

2025  
WIC State Plan  
(Alabama)



Scott Harris, M.D., M.P.H.  
STATE HEALTH OFFICER

June 25, 2024

Ms. Tihesha Jenkins-Salley  
Branch Chief  
Supplemental Nutrition Programs  
SERO Food and Nutrition Services  
61 Forsyth Street, Suite 8T36  
Atlanta, GA 30303

Dear Ms. Jenkins-Salley:

Subject: Alabama State Plan and Procedure Manual, Federal Fiscal Year (FFY) 2025

The Alabama Department of Public Health (ADPH), Bureau of Family Health Services, Women, Infants, and Children (WIC) Program is pleased to provide our FFY 2025 State Plan and Procedure Manual. During FFY 2024, the Alabama WIC Program had many accomplishments that enabled us to continue providing WIC benefits, nutrition education, and breastfeeding promotion and support to more than 110,000 monthly average participants served by the program. The program will continue to focus on retaining WIC participants and improving benefit utilization by increasing food instrument redemption during FFY 2025.

The ADPH has been providing WIC services for over 50 years. It is an honor to continue to serve the population in greatest need of nutrition counseling and nutritious foods. Alabama's WIC Program will continue to operate in accordance with the FFY 2025 State Plan and the most current WIC federal regulations.

If you have questions regarding Alabama's FFY 2025 WIC State Plan and Procedure Manual, please contact Mrs. Allison Hatchett, WIC Program Director by phone 334-206-2927 or email [allison.hatchett@adph.state.al.us](mailto:allison.hatchett@adph.state.al.us).

Sincerely,

Scott Harris, M.D., M.P.H.  
State Health Officer

SH/ARH  
Enclosures

MAILING ADDRESS Post Office Box 303017 | Montgomery, AL 36130-3017

PHYSICAL ADDRESS The RSA Tower | 201 Monroe Street | Montgomery, AL 36104

[alabamapublichealth.gov](http://alabamapublichealth.gov)



Accredited Health Department

OMB Control Number: 4040-0013

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

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**U.S. DEPARTMENT OF AGRICULTURE  
FOOD AND 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 Alabama Department of Public Health Bureau of Family Health Services Women, Infants, and Children (WIC) Program	2. STATE AL	4. PROGRAM(S) ADMINISTERED <input checked="" type="checkbox"/> WIC <input type="checkbox"/> WIC FARMERS' MARKET NUTRITION PROGRAM <input type="checkbox"/> SENIOR FARMERS' MARKET NUTRITION PROGRAM
	3. EFFECTIVE DATE 10/01/2024	
	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).

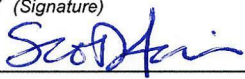
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**MEMBER DELEGATE CLAUSE**

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
PRINTED NAME Scott Harris, M.D., M.P.H.	PRINTED NAME
BY (Signature) 	BY (Signature) _____
TITLE State Health Officer	TITLE
DATE 6/28/2024	DATE

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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); Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency." (August 11, 2000), 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 (including gender identity and sexual orientation), or disability, or reprisal or retaliation for prior civil rights activity be excluded from participation in, be denied the benefits of, or

otherwise be subjected to discrimination under any program or activity for which the Agency receives Federal financial assistance from FNS; and hereby gives 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, grant, or donation 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.

## **Equal Employment Opportunity Clause**

During the performance of this Agreement insofar as it relates to State administrative expenses, the State Agency agrees that:

(1) the State Agency will not discriminate against any employee or applicant for employment because of race, color, religion, sex (including gender identity and sexual orientation), pregnancy, genetic information, age, disability, national origin or retaliation. The State Agency will take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, color, religion, sex (including gender identity and sexual orientation) pregnancy, genetic information, age, disability, national origin or retaliation.

Such action shall include, but not be limited to the following: employment, upgrading, demotion, or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. The State Agency agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Department setting forth the provisions of this nondiscrimination clause.

(2) The State Agency will, in all solicitations or advertisements for employees placed by or on behalf of the State Agency, state that all qualified applications will receive consideration for employment without regard to race, color, religion, sex (including gender identity and sexual orientation), age, handicap, or national origin.

(3) The State Agency will send to each labor union or representative of workers with which it has a collective bargaining agreement or other contract or understanding, a notice, to be provided by the Department, advising the labor union or workers' representative of the

State Agency's commitments under Section 202 of Executive Order No. 11246 of September 24, 1965, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

(4) The State Agency will comply with all provisions of Executive Order No. 11246 of September 24, 1965, and of the rules, regulations, and relevant orders of the Secretary of Labor.

(5) The State Agency will furnish all information and reports required by Executive Order No. 11246 of September 24, 1965, and by the rules, regulations, and orders of the Secretary of Labor, or pursuant thereto, and will permit access to his books, records and accounts by the Department and the Secretary of Labor for purposes of investigation to ascertain compliance with the nondiscrimination clauses of this Agreement or with any such rules, regulations, and orders.

(6) In the event of the State Agency's noncompliance with such rules, regulations, or orders, this Agreement as it relates to State administrative expenses may be cancelled, terminated or suspended in whole or in part and the State Agency may be declared ineligible for further Government contracts in accordance with procedures authorized in Executive Order No. 11246 of September 24, 1965, and such other sanctions may be imposed and remedies invoked as provided in Executive Order No. 11246 of September 24, 1965, or by rules, regulations, or orders of the Secretary of Labor, or as otherwise provided by law.

(7) The State Agency will include the provisions of items (1) through (7) in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to Section 204 of Executive Order No. 11246 of September 24, 1965, so that such provisions will be binding upon each subcontractor or vendor. The State Agency will take such action with respect to any sub-contract or purchase order as the Department may direct as a means of enforcing such provisions, including sanctions, for noncompliance provided, however, that in the event the State Agency becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the Department. The State Agency may request the United States to enter into such litigation to protect the interests of the United States.

Under applicable regulations the Equal Employment Opportunity clause is not applicable to any Agency of the State which does not participate in, work on or under this Agreement insofar as it relates to State administrative expenses.

## **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.

# UNITED STATES DEPARTMENT OF AGRICULTURE

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## NOTICE TO APPLICANTS - CERTIFICATION/DISCLOSURE REQUIREMENTS RELATED TO LOBBYING

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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).



# 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

FY 2025 WIC State Plan & Procedure Manual

Organization Name

Award Number or Project Name

Scott Harris, M.D., M.P.H., State Health Officer

Name and Title of Authorized Representative



Signature



Date

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# **Alabama Women, Infants and Children (WIC) Program Goals and Objectives, FY 2025**

## **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.

## **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 how WIC foods can help improve overall health and weight.
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](http://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 the first three quarters of the FY 2024 Alabama WIC Financial Management and Participation Report (FNS-798) indicate an average of 5,061 infants were breastfed between October 2023 and June 2024, representing 17.8 percent of participating infants. The number of breastfed infants served by Alabama's WIC program demonstrates sustained increases. The goal for FY 2025 is to increase the number of breastfed infants to at least 20.0 percent, representing a 2.2 percent increase compared to the current FY 2024 year-to-date average of 17.8 percent as of June 2024.
7. Maintain access to Pacify 24-hour breastfeeding virtual support for Alabama WIC participants via contract with a commercial provider. Providing 24-hour on-demand support to breastfeeding experts (International Board Certified Lactation Consultants) will complement current breastfeeding services by enabling WIC participants to receive the support they need whenever they need it, even outside of normal clinic hours.
8. Ensure newly hired staff complete the WIC Breastfeeding Curriculum training, as indicated by role, through on demand virtual training sessions.
9. Ensure at least one WIC provider in each Alabama WIC district (local agency) is an International Board Certified Lactation Consultant (IBCLC) by reimbursing tuition costs associated with completing and passing required lactation specific education and reimbursing the IBCLC exam fee for staff who successfully pass the exam.
10. Continue efforts to expand the Breastfeeding Peer Counselor Program by increasing the number of Breastfeeding Peer Counselors by 25 percent and having at least 1 Peer Counselor in each district (local agency). As of August 2024, Alabama's WIC Program employs 13 Peer Counselors, who cover 6 of the 8 districts (local agencies).

### **CHAPTER III: MANAGEMENT INFORMATION 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**

**Increase efficiency while facing increasing Program requirements.**

**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 work with the Department's Human Resources and Alabama State Personnel to revise Nutritionist pay scales, aimed at improving recruitment, retention, and inadequate staffing infrastructure.
3. Continue to provide on-going support and assistance to county and district (local agency) staff for improving clinic efficiency, staffing, and productivity.
4. Continue to develop spreadsheets and reports to assist district (local agency) staff with budget and priority issues.
5. Continue to monitor clinical staffing and productivity standards.
6. Evaluate staffing and tasks to reflect new business operations with eWIC issuance and modify as needed.

**CHAPTER V: NUTRITION SERVICES & ADMINISTRATION (NSA) EXPENDITURES**

**Goal**

**Monitor expenditures and staffing to ensure efficient use of funds.**

**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 new funding opportunities to improve efforts and maximize USDA 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**

**Improve methods to maintain and/or increase caseload.**

**Objectives**



1. Monitor reports to ensure adequate participation and show rates for maintaining caseload and productivity of staff.
2. Continue to utilize reports, phone calls, reminders, letters, **text messages**, etc. in order to increase participation rates.
3. Support district/clinic plans for maintaining caseload or increasing caseload as funds allow.
4. Continue to monitor caseload reports to make sure participants/applicants are being seen without wait lists and to update clinic appointment schedules as needed.
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 nutrition assessment.**

### **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 to ensure that VENA guidelines are being met.
3. Continue to strengthen provider competencies through comprehensive staff training and clinic observation.

## **CHAPTER IX: FOOD DELIVERY/FOOD INSTRUMENT ACCOUNTABILITY & CONTROL**

### **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 X: 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 XI: 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.

# Chapter I

## Food Delivery

## I. FOOD DELIVERY

(Please indicate) State Agency: Alabama for FY 2025

The Food Delivery State Plan checklist collects information regarding vendor and farmer / farmers' market management as well as food delivery systems, food instruments, and electronic benefits. This checklist has combined the previous years' checklists "I. Vendor Management" and "IX. Food Delivery". Many questions pertaining to paper food instruments were removed, and the checklist was revised to capture the EBT environment. All new questions which were not pulled from either of the previous checklists, and new options for SAs to select in certain questions, are highlighted for ease of identification.

Vendor and farmer/farmers' market management includes all those activities associated with selecting, authorizing, training, and monitoring, stores and farmers/markets participating in the WIC Program.

Food delivery accountability includes the issuance, redemption, 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.

During disasters, emergencies, public health emergencies, or a supply chain disruption, the State agency may request to implement existing and allowable regulatory flexibilities or waivers to support the continuation of Program benefits and services. Waivers granted under Access to Baby Formula Act of 2022 (codified at 7 CFR 246.4a(30)) or temporary provision(s) authorized by Congress are not permanent amendments to the State Plan and should not be reflected in answers below. Instead, waiver flexibilities impacting Program benefits and services should be recorded in Appendix C. However, State agencies should consider any historical amendments as the result of waivers granted under prior waiver authority to develop policies and procedures for current and future disasters.

### I. GENERAL ADMINISTRATION

### II. HOME FOOD DELIVERY SYSTEMS

7 CFR 246.4(a)(14), 7 CFR [246.4\(a\)\(14\)\(viii\)](#), 7 CFR [246.12\(m\)](#):

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):

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\(a\)\(11\)\(iii\)](#), [\(14\)\(i\)](#), [\(vi\)](#), [\(xii\)](#):

Describe the policies and procedures used by the State agency in producing, monitoring, and accounting for the use of food instruments.

