR 246. 4(a)(11)(i); and 7 CFR 246. 7 describe the policies and procedures for determining and documenting eligibility including the application process, residency requirements, identity requirements, documented physical presence or valid exception; proof of categorical eligibility, income limits, income eligibility documentation, determination of special populations and a definition of and policy toward the economic unit. B. Nutrition Risk Determination, Documentation, and Priority Assignment - 7 CFR 246. 7(e):describe the policies and procedures for determining and documenting nutritional risk and priority assignments. Include a copy of the nutritional risk criteria the State agency plans to use with the appropriate documentation. C. Health Care Agreements, Referrals, and Coordination - 7 CFR 246. 4(a)(6); (7); (8); (19); 7 CFR 246. 4(a)(26); 7 CFR 246. 26(h): describe the procedures for coordinating agreements and services with other health care providers at the State and local agency level including procedures to ensure that benefits are provided to persons with special needs. D. Processing Standards - 7 CFR 246. 4(a)(11)(i); 246. 7(f)(2): describe the State agency's processing procedures to ensure that the required standards and timelines are met. E. Certification Periods - 7 CFR 246. 4(a)(11)(i); 246. 7(g): describe the policies and procedures used to establish certification periods for participants and the autonomy (if applicable) granted to local agencies in determining eligibility time periods. F. Transfer of Certification - 7 CFR 246. 4(a)(6); (11)(i); and 246. 7(k): describe the State agency's procedures for the transfer of certification and VOC cards ensuring that vital participant and program information is included. G. Dual Participation, Participant Rights and Responsibilities, Fair Hearing Procedures, and Sanction System - 7CFR 246. 4(a)(11)(i) (16); (17) and (18); 246. 7(h); 246. 7(i)(10); 246. 7(j); 246. 7(l): describe the procedures used to detect and prevent dual participation at the State and local level, the procedures for ensuring participants are notified of their rights and responsibilities, and the procedures regarding participant fair hearings and sanction system.

A. Eligibility, Determination, and Documentation

1. Application Process

a. The State agency requires all local agencies to use a standardized application process for all persons applying for the WIC Program

- (●) Yes
- ( ) No

b. The State agency shares on Statewide or on at local agency (check one), a common income application or certification form with (check all that apply):

[X] No other benefit programs

[X] Other reduced-price health care program(s)

[ ] Maternal and Child Health (MCH)

[ ] SNAP

[ ] TANF

[ ] Medicaid

[X] Other

Specify: No other benefit programs

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation)

2. Residency, Identity and Physical Presence Requirements

a. The State agency requires documentation of residency

[X] Yes

[ ] No other benefit programs

b. The State agency has reciprocal agreements concerning residency with other State agencies

- ( ) Yes
- (●) No

If yes, describe any reciprocal agreements: on This is not applicable for my state agency

c. The State agency has special residency policies and procedures for how the following special categories should be treated (check all that apply):

[X] Homeless applicants

[X] Institutionalized applicants

[X] Migrants

[ ] Indian Tribal Organizations

[ ] None

[ ] Other

d. The State agency allows the following as proof of identity; please select all that apply.

[X] Driver’s license

[X] Passport

[X] State issued identification card

[X] Employer issued identity card

[ ] Documentation from participation in a means-tested program

[X] Other

Specify: PM Ch. 2 Certification Attach. 2-1 Proof Document List

e. The State agency requires physical presence of the applicant or a valid exception to be documented: on This is not applicable for my state agency

[X] Yes except for the following condition(s): 7 CFR 246. 7(o)(2)

3. The State agency requires applicants to submit proof of categorical eligibility for (check all that apply):

[ ] All pregnant women

[X] Pregnant women not visibly pregnant

[ ] Postpartum women

[ ] Children

[ ] Infants

[ ] Other

4. Income Limits for Eligibility

a. The State agency gross income limit for income eligibility is at or below 185 of the federal poverty income guidelines

- (●) Yes, with no local agency exceptions
- ( ) Yes, with local agency variation
- ( ) No, with no local agency exceptions
- ( ) No, with local agency variation

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):

AL WIC Procedure Manual Ch. 2 Certification 2.2. C.; Attachment 2-5 Guide to Determining WIC Income Eligibility

b. The State agency implements income eligibility guidelines concurrently with Medicaid

- ( ) Yes
- (●) No

ADDITIONAL DETAIL: Please attach a copy of the income guidelines in the Appendix or the appropriate citation in the Procedure Manual. Certification and Eligibility Appendix and/or Procedure Manual (citation):

Attachment - AL WIC Income Guidelines 2026-2027

c. The State agency requires documentation of an applicant's, or certain family members' eligibility to receive benefits in the following means-tested programs that confer adjunctive income eligibility for WIC, as set forth in 7 CFR 246. 7(d)(2)(vi):

		Poverty Level (%)
TANF	**X**	**167**
SNAP	**X**	**130**

Medicaid (specify State percent of poverty for each below)	**X**	
Pregnant women and infants	**X**	**146**
Children	**X**	**146**
Other categorically eligible women	**X**	**146**

d. The State agency uses documented eligibility for participation in other means-tested programs to establish automatic WIC income eligibility (check all that apply, and the poverty levels used for each): **N/A**

		Poverty Level (%)
Free or Reduced-Price School Meals		
Supplemental Security Income (SSI)		
Other State-provided health insurance (specify State "percent of poverty" maximum		
Food Distribution Program on Indian Reservations (FDPIR)		

e. Individuals are required to document that they or a family member are certified as eligible to receive TANF, Medicaid, or SNAP benefits or, under the State option, certified as eligible to receive benefits in State- administered programs by providing:

[X] Program ID card (only if it includes dates of eligibility) or notice of current eligibility

[ ] Documentation of participation in State-administered programs (and such programs require documentation of income and have income guidelines at or below WIC's income guideline of 185% of poverty).

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):

See Income assessment procedure in AL WIC Procedure Manual
Ch. 2 Certification section 2.7

5. Income Eligibility Documentation

a. For WIC applicants whose income eligibility is not based on adjunctive or automatic income eligibility in another means-tested program, the State agency requires (check all that apply):

[X] Documentation of income information

[X] Signed statement that documentation of income information is not available and why

[X] Notation in the participant record if the applicant declares no income and why

[ ] Other

b. Exceptions to income documentation are made for the following:

[ ] The necessary information is not available

[ ] The income documentation presents an unreasonable barrier to participation as determined by the State agency

[X] Those applicants with no income

[X] Those applicants who work for cash

[X] Other

Specify: See Income assessment procedure in AL WIC Procedure Manual Ch. 2 Certification section 2.7

c. If the applicant does not supply the necessary documentation at the certification appointment, local agencies are generally instructed to do the following:

[X] Certification process is terminated, and no food instruments/cash-value vouchers are provided appointment rescheduled

[ ] Temporary certification (not to exceed 30 days) for applicants that have one qualifying nutrition risk and are able to present at least two of the three required documents (identification, residency, and income) during a certification appointment is completed and food instruments are provided. However, if applicant does not provide documentation within 30 days, certification expires, and a new eligibility determination must be conducted.

[ ] Other

d. The State agency requires on State-wide, or on at local agency discretion (check one), the verification of applicant income information, if determined necessary

[ ] No

[X] Yes (check all sources required, as appropriate):

e. The State agency has specific policies that define actions to be taken for mid-certification appointment if a participants income eligibility changes.

(●) Yes

Specify: Refer to WIC PM Ch. 2 Certification sec. 2.2 and Attachment 2-5 Guide to Determining WIC Income Eligibility.

( ) No

f. The State agency allows documentation of alternate income procedures for Indian or Indian Health Service (IHS) operated local agencies.

( ) Yes

(●) No

( ) Not Applicable

g. The State agency has a specific policy that addresses income from benefits provided by a State administered program.

( ) Yes

(●) No

h. The State agency has a specific policy to ensure that certain types of income, such as combat pay or Family Subsistence Supplemental Allowance (FSSA) payments for households that include service members, are excluded from consideration in the WIC income eligibility determination, as provided by law and regulation.

- (●) Yes
- ( ) No

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):

Refer to WIC PM Ch. 2 Attachment 2-5 Guide to Determining WIC Income Eligibility.

6. In determining an applicant s income eligibility for WIC, the State agency excludes basic allowance for housing received by military services personnel residing off military installations and in privatized housing, whether on- or off-base.

- (●) Yes, State-wide
- ( ) No

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):

Refer to WIC PM Ch. 2 Attachment 2-5 Guide to Determining WIC Income Eligibility.

7. The State agency excludes cost-of-living allowances for military personnel on duty outside of the contiguous 48 States (OCONUS COLA) from applicant income for purposes of WIC income determination.

- (●) Yes, State-wide
- ( ) No

8. In determining an applicant s income eligibility for WIC, the State agency excludes payments given to deployed military service members. These payments are in accordance with Chapter 5 of Title 37 of the U. S. C.

- (●) Yes, State-wide
- ( ) No

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):

Refer to WIC PM Ch. 2 Attachment 2-5 Guide to Determining WIC Income Eligibility.

9. In determining an applicant s income eligibility for WIC, the State agency calculates multiple income sources received by an applicant s household at different frequencies in accordance with WIC Policy Memo 2011-7 and compares the sum to the established WIC IEGs.

- (●) Yes, State-wide
- ( ) No

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):

Refer to WIC PM Ch. 2 Attachment 2-5 Guide to Determining WIC Income Eligibility.

10. The State agency defines the economic unit in accordance with WIC Policy Memo 2013-3.

- (●) Yes
- ( ) No

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation): Provide the definition of an economic unit used by the State agency below or the appropriate citation in the Procedure Manual.

Refer to WIC PM Ch. 2 and Attachment 2-5 Guide to Determining WIC Income Eligibility.

The State agency has specific policies or lists examples concerning the determination of the economic unit for (check all that apply):

[X] Foster children

[ ] Divorced/legally separated parents/step parents

[X] Absentee spouse (military hardship tours, etc.)

[X] Cohabitation

[X] Institutionalized applicants (including incarcerated applicants)

[X] Homeless applicants

[ ] Minors ("emancipated" minors)

[X] Separate economic units under the same roof

[ ] Striker/unemployed

[X] Students away at school

[X] Self-employed applicants

[ ] Other

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):

Refer to WIC PM Ch. 2 sec. 2.7

11. Mid-Certification Disqualification

a. The State agency ensures that local agencies are required to stipulate that an individual is not automatically disqualified mid-certification due to the fact that she/he no longer participates in one or more of the Programs for which they were originally determined adjunctively/automatically income eligible.

- (●) Yes
- ( ) No

b. WIC regulations specify that when income eligibility is reassessed mid-certification, State/local agencies are required to reevaluate the Programs for which the individual could be determined adjunctively/automatically income eligible. If the individual cannot qualify based on eligibility for one of these Programs, eligibility must be determined based on WIC income guidelines and disqualification made only after all of these options are exhausted. The State ensures its policy and procedures comply with this requirement:

- (●) Yes
- ( ) No

B. Nutrition Risk Determination, Documentation and Priority Assignment

1. Nutrition Risk Determination and Documentation

a. Professionals authorized by the State agency as Competent Professional Authorities (CPAs) to determine nutritional risk include (check all that apply): Can certify for:

Qualification Priorities	Priorities I-III	All
Registered Dietetic Technician		X
Registered Dietitian or Masters Level Nutritionist		X
Bachelors' Level Nutritionist		X
Physician		
Physician Assistant		
Registered Nurse		X
Licensed Practical Nurse		
Paraprofessional (those without a degree in nutrition or nutrition related field but have formal WIC training by State agency or Local Agency)		

b. The State agency authorizes local agencies to (check all that apply):

[X] Conduct

[X] Use medical referral data for

[ ] Use data from a state Health Information Exchange (including access to medical referral data via a participant/physician portal)

[ ] Use data from a trusted partner trained in taking accurate measurements

Please list or attach partners the state agency accepts data from (list doesn t need to be all-inclusive)

Health Care Providers

c. The State agency uses only FNS-approved nutrition risk criteria, as referenced in Policy Memorandum 2011-5, WIC Nutrition Risk Criteria, and transmittal memorandum (dated December 17, 2020) that list the revised risk criteria requiring implementation by 10/1/2022, published on the FNS PartnerWeb, to document nutrition risk. (Note: A more recent transmittal memorandum was issued on November 17, 2022, however, the revised risk criteria included in this memorandum are not scheduled to be implemented until October 1, 2024)

- (●) Yes
- ( ) No

Please append a list of the nutrition risk criteria used by the State agency in its entirety to this State Agency Plan.

Attachment - Nutrition Risk Criteria found in WIC Provider Guidance Manual

d. The State agency modifies nutrition risk criteria such that criteria definitions are more restrictive than nationally established definitions.

- ( ) Yes
- (●) No

e. Hematological risk determination: CFR 246. 7(e)1(i)(A)

i. The State agency requires (check one of the following)

- ( ) Bloodwork data to be collected at the time of certification (Statewide).
- (●) Bloodwork data to be collected within 90 days of certification, so long as the participant is determined to have at least one qualifying nutritional risk at the time of certification (Statewide), and the State has implemented procedures to ensure receipt of data.

- ○ A shorter (less than 90 days) timeframe for collection of data past certification.

ii. The State agency ensures that hematological assessment data are current and reflective of participant status, to include a bloodwork periodicity schedule that conforms to the requirements as described in 7 CFR 246. 7(e)(1)(ii)(B).

- ● Yes
- ○ No

iii. The State agency allows local agencies the option of obtaining bloodwork on children ages 2-5 annually if prior certification results were normal.

- ● Yes
- ○ No

f. Anthropometric risk determination:

i. The State agency allows (check one):

- ● Anthropometric data for certification to be no older than 60 days (Statewide)
- ○ A shorter (less than 60 days) limit on age of anthropometric data or certification

g. Nutrition assessment:

i. Local agencies are required to perform a complete nutrition assessment (as described in the Value Enhanced Nutrition Assessment VENA Guidance) for all participants.

- ● Yes
- ○ No

ii. Local agencies are required to perform a mid-certification nutrition assessment (as described in the Guidance for Providing Quality Nutrition Services during Extended Certification Periods) for all participants with and extended certification period.

- ● Yes
- ○ Not Applicable: (The State agency does not utilize the extended certification option for any participant category)

iii. The State agency policy requires that nutrition assessment intake information be collected on a State agency mandated form or Management Information System (MIS).

- ● Yes
- ○ No

If yes, attach mandated forms (or MIS screen shots) or specify location in the procedure manual and reference below. on This is not applicable for my state agency

Attachment - Crossroads MIS Nutrition Assessment screen shots

If no, the State agency assures quality of nutrition assessment by: on This is not applicable for my state agency

[ ] Requiring local agencies to submit forms for approval

[ ] Annually monitoring the locally developed forms during local agency review

[ ] Other

Dietary assessment is based on professionally recognized guidelines (e. g. , Dietary Guidelines for Americans, My Plate Food Guide, American Academy of Pediatrics)

[X] Yes

[ ] No

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (cite):

AL WIC Procedure Manual Ch. 4 Nutrition Assessment

2. Documentation

a. The State agency requires documentation in the applicant s case file for all nutrition risk criteria used to establish WIC eligibility (check one) (as described in FNS Policy Memorandum 2008-4, WIC Nutrition Services Documentation):

- ○ Yes, supported by a written "exceptions" policy (e.g., policies to direct clinic staff in situations in which documentation is unavailable)
- ◉ Yes, with CPA discretion when to waive documentation requirement (no written policy)
- ○ No

b. As a matter of policy, the State agency requires the documentation of nutritional risk criteria on a participant's certification form in the following manner:

[X] All identified risk criteria are recorded

[ ] A set number of criteria is recorded

[ ] Local agency personnel decide how many and which criteria are recorded

[ ] Other

3. Priority Assignments

a. Participants certified for regression

[X] Remain in the same priority in which they were previously assigned

[ ] Are assigned to Priority VII, regardless of their initial priority at first certification

[ ] Other

b. The State agency requires verification for all nutrition risk criteria that require a physician s diagnosis.

◯ Yes

◉ No

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (cite):

Attachment Nutrition Risk Criteria Table found in WIC Provider Guidance Manual

c. Participants may be certified for regression (check all that apply): on This is not applicable for my state agency

[ ] A single six-month period

[X] One time following a certification period

[ ] No policy, local agency discretion

d. High risk postpartum women are assigned to the following priority:

◉ Priority III

◯ Priority IV

◯ Priority V

◯ Priority VI

e. Participants certified solely due to homelessness/migrancy are assigned to the following priority:

	IV	V	VI	VII
Pregnant Women	X			
Breastfeeding Women	X			
Postpartum Women			X	
Infants	X			
Children		X		

f. Attach a copy of any nutrition risk criteria that will be added, modified, or deleted during the coming fiscal year. For each criterion, indicate: - Applicable participant category - Applicable priority level(s) - Whether a physician s diagnosis is required - SA code number which conforms to list of codes provided by USDA for Participant Characteristics data collection

No additional revisions to the AL Nutrition Risk Criteria will be made in FY 2027 - all requirements complete.

C. Health Care Agreements, Referrals, and Coordination

1. State Agency Referral Agreements and Coordination of Services

a. The State agency has written formal agreements that permit the sharing of participant information with the following programs/providers (indicate whether information is shared manually (M) or through ADP (A) by placing either an M or A in front of the appropriate service):

	Manual (M)	ADP (A)
SNAP		**X**
Rural/migrant health centers		
TANF		**X**
Hospitals		
Medicaid		**X**
Childhood immunization	**X**	
SSI		
Immunization registries		**X**

EPSDT		
Well-child programs		
MCH programs		
Child protective services		
Family planning		
IHS facilities		
Private physicians		
Children with special health care needs program(s)		

b. Formal agreements for coordination of services include:

[X] Responsibilities of each party

[X] Assurance that information is used only for program eligibility and/or outreach

[X] Assurance that information will remain confidential and not be shared with a third party

c. The State agency requires local agencies to coordinate services with, and/or develop referral systems for, the following (check all that apply):

[X] SNAP

[X] Children with special health care needs

[X] TANF

[ ] Schools

[ ] SSI

[X] Expanded Food and Nutrition Education Program (EFNEP)

[X] Medicaid

[ ] Other food assistance program (TEFAP, FDPIR, CSFP, etc.)

[X] CHIP

[X] Breastfeeding promotion

[ ] IHS facilities

[X] Child protective services

[X] MCH (clinics/facilities)

[X] Head Start

[ ] Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

[X] Early Head Start

[X] Family planning

[ ] Healthy Start

[X] Prenatal care

[X] Substance abuse program

[X] Postnatal care

[X] Child abuse counseling

[X] Immunization

[X] Foster care agencies

[X] Dental services

[X] Homeless facilities

[X] Private physicians

[X] Mental health services

[ ] Hospitals

[X] Rural/migrant health centers

[X] Well-child programs

[X] Lead Screening

[ ] Other

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):

AL WIC Procedure Manual Ch. 2 Certification Section 2.7 C. and Ch. 3 Nutrition Education

2. Local Agency Referral Procedures

a. The State agency ensures that local agencies make available to all adults applying or re-applying for the WIC Program for themselves or on behalf of others the following types of information:

[X] State Medicaid Program, including presumptive eligibility determinations, where available

[ ] Child support services

[X] SNAP

[X] Substance abuse counseling/treatment programs

[X] TANF, including presumptive eligibility determinations, where available

[ ] Other State-funded medical insurance programs

[ ] Other nutrition services

[X] EPSDT Program

[X] Children’s Health Insurance programs (s)

[ ] Other

b. The referral methods used by local agencies to other health and social service programs include (check all that apply, and indicate whether the method selected is the primary method of referral):

		Primary
State agency-developed referral forms	**X**	
Local agency-developed referral form		
Telephone call to referring agency		
Verbal referral to participants	**X**	**X**
Automated client/participant information exchange		
Written literature on referral programs	**X**	
Follow-ups by staff to monitor		
Maintain a list of local resources for drug and other harmful substance abuse	**X**	

Counseling		

c. Methods used by other health and social service programs to refer clients to the WIC Program include (check all that apply, and indicate whether the method selected is the primary method of referral):

		Primary
WIC Program referral form		
Health/social program referral form		
Telephone call	**X**	
Verbal referral	**X**	
Automated client/participant information exchange		

Written literature on the WIC Program	**X**	**X**

d. The State agency has a system in place to monitor the extent to which WIC participants are using other health or social services (check all that apply):

[ ] Yes

[X] No

e. The State agency requires local agencies to monitor referrals to determine the extent of health or social services utilization in addition to State monitoring systems.

◯ Yes

◉ No

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):

f. To facilitate referrals to the Medicaid Program, the State agency provides each local agency a chart showing the maximum income limits, according to family size, applicable to pregnant women, infants, and children up to age 5 under the Medicaid Program.

◯ Yes

◉ No

g. The State agency assures that each local agency operating the Program within a hospital, and/or that has a cooperative arrangement with a hospital, advises potentially eligible individuals that receive inpatient or outpatient prenatal, maternity, or postpartum services, or that accompany a child under the age of 5 who receives well-child services, of the availability of Program services.

◉ Yes

◯ No

h. The State agency ensures that, to the extent possible, local agencies provide an opportunity for individuals who may be eligible to be certified within the hospital for participation in WIC.

◉ Yes

◯ No

i. The State agency ensures that when WIC is at maximum caseload, local agencies make referrals to:

[ ] Food banks

[ ] Food pantries

[X] Soup kitchens or other emergency meal providers

[ ] SNAP

[ ] The Emergency Food Assistance Program (TEFAP)

[ ] Food Distribution Program on Indian Reservations (FDPIR)

[X] Other

Specify: Local agency staff make referrals when appropriate and not necessarily based on caseload

j. The State agency ensures that when WIC is at maximum caseload, local agencies notify the State agency of any waiting lists established

(●) Yes

( ) No

k. The State agency ensures that when WIC is at maximum caseload, the State agency notifies FNS of any waiting lists established

(●) Yes

( ) No

l. The State agency ensures that when the WIC participant's family has immediate needs for food beyond what WIC might provide, local agencies make referrals to

[X] Food banks

[X] Food pantries

[X] Soup kitchens or other emergency meal providers

[X] SNAP

[ ] The Emergency Food Assistance Program (TEFAP)

[ ] Food Distribution Program on Indian Reservations (FDPIR)

[X] Other

Specify: Medicaid if the participant is receiving an exempt formula and the need is in excess of WIC maximum allowance.

m. Immunization Screening and Referral

i. The State agency assures that each local agency is meeting the requirements of WIC Policy Memorandum 2001-7, August 30, 2001: Immunization Screening and Referral, as follows:

[X] Screening children under the age of two using a documented immunization history:

[ ] Using the minimum screening protocol, or

[ ] Using a more comprehensive means

[ ] Using another program or entity to screen and refer WIC children using a documented immunization history, or

[ ] Implementing the minimum screening protocol is unnecessary because immunization coverage rates of WIC children by 24 months are 90% or greater, or

[ ] The State agency has been unable to formalize a coordination agreement with the State Immunization Program.

ii. The State agency's policy and procedure manual has been updated to include the above immunization screening and referral protocol.