## I. FOOD DELIVERY CHECKLIST

### C. **Benefit Issuance** – 7 CFR [246.4\(a\)\(11\)\(iii\)](#), [\(14\)\(xx\)](#); 7 CFR [246.12\(r\)\(4\)](#); 7 CFR [246.4\(a\)\(14\)\(i\)](#), [\(x\)](#), [\(xi\)](#), [\(xv\)](#):

Describe the State agency's procedures for issuing food instruments to participants, including procedures for verifying identity, providing education on how to use food instruments, and 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\(a\)\(14\)](#), [\(15\)](#), [246.12\(g\)\(3\)](#), [\(8\)](#); 7 CFR

[246.12\(h\)\(1\)\(ii\)](#):

Describe limiting criteria, application periods, selection criteria, relevant exemptions (if applicable), how above-50-vendors are assessed, and if pharmacies are authorized. Attach a sample vendor agreement. Include description of peer groups, 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\(a\)\(14\)](#), 7 CFR [246.12\(g\)\(4\)\(vi\)](#):

If the State agency authorizes or plans to authorize any above-50-percent vendors, FNS must certify the State agency's vendor cost containment system. For certification, the State agency must describe the competitive pricing and reimbursement methods implemented to ensure that average payments per food instrument to above-50-percent vendors do not exceed average payments per food instrument to comparable regular vendors.

### D. **Vendor Agreements** – 7 CFR [246.4\(a\)\(14\)\(iii\)](#):

Describe information regarding the vendor agreement.

### E. **Vendor Training** – 7 CFR [246.4\(a\)\(14\)](#), 7 CFR [246.12\(i\)](#):

Describe State and local agency procedures for training WIC Program vendors.

### F. **Routine monitoring** – 7 CFR [246.4\(a\)\(14\)](#), 7 CFR [246.12\(j\)\(2\)](#):

Describe the criteria used to select vendors for routine monitoring as well as the methods and scope of on-site routine monitoring activities. Include any relevant information about the State agency's plans for improvement in the coming year.

### G. **Administrative Review of State Agency Actions** – 7 CFR [246.4\(a\)\(14\)](#), [\(a\)\(18\)](#):

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\(a\)\(14\)\(iii\)](#), [\(a\)\(14\)\(xii\)](#), [\(a\)\(14\)\(v\)](#); 7 CFR [246.12\(v\)](#):

If the State agency allows farmers / farmers markets to transact cash value benefits, describe the farmer / farmers market agreement, monitoring, and training procedures.



I. FOOD DELIVERY CHECKLIST

I. 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 II)
  - ☐ Direct Distribution Food Delivery (please fill out section III)
  - ☒ Retail Food Delivery (please fill out sections IV, V, and VI)

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

II. HOME FOOD DELIVERY SYSTEMS

☒ Does not apply (proceed to 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 (specify): \_\_\_\_\_
2. Home food deliveries take place:
  - ☐ Monthly
  - ☐ Bi-monthly
  - ☐ Every three month
  - ☐ Other (specify): \_\_\_\_\_
3. Home food delivery vendors include:
  - ☐ Dairies
  - ☐ Private delivery service doing WIC business only
  - ☐ Private delivery service
  - ☐ Infant formula providers
  - ☐ Hospitals
  - ☐ Other (specify): \_\_\_\_\_
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 (specify): \_\_\_\_\_
5. Supplemental foods may be delivered:

I. FOOD DELIVERY CHECKLIST

- ☐ 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 (specify): \_\_\_\_\_

6. Documentation:

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

- ☐ Weekly
- ☐ Monthly
- ☐ Other (specify): \_\_\_\_\_

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: \_\_\_\_\_

**ADDITIONAL DETAIL – Food Delivery Appendix and/or Procedure Manual (citation):** \_\_\_\_\_

III. **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 (specify): \_\_\_\_\_

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 (specify): \_\_\_\_\_

3. Warehouses are operated by:

- ☐ State agency
- ☐ Local agencies
- ☐ Other public agency
- ☐ Under contract with private business
- ☐ Other (specify): \_\_\_\_\_

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

I. FOOD DELIVERY CHECKLIST

specify which):

☐ Yes, \_\_\_\_\_

☐ No

5. Foods are distributed to participants:

☐ Grocery store fashion

☐ Pre-packaged

☐ Other (specify): \_\_\_\_\_

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 (specify): \_\_\_\_\_

7. Foods are distributed to participants:

☐ Monthly

☐ Every three months

☐ Other (specify): \_\_\_\_\_

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

☐ Home food delivery

☐ Cost-free transportation

☐ Other (specify): \_\_\_\_\_

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 (specify): Click or tap here to enter text

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):**

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

I. FOOD DELIVERY CHECKLIST

A. Electronic Benefit Transfer (EBT) Management

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

☐ Yes ☒ No

- a. If yes, what type of changes:

- ☐ EBT contract re-procurement  
☐ Self-checkout installation at vendors  
☐ Offline to Online EBT transition  
☐ Other (specify): \_\_\_\_\_

- b. If yes, please provide a short description of the type of changes and when they are expected to be implemented. n/a

Additional information if applicable: n/a

B. Food Instrument Overview

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

- ☒ EBT card  
☐ QR code  
☐ Other (e.g., paper voucher): \_\_\_\_\_

2. 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 PM Ch. 8, Sec. 3

Additional information: Please provide a facsimile of the EBT card as an Appendix or cite the location in the State agency's Food Delivery Policy: I - Attachment 1 - eWIC card

C. Benefit Issuance

1. 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  
☒ Allows benefits to be issued remotely to participants except when the participant is scheduled for nutrition education or a certification appointment  
☒ Mails food instruments to participants  
☐ Other (specify): \_\_\_\_\_

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

- ☐ Participant / caretaker / proxy signature confirming receipt  
☐ Local agency staff initials  
☒ Documented in MIS  
☐ Other (specify): \_\_\_\_\_

I. FOOD DELIVERY CHECKLIST

3. Mailing of Food Instruments:

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

☒ Yes

☐ No

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

☒ 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

☒ Envelope specifies, "do not forward, return to sender" or "do not forward, address correction requested"

☐ Other (specify): \_\_\_\_\_

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

☒ Participant resides in rural area

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

☒ Clinic management (e.g., temporary clinic closure)

☒ 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)

☒ Public Health Emergency

☒ Other (specify): Participant Convenience

- d. When mailing Food Instruments, documentation of issuance is:

☐ Signed by participant at the next in-person appointment

☒ Documented in the MIS by local agency staff

☐ Other (specify): \_\_\_\_\_

- e. 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"

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

☒ Authorized vendors / farmers

☒ Transaction procedures

☒ Transacting WIC-approved foods

☒ Use of a proxy

☒ Reporting problems / requesting assistance

☒ Participant violations (i.e., selling WIC benefits)

☒ Food Instrument security tips (i.e., regularly changing PIN)



I. FOOD DELIVERY CHECKLIST

☐ Other (specify): \_\_\_\_\_

5. 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
- ☐ Proxies are required to show identification card at Food Instrument pick up
- ☐ Other (specify): \_\_\_\_\_

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

- ☒ EBT toll free number
- ☒ Other (specify): See Expanded Answers document

7. Special Food Instrument Issuance Accommodations

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

- ☒ Mailing food instruments
- ☒ Remote benefit issuance
- ☐ Direct distribution
- ☐ Home food delivery
- ☒ Other (specify): See Expanded Answers document

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

- ☒ Yes
- ☐ No

If yes, please cite and attach policy: See Expanded Answers document

**ADDITIONAL DETAIL – Food Delivery Appendix and/or Procedure Manual (citation):** AL WIC PM Ch. 8

**D. Food Instrument Redemption and Disposition**

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

- ☒ Yes
- ☐ No

If no, specify the circumstances that prevent 100% disposition: \_\_\_\_\_

2. 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

If no, specify how the State agency ensures disposition for EBT: \_\_\_\_\_

I. FOOD DELIVERY CHECKLIST

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

☒ Yes ☐ No

If no, specify when disposition occurs: \_\_\_\_\_

4. Customer Service Standards

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

☒ Report a lost/stolen/damaged card

☐ Report other card or benefit issues

☒ Receive information on the EBT food balance

☒ Receive the current benefit end date

☐ Other (specify): \_\_\_\_\_

- b. Describe how the State agency responds to reports of lost/stolen/damaged cards within one business day of the date of the report. See Expanded Answers document

5. 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. See Expanded Answers document

**ADDITIONAL DETAIL – Food Delivery Appendix and/or Procedure Manual (citation):** AL WIC PM Ch. 8

V. RETAIL FOOD DELIVERY SYSTEMS: VENDOR MANAGEMENT

A. 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: See Expanded Answers document

**ADDITIONAL DETAIL – Food Delivery Appendix and/or Procedure Manual (citation):** AL Administrative Code 420-10-2-.05

B. Vendor Selection and Authorization

1. Number and Distribution of Authorized Vendors

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

☐ Yes

☒ No

- b. If yes, check and specify the type(s) of criteria used (e.g., vendor / participant ratio of 1:100 per county):

☐ Vendor / participant ratio

☐ Vendors / local agency ratio

☐ Vendors / local service area or county ratio

I. FOOD DELIVERY CHECKLIST

- ☐ Vendors / geographic area
- ☐ Vendor / State agency staff ratio
- ☐ Statewide cap on the number of vendors
- ☐ Other (specify): \_\_\_\_\_

2. Vendor Application periods:

a. The State agency considers applications:

- ☒ On an ongoing basis
- ☐ Annually in January a new agreement that begins in January
- ☐ Every two years (specify month): January
- ☐ Every three years (specify month): January
- ☐ Any time there is a participant access need

The State agency is currently under a:

- ☐ Federal Moratorium
- ☐ State agency – imposed deferral of application processing
- ☒ Other (specify): See Expanded Answers document

b. 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: n/a

3. Vendor Selection and Authorization

a. The vendor selection criteria used to select vendors for program authorization includes:

Required criteria:

☒ EBT capable as defined in 7 CFR 246.12(aa)(4)(ii)

☒ Competitive price criteria based on:

- ☒ Market basket prices
- ☐ Vendor applicant prices
- ☒ WIC redemption data
- ☐ A State agency standard drawn from a price survey
- ☐ Other (specify): \_\_\_\_\_

☒ Minimum stocking requirements (MSR) that include the federal minimum. MSR are:

- ☐ Statewide
- ☒ Peer group specific

Please attach a copy and cite: See Expanded Answers document & I - Attachment 2. MSR Peer Group Specific

☒ 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

☒ A business integrity criteria that includes:

- ☒ No history during the past six years, among the vendor's owners, officers, or managers of criminal convictions or civil judgments for activities listed in 7 CFR 246.12(g)(3)(ii)

I. FOOD DELIVERY CHECKLIST

- ☐ No history of other business-related criminal convictions or civil judgments  
☐ Other (specify): \_\_\_\_\_
- II. ☒ Lack of current SNAP disqualification or civil money penalty for hardship per 7 CFR 246.12(g)(3)(iii)
- III. ☒ Incentive items management (if the State agency is certified to authorize A50 vendors) (specify): N/A

Optional criteria

- ☒ 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  
☒ Certification by an approved State or local health department  
☒ Proof of authorization as a SNAP retailer, including SNAP authorization number  
☐ Lack of previous WIC sanctions  
☒ Hours of operation which meet State agency criteria (specify): See Expanded Answers document  
☒ Other (specify): See Expanded Answers document
- b. 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: See Expanded Answers document
- c. Does the State agency assess all vendor applications not meeting selection criteria for participant access?  
☒ Yes ☐ No
- Describe or attach and as an appendix the procedures used for assessing vendor applications for participant access: See Expanded Answers document
- d. Does the State agency authorize mobile stores?  
☐ Yes ☒ No  
If yes, please explain the special need: \_\_\_\_\_

**ADDITIONAL DETAIL – Food Delivery Appendix and/or Procedure Manual (citation):** AL Administrative Code 420-10-2-.05

**C. Vendor Cost Containment**

1. Assessing for above-50-percent (A50) status:
- a. 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, please attach a copy of the latest FNS-approved certification and cite as an Appendix \_\_\_\_\_

I. FOOD DELIVERY CHECKLIST



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

- ☐ At authorization
- ☐ 6 months after authorization
- ☐ Annually
- ☒ Other (specify): During application. No A50 vendors.

c. 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
- ☐ Collect food sales documentation from another agency (specify):  
\_\_\_\_\_
- ☐ Other (specify): \_\_\_\_\_

d. 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). <sup>N/A</sup> \_\_\_\_\_

2. **Vendor Peer Groups** (If the State agency has an exemption to use an alternative cost containment system instead of a vendor peer group system, proceed to question 3)

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

- ☒ Yes
- ☐ No

b. Briefly describe how the State agency considers participant access by geographic area when establishing competitive price criteria and maximum allowable reimbursement levels. See Expanded Answers document

c. Are vendors assigned to peer groups for selection / authorization?

- ☒ Yes
- ☐ No

d. Are vendors assigned to peer groups for reimbursement purposes?

- ☒ Yes
- ☐ No

e. Peer groups are based on the following:

- ☐ WIC sales volume
- ☐ Gross food sales
- ☒ Number of cash registers
- ☐ Square footage
- ☒ Type of Store
- ☐ Location of store
- ☐ Local agency service area
- ☐ City, county, or regional divisions
- ☐ Urban, suburban, rural, island

I. FOOD DELIVERY CHECKLIST

☐ ZIP codes

☐ Other (specify): \_\_\_\_\_

- f. 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 - date of most recent FNS approval: \_\_\_\_\_

☒ No

- g. 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): See Expanded Answers document

- h. How does the State agency assess the effectiveness of its peer group system and competitive price criteria? See Expanded Answers document

i. Provide date of most recent FNS peer group assessment of effectiveness per 7 CFR 246.12(g)(4)(ii)(C): 10/1/24 See Expanded Answers document

ii. 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).

**3. Vendor Exemptions**

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

i. Has the State agency received approval for an exemption from the vendor peer group system requirement (7 CFR 246.12(g)(4)(v))?

☐ Yes, date of most recent approved exemption \_\_\_\_\_

☐ No

ii. 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: \_\_\_\_\_

- b. Does the State agency exempt from competitive price criteria pharmacies that provide only exempt infant formula or WIC-eligible medical foods to participants?

☐ Yes

☒ No

**If yes, please provide the notification sent to FNS explaining the exemption.**

\_\_\_\_\_

I. FOOD DELIVERY CHECKLIST

- c. Did 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?

☐ Yes

☐ No

D. Vendor Agreements

1. Please provide a copy of the State agency's current standard vendor agreement as an appendix and cite: I - Attachment 4. Vendor Agreement

2. Describe how the State agency transmits to vendors the sanction schedule and the process for notification of violations. See Expanded Answers document

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

☐ Yes, if yes, please attach a copy of the agreement as an appendix and cite: \_\_\_\_\_

☒ No

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

☐ Yes, provide a description of the supervision and instruction provided to local agencies to ensure the uniformity and quality of this activity: \_\_\_\_\_

☒ No

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

I - Attachment 4. Vendor Agreement

E. Vendor Training

1. Does annual vendor training cover the required content in 7 CFR 246.12(i)(2)?

☒ Yes

☐ No (please explain why): \_\_\_\_\_

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

☒ On-site (in-store) meetings/conferences

☒ Off-site meetings/conferences

☒ During routine monitoring visits (e.g., educational buys)

☒ When specialized technical assistance is requested

☒ Written materials (e.g., newsletters)

☒ Audio or video recordings

☒ Teleconference, video conference, or webinars

☐ Vendor hotline

☒ Other (specify): See Expanded Answers document

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

☒ At or before initial authorization

☒ At least once every three years



I. FOOD DELIVERY CHECKLIST

☐ Annually or more frequently than once every three years

4. Delegation of Vendor training

a. The State agency delegates its vendor training to:

☒ None (State agency conducts all vendor training)

☐ Local agencies

☐ A contractor (specify): \_\_\_\_\_

☐ A vendor association / representative (specify): \_\_\_\_\_

☒ Other (specify): See Expanded Answers document

b. 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:  
See Expanded Answers document

5. Documentation of Vendor Training

a. **Please describe how the State agency documents the content of and vendor participation in vendor training.** See Expanded Answers document

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

I - Attachment 4. Vendor Agreement Attachment 5. Vendor Training Checklist & Attachment 7. Vendor Training Outline

F. Routine Monitoring

1. Routine monitoring visits

a. Visits are conducted by:

☒ State agency staff

☐ Local agency staff

☐ Contractor

☐ Other (specify): \_\_\_\_\_

b. 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: \_\_\_\_\_

c. 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

☒ Complaints

☒ Other (specify): See Expanded Answers document

2. Vendor monitoring improvement plan - Please briefly describe the State agency's plan to follow

- I. **FOOD DELIVERY CHECKLIST** AL WIC will continue to focus on common issues reported by clinics, participants, and vendors. AL WIC communicates upcoming program changes and other relevant information with vendors through email, quarterly newsletters, website postings, and other means. AL WIC will continue to monitor vendors and offer assistance during routing monitoring visits based on reports and observations.
- up on last year's monitoring results in the coming fiscal year: See immediately above.

3. Vendor Sanctions

- a. Attach the State agency's sanction schedule and the process for vendor notification. Cite attachments: See Expanded Answers document I - Attachment 8. AL WIC Vendor Sanction Schedule
- b. Does the State agency's sanction schedule contain the required vendor sanctions as described under regulation 7 CFR 246.12(l)?
- ☒ Yes ☐ No
- If no, please explain why: \_\_\_\_\_
- c. Does the State agency impose civil money penalties in lieu of permanent disqualification?
- ☒ Yes ☐ No
- AL Administrative Code 420-10-2-.05. 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.
- If yes, please describe the instances in which this occurs: See immediately above.
- d. 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; or
- ☐ (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.
- If yes, how many times has the State agency used this option in the previous two fiscal years? 0

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

I - Attachment 9. AL WIC Vendor Handbook FY 2024-2026, I - Attachment 10. Routine Monitoring Guide Peer Groups 1-3, & I - Attachment 11. Routine Monitoring Guide Peer Group 4.

**G. Administrative Review of State Agency Actions**

1. 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):**

AL WIC PM Ch. 13

**VI. RETAIL FOOD DELIVERY SYSTEMS: FARMERS / FARMER'S MARKETS**

☒ Does not apply

1. **Food instrument:**

- a. Please describe the type of food instrument used for CVB at farmers markets:
- ☐ QR code sticker

I. FOOD DELIVERY CHECKLIST

- ☐ QR code on mobile app
- ☐ Printed QR code
- ☐ Mobile wallet
- ☐ EBT card
- ☐ Other (specify): \_\_\_\_\_

2. **General Management**

- a. Is CVB at farmers markets state-wide?  
☐ Yes ☐ No, selected areas (specify): \_\_\_\_\_
- b. Does the State agency delegate any tasks related to the management of the Farmers or Farmers' Markets to another entity?  
☐ Yes, to whom? \_\_\_\_\_ ☐ No
- If yes, which tasks?
- ☐ Authorization / agreements
  - ☐ Monitoring
  - ☐ Training
  - ☐ Administrative reviews
  - ☐ Other (specify): \_\_\_\_\_
- c. Does the State agency authorize farmers / farmers markets to accept CVB based on authorization by the WIC Farmers Market Nutrition Program (FMNP)?  
☐ Yes ☐ No  
If no, please describe the selection criteria: \_\_\_\_\_
3. **Agreements:** Please provide a copy of the State agency's current farmer / farmers market agreement as an appendix and cite: \_\_\_\_\_

4. **Training:**

- a. How often is training conducted for farmer / farmers markets?
- ☐ At or before initial authorization
  - ☐ Annually
  - ☐ At least every three years following initial authorization
  - ☐ Other (specify): \_\_\_\_\_
- b. How is training conducted?
- ☐ Newsletter
  - ☐ Web-Based Training
  - ☐ Video Conference
  - ☐ In person

I. FOOD DELIVERY CHECKLIST

☐ Other (specify): \_\_\_\_\_

c. Training is conducted by:

☐ State agency

☐ Local agency

☐ Contractor

☐ Other (specify): \_\_\_\_\_

d. 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: \_\_\_\_\_

5. **Monitoring:**

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

☐ FMNP sample of farmers / farmers markets for monitoring

☐ WIC sample of vendors for monitoring

☐ Other (specify): \_\_\_\_\_

b. Monitoring includes:

☐ Covert methods, such as compliance buys

☐ Overt methods, such as routine monitoring

☐ Other (specify): \_\_\_\_\_

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

\_\_\_\_\_

**Alabama WIC FY 2025 State Plan**

**Chapter I. Food Delivery Expanded Answers**

- **Chapter 1. IV. C. 6.** What are the State agency procedures for providing customer service during non-business hours for participant / vendor / farmer inquiries?
  - Other - The State Agency has a customer service line that is available 24 hours a day.
- **Chapter 1. IV. C. 7. a.** The State agency has established food delivery procedures in cases of natural disaster and emergencies including:
  - Other - The State Agency may use automated issuance in the event of a natural disaster and/or emergency.
- **Chapter 1. IV. C. 7. b.** Does the State agency adapt its food delivery system to accommodate the needs of homeless individuals?
  - Alabama WIC Procedure Manual Chapter 7, Section 2, Subsection B
- **Chapter 1. IV. D. 4. b.** 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.
- **Chapter 1. IV. D. 5.** 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.
  - Alabama WIC Procedure Manual Chapter 8, Section C
- **Chapter 1. V. A. 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.
- **Chapter 1. V. B. 2.** The State agency considers applications:
  - Other - Applications submitted on or after July 1 prior to the renewal year will not be considered for authorization until January 1 of the following year (i.e., 6 month black out period straddling 3 months prior and 3 months after the October 1 effective date for 3 year vendor agreements during the renewal year.
- **Chapter 1. V. B. 3.a.** The vendor selection criteria used to select vendors for program authorization includes:
  - MSR – Peer Group Specific - Attachment #2: MSR, Peer Group Specific
- **Chapter 1. V. B. 3. a. III.** Optional Criteria
  - Hours of Operation which meet State agency criteria (specify) - Minimum of 8 hours per day, 6 days per week.
  - 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.
- **Chapter 1. V. B. 3. b.** 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 maintains a list of authorized infant formula wholesalers, distributors, and manufacturers on our website.

- **Chapter 1. V. B. 3. c.** Describe or attach and 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.
- **Chapter 1. V. C. 2. b.** 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.
- **Chapter 1. V. C. 2. g.** The State agency assesses the effectiveness of its peer group system and competitive price criteria to enhance system performance:
  - Other (specify) - ongoing assessing eWIC redemption data by food category.
- **Chapter 1. V. C. 2. h.** How does the State agency assess the effectiveness of its peer group system and competitive price criteria?
  - Alabama assesses peer groups and ensures competitive pricing by conducting an analysis of the national averages and current market prices of WIC food items compared to real time redemption data. Alabama fully transitioned to eWIC during 2019, and uses eWIC redemption data to monitor stores submitting market prices for WIC food items above the Maximum Allowable Reimbursement Levels (MARLs) within peer groups. The Crossroads management information system utilized by Alabama WIC regularly assesses a statistically significant difference in the Maximum Allowable Reimbursement Levels (MARLs) within peer groups using real time redemption data. In addition, Alabama WIC receives information regarding wholesale and market pricing from the Alabama Grocer's Association. Identifying vendors that are charging significantly higher or lower prices than their peers could be indicative of the need to transition a vendor to another peer group or to adjust the current peer group system.
- **Chapter 1. V. C. H. ii.**
  - AL WIC continually accesses peer groups and determines appropriate grouping by utilizing MIS data collecting via real-time redemptions.
- **Chapter 1. V. D. 2.** Describe how the State agency transmits to vendors the sanction schedule and the process for notification of violations.
  - The sanction schedule and process of notification of violations can be found in the Alabama WIC Program Vendor Procedure Handbook. This document is distributed to vendors upon being authorized, is on the Alabama WIC website, and can be sent to vendors upon request.
- **Chapter 1. V. E. 2.** Vendors or vendor representatives receive training on the following occasions and / or through the following materials:
  - Other (specify) - Alabama WIC website features training materials.
- **Chapter 1. V. E. 4. a.** The State agency delegates its vendor training to:
  - Other (specify) - Local agency staff may conduct new or renewal vendor training upon request from the State WIC Office.
- **Chapter 1. V. E. 4. b.** 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:
  - Alabama WIC Procedure Manual - Chapter 11, Section 11.5

- **Chapter 1. V. E. 5.** Please describe how the State agency documents the content of and vendor participation in vendor training.
  - Attachment #5 and #6 include the documentation for vendor training and the sign in sheet indicating participation by the vendors.
- **Chapter 1. V. F. C.** The following procedures are used in determining whether a vendor is selected for a routine monitoring visit:
  - Investigators select vendors for routine monitoring from the Vendor Monitor/Audit Report. Priority is given to those vendors with the oldest monitoring date.
- **Chapter 1. V. F. 3. a.** Attach the State agency's sanction schedule and the process for vendor notification. Cite attachments:
  - Attachment #6. The sanction schedule and process of notification of violations can be found in the Alabama WIC Program Vendor Procedure Handbook. This document is distributed to vendors upon being authorized, is on the Alabama WIC website, and can be sent to vendors upon request.