- (●) Yes
- ( ) No

D. Processing Standards

1. Notification Standards

a. The State agency defines special nutritional risk applicants who are to be notified of their eligibility within 10 days of the date of the first request (at the local agency) for program benefits as the following (check all that apply):

[X] Pregnant women eligible as Priority I

[X] High-risk infants (optional)

[X] Migrant farmworkers/family members

[X] Homeless (optional)

[ ] Optional

b. The State agency requires local agencies to follow special policies and procedures to ensure timely certification of:

[ ] Rural applicants

[X] Employed applicants

[ ] No special policies/procedures

c. The State agency's policy allows it to authorize an extension of the notification period up to 15 days for special nutritional risk applicants when local agencies provide a written request with justification.

- ○ Yes
- ◉ No

d. Policies and procedures are in place to assure all other applicants are notified of eligibility within 20 days of first request (at the local agency) for Program benefits.

- ◉ Yes
- ○ No

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):

AL PM Ch. 2 Certification section 2.5 Processing Standards

2. Processing Standards

a. Processing standards begin when the applicant (check all that apply):

[X] Calls the local agency to request benefits

[X] Visits the local agency in person

[X] Makes a written request for benefits

[ ] Makes a request for benefits via an application portal

b. The State agency requires the local agency to have a monitoring system in place to ensure processing standards are being met for all categories of applicants.

- ◉ Yes
- ○ No

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):

AL PM Ch. 2 Certification section 2.5 Processing Standards & Ch. 9 Reports - AL Detail Initial Certification Appointments Scheduled

E. Certification Periods

1. Certification Period Standards

a. (i) The State agency authorizes local agencies to certify infants under six months of age for a period extending up to the first birthday provided the quality and accessibility of health care services are not diminished:

- (●) Yes, at all local agencies
- ( ) Yes, at selected local agencies
- ( ) No

ii. The State agency authorizes local agencies to certify children for a period of up to one year provided that participant children receive required health and nutrition services:

- (●) Yes, at all local agencies
- ( ) Yes, at selected local agencies
- ( ) No

iii. The State agency authorizes local agencies to certify breastfeeding mothers for a period extending up to the infant's first birthday or until breastfeeding is discontinued (whichever comes first), provided that there will be no decrease in health and nutrition services that the participant would otherwise receive during a shorter certification period:

- (●) Yes, at all local agencies
- ( ) Yes, at selected local agencies
- ( ) No

iv. The State agency ensures that health care and nutrition services are not diminished for participants certified for longer than six months:

- ( ) No
- (●) Yes

Specify: WIC PM Ch. 2 Certification Section 2.8

b. Extended certification is an option for the following (check all that apply):

[ ] Priority I infants

[ ] Priority II infants

[ ] Priority IV infants

[ ] Priority III Children

[ ] Priority V Children

[ ] Priority I Breastfeeding Women

[ ] Priority IV Breastfeeding Women

c. The State agency authorizes local agencies to shorten or extend the certification period up to 30 days in certain circumstances.

◯ Yes

◉ No

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):

2. The State agency authorizes local agencies to disqualify an individual in the middle of a certification period for the following reasons (check all that apply):

[X] Participant volunteers the information that they are over income

[X] Participant abuse

[X] Family member found income ineligible at recertification

[ ] Failure to pick up food instruments/cash-value vouchers

[ ] Other

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):

AL WIC Procedure Manual ch. 2 Certification Sec. 2.11

F. Transfer of Certification

1. Procedures for Transfer of Certification and Verification of Certification (VOC)

a. The State agency has procedures in place that are used by all local agencies for transfers of certification within the State agency (intra-State), between State agencies (inter-State), and to the WIC Overseas Program (WICO):

	Yes	No
Intra-State	**X**	
Inter-State	**X**	
WIC Overseas	**X**	

b. A participant ID card/folder/documentation is provided which also serves as a VOC:

- ○ Yes
- ◉ No

c. The State agency requires all local agencies to use a standardized Verification of Certification card:

- ◉ Yes
- ○ No

d. VOCs are issued to the following (check all that apply):

[ ] All participants

[X] Migrants

[ ] Homeless

[X] Participants relocating during certification period

[X] Persons affiliated with the military who are transferred overseas

[X] Other

Specify: Upon request of any participant.

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):

AL WIC Procedure Manual Ch. 2 Certification Sec. 2.14

2. The State agency requires all local agencies to include the following information on the Verification of Certification card (check all that apply):

[X] Name of participant

[X] Date certification performed

[X] Date income eligibility last determined

[X] Nutritional risk condition of the participant

[X] Date certification period expires

[X] Signature/printed or typed name of certifying local agency official

[X] Name/address/phone number of certifying local agency

[X] Identification number or some other means of accountability

[X] Other

Specify: Nutrition Risk 803 if Migrant

3. The State agency requires all local agencies to accept as valid all VOC cards from both the domestic WIC Program and the WIC Overseas Program that contain the following essential elements:

[X] Participant name

[X] Name and address of the certifying agency

[X] Date the current certification period expires

4. The State agency honors the one-year certification period for transferring participants (infants, children, and breastfeeding women) even if it certifies participants every six months.

◉ Yes

○ No

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):

WIC PM Ch. 2 Certification Section 2.14

G. Dual Participation, Rights and Responsibilities, Fair Hearings, Sanctions

1. Dual Participation

a. The State agency has written procedures to prevent and detect dual participation within each local agency and between local agencies

- (●) Yes (Please attach any descriptions of policy in Appendix or cite appropriate section(s) of the Procedure Manual)

  Specify: AL WIC Procedure Manual Ch. 9 Reports - AL Duplicate Individual Report, AL Dual Enrollment-Dual Participation Report

- ( ) No

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):

WIC PM Ch. 12 Program Abuse Section 12.2

b. The State agency has a written agreement with the Indian State agency(ies) or other geographic State agencies in proximity for the detection and prevention of dual participation (attach a copy of each applicable agreement or provide a citation of where a copy is located):

- (●) Yes
- ( ) No
- ( ) Not applicable

c. The State agency has established procedures to handle participants found in violation due to dual participation:

- (●) Yes (Please attach any descriptions of policy in Appendix or cite appropriate section(s) of the Procedure Manual)

  Specify: AL WIC Procedure Manual Ch. 12 Program Abuse Attachment 12-1

- ( ) No

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):

2. Participant Rights and Responsibilities

a. The State agency has uniform notification procedures that are used by all local agencies statewide:

- (●) Yes
- ( ) No

b. The State agency requires all local agencies to inform applicant/participant of his/her rights and responsibilities in written form, and must be read by or to the applicant, parent, or caretaker:

- (●) Yes
- ( ) No

c. The State agency has implemented a policy of disqualifying participants for not picking up food instruments:

- (●) Yes
- ( ) No
- ( ) Not applicable

If yes, the policy is communicated to participants in the participant rights and responsibilities materials:

- (●) Yes
- ( ) No
- ( ) Not applicable

d. The State agency has implemented a policy to specifically inform participants that they are not allowed to sell WIC food benefits, including online:

- (●) Yes
- ( ) No

e. The State agency has policies and procedures to identify attempted sales of WIC food benefits in their WIC State Plan:

- (●) Yes
- ( ) No

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):

AL WIC Procedure Manual Ch. 12 Program Abuse

f. The State agency has developed special notification policies and procedures for the following:

[X] Applicant/participant who cannot read

[X] Applicant/participant who speaks in a language other than English

[ ] Homeless

[ ] Migrants

[X] Persons with disabilities

[X] Other

Specify: Applicant/participant who cannot read; Applicant/participant who speaks in a language other than English; Persons with disabilities

g. The State agency requires all local agencies to provide notification of participant rights and responsibilities in the following situations:

[X] Eligibility at each certification

[X] Ineligibility at initial certification

[ ] Mid-certification disqualification

[ ] Expiration of a certification period

[ ] Waiting list status

[ ] Other

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):

3. Fair Hearing Sanction System

a. The State has a law or regulation governing participant appeals:

(●) Yes

( ) No

b. The State agency has established statewide fair hearing procedures:

(●) Yes (Attach fair hearing procedures for participants or specify the location in the Procedure Manual and reference in the Additional Detail field at the end of this section.)

( ) No

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):

AL WIC Procedure Manual Ch. 13 Administrative Appeals

c. State or local agency actions against participants include (check all that apply):

[X] Reclaiming the value of improperly received benefits

[X] Disqualification from the program for up to one year

[ ] Suspension from the program mid-certification

[ ] Other

d. Appeal hearings are held at:

[ ] WIC State agency parent agency

[ ] Other State agency or hearing board

[X] Local WIC agency

[ ] Other

e. Statewide fair hearing procedures include (check all that apply):

[X] Request for hearing

[X] Local agency responsibilities

[X] Denial or dismissal of request

[X] Continuation of benefits

[X] Rules of procedure

[X] Responsibilities of hearing official

[X] Fair hearing decision

[ ] Official

[ ] Judicial review

[ ] Other

f. State agency procedures require written notification for (check all that apply):

[X] Appeal rights

[X] Request for hearing

[X] Denial or dismissal of request

[X] Notice of hearing

[X] Termination within certification period

[X] Fair hearing decision

[ ] Judicial review

[ ] Other

g. The State agency has established timeframes to govern each step of the hearing process:

- (●) Yes
- ( ) No

h. The State agency requires all local agencies to document any notification/correspondence in the participant's file:

- (●) Yes
- ( ) No

i. The State agency has a written sanction policy for participants:

- (●) Yes (Provide appropriate citation in the Additional Detail field at the end of this section.)
- ( ) No

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):

AL WIC Procedure Manual Ch. 12 Program Abuse and Ch. 13 Administrative Appeals

j. The State agency has established procedures which determine the type and levels of sanctions to be applied against participants:

- (●) Yes
- ( ) No

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):

See WIC PM Ch. 12 Program Abuse and Ch. 13 Administrative Appeals

Alabama Women, Infants and Children (WIC) Program
Income Eligibility Guidelines
Effective June 1, 2026 to June 30, 2027

Household Size	Federal Poverty Level (FPL) Annual Income (100 percent FPL)	WIC Program - 185 percent FPL (gross income before taxes are withheld)				
		Annual	Monthly	Twice per month	Every two weeks	Weekly
1	$15,960	$29,526	$2,461	$1,231	$1,136	$568
2	$21,640	$40,034	$3,337	$1,669	$1,540	$770
3	$27,320	$50,542	$4,212	$2,106	$1,944	$972
4	$33,000	$61,050	$5,088	$2,544	$2,349	$1,175
5	$38,680	$71,558	$5,964	$2,981	$2,753	$1,377
6	$44,360	$82,066	$6,839	$3,420	$3,157	$1,579
7	$50,040	$92,574	$7,715	$3,858	$3,561	$1,781
8	$55,720	$103,082	$8,591	$4,296	$3,965	$1,983
Each additional family member	Add $5,680	Add $10,508	Add $876	Add $438	Add $405	Add $203

Note: This institution is an equal opportunity provider.

Income eligibility for the WIC program is determined using income standards as prescribed under section 9(b) of the Richard B. Russell National School Lunch Act (42 U.S.C. 1758(b)). The income limit is 185 percent of the Federal poverty guidelines, as adjusted.

The revised WIC income eligiblity guidelines are to be used in conjunction with the WIC regulations at 7 CFR 246.7(d).
The Department of Health and Human Services (HHS) published revised 2026 Federal poverty guidelines on January 15, 2026:
https://www.federalregister.gov/documents/2026/01/15/2026-00755/annual-update-of-the-hhs-poverty-guidelines.

For a pregnant woman, count each unborn baby in the family size. For example, a single mom with no other children who is pregnant with twins counts as a family of 3.

For each additional family member above a family size of 8, add the amount specified to the total gross household income.
For example, maximum gross household income for a family size of 10 paid every 2 weeks is calculated as follows:

$3,965 (family size 8) + $405 (family member 9) + $405 (family member 10) = $4,775.

AL WIC Provider Guidance Manual

October 2024

Nutrition Risk Code Criteria Table

WIC Nutrition Risk Criteria

System Assigned (SA); System or CPA Assigned (SA/CPA); CPA Assigned (CPA); Automatic High Risk* (HR)

Code **Category [Priority]** **Risk Criteria/Definition** **Required Documentation**

Risk Category: Anthropometric			
Code	**Category/[Priority]**	**Risk Criteria/Definition**	**Required Documentation**
101 **(SA)**	PG [1] BF [1] NBF [3-6]	**Underweight (Woman)** **Pregnant Woman**: Prepregnancy BMI < 18.5 **Non-Breastfeeding Woman**: Prepregnancy or current BMI <18.5 **Breastfeeding Woman (<6 mo. Postpartum):** Prepregnancy or current BMI <18.5 **Breastfeeding Woman (>6 mo. Postpartum):** Current BMI <18.5	BMI calculated from self-reported prepregnancy (or current) weight documented on Health Information Screen and measured height documented on Anthro/Lab Screen in Crossroads.
103 **(SA)**	Infant [1] Child [3]	**Underweight or At Risk of Underweight (Infants and Children)** **Birth to 12 months:** Underweight: weight for length is < 2nd percentile. At Risk of Underweight: weight for length is > 2nd percentile and < 5th percentile. **12 to < 24 months:** Underweight: Weight for length is < 2nd percentile. At Risk of Underweight: Weight for length > 2nd and < 5th percentile. **2 to 5 years:** Underweight: BMI for age < 5th percentile. At Risk of Underweight: BMI for age >5th percentile and < 10th percentile.	Weight and length measurements documented on Anthro/Lab Screen in Crossroads; weight for length percentile calculated by Crossroads and compared to established standards. Measurements may be taken within 60 days of certification. NOTE: If it is the 2 year old certification visit, child's height must be measured standing. Exception can be made for children with special health care needs documented in Care Plan Summary Nutrition Assessment. For exceptions check "Recumbent" measurement type on Anthro/lab screen. Weight and height measurements documented on Anthro/Lab Screen in Crossroads; BMI calculated by Crossroads and compared to established standards. Measurements may be taken within 60 days of certification.
111 **(SA)**	PG [1] BF [1] NBF [3-6]	**Overweight (Woman)** **Pregnant**: Prepregnancy Body Mass Index (BMI) ≥25 **Non-Breastfeeding:** Prepregnancy Body Mass Index (BMI) ≥25 **Breastfeeding (less than 6 months postpartum):** Prepregnancy Body Mass Index (BMI) ≥25 **Breastfeeding (≥6 months postpartum):** Current Body Mass Index (BMI) ≥25	BMI calculated from self-reported prepregnancy weight documented on Health Information Screen and measured height (and weight) documented on Anthro/Lab Screen in Crossroads.
113 **(SA)**	Child [3]	**Obese (Children 2-5 Years of Age)** ≥ 24 months, BMI ≥ 95th percentile	Weight and height measurements documented on Anthro/Lab Screen in Crossroads; BMI calculated by

WIC Nutrition Risk Criteria

System Assigned (SA); System or CPA Assigned (SA/CPA); CPA Assigned (CPA); Automatic High Risk* (HR)

Code	Category [Priority]	Risk Criteria/Definition	Required Documentation
		NOTE: This risk cannot be assessed based on recumbent length.	Crossroads and compared to established standards. Measurements may be taken within 60 days of certification.
114 (SA)	Infants [1] Child [3]	**Overweight or At Risk of Overweight (Infants and Children)** **Overweight (Child 2-5 years):** BMI ≥ 85th and < 95th NOTE: This risk cannot be used for recumbent length. **At Risk of Overweight (Age of Child ≥ 12 months):** Biological mother is obese (BMI ≥ 30) at the time of certification. Biological father is obese (BMI ≥ 30) at the time of certification. NOTE: Use prepregnancy weight to assess for obesity if mother is pregnant or has had a baby within the past 6 months since her current weight will be influenced by pregnancy related weight gain. **Overweight or At Risk of Overweight (Birth to 12 months):** Biological mother with BMI ≥ 30 at time of conception or at any point during the first trimester (0-13 weeks). Biological father with a BMI ≥ 30 at the time of certification.	BMI must be based on self-reported weight and height by the parent in attendance (i.e., one parent may not "self-report" for the other parent) or weight and height measurements taken by staff at the time of certification. Parent's weight and height documented on Anthro/Lab Screen. BMI automatically calculated. Must be entered at certification and subsequent certification.
115 (SA)	Infants [1] Child [3]	**High Weight for Length (Infants and Children <24 Months of Age):** **Birth to 12 months**: Weight for Length ≥98th percentile **12 to <24 months**: Weight for Length ≥98th percentile	Weight and length measurements documented on Anthro/Lab Screen in Crossroads; weight for length percentile calculated by Crossroads and compared to established standards. Measurements may be taken within 60 days of certification.
121 (SA)	Infants [1] Child [3]	**Short Stature or at Risk of Short Stature (Infants and Children):** **Birth to < 24 months:** Short Stature: length for age < 2nd percentile. At Risk of Short Stature: length for age is > 2nd percentile and < 5th percentile. NOTE: For premature infants (Birth to < 24 months), assignment of this risk criterion will be based on length for age percentile calculated from adjusted gestational age. **2 to 5 years:** Short Stature: Height for age < 5th percentile.	Weight and length/height measurements documented on Anthro/Lab Screen in Crossroads; weight for length percentile calculated by Crossroads and compared to established standards. Measurements may be taken within 60 days of certification. NOTE: Crossroads calculates gestational age for premature infants and compares to established standards accordingly.

WIC Nutrition Risk Criteria

System Assigned (SA); System or CPA Assigned (SA/CPA); CPA Assigned (CPA); Automatic High Risk* (HR)

Code	Category [Priority]	Risk Criteria/Definition	Required Documentation
		At Risk of Short Stature: Height for age >5th percentile and ≤ 10th percentile.	
131 (CPA)	PG [1]	**Low Maternal Weight Gain:** A low rate of weight gain such that in the 2nd and 3rd trimesters, for singleton pregnancies: •Underweight women gain < 1.0 pound per week •Normal weight women gain < 0.8 pounds per week •Overweight women gain < 0.5 pounds per week •Obese women gain < 0.4 pounds per week OR Low weight gain at any point in pregnancy; pregnant woman's weight plots at any point beneath bottom line of weight gain grid for her prepregnancy weight category/[BMI]: •Underweight [<18.5]: total weight gain range 28-40 pounds •Normal [18.5 to 24.9]: total weight gain range 25-35 pounds •Overweight [25.0 to 29.9]: total weight gain range 15-25 pounds •Obese [≥30.0]: total weight gain range 11-20 pounds	At least two weight measurements done by WIC clinic or healthcare provider during second or third trimester. (Do not use self-reported weights.) Documented on Anthro/Lab Screen in Crossroads. Criteria are based on pounds per month weight gain per prepregnancy BMI category.
133 (SA)	PG [1] BF [1] NBF [3-6]	**High Maternal Weight Gain:** **Pregnant women:** A high rate of weight gain, such that in the 2nd and 3rd trimester, for singleton pregnancies: •Underweight [<18.5]: gain more than 1.3 pounds/week •Normal [18.5 to 24.9]: gain more than 1.0 pound/week •Overweight [25.0 to 29.9]: gain more than 0.7 pounds/week •Obese [≥30.0]: gain more than 0.6 pounds/week High weight gain at any point in pregnancy whereby a pregnant women's weight plots at any point above the top line of the appropriate weight gain range for her respective prepregnancy weight category. **Breastfeeding or Non-Breastfeeding (most recent pregnancy only):** Total gestational weight gain as follows: •Underweight [<18.5]: gain > 40 pounds •Normal [18.5 to 24.9]: gain > 35 pounds •Overweight [25.0 to 29.9]: gain > 25 pounds	Self-reported prepregnancy weight documented on Health Information Screen compared with subsequent weight measurements done by WIC clinic or healthcare provider documented on Anthro/Lab Screen in Crossroads. Criteria based on pounds per month weight gain. Prepregnancy weight documented on Health Information Screen; measured height documented on Anthro/Lab Screen; and weight at delivery documented on Health Information Screen in Crossroads. Total

WIC Nutrition Risk Criteria

System Assigned (SA); System or CPA Assigned (SA/CPA); CPA Assigned (CPA); Automatic High Risk* (HR)

Code	Category [Priority]	Risk Criteria/Definition	Required Documentation
		•Obese [≥30.0]: gain > 20 pounds	weight gain determined by subtracting prepregnancy weight from weight at delivery.
134* (SA/CPA) (HR)	Infants [1] Child [3]	**Failure to thrive (FTT):** Presence of failure to thrive. FTT describes an inadequate growth pattern where growth is significantly lower than what is expected for age and sex. Typically, a sign of undernutrition, the cause of FTT is often complex and includes many factors. Growth should be assessed over time, rather than using a single measurement.	Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders or as self-reported by applicant/participant/caregiver. Document on Health Information Screen (health conditions slider) in Crossroads.
135 (SA)	Infants [1]	**Slowed/Faltering Growth Pattern (Infants ≤ 6 Months of Age):** Infants birth to 2 weeks: Excessive weight loss after birth, defined as ≥ 7% of birth weight. Infants 2 weeks to 6 months of age: Any weight loss. Use two separate weight measurements taken at least 8 weeks apart.	All weights must be documented on Anthro/Lab Screen in Crossroads.
141 (SA)	Infants [1] Child [3]	**Low Birth Weight and Very Low Birth Weight (Infants and Children <24 Months of Age):** Low birth weight (LBW): ≤ 5 lb 8 oz or ≤ 2500 g. Very Low Birth Weight (VLBW): ≤ 3 lb 5 oz or ≤ 1500 g.	Birth weight documented on Health Information Screen in Crossroads.
142 (SA)	Infants [1] Child [3]	**Preterm or Early Term Delivery (Infants and Children < 24 Months of Age):** Preterm: Delivery of infant ≤36 weeks gestation Early Term: Delivery of an infant born ≥37 weeks and <38 weeks gestation	Weeks gestation documented on Health Information Screen in Crossroads. Mother/caregiver can self-report or referral information from the medical provider may be used.
153 (SA/CPA)	Infants [1]	**Large for Gestational Age:** Birth weight ≥ 9 pounds or ≥ 4000 g.	Birth weight documented on Health Information Screen in Crossroads. Presence of condition diagnosed, documented, or reported by a physician or some working under a physician's orders, or as self-reported by applicant/participant/caregiver.
Risk Category: Biochemical			
Code	**Category/[Priority]**	**Risk Criteria/Definition**	**Required Documentation**
201 (SA) ***(HR)**	PG [1] BF [1] NBF [3-6] Infants [1] Child [3]	**Low Hematocrit/Low Hemoglobin:** Non-smoking Pregnant Woman Threshold values: First Trimester (0-13 weeks) Hgb <11.0 g/dl/HCT <33.0% Second Trimester (14-26 weeks) Hgb <10.5 g/dl/HCT <32.0% Third Trimester (27-40 weeks) Hgb <11.0 g/dl/HCT <33.0% **HR* (High Risk)** Values Hgb ≤9.9 g/dl/HCT ≤29.9%	Must be done according to **Anemia Screening Schedule** and documented on Anthro/Lab Screen in Crossroads. Must be done during current pregnancy or after delivery by WIC clinic or health care provider and documented on Anthro/Lab Screen in Crossroads. For the assessment

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System Assigned (SA); System or CPA Assigned (SA/CPA); CPA Assigned (CPA); Automatic High Risk* (HR)

Code	Category [Priority]	Risk Criteria/Definition	Required Documentation
		Smoking Pregnant Woman Threshold values: Smoking up to <1 pack per day < 11.3/34 hgb/hct (0-13 weeks) < 10.8/33 hgb/hct (14-26 weeks) < 11.3/34 hgb/hct (27-40 weeks) Smoking 1 up to 2 packs per day < 11.5/34.5 hgb/hct (0-13 weeks) < 11.0/33.5 hgb/hct (14-26 weeks) < 11.5/34.5 hgb/hct (27-40 weeks) Smoking 2 packs plus per day < 11.7/35 hgb/hct (0-13 weeks) < 11.2/34 hgb/hct (14-26 weeks) < 11.7/35 hgb/hct (27-40 weeks) Non-smoking Postpartum Woman Threshold values: Hgb/HCT Age <11.8/36 8 to <12 years old <11.8/36 12 to <15 years old <12.0/36 15 to <18 years old <12.0/36 >18 years old **HR* (High Risk)** Values Hgb ≤ 9.9 g/dl HCT ≤ 29.9% Smoking Postpartum Woman Threshold values: Smoking up to <1 pack per day: < 12.1/37 hgb/hct 8 to <12 years old < 12.1/37 hgb/hct 12 to <15 years old < 12.3/37 hgb/hct 15 to <18 years old < 12.3/37 hgb/hct >18 years old Smoking 1 up to 2 packs per day: < 12.3/38 hgb/hct 8 to <12 years old < 12.3/38 hgb/hct 12 to <15 years old	of iron deficiency anemia, the blood test result must be assessed based on the trimester in which the blood work was taken. Note: Carbon dioxide in cigarettes causes elevated hemoglobin not the nicotine, thus vaping does not affect hemoglobin. Threshold values based on number cigarettes entered on health information screen, Today drop-list box.

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System Assigned (SA); System or CPA Assigned (SA/CPA); CPA Assigned (CPA); Automatic High Risk* (HR)

Code	Category [Priority]	Risk Criteria/Definition	Required Documentation
		< 12.5/38 hgb/hct 15 to <18 years old < 12.5/38 hgb/hct >18 years old Smoking 2 packs plus per day: < 12.5/38 hgb/hct 8 to <12 years old < 12.5/38 hgb/hct 12 to <15 years old < 12.7/38 hgb/hct 15 to <18 years old < 12.7/38 hgb/hct >18 years old **Low Hematocrit/Low Hemoglobin:** Infants 6 to 12 Months of Age: Hgb <11.0 g/dl and HCT <33.0% **HR* (High Risk)** Values: Hgb ≤9.5 g/dl/HCT ≤29% Child 12 to < 24 Months of Age: Hgb <11.0 g/dl and HCT <32.9% Child 2 to 5 years: Hgb <11.1 g/dl and HCT <33.0% **HR* (High Risk)** Values: Hgb ≤9.3 g/dl and HCT ≤27.9%	
211* (CPA) (HR)	PG [1] BF [1] NBF [3-6] Infants [1] Child [3]	**Elevated Blood Lead Levels:** Blood lead level within the past 12 months. Women (all categories): ≥5 µg/dl Infants: ≥5 µg/dl Children: ≥3.5 µg/dl	Presence of condition diagnosed and reported by a physician or someone working under physician's orders. Documentation of current diagnosis is required at each subsequent certification. *Staff MUST ask parents/caretakers if the child they are enrolling in WIC has had a blood lead screening test; any child who has not had a test must be referred to a program where they can obtain one. Note: All Medicaid enrolled children are required to be tested at ages 12 and 24 months, or at age 24-72 months if they have not previously been screened. If the applicant/parent/caregiver reports an elevated lead level, the CPA must request documentation from the HCP using the WIC Referral form (WIC 104). Once presence of this condition is confirmed, the CPA should manually assign this risk on the Assigned Risk Factors Screen and document in the participant's Care Plan Summary Screen, Nutrition Assessment field in

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System Assigned (SA); System or CPA Assigned (SA/CPA); CPA Assigned (CPA); Automatic High Risk* (HR)

Code	Category [Priority]	Risk Criteria/Definition	Required Documentation
			Crossroads. Note: If condition confirmed at certification, document on the Health Information Screen (Health Conditions slider) in Crossroads.
Risk Category: Clinical/Health/Medical			
Code	**Category/[Priority]**	**Risk Criteria/Definition**	**Required Documentation**
301 (SA/CPA)	PG [1]	**Hyperemesis Gravidarum:** Severe and persistent nausea and vomiting during pregnancy which may cause more than 5% weight loss and fluid and electrolyte imbalances. NOTE: This criterion is based on a chronic condition, not single episodes.	Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver. Document on Health Information screen (pregnancy-induced health conditions slider) in Crossroads.
302* (SA/CPA) (HR)	PG [1]	**Gestational Diabetes:** Any degree of glucose/carbohydrate intolerance with onset or first recognition during pregnancy.	Presence of condition diagnosed and reported by physician or someone working under physician's orders or as self-reported by participant/applicant/caregiver. Document on Health Information screen in Crossroads (pregnancy-induced health conditions slider). Note: The condition was not present before the pregnancy.
303 (SA/CPA)	PG [1] BF [1] NBF [3-6]	**History of Gestational Diabetes:** Any degree of glucose/carbohydrate intolerance with onset or first recognition during a previous pregnancy.	Presence of condition diagnosed, documented, or reported by physician or someone working under physician's orders, or as self-reported by applicant/participant/caregiver. Document on Health Information screen (pregnancy-induced health conditions slider) in Crossroads.
304 (SA/CPA)	PG [1] BF [1] NBF [3-6]	**History of Preeclampsia:** Hypertension with onset during pregnancy, usually after 20 weeks gestation, and typically with proteinuria (high levels of protein found in urine).	Presence of condition diagnosed, documented, or reported by physician or someone working under physician's orders, or as self-reported by applicant/participant/caregiver. Document on Health Information screen (pregnancy-induced health conditions slider) in Crossroads.
311 (SA)	PG [1] BF [1] NBF [3-6]	**History of Preterm or Early Term Delivery:** **Pregnant Woman:** Any history of preterm delivery. **BF/Non-BF Woman:** Most recent pregnancy. Preterm Delivery: Delivery of an infant born ≤ 36 weeks. Early Term Delivery: Delivery of an infant born ≥ 37 and ≤ 38 weeks.	Self-reported documented on Health Information screen in Crossroads (pregnancy history tab).

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System Assigned (SA); System or CPA Assigned (SA/CPA); CPA Assigned (CPA); Automatic High Risk* (HR)

Code	Category [Priority]	Risk Criteria/Definition	Required Documentation
321 (SA)	PG [1] BF [1] NBF [3-6]	**History of Spontaneous Abortion, Fetal or Neonatal Death:** **Pregnant Woman:** Any history of fetal or neonatal death or 2 or more spontaneous abortions. **Non-Breastfeeding Woman:** Spontaneous abortion, fetal or neonatal loss in most recent pregnancy. **Breastfeeding Woman:** Most recent pregnancy in which there was a multifetal gestation with one or more fetal or neonatal deaths but with one or more infants still living. Spontaneous Abortion (SAB) is the spontaneous termination of a gestation at < 20 weeks or of a fetus weighing < 500 gm. Fetal Death is the spontaneous termination of a gestation at ≥ 20 weeks. Neonatal Death is the death of an infant within 0-28 days of life. **NOTE:** Elected abortion not included.	Presence of condition diagnosed, documented, or reported by physician or someone working under physician's orders, or as self-reported by applicant/participant/caregiver. Document on Health Information screen (outcome dropdown list on pregnancy history tab) in Crossroads.
331 (SA)	PG [1] BF [1] NBF [3-6]	**Pregnancy at a Young Age:** Conception at ≤ 20 years of age. Pregnant Woman: Current pregnancy BF/Non-BF Woman: Most recent pregnancy	DOB documented on Family/Participant Demographics Screen; weeks gestation and delivery date for current pregnancy documented on Health Information Screen in Crossroads.
332 (SA)	PG [1] BF [1] NBF [3-6]	**Short Interpregnancy Interval:** Interpregnancy interval of less than 18 months from the date of a live birth to the conception of the subsequent pregnancy. Pregnant Woman: Current pregnancy BF/Non-BF Woman: Most recent pregnancy **NOTE:** Only applicable for live births.	Self-reported documented on Health Information screen (pregnancy history tab) in Crossroads compared to delivery date, current pregnancy.
334 (SA)	PG [1]	**Lack of or Inadequate Prenatal Care**: Prenatal care beginning after the 1st trimester (after 13th week), or based on an inadequate Prenatal Care Index: Weeks Gestation — # of Prenatal Visits 14-21 — 0 or unknown 22-29 — 1 or less 30-31 — 2 or less 32-33 — 3 or less 34 or more — 4 or less	Assigned based on number of prenatal healthcare visits entered on Health Information Screen in Crossroads. Self-reported date of first prenatal visit entered on the Health Information screen.

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Code	Category [Priority]	Risk Criteria/Definition	Required Documentation
		34 or more 4 or less	
335 (SA)	PG [1] BF [1] NBF [3-6]	**Multi-fetal Gestation:** More than 1 fetus in a pregnancy. Pregnant Woman: Current pregnancy BF/Non-BF Woman: Most recent pregnancy	Presence of condition diagnosed and reported by physician or someone working under physician's orders. Document on Health Information Screen in Crossroads. When documented here, it changes the food prescription. Note: The Family Size on the Income Information screen should reflect Multi-fetal Gestation.
336 (CPA)	PG [1]	**Fetal Growth Restriction:** Formerly Intrauterine Growth Retardation (IUGR); fetal weight <10th percentile for gestational age.	Presence of condition diagnosed, documented, or reported by physician or someone working under physician's orders, or as self-reported by applicant/participant/caregiver. Manually assign using Assigned Risk Factors screen in Crossroads.
337 (SA/CPA)	PG [1] BF [1] NBF [3-6]	**History of Birth of a Large for Gestational Age Infant:** Birth of an infant weighing ≥ 9 lbs. (4000 gm). Pregnant Woman: Any history BF/Non-BF Woman: Most recent pregnancy or any history	Self-reported birth weight of the infant documented on Health Information screen (pregnancy history tab) in Crossroads.
338 (SA)	PG [1]	**Pregnant Woman Currently Breastfeeding:** Breastfeeding woman now pregnant.	Review/evaluate mother's medical history and diet, along with breastfeeding goals or self- reported by applicant/participant. The risk will assign when currently breastfeeding box is checked on the pregnant woman Health Information screen in Crossroads.
339 (SA/CPA)	PG [1] BF [1] NBF [3-6]	**History of Birth with Nutrition Related Congenital or Birth Defect:** Woman who has given birth to an infant who has a congenital or birth defect linked to inappropriate nutritional intake, e.g., inadequate zinc, folic acid, or excessive vitamin A. Pregnant Woman: Any history BF/Non-BF Woman: Most recent pregnancy	Presence of condition diagnosed, documented, or reported by physician or someone working under physician's orders or self-reported by applicant/participant/caregiver. Document on Health Information screen (health conditions slider) in Crossroads. Document defect and what caused it on Care Plan Summary – Nutrition Assessment in Crossroads.
341* (SA/CPA) (HR)	PG [1] BF [1] NBF [3-6] Infants [1] Child [3]	**Nutrient Deficiency or Disease:** Any currently treated or untreated nutrient deficiency or disease. These include, but are not limited to, •Scurvy •Cheilosis	Presence of condition diagnosed, documented, or reported by physician or someone working under physician's orders, or as self-reported by applicant/participant/caregiver. Document on Health Information screen (health conditions slider) in

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Code	Category [Priority]	Risk Criteria/Definition	Required Documentation
		•Rickets •Beriberi •Hypocalcemia •Osteomalacia •Pellagra •Vitamin K Deficiency •Protein Energy Malnutrition •Menkes Disease •Xerophthalmia •Iron Deficiency	Crossroads. Document nutrient deficiency or disease on Care Plan Summary – Nutrition Assessment in Crossroads.
342 (SA/CPA)	PG [1] BF [1] NBF [3-6] Infants [1] Child [3]	**Gastrointestinal Disorders:** Disease(s) and/or condition(s) that interfere with the intake or absorption of nutrients. The conditions include, but are not limited to: •Gastroesophageal reflux (GERD) •Peptic ulcer •Post-bariatric surgery •Short bowel syndrome •Inflammatory bowel disease, including Ulcerative colitis or Crohn's disease •Liver disease •Pancreatitis •Biliary tract disease NOTE: May be considered High Risk at CPA discretion.	Presence of gastrointestinal disorder(s) diagnosed, documented, or reported by physician or someone working under physician's orders, or as self-reported by applicant/participant/caregiver. Document on Health Information screen (health conditions slider) in Crossroads. Document GI disorder on Care Plan Summary – Nutrition Assessment in Crossroads.
343 (SA/CPA)	PG [1] BF [1] NBF [3-6] Infants [1] Child [3]	**Diabetes Mellitus:** Consists of a group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both. NOTE: May be considered High Risk at CPA discretion.	Presence of diabetes mellitus diagnosed, documented, or reported by a physician or someone working under physician's orders, or as self-reported by applicant/participant/caregiver. Document on Health Information screen (health conditions slider) in Crossroads.
344 (SA/CPA)	PG [1] BF [1] NBF [3-6] Infants [1] Child [3]	**Thyroid Disorders:** Thyroid dysfunctions that occur in pregnant and postpartum women, during fetal development, and in childhood are caused by the abnormal secretion of thyroid hormones. Conditions include, but are not limited to: •Hyperthyroidism •Hypothyroidism •Congenital Hyperthyroidism	Presence of condition diagnosed, documented, or reported by physician or someone working under physicians' orders, or as self-reported by applicant/participant/caregiver. Document on Health Information screen (health conditions slider) in Crossroads. Document condition on Care Plan Summary – Nutrition Assessment in Crossroads.

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Code	Category [Priority]	Risk Criteria/Definition	Required Documentation
		•Congenital Hypothyroidism •Postpartum Thyroiditis NOTE: May be considered High Risk at CPA discretion.	
345* (SA/CPA) (HR)	PG [1] BF [1] NBF [3-6] Infants [1] Child [3]	**Hypertension and Prehypertension**: **Hypertension:** Consistent readings of ≥140/≥90 mmHg; High blood pressure which may eventually cause health problems and includes chronic hypertension during pregnancy, preeclampsia, eclampsia, chronic hypertension with superimposed preeclampsia, and gestation hypertension. **Prehypertension:** Consistent readings of 120-139/80-89 mmHg; Being at high risk for developing hypertension based on blood pressure.	Presence of condition diagnosed, documented, or reported by physician or someone working under physician's orders, or as self-reported by applicant/participant/caregiver. Document on Health Information screen (health conditions slider or pregnancy induced health conditions slider) in Crossroads. Document diagnosed condition and treatment plan, if applicable, on Care Plan Summary – Nutrition Assessment in Crossroads.
346 (SA/CPA)	PG [1] BF [1] NBF [3-6] Infants [1] Child [3]	**Renal Disease:** Any renal disease including pyelonephritis and persistent proteinuria but excluding urinary tract infections (UTI) involving the bladder. NOTE: May be considered High Risk at CPA discretion.	Presence of renal disease diagnosed, documented, or reported by a physician or someone working under physician's orders, or as self-reported by applicant/participant/caregiver. Document on Health Information Screen (health conditions slider) in Crossroads.
347 (SA/CPA)	PG [1] BF [1] NBF [3-6] Infants [1] Child [3]	**Cancer:** A chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biological restraints. The current condition, or the treatment of the condition, must be severe enough to affect nutritional status. NOTE: May be considered High Risk at CPA discretion. NOTE: Some cancer treatments may contraindicate breastfeeding.	Presence of cancer diagnosed, documented, or reported by a physician or someone working under physician's orders, or as self-reported by applicant/participant/caregiver. Document on Health Information screen (health conditions slider) in Crossroads. Document condition and treatment plan, if applicable, on Care Plan Summary – Nutrition Assessment in Crossroads.
348 (SA/CPA)	PG [1] BF [1] NBF [3-6] Infants [1] Child [3]	**Central Nervous System Disorders:** Conditions which affect energy requirements, ability to feed self, or alter nutritional status metabolically, mechanically, or both. Included, but not limited to: •Cerebral Palsy •Epilepsy •Neural tube defects such as: Spina Bifida and Myelomeningocele •Parkinson's disease •Multiple sclerosis (MS) NOTE: May be considered High Risk at CPA discretion.	Presence of central nervous system disorders diagnosed, documented, or reported by a physician or someone working under physician's orders, or as self-reported by applicant/participant/caregiver. Document on Health Information screen (health conditions slider) in Crossroads. Document condition and treatment plan, if applicable, on Care Plan Summary – Nutrition Assessment in Crossroads.

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Code	Category [Priority]	Risk Criteria/Definition	Required Documentation
349 (SA/CPA)	PG [1] BF [1] NBF [3-6] Infants [1] Child [3]	**Genetic and Congenital Disorders:** Hereditary or congenital condition at birth that causes physical or metabolic abnormality. The current condition must alter nutrition status metabolically, mechanically, or both. May include but not limited to: •Cleft lip or palate •Sickle Cell Anemia (not Sickle Cell Trait) •Thalassemia Major •Down's Syndrome •Congenital heart disease (CHD) •Tetralogy of fallot •Muscular Dystrophy •Pulmonary atresia •Transposition of great arteries (TGA) •Trachea-esophageal fistula •Esophageal atresia •Gastroschisis •Omphalocele •Diaphragmatic hernia •Intestinal Atresia •Hirschsprung's disease •Hemophilia NOTE: May be considered High Risk at CPA discretion.	Presence of genetic and congenital disorders diagnosed, documented, or reported by physician or someone working under physician's orders, or as self-reported by applicant/participant/caregiver. Document on Health Information screen (health conditions slider) in Crossroads. Document condition and treatment plan, if applicable, on Care Plan Summary – Nutrition Assessment in Crossroads.
351 (SA/CPA)	PG [1] BF [1] NBF [3-6] Infants [1] Child [3]	**Inborn Errors of Metabolism:** Inherited metabolic disorders caused by a defect in the enzymes or cofactors that metabolize protein, carbohydrate, or fat. Including but not limited to: •Phenylketonuria (PKU) •Maple Syrup Urine Disease (MSUD) •Galactosemia •Glycogen storage disease •Medium-chain acyl-CoA dehydrogenase (MCAD) NOTE: May be considered High Risk at CPA discretion.	Presence of condition diagnosed, documented, or reported by physician or someone working under physician's orders, or as self-reported by applicant/participant/caregiver. Document on Health Information screen (health conditions slider) in Crossroads. Document condition and treatment plan, if applicable, on Care Plan Summary – Nutrition Assessment in Crossroads.
352 (SA/CPA)	PG [1] BF [1] NBF [3-6] Infants [1] Child [3]	**Infectious Diseases:** Come from bacteria, viruses, parasites, or fungi and spread directly or indirectly from person to person. **352a Acute Infectious Diseases:** Characterized by a single or repeated episode of relatively rapid onset and short duration.	Presence of condition diagnosed, documented, or reported by a physician or someone working under physician's orders as self-reported by applicant/participant/caregiver. Document on Health Information screen (health conditions slider) in

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Code	Category [Priority]	Risk Criteria/Definition	Required Documentation
		(Must be present within the past 6 months). Common acute diseases include: •Hepatitis A •Hepatitis E •Meningitis (Bacterial/Viral) •Parasitic infections •Listeriosis •Pneumonia •Bronchitis (3 episodes in last 6 months) **352b Chronic Infectious Diseases:** Conditions likely lasting a lifetime and require long-term management of symptoms. Diseases include: •Human Immunodeficiency Virus (HIV) •Acquired Immunodeficiency Syndrome (AIDS) •Hepatitis B •Hepatitis C •Hepatitis D NOTE: May be considered High Risk at CPA discretion.	Crossroads. Document condition and treatment plan, if applicable, on Care Plan Summary – Nutrition Assessment in Crossroads. Refer to the WIC Procedure Manual Ch. 6 Breastfeeding Promotion and Support for breastfeeding support for those with infectious disease.
353 (SA/CPA)	PG [1] BF [1] NBF [3-6] Infants [1] Child [3]	**Food Allergies:** Adverse health effects arising from a specific immune response that occurs reproducibly on exposure to a given food. NOTE: May be assigned High Risk at CPA discretion.	Presence of food allergies diagnosed, documented, or reported by a physician or by someone working under physician's orders, or as self- reported by applicant/participant/caregiver. Document on Health Information screen (health conditions slider) in Crossroads. Document specific foods, reactions and treatment plan, if applicable, on Care Plan Summary – Nutrition Assessment in Crossroads.
354 (SA/CPA)	PG [1] BF [1] NBF [3-6] Infants [1] Child [3]	**Celiac Disease:** An autoimmune disease precipitated by the ingestion of gluten (a protein in wheat, rye, and barley) that results in damage to the small intestine and malabsorption of the nutrients from food. Also known as Celiac Sprue, Gluten-sensitive Enteropathy, and Non-tropical Sprue. NOTE: May be considered High Risk at CPA discretion.	Presence of condition diagnosed, documented, or reported by a physician or someone working under physician's orders, or as self-reported by applicant/participant/caregiver. Document on Health Information screen (health conditions slider) in Crossroads.
355 (SA/CPA)	PG [1] BF [1]	**Lactose Intolerance:** The syndrome of one or more of the following: diarrhea, abdominal pain, flatulence, and/or bloating,	Presence of condition diagnosed, documented, or reported by physician or someone working under