**ALABAMA WIC PROGRAM  
MINIMUM INVENTORY REQUIREMENTS  
EFFECTIVE OCTOBER 1, 2023 – SEPTEMBER 30, 2026**

**Note:** Minimum stock criteria for infant formula may continue to be verified by invoices until all effects to the national formula shortage are resolved.

FOOD ITEM	DETAILS	MINIMUM REQUIREMENTS	
		Store Type 1 – 3	Store Type 4
<b>INFANT FORMULA</b> Enfamil Infant (Milk Based)	12.5 oz. Powder	18 Cans	12 Cans
<b>Enfamil Gentlease</b>	12.4 oz. Powder	12 Cans	6 Cans
<b>Enfamil AR</b>	12.9 oz. Powder	6 Cans	6 Cans
<b>Enfamil ProSobee</b> (Soy Based)	12.9 oz. Powder	6 Cans	Must supply upon request.
<b>DRY INFANT CEREAL</b>	8 oz. or 16 oz. Container; Gerber or Beech-Nut Barley, Rice, Whole Wheat, Oatmeal, or Multigrain  Not allowed: Organic, DHA, Fruit or other additives, or sensitive.	10 Containers (2 varieties, 4 must be rice)	8 Containers (2 varieties, 4 must be rice)
<b>INFANT FRUITS &amp; VEGETABLES</b>	Any 1 <sup>st</sup> and 2 <sup>nd</sup> stage fruits and vegetables, these sizes and brands: Beech-Nut 4 oz. jar: Nothing Artificial Added and Naturals. <b>OR</b> Gerber 2 oz. 2-packs, 4 oz. 2-Packs, and 4 oz. jars of Naturals. See Alabama WIC Approved Foods Brochure for information on items not allowed.	64 – (4oz. Jars) <b>OR</b> 32 – (8 oz. Packages)	32 – (4 oz. Jars) <b>OR</b> 16 – (8 oz. Packages)
<b>MILK, Whole</b>  <b>Least Expensive Brand</b>	Whole Milk including Lactose Free / Lactose Reduced / Calcium Enriched  Not allowed: buttermilk, flavored, acidophilus treated, condensed, chocolate drink, or organic.	4 Gallons	2 Gallons
<b>MILK, Fat Free or 1% Low Fat</b>  <b>Least Expensive Brand</b>	Fat Free or 1% Low Fat including Lactose Free / Lactose Reduced / Calcium Enriched  Not allowed: buttermilk, flavored (other than chocolate), acidophilus treated, condensed, chocolate drink, or organic.	12 Gallons	8 Gallons
<b>YOGURT, Low Fat or Non-Fat or Low Fat or Non-Fat Greek</b>	16 oz. (1 lb.) or 32 oz. (2 lb.) Yogurt.  See the Alabama WIC Approved Foods Brochure for the approved products, flavors, and combinations allowed.	192 oz. (6 – 32 oz. tubs or equivalent). May be any combination of approved products and flavors.	Must supply upon request.
<b>EGGS</b>	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 OCTOBER 1, 2023 – SEPTEMBER 30, 2026**

**Note:** Minimum stock criteria for infant formula may continue to be verified by invoices until all effects to the national formula shortage are resolved.

FOOD ITEM	DETAILS	MINIMUM REQUIREMENTS	
		Store Type 1 – 3	Store Type 4
<b>CHEESE</b> <b>Least Expensive Brand</b>	8 oz. or 16 oz. Package. Domestic only. Block, sliced, 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 or other added ingredients).	6 – (16 oz. Packages) <b>OR</b> 12 – (8 oz. Packages)  (Must stock 2 of the 6 varieties)	4 – (16 oz. Packages) <b>OR</b> 8 – (8 oz. Packages)  (Must stock 2 of the 6 varieties)
<b>CEREAL</b>  <b>8.9 to 36 oz. Boxes or Bags only.</b>  <b>**Whole Grain Cereals</b>	<b>General Mills</b> Cheerios**, Multi-Grain Cheerios**, Rice Chex, Corn Chex, Berry Berry Kix**, Honey Kix**, Kix** <b>Kashi</b> Honey Toasted** and Warm Cinnamon**. <b>Kellogg's</b> Corn Flakes, Frosted Mini Wheats Original **, Blueberry**, Strawberry**, Frosted Mini Wheats Little Bites Chocolate**, Original**, Rice Krispies, Special K Original <b>Post</b> Honey Bunches of Oats with Almonds, Honey Bunches of Oats, Honey Roasted, Honey Bunches of Oats with Vanilla Bunches **, Great Grains Banana Nut Crunch**, Great Grains Crunchy Pecan** <b>Malt-O-Meal</b> Strawberry Cream Mini Spooners** <b>Quaker</b> Instant Oatmeal (Original) **, Instant Grits (Original)	18 Boxes (Must stock 6 different varieties <b>and</b> 3 of the varieties must be whole grain)	9 Boxes (Must stock 3 different varieties <b>and</b> 1 of the varieties must be whole grain)
<b>BROWN RICE</b>	14 – 16 oz. Bag or Box. Any brand regular, instant, or boil-in-bag. Not allowed: seasoned, white, frozen, gourmet blends, or organic.	6 – (14 – 16 oz.)	4 – (14 – 16 oz.)
<b>48 oz. or 96 oz. JUICE</b> All brands must be 100% juice and contain no added sweetener. Must have 72 mg (80%) Vitamin C per 8 fl. or 120% Vitamin C (when mg not listed on the label).	Juicy Juice – all flavors (Not allowed: Teasers and Organic); Any brand in 48 oz. or 96 oz. shelf stable containers in the following flavors (Apple, Cranberry, Grape, Grapefruit, Orange, Pineapple, White Grape).  See the Alabama WIC Approved Foods Brochure for the approved products and flavors.	8 Containers	6 Containers
<b>64 oz. or 128 oz. JUICE</b> All brands must be 100% juice and contain no added sweetener. Must have 72 mg (80%) Vitamin C per 8 fl. or 120% Vitamin C (when mg not listed on the label). <b>64 oz. or 128 oz. Refrigerated Container</b>	Juicy Juice – all flavors (Not allowed: Teasers and Organic), Northland Cranberry Juice, Welch's, and Ocean Spray. Any brand in 64 oz. or 128 oz. shelf stable containers in the following flavors (Apple, Cranberry, Grape, Grapefruit, Orange, Pineapple, White Grape).  See the Alabama WIC Approved Foods Brochure for the approved products and flavors.  100% orange juice only. May contain calcium.	10 Containers	8 Containers

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

**ALABAMA WIC PROGRAM  
MINIMUM INVENTORY REQUIREMENTS  
EFFECTIVE OCTOBER 1, 2023 – SEPTEMBER 30, 2026**

**Note:** Minimum stock criteria for infant formula may continue to be verified by invoices until all effects to the national formula shortage are resolved.

FOOD ITEM	DETAILS	MINIMUM REQUIREMENTS	
		Store Type 1 – 3	Store Type 4
<b>PEANUT BUTTER</b>	16 – 18 oz. Container. Any brand. May be chunky, creamy, crunchy, or low sodium.  Not allowed: whipped, spreads, omega 3, reduced fat, organic, combinations with jelly, honey, etc.	8 Containers	6 Containers
<b>WHOLE WHEAT AND WHOLE GRAIN BREADS</b>	16 oz. Package. Nature's Own 100% Whole Grain Sugar Free, Nature's Own 100% Whole Wheat w/ Honey, Sara Lee 100% Whole Wheat, Lewis 100% Whole Wheat, Bunny 100% Whole Wheat, Kroger 100% Whole Wheat, Wonder 100% Whole Wheat, Arnold's Hamburger Buns 100% Whole Wheat, and Arnold's Hotdog Buns 100% Whole Wheat.	12 – (16 oz. Packages)	6 – (16 oz. Packages)
<b>FRUITS AND VEGETABLES</b>	See Alabama WIC Approved Foods Brochure for information on approved fresh and frozen fruits and vegetables.	Must stock a total of \$48 retail value; including 4 varieties of fresh or frozen fruits and 4 varieties of fresh or frozen vegetables.	Must stock a total of \$36 retail value; including 3 varieties of fresh or frozen fruits and 3 varieties of fresh or frozen vegetables.

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	
<b>INFANT MEAT</b>	2.5 oz. Container; Gerber or Beech-Nut plain meat with broth or gravy. Not allowed: meat sticks, DHA, or organic.	<b>SUPPLY UPON REQUEST</b>
<b>SPECIAL MILK</b>	Chocolate Milk low fat or fat-free (1% or skim), half or whole gallons. 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. or 25.6 oz. container. Ultra High Temperature, 32 oz. Not allowed: buttermilk, flavored (other than chocolate), acidophilus treated, condensed, organic, chocolate drink, and 2% milk.	<b>SUPPLY UPON REQUEST</b>

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

**ALABAMA WIC PROGRAM  
MINIMUM INVENTORY REQUIREMENTS  
EFFECTIVE OCTOBER 1, 2023 – SEPTEMBER 30, 2026**

**Note:** Minimum stock criteria for infant formula may continue to be verified by invoices until all effects to the national formula shortage are resolved.

The items listed below <u>are not</u> 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	
YOGURT, Whole Milk	32 oz. (2 lb.) Whole Milk Yogurt. Any brand plain or vanilla. Stonyfield Organic all flavors. Not allowed: Greek or organic (other than Stonyfield)	SUPPLY UPON REQUEST
DRY PEAS OR BEANS	16 oz. Bag. Any brand. Not allowed: added flavorings or organic.	SUPPLY UPON REQUEST
CANNED PEAS OR BEANS	15 -16 oz. Canned peas/beans. Any band and must be a mature legume. (Ex. Blackeye Peas, Black, Pinto, Garbanzo, Red, Navy, White, Lima, Butter, and Kidney Beans). Not allowed: vegetables, organic, added fats, meats, seasonings, oils, sauces, organic, or creamed style.	SUPPLY UPON REQUEST
11.5 oz. - 12 oz. FROZEN JUICE	Dole Pineapple; Seneca Apple; Old Orchard – All flavors with green lids allowed. Orange Juice 12 oz. (may contain calcium). Any Brand.	SUPPLY UPON REQUEST
FISH	<b>Any size, can or foil pouch, up to a total of 30 oz.</b>  <b>TUNA</b> Any brand light tuna, chunk style packed in water.  <b>SALMON</b> Any brand pink salmon.  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.	SUPPLY UPON REQUEST
100 % WHOLE WHEAT OR WHOLE GRAIN PASTA	16 oz. Package. 100% whole wheat/grain pasta, any shape, any brand. Not allowed: Organic, added seasonings, sugars, fats, oils, salt, egg noodles, gluten free, veggie, or brown rice pasta.	SUPPLY UPON REQUEST
WHOLE GRAIN TORTILLA (WHEAT AND CORN)	16 oz. Package. See Alabama WIC Approved Foods Brochure for approved brands.	SUPPLY UPON REQUEST

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



## ALABAMA WIC PROGRAM VENDOR TRAINING CHECKLIST

DATE OF TRAINING \_\_\_\_\_ NAME OF WIC TRAINER \_\_\_\_\_

STORE NAME \_\_\_\_\_ WIC VENDOR NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ COUNTY \_\_\_\_\_

TRAINING ATTENDEE \_\_\_\_\_ TITLE \_\_\_\_\_  
PLEASE PRINT PLEASE PRINT

The training attendee signing this form must initial by each topic to acknowledge a clear understanding of the information presented during the training session.