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Code	Category [Priority]	Risk Criteria/Definition	Required Documentation
	NBF [3-6] Infants [1] Child [3]	that occurs after lactose ingestion. Lactose Intolerance occurs because of a deficiency in the levels of the lactase enzyme.	physician's orders, or as self-reported by applicant/participant/caregiver. Document on Health Information screen (health conditions slider). Document symptoms and treatment plan, if applicable, on Care Plan Summary – Nutrition Assessment in Crossroads.
356 (SA/CPA)	PG [1] BF [1] NBF [3-6] Infants [1] Child [3]	**Hypoglycemia:** Occurs when the level of glucose in the blood drops below standard levels.	Presence of hypoglycemia diagnosed, documented, or reported by physician or someone working under physician's orders, or as self-reported by applicant/participant/caregiver. Document on Health Information screen (health conditions slider) in Crossroads.
357 (SA/CPA)	PG [1] BF [1] NBF [3-6] Infants [1] Child [3]	**Drug Nutrient Interactions:** Use of prescription or over-the-counter drugs or medications that have been shown to interfere with nutrient intake, absorption, distribution, metabolism, or excretion, to an extent that nutritional status is compromised. *High Risk Assigned for Infants.	Presence of condition diagnosed, documented, or reported by physician or someone working under physician's orders, or as self-reported by applicant/participant/caregiver. Document on Health Information screen (health conditions slider) in Crossroads. Document identified interaction on Care Plan Summary – Nutrition Assessment in Crossroads.
358 (CPA)	PG [1] BF [1] NBF [3-6]	**Eating Disorders:** Characterized by severe disturbances in a person's eating behaviors and related thoughts and emotions. Eating Disorders include, but are not limited to •Anorexia Nervosa (AN) •Bulimia Nervosa (BN) •Binge-Eating Disorder (BED)	Presence of eating disorder diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver. Must document type of eating disorder and impact on nutritional status on participant's Care Plan Summary Screen, Nutrition Assessment field, in Crossroads. Manually assign on Assigned Risk Factors screen in Crossroads.
359 (SA/CPA)	PG [1] BF [1] NBF [3-6] Infants [1] Child [3]	**Recent Major Surgery, Physical Trauma, Burns**: Major surgery (including cesarean sections), physical trauma or burns severe enough to compromise nutritional status. Any occurrence: •Within the past two (<2) months, may be self-reported •More than two (>2) months previous must have the continued need for nutritional support diagnosed by a physician or a health care provider working under the orders of a physician.	Must be documented on the Health Information screen (health conditions slider) in Crossroads. Document type of surgery (ex. C-section) on Major Surgery sticky note and additional information, if applicable, on Care Plan Summary – Nutrition Assessment in Crossroads.
360 (CPA)	PG [1] BF [1] NBF [3-6]	**Other Medical Conditions**: Diseases or conditions with nutritional implications that are not included in any of the other medical conditions. Current condition, or treatment for the condition,	Presence of medical condition(s) diagnosed, documented, or reported by a physician or someone

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Code	Category [Priority]	Risk Criteria/Definition	Required Documentation
	Infants [1] Child [3]	must be severe enough to affect nutritional status. Includes, but is not limited to: •Juvenile Idiopathic Arthritis (JIA). •Cardiovascular Disease •Systemic Lupus Erythematosus (SLE) •Polycystic Ovary Syndrome (PCOS) •Persistent Asthma (moderate or severe) requiring daily medication •Cystic Fibrosis NOTE: May be considered High Risk at CPA discretion.	working under a physician's orders, or as self- reported by applicant/participant/caregiver. Document on Health Information screen (health conditions slider) in Crossroads. Document impact on nutritional status on participant's Care Plan Summary - Nutrition Assessment in Crossroads.
361 (SA/CPA)	PG [1] BF [1] NBF [3-6] Child [3]	**Mental Illness**: A syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental illnesses where the current condition, or treatment for the condition may affect nutrition status include, but are not limited to: •Depression •Anxiety Disorders •Post-Traumatic Stress Disorder (PTSD) •Personality Disorders •Schizophrenia •Obsessive-Compulsive Disorder (OCD) •Bipolar Disorders •Attention-Deficit/Hyperactivity Disorder (ADHD)	Presence of a mental illness that is diagnosed, documented, or reported by physician or someone working under physician's orders, or as self-reported by applicant/participant/caregiver. Must be documented on Health Information screen (health conditions slider) in Crossroads. Document condition and impact on nutritional status on participant's Care Plan Summary - Nutrition Assessment in Crossroads.
362 (SA/CPA)	PG [1] BF [1] NBF [3-6] Infants [1] Child [3]	**Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat:** Disabilities that restrict the ability to intake, chew, or swallow food or require tube feeding to meet nutritional needs. Disabilities include, but not limited to: •Minimal brain function/head trauma •Feeding problems due to developmental disability, such as pervasive development disorders (PPD) which include autism •Birth injury •Brain damage •Other disabilities NOTE: May be considered High Risk at CPA discretion.	Presence of condition(s) diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self- reported by applicant/participant/caregiver. Document on Health Information screen (health conditions slider) in Crossroads. Document disability and impact on nutritional status on participant's Care Plan Summary - Nutrition Assessment in Crossroads.

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Code	Category [Priority]	Risk Criteria/Definition	Required Documentation
363 (SA/CPA)	BF [1] NBF [3-6]	**Pre-Diabetes:** Impaired fasting glucose (IF) and/or impaired glucose intolerance (IGT); conditions characterized by hyperglycemia that does not meet the diagnostic criteria for diabetes mellitus.	Presence of condition diagnosed, documented, or reported by physician or someone working under physician's orders, or as self- reported by applicant/participant/caregiver. Document on the Health Information screen (health conditions slider) in Crossroads.
371 (SA)	PG [1] BF [1] NBF [3-7]	**Nicotine and Tobacco Use:** Any use of products that contain nicotine and/or tobacco to include, but not limited to, cigarettes, pipes, cigars, electronic nicotine delivery systems (e-cigarettes, vaping devices), hookahs, smokeless tobacco (chewing tobacco, snuff, dissolvable), or nicotine replacement therapies (gums, patches).	Self-reported smoking habits documented on Health Information screen in Crossroads.
372* (SA/CPA) (HR)	PG [1] BF [1] NBF [3-6]	**Alcohol and Substance Use:** **Pregnant Woman:** •Any alcohol use. •Any illegal substance use and/or abuse of prescription medications. •Any marijuana use in any form. **BF/Non-BF Woman:** •Alcohol use: High Risk Drinking (Routine consumption of ≥8 drinks per week or ≥ 4 drinks on any day; or Binge Drinking (Routine consumption of ≥ 4 drinks within 2 hours. •Any illegal substance use and/or abuse of prescription medications. •Any marijuana use in any form (breastfeeding women only).	Self-reported alcohol and/or illegal substance use documented on Health Information and Dietary Health screens in Crossroads. Document referral, as appropriate. See WIC Procedure Manual, Nutrition Education Chapter.
381 (SA/CPA)	PG [1] BF [1] NBF [3-6] Infants [1] Child [3]	**Oral Health Conditions:** Conditions including, but not limited to: •Dental Caries (tooth decay or cavities) •Periodontal diseases, including gingivitis and periodontitis •Tooth loss and/or ineffectively replaced teeth, or oral infection which impair the ability to ingest food in adequate quantity or quality.	Presence of oral health conditions diagnosed, documented, or reported by a physician, dentist or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver. Document on Health Information screen (health conditions slider) in Crossroads. Document condition and impact on nutrition status on Care Plan Summary - Nutrition Assessment in Crossroads.
382* (SA/CPA) (HR)	PG [1] BF [1] NBF [3-6]	**Fetal Alcohol Spectrum Disorders:** Group of conditions that can occur in a person whose mother consumed alcohol during pregnancy.	Presence of conditions diagnosed, documented, or reported by physician or someone working under

WIC Nutrition Risk Criteria

System Assigned (SA); System or CPA Assigned (SA/CPA); CPA Assigned (CPA); Automatic High Risk* (HR)

Code	Category [Priority]	Risk Criteria/Definition	Required Documentation
	Infants [1] Child [3]	Diagnoses include fetal alcohol syndrome (FAS), partial fetal alcohol syndrome (pFAS), alcohol related birth defects (ARBD), alcohol-related neurodevelopmental disorder (ARND), and neurobehavioral disorder associated with prenatal alcohol exposure (ND-PAE).	physician's orders, or as self-reported by applicant/participant/caregiver. Document on Health Information screen (health conditions slider) in Crossroads.
383 (CPA)	Infants [1]	**Neonatal Abstinence Syndrome (NAS):** A drug withdrawal syndrome that occurs among drug-exposed (primarily opioid-exposed) infants as a result of the mother's use of drugs during pregnancy. **Infants ≤ 6 months of Age**	The condition must be diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by the infant's caregiver. Document on Care Plan Summary – Nutrition Assessment in Crossroads. Manually assign on Assigned Risk Factors screen.
Rick Category: Dietary			
Code	**Category/[Priority]**	**Risk Criteria/Definition**	**Required Documentation**
401 (SA/CPA)	PG [1] BF [1] NBF [3-6] Child [3]	**Failure to Meet Dietary Guidelines for Americans:** Women and Children (≥ 2 years) who meet the income, categorical, and residency eligibility requirements may be presumed to be a nutrition risk.	Risk may only be used for Women and Children (≥2 years) when a complete nutrition assessment has been completed **and** no other risk criteria have been identified.
411 (SA/CPA)	Infants [1]	**Inappropriate Nutrition Practices for Infants:** Routine use of feeding practices that may result in impaired nutrient status, disease, or health problems. Refer to Codes 411.1 through 411.11 for examples.	Document the inappropriate nutrition practice on Dietary and Health Screen in Crossroads. Document details regarding specific risk(s) on Care Plan Summary – Nutrition Assessment in Crossroads. Pertains to 411.1 thru 411.11.
411.1		**Routinely using a substitute(s) for human milk or for FDA approved iron-fortified formula as the primary nutrient source during the first year of life:** Examples of substitutes: • Low iron formula without iron supplementation. • Cow's milk, goat's milk, or sheep's milk (whole, reduced fat, low-fat, skim), canned evaporated or sweetened condensed milk. • Imitation or substitute milks (such as rice- or soy-based beverages, non-dairy creamer), or other "homemade concoctions".	
411.2		**Routinely using nursing bottles or cups improperly:** Such as • Using a bottle to feed fruit juice. • Feeding any sugar-containing fluids, such as soda/soft drinks, gelatin water, corn syrup solutions, and sweetened tea.	

WIC Nutrition Risk Criteria

System Assigned (SA); System or CPA Assigned (SA/CPA); CPA Assigned (CPA); Automatic High Risk* (HR)

Code	Category [Priority]	Risk Criteria/Definition	Required Documentation
		• Allowing the infant to fall asleep or be put to bed with a bottle at naps or bedtime. • Allowing the infant to use the bottle without restriction (e.g., walking around with a bottle) or as a pacifier. • Propping the bottle when feeding. • Allowing an infant to carry around and drink throughout the day from a covered or training cup. • Adding any food (cereal or other solid foods) to the infant's bottle.	
411.3		**Routinely offering complementary foods* or other substances that are inappropriate in type or timing:** * Complementary foods are any foods or beverages other than human milk or infant formula. • Adding sweet agents such as sugar, honey, or syrups to any beverage (including water) or prepared food or used on a pacifier. • Introducing any food other than human milk or iron-fortified infant formula before 6months of age.	
411.4		**Routinely using feeding practices that disregard the developmental needs or stage of the infant:** • Inability to recognize, insensitivity to, or disregarding the infant's cues for hunger and satiety (e.g., forcing an infant to eat a certain type and/or amount of food or beverage or ignoring an infant's hunger cues). • Feeding foods of inappropriate consistency, size, or shape that put infants at risk of choking. • Not supporting an infant's need for growing independence with self-feeding (e.g., solely spoon feeding an infant who is able and ready to finger-feed and/or try self-feeding with appropriate utensils). • Feeding an infant food with inappropriate textures based on his/her developmental stage (e.g., feeding primarily pureed or liquid foods when the infant is ready and capable of eating mashed, chopped, or appropriate finger foods).	

WIC Nutrition Risk Criteria

System Assigned (SA); System or CPA Assigned (SA/CPA); CPA Assigned (CPA); Automatic High Risk* (HR)

Code	Category [Priority]	Risk Criteria/Definition	Required Documentation
411.5		**Feeding foods to an infant that could be contaminated with harmful microorganisms or toxins: Examples of potentially harmful foods:** • Unpasteurized fruit or vegetable juice. • Unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese. • Honey (added to liquids or solid foods, used in cooking, as part of processed foods, on a pacifier, etc.). • Raw or undercooked meat, fish, poultry, or eggs. • Raw vegetable sprouts (alfalfa, clover, bean, and radish). • Deli meats, hot dogs, and processed meats (avoid unless heated until steaming hot). • Donor human milk acquired directly from individuals or the Internet.	
411.6		**Routinely feeding inappropriately diluted formula:** • Failure to follow manufacturer's dilution instructions (to include stretching formula for household economic reasons). • Failure to follow specific instructions accompanying a prescription.	
411.7		**Routinely limiting the frequency of nursing of the exclusively breastfed infant when human milk is the sole source of nutrients:** Examples include: • Scheduled feedings instead of demand feedings. • Less than 8 feedings in 24 hours if less than 2 months of age.	
411.8		**Routinely feeding a diet very low in calories and/or essential nutrients:** Examples include: • Strict vegan diet. • Macrobiotic diet. • Other diets very low in calories and/or essential nutrients.	
411.9		**Routinely using inappropriate sanitation in the feeding, preparation,** **handling, and/or storage of expressed human milk or formula:** Limited or no access to a: • Safe water supply (documented by appropriate officials e.g., municipal or health department authorities).	

WIC Nutrition Risk Criteria

System Assigned (SA); System or CPA Assigned (SA/CPA); CPA Assigned (CPA); Automatic High Risk* (HR)

Code	Category [Priority]	Risk Criteria/Definition	Required Documentation
		• Heat source for sterilization. • Refrigerator or freezer for storage. Failure to prepare, handle, and store bottles, storage containers or breast pumps properly; examples include: <u>Human Milk</u> • Thawing/heating in a microwave. • Refreezing. • Adding freshly expressed unrefrigerated human milk to frozen human milk. • Adding freshly pumped chilled human milk to frozen human milk in an amount that is greater than the amount of frozen human milk. • Feeding thawed refrigerated human milk more than 24 hours after it was thawed. • Saving human milk from a used bottled for another feeding. • Failure to clean breast pump per manufacturer's instruction. • Feeding donor human milk acquired directly from individuals or the internet. <u>Formula</u> • Failure to prepare and/or store formula per manufacturer's or physician instructions. • Storing at room temperature for more than 1 hour. • Using formula in a bottle one hour after the start of a feeding. • Saving formula from a used bottle for another feeding. • Failure to clean baby bottle properly.	
411.10		**Feeding dietary supplements with potentially harmful consequences:** Examples of dietary supplements which, when fed in excess of recommended dosage, may be toxic or have harmful consequences: • Single or multi-vitamins. • Mineral supplements. • Herbal or botanical supplements/remedies/teas.	
411.11		**Routinely not providing dietary supplements recognized as essential by national public health policy when an infant's diet alone cannot meet nutrient requirements.**	

WIC Nutrition Risk Criteria

System Assigned (SA); System or CPA Assigned (SA/CPA); CPA Assigned (CPA); Automatic High Risk* (HR)

Code	Category [Priority]	Risk Criteria/Definition	Required Documentation
		• Infants who are 6 months of age or older who are ingesting less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride. • Infants who are exclusively breastfed, or who are ingesting less than 1 liter (or 1 quart) per day of vitamin D-fortified formula, and are not taking a supplement of 400 IU of vitamin D.	
425 (SA/CPA)	Child [5]	**Inappropriate Nutrition Practices for Children:** Routine use of feeding practices that may result in impaired nutrient status, disease, or health problems. Refer to Codes 425.1 through 425.9 for examples.	Document the inappropriate nutrition practice justifying this risk on the Dietary and Health Screen in Crossroads. Document details regarding specific risk(s) on Care Plan Summary – Nutrition Assessment in Crossroads. Pertains to 425.1 thru 425.9.
425.1		**Routinely feeding inappropriate beverages as the primary milk source:** • Non-fat or reduced-fat milks (between 12 and 24 months of age) or sweetened condensed milk. • Goat's milk, sheep's milk, imitation or substitute milks (that are unfortified or inadequately fortified), or other "homemade concoctions".	
425.2		**Routinely feeding a child any sugar-containing fluids: Examples** • Soda/soft drinks • Gelatin water • Corn syrup solutions • Sweetened tea	
425.3		**Routinely using nursing bottles, cups, or pacifiers improperly:** • Using a bottle to feed fruit juice, or diluted cereal or other solid foods. • Allowing the child to fall asleep or be put to bed with a bottle at naps or bedtime. • Allowing the child to use the bottle without restriction (e.g., walking around with a bottle) or as a pacifier. • Using a bottle for feeding/drinking beyond 14 months. • Using a pacifier dipped in sweet agents such as sugar, honey, or syrups. • Allowing a child to carry around and drink throughout the day from a covered or training cup.	

WIC Nutrition Risk Criteria

System Assigned (SA); System or CPA Assigned (SA/CPA); CPA Assigned (CPA); Automatic High Risk* (HR)

Code	Category [Priority]	Risk Criteria/Definition	Required Documentation
425.4		**Routinely using feeding practices that disregard the developmental needs or stages of the child:** • Inability to recognize, insensitivity to, or disregarding the child's cues for hunger and satiety (e.g., forcing a child to eat a certain type and/or amount of food or beverage or ignoring a hungry child's requests for appropriate foods). • Feeding foods of inappropriate consistency, size, or shape that put children at risk of choking. • Not supporting a child's need for growing independence with self-feeding (e.g., solely spoon feeding a child who is able and ready to finger-feed and/or try self-feeding with appropriate utensils). • Feeding a child food with an inappropriate texture based on his/her developmental stage (e.g., feeding primarily pureed or liquid food when the child is ready and capable of eating mashed, chopped or appropriate finger foods).	
425.5		**Feeding foods to a child that could be contaminated with harmful** **Microorganisms: Examples of potentially harmful foods:** • Unpasteurized fruit or vegetable juice. • Unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese. • Raw or undercooked meat, fish, poultry, or eggs. • Raw vegetable sprouts (alfalfa, clover, bean, and radish). • Deli meats, hot dogs, and processed meats (avoid unless heated until steaming hot).	
425.6		**Routinely feeding a diet very low in calories and/or essential nutrients:** Examples: • Vegan diet. • Macrobiotic diet. • Other diets very low in calories and/or essential nutrients.	
425.7		**Feeding dietary supplements with potentially harmful consequences:**	

WIC Nutrition Risk Criteria

System Assigned (SA); System or CPA Assigned (SA/CPA); CPA Assigned (CPA); Automatic High Risk* (HR)

Code	Category [Priority]	Risk Criteria/Definition	Required Documentation
		Examples of dietary supplements which when fed in excess of recommended dosage may be toxic or have harmful consequences: • Single or multi-vitamins. • Mineral supplements. • Herbal or botanical supplements/remedies/teas	
425.8		**Routinely not providing dietary supplements recognized as essential by national public health policy when a child's diet alone cannot meet nutrient requirements:** • Providing children under 36 months of age less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride. • Providing children 36-60 months of age less than 0.50 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride. • Not providing 400 IU of vitamin D if a child consumes less than 1 liter (or 1 quart) of vitamin D fortified milk or formula.	
425.9		**Routine ingestion of non-food items (pica):** Examples include: • Ashes • Carpet fibers • Cigarettes or cigarette butts • Clay • Dust • Foam rubber • Paint chips • Soil • Starch (laundry and cornstarch)	
427 (SA/CPA)	PG [4] BF [4] NBF [6]	**Inappropriate Nutrition Practices for Woman:** Routine use of feeding practices that may result in impaired nutrient status, disease, or health problems. Refer to Codes 427.1 through 427.5 for examples.	Document the inappropriate nutrition practice on Dietary and Health Screen in Crossroads. Document details regarding specific risk(s) on Care Plan Summary – Nutrition Assessment in Crossroads. Pertains to 427.1 thru 427.5.
427.1		**Consuming dietary supplements with potentially harmful consequences:**	

WIC Nutrition Risk Criteria

System Assigned (SA); System or CPA Assigned (SA/CPA); CPA Assigned (CPA); Automatic High Risk* (HR)

Code	Category [Priority]	Risk Criteria/Definition	Required Documentation
		Examples of dietary supplements which when ingested in excess of recommended dosages, may be toxic or have harmful consequences: • Single or multiple vitamins. • Mineral supplements. • Herbal or botanical supplements/remedies/teas.	
427.2		**Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery:** • Strict vegan diet. • Low-carbohydrate, high-protein diet. • Macrobiotic diet. • Any other diet restricting calories and/or essential nutrients	
427.3		**Compulsively ingesting non-food items (pica):** Examples include • Chalk • Ashes • Baking soda • Burnt matches • Carpet fibers • Cigarette • Clay • Dust • Large quantities of ice and/or freezer frost • Paint chips • Soil • Starch (laundry and cornstarch)	
427.4		**Inadequate vitamin/mineral supplementation recognized as essential by national public health policy:** • Consumption of less than 27 mg of iron as a supplement daily by pregnant woman. • Consumption of less than 150 µg of supplemental iodine per day by pregnant and breastfeeding women. • Consumption of less than 400 mcg of folic acid from fortified foods and/or supplements daily by non-pregnant woman.	

WIC Nutrition Risk Criteria

System Assigned (SA); System or CPA Assigned (SA/CPA); CPA Assigned (CPA); Automatic High Risk* (HR)

Code	Category [Priority]	Risk Criteria/Definition	Required Documentation
427.5		**Pregnant woman ingesting foods that could be contaminated with pathogenic microorganisms:** Potentially harmful foods include: • Raw fish or shellfish, including oysters, clams, mussels, and scallops. • Refrigerated smoked seafood, unless it is an ingredient in a cooked dish, such as a casserole. • Raw or undercooked meat or poultry. • Hot dogs, luncheon meats (cold cuts), fermented and dry sausage and other deli-style meat or poultry products unless reheated until steaming hot. • Refrigerated pâté or meat spreads. • Unpasteurized milk or foods containing unpasteurized milk. • Soft cheeses such as feta, Brie, Camembert, blue-veined cheeses and Mexican style cheese such as queso blanco, queso fresco, or Panela unless labeled as made with pasteurized milk. • Raw or undercooked eggs or foods containing raw or lightly cooked eggs including certain salad dressings, cookie and cake batters, sauces, and beverages such as unpasteurized eggnog. • Raw sprouts (alfalfa, clover, and radish). • Unpasteurized fruit or vegetable juices.	
428 (SA/CPA)	Infants [4] Child [5]	**Dietary Risk Associated with Complementary Feeding Practices:** <u>Infants and Children 4 to <24 months</u> An infant or child who has begun to or is expected to begin to consume complementary foods and beverages; eat independently; be weaned from breast milk or infant formula; or transition from a diet based on infant/toddler foods to one based on the Dietary Guidelines for Americans, is at risk of inappropriate complementary feeding.	Complete nutritional assessment for risk 411 must be completed before assigning this risk.
Risk Category: Other			
Code	**Category/[Priority]**	**Risk Criteria/Definition**	**Required Documentation**
501 (CPA)	BF [1, 4, 7] NBF [3-7] Child [3, 5, 7]	**Possibility of Regression:** A participant who has previously been certified eligible for the Program may be considered to be at nutritional risk in the next certification period if the competent professional authority determines there is a possibility of regression in nutritional status without the benefits that the WIC	No other risk criterion can be found aside from presumed dietary risks, but the CPA determines that the participant is still at risk from the previous certification and needs to remain in the highest priority possible. May NOT be used for two consecutive certifications.

WIC Nutrition Risk Criteria

System Assigned (SA); System or CPA Assigned (SA/CPA); CPA Assigned (CPA); Automatic High Risk* (HR)

Code	Category [Priority]	Risk Criteria/Definition	Required Documentation
		Program provides. NOTE: Use of regression as a nutrition risk criterion is limited to one time following a certification period. All priority 1 or 3 infant/child risks allowed except 702. All prenatal risks allowed except 301, 302, 334, 371, 381.	Risk Must be manually assigned. The CPA must document on the "sticky note" in the comments the participant risk code being regressed.
502 (SA)	PG BF NBF Infants Child	**Transfer of Certification**: Person with current valid Verification of Certification (VOC) document from another State or local agency.	Documented on Transfer into State Screen in Crossroads. The VOC is valid through the end of the current certification period, even if the participant does not meet the receiving agency's nutritional risk, priority or income criteria, or the certification period extends beyond the receiving agency's certification period for that category and shall be accepted as proof of eligibility for Program benefits. VOC must be scanned into Crossroads.
503 (CPA)	PG [4]	**Presumptive Eligibility for Pregnant Women:** A pregnant woman who meets WIC income eligibility standards but has not yet been evaluated for nutrition risk, for a period of up to 60 days.	Use of this risk must be approved by SWO.
601 (SA)	PG [1, 2, 4] BF [1, 2, 4]	**Breastfeeding Mother of Infant at Nutritional Risk:** Breastfeeding mother (may also be pregnant) whose infant has been determined to be at nutritional risk. NOTE: Infant and mother must be assigned same priority, (Priority 1, 2, or 4) based on priority of infant's risk, i.e., the infant's priority determines the mother's priority. <u>Clarification:</u> If Risk 601 is assigned to qualify the mother, the infant's risk cannot be only 702. You will never have a mother/infant dyad with only 601 for mother and 702 for infant. Document Risk 601, if it applies, even if other risks for the mother are assigned.	Assigned based on Mother/infant dyad link in Crossroads. Document on Health Information screen (Breastfeeding Information) in Crossroads.
602 (CPA)	PG [1] BF [1]	**Breastfeeding Complications or Potential Complications (Women):** A breastfeeding woman with any of the following complications or potential complications for breastfeeding: • Severe breast engorgement • Recurrent plugged ducts • Mastitis (fever or flu-like symptoms with localized breast tenderness) • Flat or inverted nipples • Cracked, bleeding or severely sore nipples	Self-reported breastfeeding complications documented on Health Information Screen, Breastfeeding Information Complications slider. ***Must be manually assigned by CPA on Nutrition Risk Factors screen in Crossroads due to known error in Crossroads at this time.**

WIC Nutrition Risk Criteria

System Assigned (SA); System or CPA Assigned (SA/CPA); CPA Assigned (CPA); Automatic High Risk* (HR)

Code	Category [Priority]	Risk Criteria/Definition	Required Documentation
		• Age ≥ 40 years • Failure of milk to come in by 4 days postpartum • Tandem nursing (breastfeeding two siblings who are not twins)	
603 (SA/CPA)	Infants [1]	**Breastfeeding Complications or Potential Complications (Infants):** A breastfed infant with any of the following complications or potential complications for breastfeeding. Examples include: • Jaundice • Difficulty latching onto mother's breast • Weak or ineffective suck • Inadequate stooling (for age, as determined by a physician or other health care professional), and/or less than 6 wet diapers per day	Self-reported breastfeeding complications documented on Health Information Screen, Breastfeeding Information Complications slider.
701 (SA/CPA)	Infant [2]	**Infant Up to 6 months old of WIC Mother or of a Woman Who Would Have Been Eligible During Pregnancy:** An infant < six months of age whose mother was a WIC Program participant during pregnancy; or Whose mother's medical records document that the woman was at nutritional risk during pregnancy because of detrimental or abnormal nutritional conditions detectable by biochemical or anthropometric measurements or other documented nutritionally related medical conditions.	Document on Eco Social Assessment Screen in Crossroads. Enter nutritional risk(s) that would have qualified mother as a Priority 1 WIC Prenatal on yellow post-it note on Eco-Social Assessment Screen. Accept self-reported risk(s) except for those prenatal risks requiring medical diagnosis.
702 (SA/CPA)	Infant [1, 2, 4]	**Breastfeeding Infant of Woman at Nutritional Risk:** Breastfeeding infant of woman at nutritional risk. NOTE: Infant and mother must be assigned same priority, (Priority 1, 2, or 4) based on priority of mother's risk, i.e., the mother's priority determines the infant's priority. Clarification: If Risk 702 is assigned to qualify the infant the mother's risk cannot be only 601. You will never have a mother/infant dyad with only 702 for infant and 601 for mother. Document Risk 702 even if other risks for the infant are assigned (including Risk 701).	Assigned based on Mother/infant dyad link in Crossroads.
801 (SA/CPA)	PG [4, 7] BF [4, 7] NBF [6, 7]	**Homelessness:** A woman, infant or child who lacks a fixed and regular nighttime residence; or whose primary nighttime residence is:	Documented on Family Demographics Screen in Crossroads.

WIC Nutrition Risk Criteria

System Assigned (SA); System or CPA Assigned (SA/CPA); CPA Assigned (CPA); Automatic High Risk* (HR)

Code	Category [Priority]	Risk Criteria/Definition	Required Documentation
	Infant [4, 7] Child [5, 7]	• A supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence) designed to provide temporary living accommodations. • An institution that provides a temporary residence for individuals intended to be institutionalized. • A temporary accommodation of not more than 365 days in the residence of another individual. • A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.	
802 (SA/CPA)	PG [4, 7] BF [4, 7] NBF [6, 7] Infant [4, 7] Child [5, 7]	**Migrancy:** Categorically eligible women, infants and children who are members of families which contain at least one individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of such employment, a temporary abode.	Documented on Family Demographics Screen in Crossroads.
901 (CPA)	PG [4, 7] BF [4, 7] NBF [6, 7] Infant [4, 7] Child [5, 7]	**Recipient of Abuse:** Recipient of abuse is defined as an individual who has experienced physical, sexual, emotional, economic, or psychological maltreatment that may frighten, intimidate, terrorize, manipulate, hurt, humiliate, blame, injure, and/or wound the individual. Types of abuse include: • Domestic violence: abuse committed by a current or former family or household member or intimate partner. • Intimate partner violence (IPV): a form of domestic violence committed by a current or former intimate partner (i.e., spouse, boyfriend/girlfriend, dating partner, or ongoing sexual partner) that may include physical violence, sexual violence, stalking, and/or psychological aggression (including coercive tactics). • Child abuse and/or neglect: any act or failure to act that results in harm to a child or puts a child at risk of harm. Child abuse may be physical (including shaken baby syndrome), sexual, or emotional abuse or neglect of an infant or child under the age of 18 by a parent, caretaker, or other person in a custodial role (such as a religious leader, coach, or teacher).	The experience of abuse may be self-reported by the individual, an individual's family member, or reported by a social worker, healthcare provider, or other appropriate personnel. Document on Eco-social screen in Crossroads. Document details provided and referral, if appropriate, on Care Plan Summary – Nutrition Assessment in Crossroads.

WIC Nutrition Risk Criteria

System Assigned (SA); System or CPA Assigned (SA/CPA); CPA Assigned (CPA); Automatic High Risk* (HR)

Code	Category [Priority]	Risk Criteria/Definition	Required Documentation
902 (SA/CPA)	PG [4, 7] BF [4, 7] NBF [6, 7] Infant [4, 7] Child [5, 7]	**Woman or Infant/Child of Primary Caregiver with Limited Ability to Make Appropriate Feeding Decisions and/or Prepare Food**: A woman or an infant/child whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples include, but are not limited to, a woman or an infant/child of caregiver with the following: • Documentation or self-report of misuse of alcohol, use of illegal substances, use of marijuana, or misuse of prescription medications. • Mental illness, including clinical depression diagnosed, documented, or reported by a physician or psychologist or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver. • Intellectual disability diagnosed, documented, or reported by a physician or psychologist or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver. • Physical disability to a degree which impairs ability to feed infant/child or limits food preparation abilities. • ≤ 17 years of age.	Presence of condition diagnosed, documented, or reported by physician, psychologist or someone working under physician's orders, or as self- reported by applicant/participant/caregiver. Document on Eco Social Screen in Crossroads. Document details of risk on Care Plan Summary – Nutrition Assessment in Crossroads.
903 (SA/CPA)	PG [4, 7] BF [4, 7] NBF [6, 7] Infant [4, 7] Child [5, 7]	**Foster Care:** Entered the foster care system during the previous six (6) months or moving from one foster care home to another foster care home during the previous six (6) months.	Infant/Child: Document by clicking on Foster Child radio button on Family Demographics or Participant Demographics Screen in Crossroads. Must enter Foster Care Entry Date. **Woman**: Document in Crossroads by creating an alert indicating mom is in foster care. **Must be CPA assigned.**
904 (SA/CPA)	PG [1] BF [1] NBF [3-6] Infant [1] Child [3]	**Environmental Tobacco Smoke Exposure:** Environmental tobacco smoke (ETS) exposure is defined (for WIC eligibility purposes) as exposure to smoke from tobacco products inside enclosed areas, like the home, place of childcare, etc. ETS is also known as secondhand, passive, or involuntary smoke. The ETS definition also includes the exposure to the aerosol from electronic nicotine delivery systems.	Self-reported exposure documented on Family Assessment Screen in Crossroads.

High Risk Nutrition Care Plan Guidelines

High Risk Nutrition Care Plan Guidelines

Risk 134 Failure to Thrive (Infants, Children)

Failure to Thrive (FTT) describes an inadequate growth pattern where growth is significantly lower than what is expected for age and sex. Typically, a sign of undernutrition, the cause of FTT is often complex and includes many factors. Growth should be assessed over time, rather than using a single measurement.

Assessment, counseling, and referral guidelines:

- Complete nutritional assessment according to WIC protocol.
- Assess diet.
- Assess/discuss feeding techniques/dietary practices.
- Assess/discuss formula preparation/concerns (formula kind/type, how made or mixed, number of feedings per day, amount per feeding, infant responses to feeding, etc.).
- Assess for any family/socioeconomic issues that may impact the medical condition or feeding issues.
- Counsel based on assessment findings.
- Make referrals according to Section 3.5 of the WIC Procedure Manual.

Documentation:

- Check "High Risk Education" on the Nutrition Education screen under Nutrition Education Topics and enter "FTT" under Topic Status.
- Document the specific details regarding the nutritional assessment and nutrition care plan in the Nutrition Assessment field on the Care Plan Summary in Crossroads.

Recommendations for the WIC CPA:

- Learn about and reinforce the health care team's plan of care and encourage caregivers to keep all appointments.
- Offer breastfeeding support to breastfeeding dyads. Refer to the WIC Designated Breastfeeding Expert (DBE), if available.
- Suggestions following the nutrition assessment may include:
    - Increasing the child's intake of calorically dense food
    - Correctly preparing infant formula
    - Reducing volume of fluids consumed, if excessive, to appropriate amounts (other than breastmilk or formula for infants)
    - Allowing children to choose how much and which foods to eat (from what is offered)
    - Feeding children at consistent times and not allowing child to graze on foods and beverages throughout the day
    - Feeding in a supportive setting (such as a table or highchair) and in a distraction free environment

Risk 201 Low Hematocrit/Low Hemoglobin

High Risk Nutrition Care Plan Guidelines

Women categories with Hemoglobin ≤9.9 g/dl, Hematocrit ≤29.9%
Children with Hemoglobin ≤9.3 g/dl, Hematocrit ≤27.9%
Infants with Hemoglobin ≤9.5 g/dl, Hematocrit ≤29%

Assessment, counseling, and referral guidelines:

- Complete nutritional assessment according to WIC protocol.
  Especially note information that may affect hemoglobin/hematocrit level such as blood loss, sickle cell, thalessemia, pica, etc.
- Investigate the availability of food or food security.
- Counsel on a high iron diet.
- Inquire about iron supplement (other than prenatal multivitamin/mineral supplement).
- Refer to physician. Complete Referral form (WIC 104) and give to participant or send to HCP.

NOTE: Hemoglobin/hematocrit should be rechecked by the health care provider since anemia is a medical, rather than solely a nutritional concern. However, one follow-up hgb/HCT test in the WIC clinic is allowed during a certification period.

Documentation:

- Check "High Risk Education" on the Nutrition Education screen under Nutrition Education Topics and enter "high iron diet" under Topic Status.
- Document any specific details regarding the nutritional assessment and the nutrition care plan in the Nutrition Assessment field on the Care Plan Summary. This may include documentation of an iron supplement.
- Document date and "HR hemoglobin referral/Referral form" in the Nutrition Assessment field on the Care Plan Summary.
- For Hospital Certification: Document "Hospital Cert. – WIC 104 not required under care of MD" in the Nutrition Assessment field on the Care Plan Summary. Create an alert for CPA to follow up at next food benefit issuance.

Recommendations for the WIC CPA:

- Learn about and reinforce the health care team's plan of care and encourage participants/caregivers to keep all appointments and take iron supplements as directed.
- Emphasize infant feeding guidance such as providing iron-fortified infant formula for infants not breastfed or partially breastfed for the first year of life and offering iron-rich or iron-fortified complementary foods around 6 months of age.
- For breastfed infants under 6 months old, refer to the healthcare provider to determine if iron supplementation is needed.
- Encourage consumption of iron-rich foods, such as lentils and beans, fortified cereals, red meats, fish, and poultry.
- Encourage consumption of foods rich in vitamin C to aid in iron absorption, such as citrus fruits, tomatoes, and other fruits and vegetables.

High Risk Nutrition Care Plan Guidelines

Risk 211 Elevated Blood Lead Levels

Women (all categories): ≥5 µg/dl
Infants: ≥5 µg/dl
Children: ≥3.5 µg/dl

Assessment, counseling, and referral guidelines:

- Complete nutritional assessment according to WIC protocol.
- Assess diet. Especially note intake of calcium and iron rich foods as well as any low iron levels (iron deficiency).
- Inquire about inappropriate nutrition practices, such as ingesting non-food items (pica) and a child's hand-to-mouth activity (contact with dust, dirt, paint, etc.).
- Follow the Blood Lead Test Screening and Referral guidance in Section 3.5 of the WIC Procedure Manual which includes providing ADPH-FHS 285e/s "Make Good Food Choices to Help Prevent Lead Poisoning."

Documentation:

- Check "High Risk Education" on the Nutrition Education screen under Nutrition Education Topics and enter "Elevated Blood Lead" under Topic Status.
- Document any specific details regarding the nutritional assessment and the nutrition care plan in the Nutrition Assessment field on the Care Plan Summary. This includes documentation of diagnosis from the HCP (health care provider).

Recommendations for the WIC CPA:

- Learn about and reinforce the health care team's plan of care and encourage participants/caregivers to keep all appointments and take any prescribed supplements as directed.
- Emphasize the importance of adequate calcium and iron intake in the diet. Adequate consumption of both calcium and iron, which compete with lead for intestinal absorption, have been found to decrease lead absorption.
- Encourage any prescribed supplements, such as iron and/or prenatal vitamins. Adequate calcium intake during pregnancy may reduce maternal bone resorption and reduce the mobilization of lead stored in the bone into the blood.
- Encourage initiation or continuation of breastfeeding, except for women with a blood lead level of ≥40 µg/dl.

Risk 302 Gestational Diabetes (Prenatal)

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

High Risk Nutrition Care Plan Guidelines

Assessment, counseling, and referral guidelines:

- Complete nutritional assessment according to WIC protocol.
  Especially note information that may be risk factors for GDM, such as marked obesity, history of GDM or delivery of a previous large for gestational age infant, glycosuria, polycystic ovary syndrome, or a strong family history of diabetes.
- Assess diet and physical activity level, including medications prescribed by HCP.
- Counsel on a consistent carbohydrate-controlled meal plan, consistent mealtimes, and increased physical activity.
- Make referrals according to Section 3.5 of the WIC Procedure Manual.

Documentation:

- Check "High Risk Education" on the Nutrition Education screen under Nutrition Education Topics and enter "Gestational Diabetes" under Topic Status.
- Document the specific details regarding the nutritional assessment and nutrition care plan in the Nutrition Assessment field on the Care Plan Summary. This includes documentation of any prescribed medications and current medical care plan.

Recommendations for the WIC CPA:

- Learn about and reinforce the health care team's plan of care and encourage participant to keep all appointments and take prescribed medications or continue meal plans (diet therapy) as directed.
- Breastfeeding should be strongly encouraged as it is associated with maternal weight loss and reduced insulin resistance for both mother and baby.
- For the postpartum participant, encourage modest weight loss and increased physical activity which can delay or prevent type 2 diabetes. Encourage a goal to reach pre-pregnancy weight 6 to 12 months postpartum.
- Infants and children of women with GDM can lower risk of diabetes by eating healthy foods, being active, and not becoming overweight.

Risk 341 Nutrient Deficiency or Disease

Any currently treated or untreated nutrient deficiency or disease. These include, but are not limited to, Protein Energy Malnutrition, Scurvy, Rickets, Beriberi, Hypocalcemia, Osteomalacia, Vitamin K Deficiency, Pellagra, Xerophthalmia, and Iron Deficiency.

Nutrient deficiencies or diseases can be the result of poor nutritional intake, chronic health conditions, acute health conditions, medications, altered nutrient metabolism, or a combination of these factors, and can impact the levels of both macronutrients and micronutrients in the body. They can lead to alterations in energy metabolism, immune function, cognitive function, bone formation, and/or muscle function, as well as growth and development if the deficiency is present during fetal development and early childhood.

High Risk Nutrition Care Plan Guidelines

Macronutrient deficiencies include deficiencies in protein, fat, and/or calories and can lead to stunting, pronounced wasting (marasmus) or a disproportionately large abdomen (a sign of kwashiorkor). Micronutrient deficiencies would include deficiencies in vitamins and minerals in the body. Refer to the Nutrient Deficiency Table included in the Nutritional Risk Criteria Manual.

Populations who may be at greater risk of nutrient deficiencies or disease include:

- Individuals who have intakes below the established RDA (Recommended Dietary Allowance).
- Individuals who experience food insecurity or are experiencing homelessness.
- Women who have a short interpregnancy interval.
- People with gastrointestinal disease that can limit absorption of nutrients (such as celiac or Crohn's disease) or individuals with a history of gastrointestinal surgery (such as gastric bypass).
- People with other medical conditions that influence nutrient status such as cystic fibrosis, renal disease, and genetic disorders.
- Individuals on medications that are known to interact with the absorption or excretion of certain vitamins and minerals.
- People who smoke or use other harmful substances.

Assessment, counseling, and referral guidelines:

- Complete nutritional assessment according to WIC protocol.
- Assess diet, noting any criteria making the participant at risk for nutrient deficiencies.
- Investigate the availability of food or food security.
- Counsel based on assessment findings.
- Make referrals according to Section 3.5 of the WIC Procedure Manual, specifically for smoking cessation, substance abuse, and supplemental feeding programs, as appropriate.

Documentation:

- Check "High Risk Education" on the Nutrition Education screen under Nutrition Education Topics and enter "Nutrient Deficiencies or Disease" under Topic Status.
- Document the specific details regarding the nutritional assessment and nutrition care plan in the Nutrition Assessment field on the Care Plan Summary. This includes documentation of any prescribed medications and current medical care plan.

Recommendations for the WIC CPA:

- Learn about and reinforce the health care team's plan of care and encourage participants/caregivers to keep all appointments and take any prescribed supplements or medications as directed.
- Encourage improved intake of whole grains, legumes, dairy, lean protein, fruits, and vegetables.

- Emphasize appropriate portion size and variety to avoid nutrient to nutrient interaction. For example, excessive calcium intake inhibits the absorption of iron.
- Provide education on foods that contain the specific nutrient(s) of concern, as well as on preparing foods that are part of the WIC food package.

Risk 345 Hypertension and Prehypertension

Hypertension (HTN) is defined as high blood pressure which may eventually cause health problems and includes chronic hypertension during pregnancy, preeclampsia, eclampsia, chronic hypertension with superimposed preeclampsia, and gestational hypertension. Prehypertension is defined as being at high risk for developing hypertension, based on blood pressure Levels. Untreated HTN leads to many degenerative diseases, including congestive heart failure, end-stage renal disease, and peripheral vascular disease. People with HTN are often asymptomatic; diagnosis is based on measuring levels of blood pressure.

- Normal blood pressure: <120/<80 mmHg (millimeters of mercury)
- Prehypertension: consistent readings of 120-139/80-89 mmHg
- Hypertension: consistent readings of ≥140/≥90 mmHg

Risk factors for HTN include:

- Race/ethnicity (In the United States, people of African descent experience disproportionately higher rates of HTN compared to other races/ethnicities. Causes for this racial disparity in rates of HTN are complex and multifactorial.)
- Overweight or obesity (This causes more blood to be pumped by the heart.)
- Physical inactivity (This is associated with a higher heart rate, which increases the force of blood against arteries.)
- Tobacco use (This increases blood pressure during use. Chemicals in tobacco also lead to narrowing of arteries.) and secondhand exposure to smoke from tobacco products.
- Excessive alcohol intake (This can damage the heart over time.)
- Excessive sodium intake (This causes fluid retention, which increases blood pressure.)
- Inadequate potassium intake (This causes an excessive amount of sodium in the blood.)
- Pregnant women and individuals with prehypertension.

HTN is a serious condition that can lead to health problems, such as:

- Heart attack, stroke, and heart failure
- Chronic kidney disease
- Eye damage or vision loss
- Memory/understanding problems and dementia
- Gestational diabetes, preeclampsia, and perinatal mortality.

Assessment, counseling, and referral guidelines:

- Complete nutritional assessment according to WIC protocol.
- Assess diet, noting any criteria making the participant at risk for hypertension.

- Counsel based on assessment findings.
- Make referrals according to Section 3.5 of the WIC Procedure Manual, specifically for smoking cessation and substance abuse, as appropriate.

Documentation:

- Check "High Risk Education" on the Nutrition Education screen under Nutrition Education Topics and enter "Hypertension or Prehypertension" under Topic Status.
- Document the specific details regarding the nutritional assessment and nutrition care plan in the Nutrition Assessment field on the Care Plan Summary. This includes documentation of any prescribed medications and current medical care plan.

Recommendations for the WIC CPA:

- Learn about and reinforce the health care team's plan of care and encourage participants/caregivers to keep all appointments and take any prescribed supplements, including prenatal vitamins, or medications as directed.
- Encourage improved intake of vegetables, fruits, whole grains, low-fat or fat-free dairy products, fish, poultry, beans, and nuts.
- Encourage limited intake of foods that are high in saturated fats (such as fatty meats, full-fat dairy products, and tropical oils) and sugar-sweetened beverages and sweets.
- Encourage regular physical activity.
- Achieve and maintain a healthy weight. *Note: a low sodium diet and/or weight loss is not recommended during pregnancy. Pregnant women should be encouraged to focus on healthy weight gain.
- Breastfeeding should be strongly encouraged unless contraindicated. Studies show the longer a woman breastfeeds, the less risk she has for developing HTN.