- A. \_\_\_\_\_ Introduction to WIC  
1. \_\_\_\_\_ Purpose of the Alabama WIC Program and Eligibility Requirements
- B. \_\_\_\_\_ Overview of Alabama WIC Approved Foods  
1. \_\_\_\_\_ Alabama WIC Approved Foods Brochure
- C. \_\_\_\_\_ Understanding eWIC  
1. \_\_\_\_\_ Two Ways to Process eWIC  
2. \_\_\_\_\_ Approved Product List  
3. \_\_\_\_\_ Mapping Fresh Produce  
4. \_\_\_\_\_ eWIC Benefit Balance
- D. \_\_\_\_\_ eWIC Transactions  
1. \_\_\_\_\_ eWIC Transaction Requirements  
2. \_\_\_\_\_ Troubleshooting an eWIC Transaction
- E. \_\_\_\_\_ Manufacturer and Store Promotions  
1. \_\_\_\_\_ Buy one, get one free  
2. \_\_\_\_\_ Buy one, get one at a reduced price  
3. \_\_\_\_\_ Manufacturer or store coupons  
4. \_\_\_\_\_ Store "savings" card or "customer reward card"
- F. \_\_\_\_\_ Returns and Exchanges
- G. \_\_\_\_\_ Lost eWIC Cards
- H. \_\_\_\_\_ eWIC Payment
- I. \_\_\_\_\_ Minimum Stock Requirements  
1. \_\_\_\_\_ Minimum stock requirements must be maintained at all times.
- J. \_\_\_\_\_ Approved Formula Suppliers  
1. \_\_\_\_\_ Only obtain infant formula from sources on the list provided by the State WIC Agency.
- K. \_\_\_\_\_ WIC Training of Store Employees  
1. \_\_\_\_\_ Vendor Responsible for Training Store Personnel  
2. \_\_\_\_\_ Training Documentation Requirements
- L. \_\_\_\_\_ Shelf Labels



## ALABAMA WIC PROGRAM VENDOR TRAINING CHECKLIST

- M. \_\_\_\_\_ State Policy and Procedure Related to Vendors Providing Incentive Items
- N. \_\_\_\_\_ Compliance Activities
1. \_\_\_\_\_ Routine Monitoring
  2. \_\_\_\_\_ Compliance Investigations
  3. \_\_\_\_\_ Inventory Audits
- O. \_\_\_\_\_ Vendor Sanctions, Overcharges, and Claims
- P. \_\_\_\_\_ Alabama WIC Program Complaint Process
- Q. \_\_\_\_\_ Non-Discrimination
1. \_\_\_\_\_ WIC customers shall not be discriminated against based on race, color, national origin, sex(including gender identity and sexual orientation)<sup>1</sup>, age, or disability.

I hereby acknowledge with my signature that I have been trained in the areas listed on this checklist concerning the Alabama WIC Program. I have received the information necessary to fully understand my obligations as an Alabama authorized WIC vendor. I have received an Alabama WIC Approved Foods Brochure listing approved foods and an Alabama WIC Program Vendor Procedure Handbook. I further understand that this training is conducted as a “train the trainer” session and I am obligated to ensure store personnel are trained on Alabama WIC Program policies and procedures.

\_\_\_\_\_  
**SIGNATURE OF STORE REPRESENTATIVE**

\_\_\_\_\_  
**DATE**

Please return within 5 days of training.

Alabama Department of Public Health  
Bureau of Family Health Services  
WIC Division  
P.O. Box 303017  
Montgomery, AL 36130-3017

<sup>1</sup> The Alabama Department of Public Health makes no concessions as to the scope of the terms “sex” or “discrimination” as they appear in Title IX of the Education Amendments of 1972 and the Food and Nutrition Act or implementing regulations.

# **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.

# Chapter II

## Nutrition Services

## II – Nutrition Services

(Please indicate) **State Agency:** Alabama for **FY** 2025

Nutrition services include the full range of activities performed by a variety of staff 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 referrals. WIC State agencies should refer to the WIC Nutrition Service Standards, available WIC Works Resource System at [Home | WIC Works Resource System \(usda.gov\)](https://www.usda.gov/wic-works-resource-system) for recommended criteria and best practices to incorporate activities that are consistent with providing quality nutrition services and revitalizing quality nutrition services (RQNS).

During disasters, emergencies, public health emergencies, or a supply chain disruption, the State agency may request to implement existing and allowable regulatory flexibilities or waivers to support the continuation of Program benefits and services. Waivers granted under Access to Baby Formula Act of 2022 (codified at 7 CFR 246.4a(30)) or temporary provision(s) authorized by Congress are not permanent amendments to the State Plan and should not be reflected in answers below. Instead, waiver flexibilities impacting Program benefits and services should be recorded in Appendix C. However, State agencies should consider any historical amendments as a result of waivers granted under prior waiver authority to develop policies and procedures for current and future disasters.

In April 2024, the final Food Package Rule was issued. State agencies will be required to implement the provisions outlined in the rule by the prescribed due dates. To assist State agencies with implementing the new provisions, [WIC Policy Memorandum #2024-5: Implementing the Provisions of the Special Supplemental Nutrition Program for Women, Infants, and Children \(WIC\): Revisions in the WIC Food Packages Final Rule](#) was issued on April 23, 2024. As State agencies plan to meet the new provisions, they should also consider any potential impacts to their MIS, where applicable.

**A. [Nutrition Education-7 CFR 246.4\(a\)\(9\); 246.11\(a\)\(1-3\) \(c\)\(1,3-7\)](#):** describe the nutrition education goals 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. Also describe methods to be used to provide drug and other harmful substance abuse prevention information. Establish 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 Package Design-7 CFR 246.10](#):** describe the procedures for determining which foods should be authorized and how the food package should be nutritionally tailored and by whom and plans for substitutions or eliminations to WIC food package. In addition to regulations at 246.10, State agencies should refer to the Food Package Guidance Handbook and Frequently Asked Questions.

**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/education to participants.

## II – Nutrition Services

### 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 [\(e\)](#) of this section. ([246.11\(c\)\(5\)](#))

☒ 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 agencies

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

- ☒ A needs assessment  
☒ Relevant information for healthier outcomes  
☒ Evaluation/follow-up  
☐ Other (list): \_\_\_\_\_

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

- ☒ Quarterly or annually written reports  
☒ Year-end summary report  
☒ Annual local agency reviews  
☐ Other (specify): \_\_\_\_\_

- f. State policies reflect the definition of “nutrition education” as defined in [7 CFR 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

#### 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

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**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 (questionnaires need approval by SA)

☒ 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

☒ Other (specify): Results. ..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):**

**3. Nutrition Education (7 CFR 246.11(a)(1-3)): (1) Nutrition education shall be considered a benefit of the program, and shall be made available at no cost to the participant. Nutrition education shall be designed to be easily understood by participants, and it shall bear a practical relationship to participant nutritional needs, household situations, and cultural preferences including information on how to select food for themselves and their families. Nutrition education shall be thoroughly integrated into participant health care plans, the delivery of supplemental foods, and other Program operations. (2) Nutrition education is made available to all participants. Nutrition education may be provided through the local agencies directly, or through other agencies. At the time of certification, the local agency shall stress the positive, long-term benefits of nutrition education and encourage the participant to attend and participate in nutrition education activities. However, individual participants shall not be denied supplemental foods for failure to attend or participate in nutrition education activities. (3) The State agency shall ensure that local agencies provide drug and other harmful substance abuse information to all pregnant, postpartum, and breastfeeding women and to parents or caretakers of infants and children participants. Drug and other harmful substance abuse information may also be provided to pregnant, postpartum, and breastfeeding women and to parents or caretakers of infants and children participating in local agency services other than the Program.)**

**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 7 CFR 246.11(e) via:**

- ☒ Local agency addresses in the annual nutrition education plan
- ☒ State nutrition staff monitoring annually during local agency reviews
- ☒ Local agency providing periodic reports to State agency
- ☐ Other (specify): \_\_\_\_\_

**b. As required per Federal regulations, the State agency has developed minimum nutrition**

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**education standards for the following participant categories:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Pregnant women | <input type="checkbox"/> Breastfeeding women | <input type="checkbox"/> Postpartum women       |
| <input type="checkbox"/> Children       | <input type="checkbox"/> Infants             | <input type="checkbox"/> High-risk participants |

**These minimum nutrition education standards address the following topics:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Exit counseling   | <input type="checkbox"/> Protocols (e.g., Language barriers, cultural relevance) |  |
| <input type="checkbox"/> Number of contacts  | <input type="checkbox"/> Documentation   | <input type="checkbox"/> Information on substance use prevention             |
| <input type="checkbox"/> Care plans  | <input type="checkbox"/> Referrals   | <input type="checkbox"/> Nutrition topics relevant to participant assessment |
| <input type="checkbox"/> Counseling methods/teaching strategies  | <input type="checkbox"/> Breastfeeding promotion and support                     |  |
| <input type="checkbox"/> Content (WIC appropriate topics)  |  |  |
| <input type="checkbox"/> Appropriate use of educational reinforcement (videos, brochures, posters, etc.) |  |  |

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

- ☐ Face-to-face, individually or group
- ☐ Online/internet (individually or group)
- ☐ Telephone
- ☐ Food demonstration

☒ A delivery method performed by other agencies, (i.e., EFNEP, SNAP-Ed). Please describe the type of nutrition education delivered. EFNEP...(see text box) [....Refer to WIC Procedure Manual Ch. 3 Nutrition Education with attachments MOU between EFNEP of the AL Cooperative Extension and WIC](#)

☐ Other (specify): \_\_\_\_\_

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

- ☐ Individual nutrition education contacts tailored to the participant's needs
- ☐ Group nutrition education contacts relevant to the participant's needs (please explain how appropriate group nutrition classes are identified and offered to the participant.)  
Groups.... [are participants of the same category with mutual interests such as prenatal breastfeeding education. If group education is identified and planned, then participants are informed and encouraged to attend.](#)
- ☐ Other (specify): Online contacts [relevant to participant needs](#)

**e. An individual care plan is provided based on:**

- ☐ Nutritional risk
- ☐ Priority level
- ☐ Healthcare provider's prescription
- ☐ CPA discretion
- ☐ Participant set goals based on nutrition assessment
- ☐ Other (specify): All participants get.... [...individualized care plan](#)

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**f. Individual care plans developed include the following components:**

	Must Include	May Include
Individualized food package	<input type="radio"/>	<input checked="" type="radio"/>
Identification of nutrition-related problems	<input checked="" type="radio"/>	<input type="radio"/>
Nutrition education and breastfeeding support	<input checked="" type="radio"/>	<input type="radio"/>
A plan for follow-up	<input checked="" type="radio"/>	<input type="radio"/>
Referrals	<input type="radio"/>	<input checked="" type="radio"/>
Timeframes for completing care plan	<input checked="" type="radio"/>	<input type="radio"/>
Documentation of completing care plan	<input checked="" type="radio"/>	<input type="radio"/>
A practical relationship to a participant's nutritional needs, household situations, and cultural preferences including information on how to select food for themselves and their families	<input checked="" type="radio"/>	<input type="radio"/>
Participant set goal	<input checked="" type="radio"/>	<input type="radio"/>
<b>Other (Specify by typing into the cells below)</b>	<input type="radio"/>	<input type="radio"/>
<div></div>		