Risk 372 Alcohol and Substance Use (Woman)

Prenatal women with any alcohol, illegal substance use and/or abuse of prescription medications and/or any marijuana use in any form.
Breastfeeding or postpartum women with any illegal substance use and/or abuse of prescription medications and/or high risk (routine consumption of ≥8 drinks per week or ≥4 drinks on any day) or binge (routine consumption of ≥4 drinks within 2 hours) drinking of alcohol.
Any marijuana use in any form by breastfeeding women.

Substance use is known to lead to vitamin and mineral deficiencies that threaten physical and mental health, damage vital organs and the nervous system, and decrease immunity. Malnutrition occurs when the substance replaces other dietary nutrients or as a result from improper nutrient metabolism, absorption, utilization, or excretion even though the diet may be adequate. Harmful lifestyles are often associated with addiction, such as poor eating patterns, lack of exercise, and changes in sleep patterns. These compounding factors result in

an increased risk of long-term health problems, including metabolic syndrome, diabetes, hypertension, weight problems, and eating disorders. People with substance addiction may suffer from calorie and protein malnutrition. Substance use can impact the family and parenting in many ways, and may be linked with poor parenting practices, child neglect, and abuse. Maternal substance use during and after pregnancy can have a long-term impact on both the mother and her child and can impact many areas of life. Children who are exposed to alcohol and other substances prior to birth can experience long-term cognitive, behavioral, social, and emotional developmental consequences.

Assessment, counseling, and referral guidelines:

- Complete nutritional assessment according to WIC protocol.
- Using Crossroads Health Information screen and VENA protocol for any indication of substance use.
- Counsel and provide nutrition education based on assessment findings.
- WIC staff are required to refer participants suspected of substance use, and those who disclose substance use, to existing assessment agencies for professional evaluation and treatment, as appropriate. Refer to WIC Procedure Manual, Chapter 3 (3.5).

Documentation:

- Check "High Risk Education" on the Nutrition Education screen under Nutrition Education Topics and enter "Reinforcement/Substance Abuse Counseling" under Topic Status.
- Document the specific details regarding the nutritional assessment and nutrition care plan in the Nutrition Assessment field on the Care Plan Summary. Also include documentation of any referrals and/or resources provided.

Recommendations for the WIC CPA:

- Encourage improved intake of vegetables, fruits, whole grains, low-fat or fat-free dairy products, fish, poultry, beans, and nuts.
- Encourage participant to take any prescribed supplements, including prenatal vitamins, or medications as directed.
- May refer to Risk 382 Fetal Alcohol Spectrum Disorders for counseling information.

Risk 382 Fetal Alcohol Spectrum Disorders

Fetal alcohol spectrum disorders (FASDs) are a group of conditions that can occur in a person whose mother consumed alcohol during pregnancy. FASDs is an overarching phrase that encompasses a range of possible diagnoses, including fetal alcohol syndrome (FAS), partial fetal alcohol syndrome (pFAS), alcohol-related birth defects (ARBD), alcohol-related neurodevelopmental disorder (ARND), and neurobehavioral disorder associated with prenatal alcohol exposure (ND-PAE).

High Risk Nutrition Care Plan Guidelines

Prenatal exposure to alcohol can damage the developing fetus and is the leading preventable cause of birth defects and intellectual and neurodevelopmental disabilities. Effects of FASD include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications. A person with FASD might have any or a combination of the following:

- Facial abnormalities, such as a smooth ridge between the nose and upper lip
- Small head size, short stature, low body weight
- Sleep and sucking problems as an infant
- Hyperactive behavior, difficulty with attention, poor memory, difficulty in school, learning disabilities, poor reasoning and judgement skills
- Poor coordination, speech and language delays, intellectual disability
- Problems with heart, kidneys, bones, vision, or hearing

The severity of the alcohol's effects on a fetus primarily depends on the following:

- Quantity – the amount of alcohol consumed by a pregnant woman per occasion
- Frequency – the rate at which alcohol is consumed or is repeatedly consumed by the pregnant woman
- Timing – the specific gestational age of the fetus when alcohol is consumed by the pregnant woman

Research indicates children with FASD are often "picky eaters" and may not meet the recommended intakes for several nutrients. They are also more likely to have a past diagnosis of underweight which may be due to abnormal eating patterns and nutritional inadequacies. Children and infants with FASD may be delayed in acquiring age-appropriate feeding skills which may impact introduction of solid foods and self-feeding skills.

Assessment, counseling, and referral guidelines:

- Complete nutritional assessment according to WIC protocol.
- Assess diet and feeding skills.
- Counsel based on assessment findings.
- Make referrals, as appropriate, according to Section 3.5 of the WIC Procedure Manual.

Documentation:

- Check "High Risk Education" on the Nutrition Education screen under Nutrition Education Topics and enter "Fetal Alcohol Spectrum Disorders" under Topic Status.
- Document the specific details regarding the nutritional assessment and nutrition care plan in the Nutrition Assessment field on the Care Plan Summary in Crossroads.

Recommendations for the WIC CPA:

- Learn about and reinforce the health care team's plan of care and encourage participants/caregivers to keep all appointments and take any prescribed supplements or medications as directed.
- Work to build a rapport with the mother/caregiver for expression of concerns related to the child's health and the demands of parenting a child with FASD.

High Risk Nutrition Care Plan Guidelines

- Provide anthropometric monitoring to address weight concerns, delayed growth, and nutritional inadequacies. Including referrals to the HCP for growth and development concerns as well as possible need for a nutritional supplement.
- Provide information on how to improve the intake of dairy products, green leafy vegetables, nuts, eggs, and fish, when appropriate.
- Provide suggestions for addressing age-appropriate feeding skills and behavioral and developmental issues associated with feeding, including referrals when appropriate.
- For adults with FASD (Nutritional Risk 902 may also be appropriate) staff may provide individualized nutrition education that is appropriate for the learning level of the participant/caregiver.
- Adults with FASD may need individualized food packages to meet their needs. For example, A ready to use infant formula may be appropriate if the parent is unable to prepare powder or concentrated infant formula correctly.

All Other Nutritional Risks Considered High Risk at CPA Discretion

See Risk Criteria/Definition for other risks that may be considered High Risk by the CPA.

Assessment, counseling, and referral guidelines:

- Complete nutritional assessment according to WIC protocol.
- Counsel and provide nutrition education according to assessment findings.
- Make referrals, if appropriate, according to Section 3.5 of the WIC Procedure Manual.

Documentation:

- Check "High Risk Education" on the Nutrition Education screen under Nutrition Education topics and enter the appropriate risk/diagnosis under Topic Status.
- Document the specific details regarding the nutritional assessment and nutrition care plan in the Nutrition Assessment field on the Care Plan Summary screen in Crossroads.

High Risk Care Plan Follow Up

For clinics served by Nutrition Associate or Registered Nurse (RN):

- The Nutrition Associate or RN may determine High Risk (HR) status and provide counseling/Nutrition Education according to assessment, counseling, and referral guidelines specified for each Nutritional Risk, consulting with a Registered Dietitian (RD) if necessary.
- Document according to guidelines specified for each Nutritional Risk.
- The Registered Dietitian (RD) must review charts of all participants on the AL High-Risk Participants Report in Crossroads to ensure High Risk guidelines are being followed and evaluate the nutrition care plan. If more counseling/education is indicated based on documentation, the RD will contact the participant to complete high risk follow-up counseling. The RD will document High Risk follow up in the Nutrition Assessment field

of the Care Plan Summary screen in Crossroads. Refer to Alabama WIC Procedure Manual, Chapter 9 Reports for instructions (instructions also provided below).

- Provide/Review High Risk Nutrition Care Plan is a monthly WIC Coordinator responsibility.
- The RD must run the AL High Risk Participant Report for the previous month. For example, when running the report in April run from 3/1 to 3/31.
  - Review the High Risk participant record ensuring that High Risk Care Plan Guidance has been followed.
  - The WIC Coordinator (RD) should document "HR Follow Up Review" in the Nutrition Assessment field of the Care Plan Summary noting whether the Care Plan is appropriate or additional follow up and counseling is needed.
  - Additional follow up by RD may be in person or remote based on the individual participant needs. Document follow up visits and/or attempts to contact in the Nutrition Assessment field of the Care Plan Summary.
  - Place check mark by name when complete and file in High Risk folder.

WIC Anthropometrics and Laboratory Guidance

WIC Anthropometrics and Laboratory Guidance

WIC Anthropometrics Guidance

Introduction

In the WIC Program, anthropometric assessment involves measuring weight and length (or standing height) at specific times, depending on age and nutritional status. The measurements are compared with a reference population of healthy people by using growth charts for infants and children, and weight gain grids for pregnant women. This activity is part of the WIC nutrition and health assessment. Much can be learned about the nutritional status and general health of WIC applicants and participants when these measurements are used along with nutrition behaviors and blood values. These measurements are required to help determine WIC eligibility.

The WIC CPA has an important role in helping pregnant women understand their pregnancy weight gain, and in helping parents and caregivers understand the growth patterns of their children.

Factors Affecting Growth

Weight and length or standing height measurements of WIC applicants and participants are essential to:

1. Identify malnourished women, infants, and children.

2. Identify women, infants, and children at nutrition risk (in need of early counseling to prevent nutrition-related health problems).

3. Reassure parents that their children are growing normally; help reassure pregnant women that their weight gain is progressing normally.

4. Evaluate the effectiveness of nutrition services.

Growth and development are affected by several factors that interact with one another to determine an individual's growth pattern, including:

1. The quality and quantity of dietary intake, and environmental exposure to disease and illness.

2. Activity and exercise patterns, or heavy smoking and drug use during pregnancy.

3. Genetic factors (inherited family characteristics).

4. Hormones influence child growth patterns, and hormonal changes during pregnancy influence appetite and prenatal health. ("Morning sickness" is a common experience for many women early in pregnancy and is due, in part, to an increase in the secretion of a hormone called progesterone.)

Required Measurement Intervals

Height (or length) and weight must be obtained for all participants at each certification and mid-cert health check, at a minimum.

If a child can't be accurately measured lying or standing due to a medical / physical disability, such as cerebral palsy, the measurement is to be obtained by the participant's health care provider. Self-reporting of height and weight is not acceptable, except in the case of infant birth data.

Procedures for Weighing and Measuring

In order to be useful as an indicator of health, measurements must be accurately performed, recorded, plotted on appropriate growth charts, and appropriately interpreted.

Measuring Length for Children Less than 24 months (2 years) of Age

Equipment

To measure length of children from birth until 24 months, you should use a tabletop measuring board or pediatric scale to measure length of the child while lying down. The length board should be on a stable smooth flat surface and have a stable headboard with movable foot piece. Length board or pediatric scale should be placed out of reach of dangerous objects, sink basins, or sharp edges.

Technique

Children from birth-24 months must be measured lying down (recumbent length). Two people are needed to measure length. Parents or caregivers should participate in the length measurement to provide reassurance and security to the infant. Measurements should be read to the nearest 1/8th inch. It is inappropriate to use improvised equipment for measuring length - such as measuring tapes or yardsticks attached to tabletops. Measuring between two pencil marks on an exam table does not provide an accurate measurement. Inappropriate equipment used for measuring has a tendency to measure 'short.'

To measure length, follow these steps:

1. Remove shoes, hats, and hair accessories and flatten big hair styles (if possible).
2. Put clean paper cloth on measuring board or pediatric scale.
3. Lay child flat on his back in the center of the measuring board.
4. One person (could be the caregiver) cups her hands over the child's ears while holding the child's head firmly against the headboard (child's eyes should be facing the ceiling and the top of his / her head should be against the headboard). The infant's chin should not be tucked in against his chest or stretched too far back.
5. The second person brings the child's knees together and gently pushes down on them so that both legs are extended; one of their hands should rest on the child's knees or shins to prevent them from spreading apart or bending, while the other hand brings the movable footboard to rest firmly against the heels (toes should point upward and both feet need to be flat against the footboard). If only one of the infant's legs is extended during the measurement, the measurement may be unreliable and inaccurate.

   Note: Attaining proper foot position may require multiple attempts if infants flex their feet or point their toes without relaxing. If initial attempts are unsuccessful, it is recommended to take a break and retry the measurement after infant becomes calm and relaxes. Caregivers may assist by soothing, and massaging infant's legs or feet. Another measurement can be performed after the infant relaxes. For situations when an infant will not relax or allow positioning for an accurate length, record the best attempt and document on the sticky note the reasons that an accurate measurement could not be obtained.

6. For all length boards: Read the length to the nearest 1/8th inch where the inside of the footboard touches the heel or where the measuring board indicates.
7. Record the length in Crossroads on the Anthro/Lab screen. Today's date will default as the date the measurement was performed.

Measuring Weight for Children Less Than 24 Months (2 Years) of Age

Equipment

Infants may be measured with a beam balance scale with a tray and free-sliding weight (non-detachable) or an electronic scale. The scale should be marked in increments of one ounce (1 oz) and have a large enough tray to adequately support an infant or young child who weighs up to 40 pounds (20 kilograms). The scale is to be calibrated yearly and the calibration is to be documented. The scale should rest on a firm, flat, stable table and care must be taken to protect the child from accidents throughout the procedure.

Technique

1. Put clean paper cloth on scale.
2. Balance the scales at zero (with paper sheet on tray) by placing the sliding beam weights directly over their zero positions. If using an electronic scale, zero the scale with the paper sheet on the tray.
3. Have the caregiver removing the infant or child's outer clothing including shoes, hats, mittens, jackets, sweaters, sweatshirts, and jumpsuits, etc. It is recommended to undress the child to only a dry diaper or single layer of light clothing such as a t-shirt or onesie for accurate weighing. (A wet diaper can weigh as much as 2½ pounds). "Light clothing" may be considered only those garments necessary for participant modesty and comfort.

   At a minimum, take off shoes or boots, all outerwear, and heavier clothing, such as jackets, sweaters, or sweatshirts. Also remove items such as toys, packages, and purses. (Note: On the sticky note, document the clothing worn by participants dressed in heavy fabrics or insulated garments as the only layer of clothing which cannot be removed.

4. Place the young child/infant lying in the center of the scale. Older infants that can sit unassisted do better if placed sitting in the center of the scale. Have the caregiver help by keeping the infant stable and protected from harm (falling, etc.), but they should not touch or hold the infant while being weighed.
5. Read the weight to the nearest one ounce (1 oz).

Record the weight in Crossroads on the Anthro/Lab screen. Today's date will default as the date the measurement was performed.

NOTE: Document any situations when measurement accuracy may be affected. A statement documenting any important information (e.g., dirty diaper, weighed with shoes on, etc.) on the sticky note on the Anthro/Lab screen. This information may also be included in the Nutrition Assessment to interpret growth.

6. Return the weights to the zero position at the left-hand side of the scale to help maintain scale accuracy. Remove the disposable paper cloth.

Difficulty Taking Measurements

Sometimes a child may be unmanageable. Make every effort to obtain as accurate a measurement as possible. Inappropriate counseling and education may result from inaccurate measurements. A parent may worry unnecessarily about poor growth or overweight in their child when the child is actually growing appropriately, or a true growth problem may not be identified with incorrect measurements.

We must have anthropometric data to determine WIC eligibility. Therefore, if a child is hysterical, screaming, kicking, and cannot be comforted, he can be weighed in his caregiver's arms. The caregiver is weighed alone and his/her weight is recorded. The caregiver is then weighed with the child and this second weight is recorded. The caregiver's weight is then subtracted from the second reading (caregiver and child together). Record "weight obtained in caregiver's arms" on the sticky note on the Anthro/Lab screen and in the Nutrition Assessment documentation.

Measuring Standing Height for Women and Children 24 months (2 years) of Age or Older

Equipment

To measure standing height of children two (2) years of age and older and adults, you should use a stadiometer with a moveable headboard at least six (6) inches wide. There should not be carpet underneath the measuring board. It should be mounted and, therefore, immoveable. The equipment must be installed according to manufacturer's instructions and routinely monitored to verify compliance. Stadiometers must be checked with standard length rods on at least a yearly basis.

Technique

It is helpful to have two people taking the stature of a child, one to take the measurement and one to hold the lower body in position. This will not be necessary for adults but be sure to check positioning before taking the measurement. If a child or adult has an elaborate hairstyle that cannot be removed, do the best you can. It is recommended to use a flat small implement or a pencil and carefully slide through the base of the hairstyle as close to the crown of the head as possible until it makes contact with the measuring surface. Read where the pencil point hits the measuring surface.

1. Remove shoes, hats, and hair trims and flatten large hairstyles when possible. Place clean paper where child or adult stands.
2. The child or adult should stand tall and straight, with shoulders level, hands at sides, knees or thighs together (whichever touch first), and feet flat on floor or foot piece. Their back should be directly in front of the stadiometer. Heels must touch the wall.
3. Patient's head should be facing forward and chin parallel to the floor while the headboard (or right angle block) is lowered until touching the crown of the head.
4. For all stadiometers: Read the stature to the nearest 1/8th inch where the bottom of the headboard touches the measuring tape.

5. Record the height in Crossroads on the Anthro/Lab screen. Today's date will default as the date the measurement was performed.

Measuring Standing Weight for Women and Children 24 months (2 years) of Age or Older

Equipment

A beam balance scale with a platform and free-sliding weights (non-detachable) is the recommended form of equipment. The scale should be marked in increments of four ounces (4 oz) or 100 grams (g) or ¼ pound. The scale should have a large enough platform to support the person being weighed. Electronic scales are also acceptable if this is what is available in your clinic. The scale is to be calibrated yearly and the calibration is to be documented.

Technique

The scale should rest on a firm, flat, non-carpeted surface. For children and adults, there is a need to respect privacy. This includes where the measurements are taken, clothing removal, describing the measuring process, and interpreting the numbers.

1. Place clean paper on foot area. Confirm that the sliding weights on horizontal beam are at the zero position and that the scale is in balance.
2. Have adult participant (or caregiver of child participant) remove outer clothing including shoes, hats, mittens, jackets, sweaters, sweatshirts, and jumpsuits, etc. It is recommended to undress the child to only a dry diaper or single layer of light clothing such as a t-shirt or onesie for accurate weighing. (A wet diaper can weigh as much as 2½ pounds). "Light clothing" may be considered only those garments necessary for participant modesty and comfort.
3. At a minimum, take off shoes or boots, all outerwear, and heavier clothing, such as jackets, sweaters, or sweatshirts. Also remove items such as toys, packages, cell phones, and purses. (Note: When measurements must be taken for participants dressed in heavy fabrics or insulated garments as the only layer of clothing, document the circumstances.)
4. Have the participant stand in the center of the platform with body upright and arms hanging naturally.
5. To take the reading, move the large counterbalance on the main beam away from the zero position until the indicator drops, showing that a little too much weight has been removed. Repeat the above procedure with the fractional beam until the indicator rests in the exact center.
6. For all scales: Read the weight to the nearest one ounce (1 oz). See chart below for scales measuring 0.2 lbs.

Conversion Chart
For scales measuring 0.2 pounds

Scale Reading	Ounces
X.2	3
X.4	6
X.6	10
X.8	13

7. Return the weights to the zero position at the left-hand side of the scale or zero the scale prior to obtaining the next weight.
8. Record the weight in Crossroads on the Anthro/Lab screen. Today's date will default as the date the measurement was performed.

WIC Anthropometrics and Laboratory Guidance

NOTE: Document any situations when measurement accuracy may be affected. A statement documenting any important information (e.g., dirty diaper, weighed with shoes on, etc.) on the sticky note on the Anthro/Lab screen. This information may also be included in the Nutrition Assessment when interpreting growth.

Plotting and Interpreting Growth Charts

A growth chart is a valuable tool for assessing a child's growth over time and can be used as an educational tool for parents and caregivers. Several measurements plotted at different ages give information on how the child's growth is progressing. Most children grow along the same percentile curve, although "spurts" are normal. When assessing growth, review risk definitions for risks 101 and 111 for women and 103, 113, and 114 for infants and children.

BMI (wt/ht^2) is calculated from weight and height measurements and is used to judge whether an individual's weight is appropriate for their height. BMI is the most commonly used approach to screen adults for overweight or obesity and BMI percentiles are the recommended measure to be used with children. Infant growth is assessed using weight for length percentiles. During pregnancy, weight gain is assessed rather than BMI to evaluate weight.

Recommended Weight Gain

Infants

Birth – 6 months	¾ to 1 ounce per day
6-12 months	½ to ¾ ounce per day

General Guideline: Full-term infants double their birth weight by 6 months and triple their birth weight by 12 months.

Children

"Between ages 1 and 2, toddler will gain only about 5 pounds. Weight gain will remain at about 5 pounds per year between ages 2-5." (Kaneshiro, 2014)

Kaneshiro, N.M. (2014, February 14). *Normal Growth and Development*. Retrieved September 3, 2015, from Medline Plus: https://www.nlm.nih.gov/medlineplus/ency/article/002456.htm.

Pregnancy

Single Pregnancy Weight Gain based on Prepregnancy BMI

Underweight <18.5	28-40 lbs
Normal 18.5-24.9	25-35 lbs
Overweight 25.0-29.9	15-25 lbs
Obese >30.0	11-20 lbs

Twin Pregnancy Weight Gain based on Prepregnancy BMI

Normal 18.5-24.9	37-54 lbs
Overweight 25.0-29.9	31-50 lbs
Obese >30.0	25-42 lbs

* A gain of 1.5 pounds per week during the 2nd and 3rd trimesters has been associated with a reduced risk of preterm and low birth weight delivery in twin pregnancy.

Triplet pregnancy

Overall weight gain should be around 50 lbs with a steady rate of gain of approximately 1.5 lbs per week throughout pregnancy.

WIC Anthropometrics and Laboratory Guidance

Blood Test Requirements for WIC Certification
ANEMIA SCREENING SCHEDULE

Infants

0-6 months	Not allowed.
7-8 months	Not allowed.
9-12 months	Required for initial certification but may be deferred until 12 months of age. It is recommended to defer the blood test until age 12 months so that a finger stick may be used for collection. Hemoglobin collected prior to 12 months of age must be done via heel stick. Blood collection via heel stick requires a specific training. Hemoglobin testing is not allowed before 9 months of age with one exception: CPA may request a hemoglobin from an outside provider on pre-term and low birth weight infants who are not fed iron-fortified formula.
12 months	Required as routine infant hemoglobin check at initial certification or 1-year subsequent certification.

Children

1-2 years	One hemoglobin check is required in addition to the infant 12-month hemoglobin check (12- 24 months) for a total of 2 hemoglobin checks between the ages of 9 and 24 months. Typically, the second hemoglobin check would be done at the mid certification visit. *For all children initially certified between 13-18 months of age, a blood test is required at the initial certification.
2-5 years	Required at all initial certifications. Required annually if the last hemoglobin check was normal.
All children	Any abnormal hemoglobin screening result whether at a certification visit or mid-certification visit, requires a blood test at 6-month intervals until an anemia screening result within normal range is documented. Abnormal hemoglobin values and high-risk values can be found in the Nutritional Risk Criteria Manual. Refer to Nutrition Risk 201 Low Hematocrit/Low Hemoglobin.

NOTE: If the child's eligibility has expired and the expiration date is greater than or equal to 30 days, a new hemoglobin is required. If the eligibility end date is less than 30 days, a new hemoglobin is not required unless the previous hemoglobin was abnormal.

Women

Pregnant	Required
Non-Breastfeeding	Required after delivery
Breastfeeding, 0-12 months postpartum	Required after delivery

Please NOTE the following:
If a documented medical condition, i.e., hemophilia or religious beliefs prevents an individual from having blood drawn, the blood test may be omitted. The exempt reason should be documented in Crossroads on the Anthro/Lab screen (Exempt Reason drop down). If a hemoglobin needs to be deferred, document the reason for the deferral in Crossroads on the Anthro/Lab screen (Deferred Reason drop down).

This document refers to hemoglobin testing since this is the common hematological test in Alabama WIC clinics. The same time frame applies to other hematological tests such as hematocrit.

HemoCue™ Capillary Sampling Procedure

The following procedure for capillary sampling should be followed when obtaining hemoglobin.

1. Have all items ready for blood collection.
2. Place all collection materials on top of disposable pad. Once the patient is seated comfortably, open the lancet, alcohol swabs, gauze, bandage, and other items.
3. Put on exam gloves.
4. The patient should be seated. Make sure the hand is warm and relaxed.
5. Use only the middle or ring finger. **Note: Avoid fingers with rings on.**
6. Clean the fingertip (puncture site) with alcohol.
7. Wipe the alcohol off with a dry, lint-free wipe or allow to air dry completely.
8. Prior to puncture, "prime" the fingertip by applying pressure at the upper joint with the thumb, using a rolling motion towards the tip of the finger. Do not "milk" the finger, i.e. sliding your thumb from the palm of the hand towards the puncture site.
9. Apply pressure with your thumb at the upper joint and place your index finger on the side of the patient's finger, in a position that will allow you to gently squeeze.
10. Position the lancet off center (at the side) of the fingertip and press the lancet firmly against the finger; puncture the finger using the lancet.
11. Release your thumb pressure after removing the lancet to allow blood flow.
12. Apply gentle pressure to extrude a large drop of blood.
13. Prime the fingertip by applying pressure at the upper joint with your thumb and rock the thumb.
14. Wipe the first 2 or 3 drops of blood with the lint free wipe/gauze.
15. Re-apply light pressure towards the fingertip until another drop of blood appears.
16. Insert the tip of the microcuvette into a large drop of blood and hold the microcuvette until the entire "teardrop" shaped cavity is filled with blood.

    Note: If the microcuvette is not completely filled, discard and use a new microcuvette. DO NOT add blood to a partially filled microcuvette.
17. Wipe away excess from the outer surfaces of the microcuvette with a lint-free wipe. Do not touch the open end of the microcuvette.
18. Look for air bubbles in the filled microcuvette. If present, discard the microcuvette and fill a new microcuvette from a new drop of blood. Small bubbles around the edge cannot be ignored.
19. Place filled microcuvette into the Hemocue device. Wait for the hemoglobin value to display.
20. Dispose of microcuvette, lancet, and other biohazardous material according to protocol.
21. Enter result in Crossroads.

Nutrition Assessment and Documentation Guidance

Nutrition Assessment Documentation

The purpose of nutrition assessment documentation is to facilitate the delivery of meaningful nutrition services and to ensure continuity of care for participants. It is the primary means by which WIC staff communicate with each other about individual participants. It also improves program integrity and coordination with the health care community.

Procedures

Documentation should be

- **Consistent and organized**: Staff should be able to easily find the information they need, i.e., required information is located in the same place in each chart. Duplication of information is minimized, and established standards/protocols are easily followed.
- **Clear**: Other staff should be able to understand what the author is communicating. When in doubt, write it out. Staff should only be using Alabama WIC approved acronyms and abbreviations, refer to Appendix A in this document.
- **Complete and correct:** It should create an accurate picture of the participant, the visit and his/her relevant issues, describes or lists the services provided over time and outlines a plan for future services.
- **Concise**: It should only contain pertinent information and minimal extraneous information.

Paint a Picture

Documentation should capture a picture of the participant's visit in a manner that is easy to review, build upon and follow-up on at future visits. Use critical thinking to highlight the most important information collected in the different areas of the assessment (anthropometric, biochemical, clinical, diet and nutrition, and environmental).

All participant files must include:

1) **Assessment Information**, including
   a) Supporting information for assigned risks. Weight, Height/length, Bloodwork (anthropometric and biochemical risks); Medical data (clinical/health/medical risks); Eating behaviors and feeding practices (dietary risks); Physical activity and other pertinent information (other risks) Note: staff must complete all required assessment screens and questions in Crossroads (MIS) to facilitate identifying all applicable nutritional risks.
   b) Participant's needs and concerns. This information helps the CPA identify additional risks, nutrition education/counseling focus, and tailoring of the food package.
2) **WIC Category and Priority level.**

3) **Nutrition Education/Counseling and Recommendations** (including breastfeeding contacts) provided. This includes the Delivery Method, Topic, Reinforcements provided (handout, website reference, etc) and SNE (secondary nutrition education) No-shows.
4) **Food package prescribed** including changes/tailoring or special formula prescribed (including medical documentation).
5) **Referrals** made (including type and location) and follow-up on previous referrals, as appropriate.
6) **Creation of an individual care plan**, including High Risk, and plans for follow-up, including goal setting.
7) **Follow-up visit information**, including a participant's progress towards behavior change and goals.
8) **Author** of documentation – automatically stamped in Crossroads MIS.

Good quality documentation allows the WIC staff to start discussions at subsequent appointments with the participant after only a minimal review of the previous nutrition assessment(s).

Nutrition Assessment Narrative

A narrative of the comprehensive nutrition assessment is documented in the Care Plan Summary – Nutrition Assessment section. When writing the narrative portion of the nutrition assessment, CPAs should not duplicate information that is documented in other parts of the participant's chart. Instead, CPAs should document their assessment of the information collected. Refer to the table below to help in determining what should and should not be included.

Type of visit (IC, SC, NE-I, MC, HR f/u, etc.) Reason for remote certification.	Pamphlets given or Education topics reviewed (Document on Nutrition Education screen instead).
Growth/weight gain/weight loss – What caused the change? Include problems obtaining measurements (child uncooperative, physical limitations, etc.). Reasons for deferred blood work (caregiver refuses, participant is uncooperative, or the sample cannot be obtained, etc.).	Nutrition Risk(s), unless clarifying or providing supporting information.
Adequacy of diet (food groups lacking, portion sizes, food choices, beverage choices, etc).	List of food items consumed, except for infants where it provides more information.
Breastfeeding/formula feeding frequency and amounts (type of formula, any record of formula changes, problems associated with formula).	Unapproved abbreviations
Any unusual family dynamics (i.e., foster care, safety plan, guardianship changes, who accompanied the child to the appointment).	
Conversations with doctors regarding formula changes, updated prescriptions, etc.	
Any discussions or recommendations about health/diet concerns.	
Follow up of any behavioral changes made since last visit or progress towards goals.	
Food issuance problems (issuance from closet without inventory, exempt formula, food package modifications, etc) and tailoring (prescribed soy milk).	
Referrals provided.	

Appendix A

ALABAMA WIC APPROVED ACRONYMS AND ABBREVIATIONS	
APL	Approved Product List
appt	Appointment
BF	Breastfeeding
BFPC	Breastfeeding Peer Counselor
BG	Blood Glucose
BID	Twice a Day
BMI	Body Mass Index
BP	Blood Pressure
C	cup
CBS	Certified Breastfeeding Specialist
Cert	Certification
CLC	Certified Lactation Counselor
C/o	Complains of
CPA	Competent Professional Authority
CVB	Cash Value Benefit
D/C	Discontinued
DBE	Designated Breastfeeding Expert
disc	Discussed
DOB	Date of birth
EBA	Electronic Benefit Account
EBM	Expressed Breastmilk
EBT	Electronic Benefit Transfer
EDD	Estimated Delivery Date
EXF	Exempt Infant Formula
FBF	Fully Breastfeeding
FDTS	First Date to Spend
FFF	Fully Formula Fed
FMNP	Farmers Market Nutrition Program
FTT	Failure to Thrive
f/u	Follow up
F/V	Fruits and Vegetables
g	gram
GA	Gestational Age
GDM	Gestational Diabetes Mellitus
GERD	Gastroesophageal Reflux Disease
GI	Gastrointestinal
HCP	Health Care Provider
hct	Hematocrit
hgb	Hemoglobin

HR	High Risk
ht	Height
HTN	Hypertension
Hx	History
IBCLC	International Board Certified Lactation Consultant
IC	Initial Certification
IF	Infant Formula
in	inches
IUGR	Intrauterine Growth Restriction
JOT	Journal of Transactions
kcal	Kilo calories/calories
L&D	Labor and delivery (in reference to a provider's office)
lbs	Pounds
LBW	Low birth weight
LDTS	Last Date to Spend
LGA	Large gestational age
lgt	Length
LMP	Last Menstrual Period
MC	Mid-certification
MD	Medical doctor
ml	milliliter
mo	month
MVI	Multivitamin
N/V	Nausea and Vomiting
NBF	Non-Breastfeeding
NE-I	Nutrition Education-Individual
NICU	Neonatal intensive care unit
OB	Obstetrician
OT	Occupational Therapy
oz	ounce
PC	Peer Counselor
PG	Pregnant
PKU	phenylketonuria
PNV	Prenatal Vitamin
PRN	As Needed
Pro	Protein
PT	Physical Therapy
R&R	Rights & Responsibilities
R/s	Rescheduled
RD/RDN	Registered Dietitian/Registered Dietitian Nutritionist
RFO	Reconstituted Fluid Ounces
RN	Registered Nurse

RTU	Ready to use
Rx	Prescription
SC	Subsequent Certification
SGA	Small gestational age
SLP	Speech Language Pathologist
SNAP	Supplemental Nutrition Assistance Program
SNE	Secondary Nutrition Education
SOD	Separation of Duties
SW	Social Worker
TANF	Temporary Assistance for Needy Families
tbsp	Tablespoon
TF	Tube feeding (enteral nutrition support)
TID	Three Times a Day
tsp	Teaspoon
VBAC	Vaginal Birth After Caesarean
VENA	Value Enhanced Nutrition Assessment
vit	Vitamin
VLBW	Very low birth weight
VM	Voicemail
VOC	Verification of Certification
WEN	WIC Eligible Nutritionals
WIC	Women, Infants, and Children
WNL	Within Normal Limits
wk	week
wt	Weight
X	Times
X/d	Times per Day
yo	Years old

Revised June 8, 2026

WIC Food Package

	milk*	cheese	yogurt*	juice	eggs	cereal	canned or dry peas/beans or peanut/nut/ seed butter	tuna or salmon	CVB	whole grains
12-23 month old child	4 gal (**3** gal if 16 oz cheese and 32 oz yogurt)	1 pound	32 oz	64 oz	1 dozen	36 oz	1 container	6 oz	$26	24 oz
2-5 year old child	4 gal (**3** gal if 16 oz cheese and 32 oz yogurt)	1 pound	32 oz	64 oz	1 dozen	36 oz	1 container	6 oz	$26	24 oz
Pregnant	5 ½ gal (**4 ½** gal if 16 oz cheese and 32 oz yogurt)	1 pound	32 oz	64 oz	1 dozen	36 oz	2 containers	10 oz	$48	48 oz
Pregnant with multiples	5 ½ gal (**4 ½** gal if 16 oz cheese and 32 oz yogurt)	1 pound	32 oz	64 oz	1 dozen	36 oz	2 containers	15 oz	$52	48 oz
Non-breastfeeding woman or Partially BF >MMA	4 gal (**3** gal if 16 oz cheese and 32 oz yogurt)	1 pound	32 oz	64 oz	1 dozen	36 oz	1 container	10 oz	$48	48 oz
Partially BF woman<= MMA (mostly breastfeeding)	5 ½ gal (**4 ½** gal if 16 oz cheese and 32 oz yogurt)	1 pound	32 oz	64 oz	1 dozen	36 oz	2 containers	15 oz	$52	48 oz
Partially BF Woman <= MMA with multiples (mostly breastfeeding)	6 gal (**5** gal if 16 oz cheese and 32 oz yogurt)	1 pound	32 oz	64 oz	2 dozen	36 oz	2 containers	20 oz	$52	48 oz
Partially BF Woman > MMA (minimally breastfeeding) infant is > 6 months old	Receives support – no food benefits									
Fully BF	6 gal (**5** gal if 16 oz cheese and 32 oz yogurt)	1 pound	32 oz	64 oz	2 dozen	36 oz	2 containers	20 oz	$52	48 oz
Fully BF multiples	9 gal (**8** gal if 16 oz cheese and 32 oz yogurt)	1 ½ pounds	32 oz	96 oz	3 dozen	54 oz	3 containers	30 oz	$78	72 oz

****All tailoring of food packages must be documented in Care Plan notes. Information regarding tailoring of the food packages is in Chapter 5 of the WIC Procedure Manual.****

*Whole milk and low-fat/whole milk yogurt only issued for infants 12-23 months old
Low-fat or fat-free milk and fat-free or non-fat yogurt only for children 2-5 years and women

For all categories, may substitute plant based milk/tofu if requested for dairy milk

32 oz yogurt = ¼ gallon milk

16 oz cheese = ¾ gallon milk

1 lb tofu = ¼ gallon milk

ALABAMA INFANT FORMULA REFERENCE

The Alabama WIC Program supports breastfeeding as the preferred method of infant feeding. For infants receiving formula follow the guidelines below. A complete list of Alabama allowed formulas can be found in the Alabama WIC Formulary with Qualifying Conditions and the Alabama Formula Max Quantity Report.

Formulas are categorized according to USDA definitions. There are 3 categories:

- Infant Formula (IF) – contract formula
- Exempt Infant Formula (EIF) – formulas that require medical documentation
- WIC Eligible Nutritionals (WEN) – formulas intended for children/woman to include modular formulas Individual formulas are listed under subcategory within one of the above categories.

RFO = reconstituted fluid ounces

- 1 - 13 oz. can concentrate yields 26 RFO
- 1 - 12.4 to 16 oz. can powder yields 85 to 115 RFO
  (Powdered formulas reconstitute to different fluid ounces per can)
- 1 - 32 oz. can ready to feed (RTF) yields 32 RFO
- 1 – 8 oz. can ready to feed (RTF) yields 8 RFO

Formula is prescribed in Crossroads in ounces. WIC regulations state that full nutrition benefit (FNB) should be issued to each participant per category. Fully formula fed infants receiving 8 oz. ready to feed formula may receive more than the FNB for other types of formula but the total amount is within the Maximum Monthly Allowance (MMA) for ready to feed formula.

Contract formulas are:

- **Enfamil Infant – 12.5 oz. powder and 13 oz. concentrate**
- **Enfamil Gentlease – 12.4 oz. powder**
- **Enfamil Prosobee – 12.9 oz. powder and 13 oz. concentrate**
- **Enfamil AR – 12.9 oz. powder**
- **Enfamil Reguline – 12.4 oz. powder**

Formula amounts that may be issued for contract formula based on age and category are as follows:

Maximum amounts for Infant Partially Breastfed[1]		**Maximum amounts for Infant Fully Formula Fed**	
0 through 3 months – (364 RFO)	4 cans powder[2] 14 cans 13 oz. concentrate 12 cans 32 oz. RTF	0 through 3 months – (806 RFO)	approximately 26 fl oz./day[2] 9 cans powder 31 cans 13 oz. concentrate 26 cans 32 oz. RTF
4 through 5 months – (442 RFO)	5 cans powder[2] 17 cans 13 oz. concentrate 14 cans 32 oz. RTF	4 through 5 months – (884 RFO)	approximately 29 fl oz./day[2] 10 cans powder 34 cans 13 oz. concentrate 28 cans 32oz. RTF
6 through 11 months – (312 RFO)	4 cans powder[2] 12 cans 13 oz. concentrate 10 cans 32 oz. RTF	6 through 11 months – (624 RFO)	(approximately 20 fl oz./day)[2] 7 cans powder 24 cans 13 oz. concentrate 20 cans 32 oz. RTF

NOTE: Medically fragile infants 6 to 11 months of age may receive the same maximum monthly allowance of contract infant formula or exempt infant formula as infants 4 through 5 months of age on the same feeding option, i.e., partially (mostly).

[1] If the infant is partially breastfed, the least amount of formula should be issued to encourage continued breastfeeding.

[2] The number of cans of powder formula that may be issued varies depending on the reconstituted fluid ounces (RFO) specific for the formula. RFO for each formula issued per age and category is listed on the AL Formula Max Quantity Report. See Chapter 9, Reports for instructions on printing this report monthly.

In order to provide the FNB, some exempt powder formulas require issuance of different numbers of containers over the age and issuance period. When reviewing the AL Formula Max Quantity Report, the following formulas have quantities that vary per month:

- Neocate Infant with DHA & ARA (14.1 oz. powder)
- Nutramigen Enflora LGG (12.6 oz. Powder)
- Pregestimil (16 oz. Powder)
- PurAmino (14.1 oz. Powder)
- Similac PM 60/40 (14.1 oz. Powder)

Ready to feed formula (Chapter 5, Supplemental Foods)
Ready to feed formula is authorized when the CPA determines and documents that one of the following conditions is met:

- unsanitary or restricted water supply
- poor refrigeration
- the person caring for the infant may have difficulty in correctly diluting concentrated liquid or reconstituting powdered formula
- the individual is homeless
- in the professional judgment of the CPA, the ready to feed form better accommodates a participant's condition or compliance

Exceptions to this policy on ready-to-feed formulas would be those exempt infant formulas or WIC eligible nutritionals which are made only in ready-to-feed form. All documentation regarding ready-to-feed formula should be made in the Nutrition Assessment section of the participant's Care Plan Summary.

Maximum Monthly Allowances (MMA) of
Supplemental Foods for Infants in Food Packages I, II and III.

Age	Fully Formula Fed	Partially Breastfed	Fully Breastfed
0 through 3 months	870 oz. powder formula 823 oz. concentrate formula 832 oz. ready to feed formula	435 oz. powder formula 388 oz. concentrate formula 384 oz. ready to feed formula	0 oz. formula
4 through 5 months	960 oz. powder formula 896 oz. concentrate formula 913 oz. ready to feed formula	522 oz. powder formula 460 oz. concentrate formula 474 oz. ready to feed formula	0 oz. formula
6 through 11 months	696 oz. powder formula 8 oz. infant cereal 128 oz. infant fruits and vegetables	384 oz. powder formula 8 oz. infant cereal 128 oz. infant fruits and vegetables	0 oz. formula 16 oz. infant cereal 128 oz. infant fruits and vegetables 40 oz. infant meats

Guidance to Promote and Support The Partially Breastfed Infant

Goal: To provide as minimal amount of supplemental formula as is needed while offering counseling and support in order to help the mother establish a successful milk supply.

- A breastfed infant should not be "automatically" provided a can of formula in the first month of life.
- If after a careful assessment, the provider determines that formula is appropriate for the infant during the first month. Only one can of powdered formula or up to 104 oz ready to feed formula may be issued.
- The provider is expected to individually tailor the amount of formula issued based on the breastfeeding assessment.
- Food packages should be tailored for months one through eleven to provide the minimal amount of supplemental formula.
- If the infant receives one can of powdered formula and then is not issued any more formula, the infant should be issued a fully breastfed package for the upcoming months.

Maximum Monthly Allowances (MMA) for the Partially Breastfed Infant

Prepared Bottle Yield of Powdered Formula

Bottle Size	1 Can 90 fl oz. # of bottles	2 Cans 180 fl oz. # of bottles	3 Cans 270 fl oz. # of bottles	4 Cans 360 fl oz. # of bottles	5 Cans 450 fl oz. # of bottles
2 oz	45	90	135	180	225
3 oz	30	60	90	120	150
4 oz	22	45	67	90	112
5 oz	18	36	54	72	90
6 oz	15	30	45	60	75

WIC Policy for

Prenatals Who Missed Initial Appointments and

Infants Who Missed NE-I Evaluation Appointment after Welcome Baby! Certification

[CLINIC NAME]

October 1, 2026-September 30, 2027
***Please review and sign annually during first quarter of FY and as staff changes occur.**

In accordance with the WIC Policy and Procedures Manual, Prenatal applicants who miss their initial certification and Infant participants initially certified with the Welcome, Baby! Procedure who miss their Nutrition Education -Individual (NE-I) evaluation appointment must be contacted for a second appointment

Once weekly, [staff name] prints the AL Missed Appointment Report for all clinic days from the previous week. Clerical staff review the AL Missed Appointment Report for the previous week and identify the prenatal participants that missed their initial certification appointment and/or Infant NE-I Evaluation in person appointment. Then, clerical staff contact individuals to schedule a second appointment. Documentation of contact is to be noted on the report. [Staff name] serves as back up. Reports are to be kept on file for the FY for QA and monitored monthly by the coordinator.

OR

Daily on clinic days, [staff name] prints the AL Detail Clinic Appointment Schedule for the current date. At the end of the clinic day or beginning of the next day, staff reviews the report and identifies the Prenatal or Infant NE-I Evaluations in person, that missed their appointment. Then, clerical staff contact each applicant to schedule a second appointment. Documentation of contact is noted on the report. [Staff name] serves as back up. Reports to be kept on file for the FY for QA and monitored monthly by the coordinator.

Staff Name	**Staff Signature**

MONITORING AND AUDITS

INTRODUCTION

Monitoring and Audits involves State agency efforts to review local agency/clinic activities on an ongoing and timely basis, and to track all audits involving WIC Program activity. The following sections provide a brief overview of the information that is required by federal regulations to be included in State Plans. The questions that follow are designed to assist the State agencies in submitting compliant State Plans for FNS approval. State agencies are encouraged to review each federal regulation in its entirety. A. Monitoring-246. 19: requires State agencies to establish an on-going management evaluation system. B. Audits-Subpart F to 2 CFR Part 200, 246. 20: describe State agency audit responsibilities.

A. Monitoring

1. Local Agency/Clinic Monitoring Activity (to be updated each year). Skip this section if the State agency has no local agency(ies)

a. Local agencies/clinics monitored: (If State agency has one local agency, specify the date it was last monitored.

Number of local agencies	**9**
Number of local agencies monitored last annual period	**7**
Number of clinics monitored last annual period	**12**
Number of local agencies to be monitored this current annual period	**9**
Number of clinics to be monitored this current annual period	**11**

Specify last annual period, from: 2025-10-01 to 2026-09-30

Specify current annual period, from: 2026-10-01 to 2027-09-30

~~b.~~ Number of local agencies/clinics required to submit Corrective Action Plans (CAPs) to address deficiencies identified during monitoring last year: ~~on This is not applicable for my state agency~~

12

c. The State agency uses a tracking device, such as a chart or spreadsheet, which summarizes the reviews of all local agencies.