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

	General Nutrition Education	High-Risk Nutrition Contact
Paraprofessionals (non-B.S. degree with formal WIC training by SA or LA)	<input type="checkbox"/>	<input type="checkbox"/>
Licensed Practical Nurses	<input type="checkbox"/>	<input type="checkbox"/>
Registered Nurses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
B.S. in Home Economics	<input type="checkbox"/>	<input type="checkbox"/>
B.S. in the field of Human Nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Registered Dietitian or M.S. in Nutrition (or related field)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dietetic Technician (2-year program completed)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Other (specify by typing into the cells below):</b>		
<div>Physicians</div>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**h. The State agency allows adult participants to receive nutrition education by proxy, per [7 CFR 246.12\(r\)\(1-4\)](#).**

☐ No

☒ Yes (If yes, check the applicable conditions below):

☐ Proxy is a spouse/significant other

☐ Proxy is a parent of adolescent participant

☐ Proxy is a neighbor

☒ Other (specify): Proxy is... [designated by participant at initial and sub certifications](#)

☐ Only for certain priorities (specify): \_\_\_\_\_

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

☐ No

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☒ Yes (If yes, check the applicable conditions below):

☐ Proxy is a grandparent or legal guardian of infant or child participant

☐ Proxy is a neighbor

☒ Other (specify): Proxy... [designated by participant at initial and sub certifications](#)

☐ Only for certain priorities (specify): \_\_\_\_\_

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

AL... WIC Procedure Manual Ch 3 Nutrition Education, Ch 4 Nutrition Assessment, Ch 15 Quality Assurance

4. Nutrition Education Materials [\(7 CFR 246.11\(c\)\(1,3,4,6,7\)\)](#): *The State agency shall (1) develop and coordinate the nutrition education component of Program operations with consideration of local agency plans, needs, and available nutrition education resources; (3) identify or develop resources and educational materials for use in local agencies, including breastfeeding promotion and instruction materials, taking reasonable steps to include materials in languages other than English in areas where a significant number or proportion of the population needs the information in a language other than English; (4) develop and implement procedures to ensure that nutrition education is offered to all adult participants and to parents/caregivers of infant or child participants, as well as child participants whenever possible; (6) establish standards for participant contacts that ensure adequate nutrition education in accordance with paragraph [246.11\(e\)](#); and (7) establish standards for breastfeeding promotion and support, including a positive breastfeeding supportive clinic environment, a local agency breastfeeding coordinator, breastfeeding promotion, and support for new staff.)*

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

☐ Yes ☒ No

If applicable, list other agencies: \_\_\_\_\_

If yes, does a written material sharing agreement exist between the relevant agencies, per [7 CFR 246.4\(a\)\(9\)\(ii\)](#)?

☐ Yes ☐ No

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

c.

	English	Spanish	Other languages (specify by typing into the cells below):
General nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Specific nutrition-related disorders	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Maternal nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Infant nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Child nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Nutritional needs of homeless	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Nutritional needs of migrant farmworkers & their families	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____



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Nutritional needs of Native Americans	<input type="checkbox"/>	<input type="checkbox"/>	
Nutritional needs of adolescent participant	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Breastfeeding promotion and support (including troubleshooting problems)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Danger of harmful substances (alcohol, tobacco and other drugs), as well as secondhand smoke during pregnancy and breastfeeding	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Food Safety	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Physical activity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Other (specify by typing into the cells below):	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

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.

- d. The State agency follows written procedures to ensure that nutrition education materials recommended/made available are appropriate in terms of the following:

☒ Content      ☒ Reading level/language      ☐ Graphic design      ☐ Cultural relevance

☐ Other (specify): \_\_\_\_\_

- e. 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):**

AL WIC [Procedure Manual Ch 3 Nutrition Education, Attachment AL Forms and Publications Listing](#)

### 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):

<u>M</u>	<u>H</u>	<u>S</u>	<u>B</u>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Providing nutrition education materials appropriate to this population and language needs
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Providing nutrition curriculum or care guidelines specific to this population
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Requiring local agencies who serve this population to address its special needs in local agency nutrition education plans

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- |                                     |                                     |                                     |                                     |   |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Arranging for special population training of local agency personnel who work with this population |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Distributing resource materials related to this population  |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Encouraging WIC local agencies to network with one another  |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Coordinating at the State and local levels with agencies who serve this population                |
- Other (specify by typing into the cells below):**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

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

Attachments.... [AL WIC Publications and Forms. AL WIC Procedure Manual Ch. 3 Nutrition 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):**

- ☒ Activities such as development of breastfeeding coalitions, task forces, or forums to address breastfeeding promotion and support issues
- ☒ Identification of breastfeeding promotion and support materials
- ☒ Procurement of breastfeeding aids which support the initiation and continuation of breastfeeding (e.g., breast pumps).
- ☒ Training of State/local agency staff
- ☒ Designating roles and responsibilities of staff
- ☒ Evaluation of breastfeeding promotion and support activities
- ☐ Other (specify): \_\_\_\_\_

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

- ☒ A policy that creates a positive clinic environment which endorses breastfeeding as the preferred method of infant feeding
- ☒ A requirement that each local agency designate a local agency staff person to coordinate breastfeeding promotion and support activities
- ☒ 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.
- ☒ A plan to ensure that women have access to breastfeeding promotion and support activities during the prenatal and postpartum periods
- ☒ A plan to ensure that women have access to continued breastfeeding promotion and support when normal operations are disrupted
- ☒ Participant breastfeeding assessment
- ☒ Food package prescription and tailoring based on breastfeeding and nutrition assessment
- ☒ Data collection (at State and local level)
- ☒ Referral criteria
- ☒ Peer counseling

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☐ Other (specify): \_\_\_\_\_

### 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.

No new FY 2025 BFPC funds requested.

Carry forward BFPC funds include:

FY 2022 \$125,000 + FY 2024 \$600,000 = \$725,000 remaining.

☐ Full amount of available BFPC funds.

☒ Specific amount of available BFPC funds \$ 725,000 (carry-over). (Not to exceed the full amount available.)

- 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 II WIC BFPC Line Item Budget

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

14

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

14

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

8

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

AL WIC PM Ch. 6 B'feeding

**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):

☒ Define settings for peer counseling service delivery (check all that apply):

☐ Home (peer counselor makes telephone calls from home)

☐ Participant's home (peer counselor makes home visits)

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- ☒ Clinic
- ☐ Hospital

- ☒ Define frequency of participants contacts
- ☒ Define procedures for making referrals
- ☒ Define scope of practice of peer counselor

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

- ☒ Yes ☐ No

**di. Compensation and reimbursement of breastfeeding peer counselors.**

- ☒ Yes ☐ No

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

- ☒ Yes ☐ No

**diii. Training of WIC clinic staff about the role of the WIC peer counselor**

- ☒ Yes ☐ No

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

- ☒ Timing and frequency of contacts
- ☒ Documentation of participants contacts
- ☒ Referral protocols
- ☒ Confidentiality
- ☒ Use of social media
- ☐ Other (specify): \_\_\_\_\_

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

- ☒ Regular, systematic contact with peer counselor
- ☒ Regular, systematic review of peer counselor contact logs
- ☒ Regular, systematic review of peer counselor contact documentation
- ☒ Spot checks
- ☒ Observation
- ☒ Other (specify): Performance Appraisal

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

- ☒ Breastfeeding coalitions
- ☒ Businesses
- ☒ Community organizations
- ☒ Cooperative extension
- ☒ La Leche League
- ☒ Hospitals

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- ☒ Home visiting programs
- ☒ Private Healthcare clinics
- ☐ Other (specify): \_\_\_\_\_

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

- ☒ 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
- ☐ Other (specify): \_\_\_\_\_

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

- ☒ Standardized training using FNS-developed curriculum
- ☒ Ongoing training at regularly scheduled meetings
- ☐ Home Study
- ☒ Opportunities to “shadow” or observe lactation experts and other peer counselors
- ☐ Training/experience to become senior level peer counselors, WIC-Designated Breastfeeding Expert, etc.
- ☐ Other (specify): \_\_\_\_\_ ☐ Other (specify): \_\_\_\_\_

**ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual**

AL WIC PM Ch. 6 B'feeding

### **B. Food Package Design**

For FY 2025 State agencies may reference the [WIC Policy Memorandum #2024-5: Implementing the Provisions of the Special Supplemental Nutrition Program for Women, Infants, and Children Final Rule](#) when completing this section.

**1. Authorized WIC-Eligible Foods**

- a. Include a copy of the current State-authorized food list and the individual food package design for each category in the Appendix or cite Procedure Manual reference:**
- b. The State agency considers the following when making decisions about authorizing WIC-eligible foods other than WIC formulas:**
- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Federal regulatory requirements | <input checked="" type="checkbox"/> Nutritional value                  |
| <input checked="" type="checkbox"/> Participant acceptance          | <input checked="" type="checkbox"/> Cost                               |
| <input checked="" type="checkbox"/> Statewide availability          | <input checked="" type="checkbox"/> Participant cultural consideration |
| <input checked="" type="checkbox"/> Healthcare provider request     | <input type="checkbox"/> Other (specify): _____                        |
- c. The State agency utilizes additional State nutritional criteria for authorizing foods for the State WIC food list, in addition to the minimum Federal regulatory requirements.**
- ☐ Yes    ☒ No

**If yes, describe actual values or criteria identified by the State. Enter “n/a” if not**

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applicable. (i.e. artificial sweeteners, artificial color/flavor, low sodium, etc.):

- d. The State agency provides the maximum amount of all authorized foods allowed in accordance with the Federal WIC regulations at section [7 CFR 246.10](#) for each of the seven WIC Food Packages (I-VII).

Yes	No	
<input checked="" type="radio"/>	<input type="radio"/>	Pregnant women/Partially (Mostly) Breastfeeding
<input checked="" type="radio"/>	<input type="radio"/>	Fully Breastfeeding women
<input checked="" type="radio"/>	<input type="radio"/>	Postpartum, non-breastfeeding women
<input checked="" type="radio"/>	<input type="radio"/>	Infants 0-5 months
<input checked="" type="radio"/>	<input type="radio"/>	Infants 6-11 months
<input checked="" type="radio"/>	<input type="radio"/>	Children

- e. 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.

☒ 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 ☒ 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 ☒ 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.

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

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to mutual program participants per [WIC Policy Memo #2015-7?](#)

☒ 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.

---

**f. 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 formula according to the specific rounding methodology per Section [7 CFR 246.10\(h\)\(1\)](#)?

☒ Yes    ☐ No

- (4) Does the State agency issue infant foods according to the specific rounding methodology per Section [7 CFR 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?

☐ Yes    ☐ No

**g. Is infant formula issued in the 1st month to partially breastfed infants?**

☒ Yes    ☐ No

**h. State policies & materials reflect the definition of “supplemental foods” as defined [7 CFR 246.2](#) and in the Child Nutrition Act.**

☒ Yes    ☐ No

**i. 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 10 of Table 2 in [7 CFR 246.10\(e\)\(10\)](#)?**

☐ Yes    ☒ No

**j. 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 9 of Table 2 in [7 CFR 246.10\(e\)\(10\)](#)?**

☐ Yes    ☒ No

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

## II – Nutrition Services

AI WIC PM Ch. 5 Supplement

### 2. Individual Nutrition Tailoring

- a. The State agency allows individual nutrition tailoring of food packages only in accordance with [7 CFR 246.10\(c\)](#).

☒ Yes ☐ No

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

☒ Homeless individuals and those with limited cooking facilities

☒ Residents of institutions

☐ Other (specify): \_\_\_\_\_

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

AL WIC PM Ch. 5 and 7

### Supplemental Foods and 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

☒ Develops based on (check all that apply):

☒ Nutrition risk

☒ Nutrition and breastfeeding assessment

☒ Participant preference

☒ Household condition

☐ Other (specify): \_\_\_\_\_

- d. The State agency allows local agencies to develop specific individual tailoring guidelines.

☐ Yes ☒ No

**If yes, check those of the following methods used by the State agency to review or approve local agency tailoring guidelines:**

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

☐ Local agency individual tailoring guidelines are monitored annually during local agency reviews

☐ Agency reviews

☐ Other (specify): \_\_\_\_\_

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

\_\_\_\_\_

### 3. Prescribing Packages

- a. Individuals allowed to prescribe food packages:

Standard food  
package

Individually tailored food  
package



## II – Nutrition Services

CPA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (specify by typing into the cells below):	<input checked="" type="checkbox"/>	<input type="checkbox"/>
WIC Clerk	<input type="checkbox"/>	<input type="checkbox"/>

**ADDITIONAL DETAIL:** Provide a copy of the actual foods included in the homeless and institution packages in the Appendix or cite Procedure Manual. Attach copies of all food packages that are tailored. Nutrition Services Appendix and/or Procedure Manual (citation): \_\_\_\_\_

### C. Staff Training

WIC Nutrition Services Standards (NSS) ensure that staff receive sufficient orientation, competency-based training and as appropriate, continuing education activities (quarterly recommended) as well as periodic performance evaluations. The State agency provides or sponsors the following training for WIC competent professional authorities:

	<u>Professionals</u>		<u>Paraprofessionals</u> (may or may not be CPAs in some SAs)	
	Regularly	As Needed	Regularly	As Needed
General nutrition education methodology	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State certification policies/procedures	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anthropometric measurements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood work procedures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition counseling techniques	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breastfeeding promotion/support	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Nutrition and breastfeeding assessment techniques	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WIC Nutrition risk criteria	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescribing & tailoring food packages	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referral protocol	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening protocol (if applicable)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maternal, infant, and child nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural competencies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customer service	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunization Screening/referral	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care Plan Development	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VENA staff competency training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse prevention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery of nutrition services in hybrid environment (e.g., continuity of care, confidentiality, documentation, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## II – Nutrition Services

Other (specify by typing in cells below):

☐☐☐☐

**ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation): (Please describe the type of training conducted or offered that correlates to the boxes selected above).**

\_\_\_\_\_ District and Clinic staff and State Training Coordinator provide in-person new staff training and orientation. Additional training provided by district nutrition director and/or clinic coordinator when needed and when instructed by State Agency Staff.

## WIC Directory of Publications and Forms

July 2024

*Highlighted items are forms				
ADPH Form:	Description:	Revision Date:	Packaged:	Available from:
WIC-100/100S	How WIC Can Help	11/23	-	DocLibrary/Warehouse
WIC-104	WIC Referral/Medical Information Form	8/20	-	Doc Library
WIC 110	Certificate of Donated Formula and Instructions	11/19		Doc Library
WIC-111a	WIC Formula Prescription for Infants	8/23	-	Doclibrary/alabamapublichealth.gov/wic
WIC-111b	WIC Formula Prescription for Child and Woman	8/23		Doclibrary/alabamapublichealth.gov/wic
WIC-112	Formula Log/Issuance Sheet	4/18	-	Doc Library
WIC-114	Hospital Special Formula Notification	8/23		Doc Library
WIC-115/115S	Letter of Support (Spanish on Back)	8/23	-	Doc Library
WIC-116/116S	No Proof Form (Spanish on Back)	10/18	-	Doc Library
WIC-118/118S	What to Bring to Your Appointment (Spanish on Back)	12/18	Pads of 100	Doc Library/Warehouse
WIC-119	AI WIC Program Eligibility Expiration Notice	06/23	-	Doc Library
WIC-140	Postcard - Reminder	11/23	Packs of 100	Warehouse
WIC-154/154S	Mom-To-Be (Spanish on Back)	10/22		Doc Library/Warehouse
WIC-155E	Clinic ID/Appointment card	4/19	Packs of 50	Warehouse
WIC-156	Warning Insert	12/16	Packs of 100	Warehouse
WIC-157/157S	Who is Eligible for WIC (Spanish on Back)	05/23	Packs of 100	Doc Library/Warehouse
WIC-160	We Missed You/Card	11/23	Packs of 100	Warehouse
WIC-280/280S	Food Safety Tips	02/23	Packs of 100	Warehouse
WIC 299/299S	Caring for Yourself After Pregnancy Loss	4/24	Packs of 100	Doc Library/Warehouse
WIC-308/308S	What Should I Eat? Breastfeeding and Non-Breastfeeding Moms	2/24	Packs of 100	Warehouse
WIC 401	WIC Operation –Equipment/Supply Request Form	8/23		Doc. Library
WIC 402	Record Destruction Request Form	8/17		Doc. Library
WIC 403	Coloring Book/Fruits & Veggies – More Matters?	10/10	Packs of 100	Warehouse
WIC 404/404S	What's On Your Plate? (USDA Myplate handout)	2011	Packs of 100	Warehouse
WIC 414/414S	Iron: You Need IT	9/2019	Packs of 100	Warehouse/Doc Library
FHS285/285 S-fmrWIC426	Make Good Food Choices to Help Prevent Lead Poisoning	2023	Pack of 100	Warehouse/Doc Library
WIC 430/430S	What Should I Eat? Pregnant Moms	2/2024	Packs of 100	Warehouse/Doc Library
WIC 431	Nutrition for the Teenage Mom-to-Be	03/96	Packs of 100	Warehouse

WIC-438A/438AS	Alcohol,Tobacco and Drugs: <i>What They Can Do To You and Your Family</i>	9/23	Packs of 100	Warehouse/WIC-NUT>Forms
WIC-438B	Give Your Baby a Healthy Start	11/23	Packs of 100	Warehouse/WIC-NUT>Forms
WIC439/439S	WIC wants you to know Healthy Choices for Your Family	10/26/2015		Doc.Library/WIC-Nut>Forms
WIC-440/440S	Feed Me, I'm Yours 0-6 months	06/23	Packs of 100	Warehouse/WIC-NUT>Forms
WIC-441/441S	Feed Me, I'm Yours 6-12 months	06/23	Packs of 100	Warehouse/WIC-NUT>Forms
WIC-443/443S	How to make a formula bottle safely	6/24	Packs of 50	Doc.Library/WIC-Nut>Forms
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	05/23	Pads of 100	Warehouse
WIC-470/470S	What Should My Child Eat?	07/23	Packs of 100	Warehouse
WIC-471	Healthy Eating for 1 Year Olds	4/21	Packs of 100	Warehouse
WIC-472	Healthy Eating for 2 Year Olds	4/21	Packs of 100	Warehouse
WIC-473	Healthy Eating for 3 Year Olds	4/21	Packs of 100	Warehouse
WIC-474	Healthy Eating for 4 Year Olds	4/21	Packs of 100	Warehouse
WIC-475/475S	Folic Acid for Women	4/24	Packs of 100	Warehouse/Doc. Library
WIC-600/ 600S	Get Healthy with WIC: Try Something New with Fruits and Vegetables	2016	Packs of 100	WIC-Nut>Forms /Warehouse
WIC-601/S	Get Healthy with WIC (Make Half of Your Grains- Whole Grains)	2016	Packs of 100	WIC-Nut>Forms /Warehouse
WIC-602/S	Get Healthy with WIC (A Healthy Choice Low Fat Dairy)	2016	Packs of 100	WIC-Nut>Forms /Warehouse
WIC-603/S	Get Healthy with WIC (More Than Meat Protein)	2016	Packs of 100	WIC-Nut>Forms /Warehouse
WIC-671/671S	Help Your Child Drink for Health!	06/04	Packs of 100	WIC-Nut>Forms /Warehouse
WIC-673	ADPH Employee/Family Receiving WIC Benefits or Serving as a Proxy	8/18?		WIC-Nut>Forms /Doc Library
WIC-675	Learner Centered Approach		Packs of 100	Warehouse
WIC-676	Guide for Obtaining Hemoglobin (Hgb)/Hematocrit (Hct) Values		In Nutrition risk manual	Distributed by State Office when revised
WIC-667	Effective Communication Checklist	08/23		Doc Library
WIC-678	WIC Coordinator Monitoring Checklist	08/24	-	Doc Library

WIC-679	WIC Coordinator Monitoring Checklist- Comments Page	7/23		Doc Library
WIC-694/694S	WICHealth.org Insert/bookmark	4/24	Packs of 100	Doc Library Warehouse
WIC-697	WIC Measures Up?	2016	Packs of 100	Warehouse
WIC-700/700S	WIC Approved Foods	10/23	Packs of 50	Warehouse
<b>Breastfeeding items</b>				
WIC 330	Breastfeeding Supply Accountability Form	9/22	Packs of 100	Doc Library/ WIC-Nut>Forms
WIC 331	Issuance/Inventory Form for Pumps, Kits, Silicone Nipple Shields	7/23		Doc. Library
WIC 331A	Issuance/Inventory Form for Non-Returnable BF Items	7/23		Doc. Library
WIC 332	Inter-Clinic Breast Pump Transfer Form	2/23		Doc. Library
WIC 334	Electric Breast Pump Issuance Form	1/23		Doc. Library
WIC 340	Breast Pump Decision Tree	6/22		Doc. Library
WIC 341	ELECTRIC PUMP CONTINGENCY ISSUANCE PROTOCOL	12/22		Doc. Library
WIC 342	ELECTRIC PUMP CONTINGENCY ISS. PROTOCOL DECISION TREE	12/22		Doc. Library
WIC 351	Breastfeeding Supply Requisition Form	4/24		Doc. Library
WIC 352	Removal of Property Form	11/23		Doc. Library
WIC-720	Breastfeeding Certificate		Packs of 100	Warehouse
WIC 732/732S	New Mom Hospital Card			Warehouse
WIC 733/733S	Nipple Shields			Doc. Library
WIC-737	Electric Breast Pump Reminder/Postcard		Packs of 100	Warehouse
WIC-738/738S	Why Should I Nurse My Baby		Single Books	Warehouse
WIC-740/740S	Pump Kit Cleaning		Pads of 100	Warehouse
WIC-760/760S	Our First Week – Breastfeeding Information	11/8	Packs of 100	Warehouse
WIC-762	Ten Steps to Successful Breastfeeding		Packs of 50	Warehouse
WIC-763/763S	Breastfeeding: The Older Baby		Packs of 100	Doc Library/Warehouse
WIC-764/764S	Breastfeeding: Growing Healthy Babies & Moms		Packs of 100	Doc Library/Warehouse
WIC 765	BF Tips for Working Moms (new)			Doc Library/Warehouse
WIC-766/766S	Expressing Your Breast milk		Packs of 100	Doc Library/Warehouse
WIC-767/767S	Breastfeeding Basics: Getting Started		Packs of 100	Doc Library/Warehouse
WIC-768/768S	Managing Basic Breastfeeding Challenges	10/12	Packs of 100	Warehouse
WIC 769	Did You Know: Herbs to Increase Breastmilk Supply	1/24	NA	Doc. Library
WIC-770/770S	Thinking about Breastfeeding?	09/21	Packs of 100	Doc Library/Warehouse

WIC-771	Busy Moms Loving Support		Packs of 100	Warehouse
WIC-772	Encouragement Loving Support	2014	Packs of 100	Warehouse
WIC-773	Ready, Set, Breastfeed! Loving Support		Packs of 100	Warehouse
WIC-774	10 Tips for Dads Loving Support		Packs of 100	Warehouse
WIC-775	Confidence Loving Support		Packs of 100	Warehouse
WIC 776	Did You Know: Expressing and collecting breast milk during late pregnancy	Pending	NA	Doc. Library
WIC-782	Breastfeeding Support Card		Packs of 100	Warehouse
WIC-785/785S	BF Basics for Dads			Warehouse
WIC 786/786S	BF Basics for Moms			Warehouse
WIC 787/ 787S	BFR Basics for Grandmas			Warehouse/Doc. Library
WIC-788/788S	Learn, Start, Overcome			Warehouse
WIC 792/792S	Breastmilk Storage Guide (E/S front/back)	8/23	N/A	Doc. Library
WIC 793	Relactation Quick Reference Guide for Staff			Doc. Library
WIC 794	Infant Feeding During Emergencies	5/22		Doc. library
WIC 795	Getting Started w/Breastfeeding tear sheet (Noodle Soup)	4/23		Doc. library
WIC 796/796S	Is Baby Getting Enough Milk? (2 sides E/S) (Noodle Soup)	4/23		Doc. library
WIC-797/797S	BM Storage Magnets - Noodle Soup			Warehouse
WIC-798/798S	Pacify Flyer*			Warehouse/Pacify dashboard
WIC 799/799S	Pacify Postcard*			Warehouse/Pacify dashboard
WIC 800/800S	Pacify Business Card*			Warehouse/Pacify dashboard
WIC 802	Pacify Flange Sizing Tool (pending on dashboard)			Doc. Library/Pacify dashboard
No #	Pacify Poster			Pacify Dashboard
No #	Pacify Refrigerator Magnet E/S			Pacify Dashboard
No #	Pacify Launch Training Slides			Doc. Library/Pacify dashboard
No #	Pacify Launch Training Acknowledgement Form			Doc. Library
No #	Pacify WIC Clinic Site Codes List			Doc. Library/Pacify dashboard
No #	WIC BF Curriculum Training Acknowledgement Form	4/23		Doc. Library
No #	WIC BF Community Resource Guide 2023-24	10/23		Doc. Library

\*Note: Pacify materials in the warehouse will not be reordered, since clinics can order them directly from the Pacify dashboard.

#### BF Peer Counseling Items

WIC-750	Peer Counselor Participant Contact Log (downtime form or for participant no longer enrolled)	7/22	Packs of 50	Doc Library/Warehouse
WIC-753	Peer Counselor Weekly Activity Report (downtime form)	7/22	Packs of 50	Doc Library/Warehouse
WIC-754	Moms Helping Moms. Meet Your WIC-Breastfeeding PC – <b>not in use</b>	8/18	<del>Packs of 100</del>	<del>Warehouse</del>
WIC-755	WIC Circle of Care for Breastfeeding Mothers. How PC's Help	8/18	Packs of 100	Warehouse
WIC 756	WIC BFPC Opportunities Flyer	7/22		Doc. Library
	BFPC Cell Phone Policy/Signature Page	8/22		Doc. Library
	BFPC Chart Review Criteria	9/22		Doc. Library
	BFPC Chart Review and Productivity Tool	5/23		Doc. Library
	BFPC Charting Examples	5/23		Doc. Library
	BFPC Crossroads Documentation Cheat Sheet	5/23		Doc. Library
	BFPC Crossroads Documentation Training Document	8/22		Doc. Library
	BFPC Email and Text Guidelines	10/22		Doc. Library

	BFPC Guidance for Electronic Caseload Management	10/22		Doc. Library
	BFPC Job Description and Responsibilities	9/22		Doc. Library
	BFPC Job Description and Responsibilities Acknowledgement Form	9/22		Doc. Library
	BFPC Language Link Instructions	8/22		Doc. Library
	BFPC Monthly Meeting Report	2/23		Doc. Library
	BFPC New Hire Checklist	9/22		Doc. Library
	BFPC Quarterly Report	7/22		Doc. Library
	BFPC Scope of Practice	5/23		Doc. Library
	BFPC Supervisor Checklist	9/22		Doc. Library
	Clinic Guidance for BFPC Appointments	10/22		Doc. Library
	Instructions on Pulling BFPC Activities Detail Report	9/22		Doc. Library
<b>Other</b>				
WIC-NVRA-1	A & B, State of AL Agency-Based Voter Registration Application		Packs of 250	Warehouse
WIC-NVRA-2	State of AL Postcard Voter Registration Form		Packs of 200	Warehouse
WIC-NVRA-3	State of AL instructions for Agency-Based compliance to NVRA		Single Sheet	Warehouse
WIC-NVRA-4	Voter Registration Application Transmittal Form		Single Sheet	Warehouse
WIC-NVRA-5	Envelope for mailing to Board of Registration		Packs of 25	Warehouse
WIC-NVRA-6	Registration Guideline		Single Sheet	Warehouse
	Expired/Damaged Formula Form	9/16		Doc Library
	Vendor Training Checklist Form			State WIC Office

# Chapter III

## Management Information System (MIS)



### III. MANAGEMENT INFORMATION SYSTEM (MIS)

(Please indicate) **State Agency:** Alabama for **FY:** 2025

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.

During disasters, emergencies, public health emergencies, or a supply chain disruption, the State agency may request to implement existing and allowable regulatory flexibilities or waivers to support the continuation of Program benefits and services. Waivers granted under Access to Baby Formula Act of 2022 (codified at 7 CFR 246.4a(30)) or temporary provision(s) authorized by Congress are not permanent amendments to the State Plan and should not be reflected in answers below. Instead, waiver flexibilities impacting Program benefits and services should be recorded in Appendix C. However, State agencies should consider any historical waiver amendments granted under prior waiver authority to develop policies and procedures for current and future disasters.

**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)  
☒ 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 AL OIT Policy 380-01, Computer Device Refresh.  
☐ None

If no, please provide a copy of the WIC State agency's ADP utilization plan.

#### b. The State agency has written procedures for monitoring and approving local agency requests for ADP goods and services. If yes, please provide a copy of written procedures.

- ☐ 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):

- ☒ USDA/FNS Advance Planning Document Handbook No.901 ☐ USDA/FNS ADP Security Guide  
☐ Other (specify): \_\_\_\_\_

#### b. The State agency maintains overall system documentation (check all that apply):

- ☐ A general design  
☒ User's manual  
☒ Method for updating documentation for system changes/modifications  
☒ 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.

ADDITIONAL DETAIL: Management Information System Appendix and/or Procedure Manual (cite):  
\_\_\_\_\_

### 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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Food instrument production	<input type="checkbox"/>	<input type="checkbox"/>	_____
EBT Data Reports	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Feasibility study	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
ADP development	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
ADP system hardware operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Custom software development	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Voyatek-XRUG M&amp;E contract</u>

Custom software maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Voyatek-XRUG M&E contract
Printing forms/FIs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Backup computer facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	
Back-up files	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
EBT processing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Conduent - eWIC processor
	<input type="checkbox"/>	<input type="checkbox"/>	

- b. The State agency has a contract in effect (check all that apply). Please provide a copy of agreement.**

☐ Equipment      ☒ 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:** Request for Proposal (RFP)

**ADDITIONAL DETAIL: Management Information System Appendix and/or Procedure Manual (cite):**  
See SP Ch. III Attachments

#### 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):

- ☒ There is a separate organizational area/individual to control access to electronic storage media.
- ☒ Access to WIC Program data files is controlled through password access or similar control.
- ☒ Operational personnel are limited to only those jobs for which they are responsible.
- ☒ Passwords are protected.
- ☒ Passwords are changed periodically.
- ☐ The system access procedures are audited at least once a year. Please provide a copy of access procedures.
- ☒ Procedures are implemented for timely removing passwords, ID's etc. when personnel leave.
- ☒ Biennial security reviews are performed by ADPH Security Officer. Please provide a written summary of the most current biennial security review
- ☒ Periodic risk assessments are performed by ADPH Security Officer

- ☒ Data uploaded to mobile applications, participant portals, etc. are secure and participant information is protected.
- ☒ 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. Please provide address of location. ADPH Warehouse, 1635 Mitchell Young Road, Montgomery, AL 36108
- ☒ 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.
- ☒ 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 (specify): \_\_\_\_\_

**ADDITIONAL DETAIL: Management Information System Appendix and/or Procedure Manual (cite):**

- 5. Description of MIS changes that occurred in the past year: Transitioned to new XRUG MIS M&E vendor Voyatek/GCOM
- 6. Description of MIS changes planned for the upcoming year: XRUG defect fixes , enhancements, and risk code changes.

**B. Participant Characteristics Minimum Data Set**

The Participant Characteristics (PC) Minimum Data Set (MDS) 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:**

- ☒ **State Agency ID.** A unique number that permits linkage to the WIC State agency where the participant was certified.
- ☐ **Local Agency ID.** A unique number that permits linkage to the local agency where the participant was certified as eligible for WIC benefits.

or

- ☒ **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.
- ☒ **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.

- **Client Date of Birth.** Month, day and year of participant's birth reported in MMDDYYYY format.
- **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.
- **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).
- **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.
- **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.
- **Sex.** For infants and children, male or female.
- **Priority Level.** Participant priority level for WIC Program certification.
- **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.
- **Migrant Status.** Participant migrant status according to the federal WIC Program definition of a migrant farm worker (currently counted in the FNS 798 report).
- **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).
- **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.
- **Nutrition Risk(s) Present at Certification.** Up to 10 highest priority nutritional risks present at the WIC Program certification
- **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.
- **Date of Blood Measurement.** The date of the blood measurement that was used during the most recent WIC Program certification in MMDDYYYY format.

- **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.
- **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.
- **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.
- **Currently Breastfed.** Information is needed for all infant participants ages six through thirteen months, whether or not the infant is currently receiving breastmilk.
- **Ever Breastfed.** Information is needed for all infant participants ages six through thirteen months, whether or not the infant was ever breastfed.
- **Length of Time Breastfed.** For infants ages six through thirteen months, the number of weeks the infant received breastmilk.
- **Date Breastfeeding Data Collected.** For infants ages six through thirteen months, the date on which breastfeeding status was reported in MMDDYYYY format.
- **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

State Agency IS Collects	State Agency IS Plans to Collect
--------------------------------	--

☒
☐

**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.

☒
☐

**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.

☒
☐

**Number in Family/Household on WIC.** The number of people in the participant's family/household receiving WIC benefits.

☒
☐

**Date Previous Pregnancy Ended.** For pregnant women, the date previous pregnancy ended in MMDDYYYY format.

☒
☐

**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.

☒
☐

**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.

☒☐

**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.

☒☐

**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.

☒☐

**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.

☒☐

**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

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
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Calculates the date certification is due to expire.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Assigns the participant a nutritional risk code and assigns a priority level. (CPA confirms the code is correct.)
<input type="checkbox"/>	<input type="checkbox"/>	2a. Assigns one risk code.
<input type="checkbox"/>	<input type="checkbox"/>	2b. Assigns up to 3 risk codes.
<input type="checkbox"/>	<input type="checkbox"/>	2c. Assigns up to 6 risk codes.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2d. Assigns more than 6 risk codes.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Calculates the applicant's household income and flags individuals whose income exceeds program standards.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3a. Converts incremental income (weekly, monthly) to an annual figure.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Associates family members.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Statewide data is maintained to facilitate families transferring within the State.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Transfers certification data to the central computer facility electronically either



<input checked="" type="checkbox"/>	<input type="checkbox"/>	in real time or batch mode.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Captures or documents the nutrition education provided each participant as well as the topics covered.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Uses table-driven food packages.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8a. Uses standard pre-defined food packages.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8b. Enables easy food package tailoring.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8c. Performs edits to prevent over-issuance during food package creation.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. Enables food instruments to be issued when the participant is present for pick-up, i.e., on-demand.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. Captures or documents the name of the programs to which the participant was referred.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. Performs food instrument reconciliation.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. Produces standard Dual Participation Report.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	13. Produces standard Food Delivery Portal (FDP) Report.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. Produces standard Rebate Billing Report.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	15. Produces standard Participation Report.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	16. Produces Participant Characteristics Datasets.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	17. Captures basic transaction data by vendor.

**State  
Agency  
System  
Performs**

**State  
Agency  
System  
Planned**

**Automated Core Function/Capabilities**

<input checked="" type="checkbox"/>	<input type="checkbox"/