- (●) Yes
- ( ) No

If the State agency uses a tracking device, it shows (check all that apply):

[ ] N/A

[X] Date of most recent review for each local agency/clinic

[X] Number of clinics reviewed in most recent review for each local agency/clinic

[ ] Listing of findings for most recent review of each local agency/clinic

[X] Date of State agency notice of findings in most recent review for each local agency/clinic

[X] Date of local agency/clinic corrective action plan in most recent review for each local agency and/or clinics

[X] Outcome of corrective action plan

[X] Whether the review was conducted virtually or onsite

d. In preparing to conduct a local agency review, the State agency reviews data reports on:

[ ] No-shows by category

[ ] Administrative costs claimed

[ ] Financial reports

[ ] Priorities served

[X] Caseload

[ ] Racial/ethnicity

[X] Staff/participant ratios

[ ] Participant nutrition surveillance data for participants in that local agency/clinic

[X] Other

Specify: Previous Quality Assurance/Office of Program Integrity reviews, Crossroads (MIS) reports

ADDITIONAL DETAIL: Monitoring Audits Appendix and/or Procedure Manual (citation):

AL WIC Procedure Manual Ch. 15 Quality Assurance

2. Local Agency/Clinic Monitoring Procedures

a. The State agency uses an established protocol when it monitors local agencies/clinics.

(●) Yes

Specify: AL WIC Procedure Manual Ch. 15 Quality Assurance

( ) No

This monitoring protocol includes:

[ ] N/A

[X] Advance notification of monitoring visit

[X] Determination of timeframes for conducting the review

[X] Designation of local agency/clinic staff to assist State agency staff during review

[X] Discussion of review findings on-site with local agency/clinic

[X] Specified time frame for providing written review report

[X] Specified time frame for local agency/clinic submission of corrective action plan, not to exceed 60 days from receipt of State agency's report

[X] Instructions or guidance for preparation of corrective action plan (e.g., inclusion of implementation time frames)

[X] Evaluation of adequacy of corrective action

[X] Follow-up with local agency/clinic to ensure corrective action measures are implemented

[X] Written notification of closure of the review

[ ] Other

b. Monitoring of local agencies/clinics is conducted by (check all that apply):

[X] State WIC staff

[X] District or regional staff

[X] Other health programs

[X] Other

Specify: AL Public Health Office of Program Integrity

c. Specialists in the following areas monitor the areas of their expertise:

[ ] Certification and eligibility determination

[ ] Caseload management

[X] Nutrition service

[ ] Breastfeeding promotion and support

[ ] Targeting and outreach policies

[ ] Financial management of administrative funds

[ ] Food delivery system

[ ] Vendor management

[X] Civil rights

[ ] Information Systems security

[X] Other

Specify: AL Public Health Office of Program Integrity

If the State agency uses reviewers to monitor areas in which they do not have expertise and/or prior knowledge, describe how the State agency trains or equips its reviewers to conduct the review (please enter N/A if not applicable)

N/A

d. The State agency uses a standard local agency/clinic review form.

(●) Yes

Specify: AL WIC Procedure Manual Ch. 15 Quality Assurance Attachment 15-1 QA Tool

( ) No

If yes, the review form covers the following areas:

[ ] N/A

[ ] An assessment of local agency/clinic management

[ ] An assessment of patient flow

[X] Certification case file reviews, including procedures for determining adjunctive income eligibility

[X] Caseload management

[X] Training of local agency and clinic staff

[X] Nutrition education

[X] Breastfeeding promotion and support

[X] Targeting and outreach policies

[ ] Financial management of administrative funds

[ ] Validation of staff time spent on WIC

[ ] Food instrument accountability

[ ] Vendor training and monitoring (If these functions are delegated to a local agency/clinic)

[X] Civil rights compliance

[ ] Other

e. The State agency has developed procedures for local agencies/clinics to use when they evaluate:

[X] Their own operations

[X] Subsidiary/satellite operations (e.g., county health department clinic)

[ ] Subcontractors (e.g., community action program, hospital)

[ ] Homeless facilities/institutions

[X] Other

Specify: Private local agencies

If you selected any of the options above, please provide the citation of where it can be found in the appendix or procedure manual and answer the following questions

AL WIC Procedure Manual Ch. 15 Quality Assurance Attachment 15-1 QA Tool

Do these procedures include a monitoring tool?

- (●) Yes
- ( ) No

Are all local agencies/clinics required to follow these procedures?

- (●) Yes
- ( ) No

ADDITIONAL DETAIL: Monitoring Audits Appendix and/or Procedure Manual (citation):

3. Use of Local Agency/Clinic Review Data

a. The State agency analyzes the results of local agency/clinic monitoring visits to determine whether deficient areas are common among its local agencies/clinics.

- (●) Yes
- ( ) No

b. The State agency utilizes local agency/clinic review data to (check all that apply):

[X] Identify outstanding operational approaches that could be shared with other local agencies/clinic

[X] Track individual local agency/clinic performance

[ ] Compare administrative costs/expenses among local agencies/clinics

[ ] Compare staffing and organization among local agencies/clinics

[X] Other

Specify: Determine staff training needs.

ADDITIONAL DETAIL: Monitoring Audits Appendix and/or Procedure Manual (citation):

AL WIC Procedure Manual Ch. 15 Quality Assurance

B. Audits

Do not include management evaluations or other reviews conducted by FNS regional offices or by WIC State agencies. This section concerns the audits conducted under Subpart F to 2 CFR Part 200 and audits conducted by USDA s OIG, per 7 CFR 246. 20 (a, b).

1. Audits (Federal, State, and Local)

a. Number of audits conducted during FY2026:

5

b.

Entities audited (includes both State and local agencies)	Auditor(s)	Period of Audit	Status/disposition of audit at this time (management decision, final action, etc.)
State of Alabama	State Examiners of Public Accounts	10/01/2024-9/30/2025	WIC was not considered a MAJOR program for testing.
Jefferson County Health Department	CRI – Carr, Riggs & Ingram, CPAs and Advisors	10/01/2024-9/30/2025	Closed; No findings or questioned costs; WIC was considered a MAJOR program

Mobile County Health Department	**Smith, Dukes & Buckalew, LLP**	**10/01/2024-9/30/2025**	**Closed; No findings or questioned costs; WIC was considered a MAJOR**
Poarch Band of Creek Indians	**Redw Advisors & CPAs**	**Year Ended 12/31/2025**	**FY24 WIC was NOT considered a MAJOR program. No findings or questioned costs; FY25 pending issuance of report.**

Health Services, Inc	**Warren Averett**	**Year Ended 01/31/2025**	**FY25 WIC was not considered a MAJOR program. Pending resolution of OPI internal audit findings.**

ADDITIONAL DETAIL: If additional audits were conducted, please provide separately.

c. Entities not audited and reason (e. g. , local office is not a subrecipient local agency, non-federal entity did not expend 1,000,000 or more in Federal funds during the fiscal year, etc.) (2 CFR 200. 501(b))

Entities not audited (includes both State and local agencies)	Reason Entity Not Audited

ADDITIONAL DETAIL: Monitoring & Audits Appendix and/or Procedure Manual (citation):

2. Audit Management Decision

a. Methods used by the State agency to ensure that corrective action is taken on audit findings include (check all that apply):

[ ] State agency has a copy of the corrective action plan on file.

[ ] State agency tracks audits to determine if the same problems are recurring from year to year.

[ ] Local agency must file periodic reports.

[ ] State agency contacts local agency by phone or in writing periodically.

[ ] State agency visits local agency.

[X] Other

Specify: Single Audits did not require corrective actions/management decisions.

b. State agency actions taken to ensure that all claim amounts are recovered include (check all that apply):

[ ] Local agency files periodic reports.

[ ] State agency contacts local agency by phone or in writing.

[ ] State agency monitors receipt of a check in the amount of an audit claim.

[ ] State agency establishes and employs billing/offsetting of account procedures.

[X] Other

Specify: Single audits did not identify questioned costs to be recovered.

c. State agency accounting procedures for claim amounts recovered:

[ ] Recovered claim amounts from prior fiscal years are returned to FNS.

[ ] Recovered claim amounts are reallocated if collected within the same fiscal year.

[ ] Claim amounts are verified with local agency.

[X] Other

Specify: Single audits did not identify questioned costs to be recovered.

ADDITIONAL DETAIL: Monitoring Audits Appendix and/or Procedure Manual (citation):

3. Availability of Audit Reports

a. The State agency receives and maintains for at least three years copies of all organization-wide audits involving the WIC Program and maintains a listing of those audits.

- (●) Yes
- ( ) No

b. Procedures used for maintaining files to reflect the trail from the receipt of the audit to final action include:

[ ] Detailed breakdown of each audit finding is tracked separately.

[ ] Individuals are assigned to monitor each audit.

[ ] One individual is assigned to monitor all audits.

[X] Other

Specify: Contract Management Branch responsible to obtain audits and forward to/FHS is OPI for final review.

c. The State agency maintains a listing of all planned audits for the coming Fiscal Year.

- ( ) Yes
- (●) No

(Indicate recent FYs which included WIC in the single audit report):

FY2013, FY2014, FY2017, FY2020, FY2023

d. The State agency ensures WIC participation in the single audit and other audits by (check all that apply):

[X] Developing a tracking system that monitors the status of each audit

[ ] Establishing a contact person for each audit

[X] Including this audit requirement in the local agency contract

[ ] Other

ADDITIONAL DETAIL: Monitoring Audits Appendix and/or Procedure Manual (citation):

CIVIL RIGHTS

INTRODUCTION

The Civil Rights section of the State Plan covers the training of State and local staff on issues, rules and regulations related to civil rights, public notification of nondiscrimination requirements, the monitoring of local agencies and clinics for compliance with civil rights regulations and rules, the collection of relevant racial/ethnic information and procedures for handling civil rights complaints. The following sections provide a brief overview of the information that is required by federal regulations to be included in State Plans. The questions that follow are designed to assist the State agencies in submitting compliant State Plans for FNS approval. State agencies are encouraged to review each federal regulation in its entirety. A. Administration - 7 CFR 246. 4(a)(17): describe the procedures the State will use to comply with the civil rights requirements described in 246. 8, including the processing of discrimination complaints. B. Public Notification Requirements and Nondiscrimination Notification - 7 CFR 246. 8(a)(1): describe the policies and procedures used to ensure that public notification regarding nondiscrimination in the WIC Program reaches all participants and potential participants in an appropriate language (246. 8(c)) through WIC Program materials. C. Compliance Review and Monitoring Activity - 7 CFR 246. 8(a)(2): describe the policies and procedures used to monitor and review local agencies to verify that they are in compliance with civil rights laws and regulations. D. Data Collection and Reporting - 7 CFR 246. 8(a)(3): describe the methods used to collect and monitor racial/ethnic data in compliance with title VI of the Civil Rights Act of 1964. E. Complaint Handling - 7 CFR 246. 4(a)(17): describe the policies and practices used to ensure civil rights complaints are handled properly at the State and local level.

A. Administration

1. The State agency designates an individual to coordinate, implement, conduct training, and enforce civil rights efforts.

- (●) Yes
- ( ) No

a. The following methods are used to inform and update State and local agency staff of their obligations under civil rights rules, regulations, and instructions:

	State Agency	Local Agency
Briefing for new employees	X	X
Handouts for new employees	X	X
Memos and updates	X	X
Presentations by civil rights coordinator	X	X
Presentation by staff other than WIC Program	X	X

b. Civil rights training is provided annually

	Yes	No
State Agency staff	**X**	
Local Agency staff	**X**	

c. Civil rights training includes the following:

	State Agency	Local Agency
Collection and use of racial/ethnical data	**X**	**X**
Effective public notification systems	**X**	**X**
Complaint procedures	**X**	**X**
Compliance review techniques	**X**	**X**
Resolution of noncompliance	**X**	**X**
Requirements for	**X**	**X**
of persons with disabilities		

Requirements for language assistance	**X**	**X**
Conflict resolution	**X**	**X**
Customer Service	**X**	**X**

ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation):
AL WIC Procedure Manual Ch. 10 Civil Rights, sec. 10.10

2. The State agency has copies of the following materials on file:

[X] Title VI (1964), 7 CFR 15

[X] Title IX, Education Amendments, 7 CFR 15a

[X] Section 504, Rehabilitation Act of 1973, 7 CFR 15b

[X] Racial/Ethnic data collection policy and reporting requirements

[X] Age Discrimination Act of 1975, 45 CFR Part 91

[X] Americans with Disabilities Act, 28 CFR Part 35

[ ] Civil Rights Restoration Act of 1987

ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation):

AL WIC Procedure Manual Ch. 10 Civil Rights, sec. 10.4

3. The State agency's policy for reasonable accommodation includes the most up-to-date provisions for individuals with disabilities.

(●) Yes

( ) No

ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation):

AL WIC Procedure Manual Ch. 10 Civil Rights, sec. 10.5, attachment 10.1 Effective Communication Flow Chart

B. Public Notification Requirements and Nondiscrimination

1. Public Notification

a. The State agency requires its local agencies to include the nondiscrimination statement and civil rights complaint procedure on the following (check all that apply):

[X] Outreach letters to the general public

[X] Program information letters

[X] Program information brochures

[X] Program information bulletins

[X] Newspaper announcements

[X] Internet

[X] Radio announcements

[X] Publications

[X] Posters

[X] Newsletters

[ ] Referral material

[X] Television announcements

[ ] Letters of invitation in the public hearing process

[X] Certification forms to be signed by participants

[X] Application forms (including computer-based forms)

[ ] Other

b. The State agency requires that the USDA nondiscrimination poster, "And Justice For All," or an FNS- approved substitute be displayed in the following places frequented by applicants and participants:

[X] Clinic waiting rooms

[ ] Food instrument issuance offices

[ ] Group/individual nutrition education areas

[ ] Test kitchens

[ ] Distribution centers or locations

[ ] Other

c. Check the group categories that the State agency and its local agencies publicly inform of the following information (check all that apply; see key below):

1 - General Public	2 - Grassroots/Community organizations that deal with potentially eligible low-income individuals	3 - Potential eligible individuals/participants	
X	X	X	Availability of Program benefits

X	X	X	**Eligibility criteria for participation**
X	X	X	**Location of LA/clinics operating WIC Program and (800) telephone numbers**
X	X	X	**Hours of service of LA/clinics operating WIC Program**

		X	**Rights and responsibilities**
X	X	X	**Nondiscrimination statement**
		X	**Civil rights complaint procedure**

d. The State agency ensures that advocacy/minority organizations and the general public are informed of the benefits/policies listed above (please provide the appropriate Procedure manual citation of materials used):

- ○ Annually
- ◉ More frequently

ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation):

WIC PM Ch. sec. 10.8 Public Notification, Ch. 10.9 B Processing Complaint Information,
Attachment 10-4 WIC Nondiscrimination Statement ,
Attachment 10-8 Free Communication Assistance

2. Non discrimination Notification

a. The State agency or local agency:

[X] Provides applicants/participant with key information, such as applications and materials describing eligibility criteria and procedures for delivery of benefits, in appropriate languages other than English in areas where a significant proportion of people with limited English proficiency (LEP) reside.

[X] Provide applicants/participants with key information, such as applications and materials describing eligibility criteria and procedures for delivery of benefits using inclusive language.

[X] Appropriate bilingual staff, volunteers, or other translation resources are available to serve applicants and participants in areas where a significant proportion of people with limited English proficiency (LEP) reside.

[X] All rights and responsibilities listed on the certification form are read to or by the applicants and participants in the appropriate language, or if the participant is sight or hearing impaired and requires assistance.

[ ] In circumstances where the applicant completes WIC certification using an online application Tool, the rights and responsibilities and the nondiscrimination statement is available in the language most spoken by the applicant.

b. The State agency provides WIC Program materials and translators in the following languages (Check all that apply)

Materials	Volunteer Translators	Paid Translators	Bilingual Staff	

X	X	X	X	English
X	X	X	X	Spanish
		X		French
		X		Vietnamese
		X		Chinese

		X		Other Asian/Pacific (specify):
				Tribal (specify):
				Braille
		X		Sign language Interpreter
		X		Other languages as needed

ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation): WIC PM Ch. 10.5 Free Communication Assistance, Ch. 10.5 B Limited English Proficiency (LEP), Attachment 10.6 "Point To Your Language" Poster, Attachment 10.7 "ADPH Civil Rights Coordinator/LEP Coordinator" Poster, Attachment 10.8 "Free Communication Assistance" Poster

C. Compliance Review and Monitoring Activity

1. Compliance Review

a. Civil rights reviews of local agencies are conducted:

- (●) Separately
- ( ) In conjunction with another department, organization, or service as part of an overall review
- ( ) Other

b. The State agency reviews all its local agencies for civil rights compliance with the Civil Rights requirements when it does its reviews.

- (●) Yes
- ( ) No

ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation):

AL WIC Procedure Manual Ch. 15 Quality Assurance, sec. 15.3 Quality Assurance State WIC Audits, sec. 15.5.B.3 OPI Follow-Up of State WIC Audits

2. Monitoring Activity

a. In addition to the local agency reviews, the State agency uses the following means to ensure that local agencies operate in a nondiscriminatory manner:

[X] Review of the racial/ethnic enrollment and/or participation data applications

[ ] Review of denied

[X] Review of complaints

[X] Review of participant surveys

[ ] Participant interviews

[ ] Review of waiting lists

[ ] Other

b. The State agency checks for the following in local agency applications:

[X] The local agency has corrected all past substantiated civil rights problems or noncompliance situations

[X] The Civil Rights Assurance is included in the State-Local Agency Agreement

[ ] A description of the racial/ethnic makeup of the service area is included in the application

[X] The local agency uses inclusive language with developing its program materials

[X] Appropriate staff, volunteers, or other translation resources are available in areas where a significant proportion of people with limited English proficiency (LEP) reside

c. The State agency checks for the following in its civil rights reviews of its local agencies:

[X] Case records include racial/ethnic data

[ ] Where applicable, an explanation of why the racial/ethnic WIC participant level is not proportionate to the income eligible racial/ethnic population

[X] The local agency has conducted civil rights training for its staff

[X] The project area displays the USDA nondiscrimination poster, “And Justice For All,” or an FNS approved substitute

[X] Program information has been provided to applicants, participants, and grassroots organizations or similar minority groups

[X] The nondiscrimination policy statement and civil rights complaint procedure are included on all printed materials such as applications, pamphlets, forms, or any other materials distributed to the public

[X] Racial/ethnic data are collected and maintained on file for 3 years

[X] The local agency has corrected all past substantiated civil rights problems or noncompliance situations

[X] Civil rights complaints are handled in accordance with 7 CFR 246.8(b)

ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation):

WIC PM Ch. 1 Program Admin. sec. 1.7.D Effective Communication Monitoring Checklist and Attachment 1-5 Effective Communication Monitoring Checklist, Ch. 15, sec. 15.3 State WIC Audits and Attachment 15-1, page 3 Quality Assurance Tool, Attachment 15-2 WIC Participant Satisfaction Survey, Ch. 10 sec. 10.4 Anti-discrimination Clause, sec. 10.6 Data Collection and Reporting and Attachment 10-3 ADPH Information Request Form, Attachment 10-5 “And Justice For All” Poster, Attachment 10-6 “Point To Your Language” Poster

D. Data Collection and Reporting

1. Data Collection

a. The State agency ensures the following when collecting civil rights data:

[X] All racial/ethnic categories are collected and reported as part of the program participant characteristics report

[X] Racial/ethnic data definitions are in accordance with current OMB guidance and clinic procedures are in place to ensure the data is collected accurately

[X] Data reported on participant characteristics include the number of persons on WIC master lists or persons listed in WIC operating files who are certified to receive benefits

[X] Collected racial/ethnic data and records are accessible only to authorized personnel

b. The State agency maintains a civil rights file which retains collected racial/ethnic data for three years.

(●) Yes

( ) No

ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation):

AL WIC Procedure Manual Ch. 10, sec. 10.6 Data Collection and Reporting, sec. 10.10.D.1 Collection and Use of Data

2. The State agency instructs its local agencies to obtain a participant s racial/ethnic category by (check all that apply):

[X] Allowing self-identification by participant (must be used at participant's request)

[X] Visual identification by participant (must be used at participant's request)

[ ] Local agency staff personally know participant's racial/ethnic category

[X] Other

Specify: ADPH-ENC-400, Information Request Form allows applicants/participants to choose race & ethnicity

ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation):

WIC PM Ch. 2 sec. 2.7.B.6 Ethnic and Race Information, Ch. 10, sec. 10.6 Data Collection and Reporting and Attachment 10-3 ADPH Information Request Form ENC-400

E. Complaint Handling

1. The State agency ensures the following:

[X] WIC Program applicants and participants are informed where and how they may file a complaint of discrimination by directing them to the USDA Office of the Assistant Secretary for Civil Rights (OASCR) website (https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint) for proper Discrimination Complaint Filing processes.

[X] WIC Program applicants and participants are informed that they can file their complaints directly with he U.S. Department of Agriculture or directly with the FNS HQ Civil Rights Division, their State agency, or their local agency. However, the local/State agency must then forward their complaint either directly to the FNS HQ Civil Rights Division or the U.S. Department of Agriculture.

[X] All local agency staff are trained in discrimination complaint procedures.

[X] All written and verbal complaints alleging discrimination based on race, color, national origin, age, sex, or disability are accepted from applicants and participants by State agency and local agency staff and forwarded to the FNS HQ Civil Rights Division.

[X] Complaints alleging discrimination based on race, color, national origin, or age are forwarded to the FNS HQ Civil Rights Division through an FNS-established complaint procedure. (Regional Office receives copy of all complaints.)

[ ] State and local agencies without an FNS-approved grievance procedure for complaints alleging discrimination based on sex or disability in place forward all complaints to the FNS HQ Civil Rights Division).

[X] Complaints alleging discrimination based on sex or disability are forwarded to the State agency that has an FNS-approved grievance procedure in place.

ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation):

WIC PM Ch. 10, sec. 10.9 Complaints, sec. 10.10.D.3 Complaint Procedures and Attachment 10-4 Nondiscrimination Statement

2. The State agency uses a discrimination complaint form it has developed for acceptance of a complaint.

○ Yes

◉ No

ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation):

3. The State agency has an FNS approved complaint procedure that ensures local agencies implement specific timeframes concerning discrimination complaints:

[X] An individual has the right to file a complaint within 180 days of the alleged discriminatory action.

[X] All complaints are processed and closed within 90 days of receipt.

4. The State agency transfers complaints immediately upon receipt to the FNS HQ Civil Rights Division if no FNS-approved complaint procedure timeline is in place.

- ○ Yes
- ◉ No

Specify: Not applicable. FNS timeframes concerning discrimination complaints are adhered to.

ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation):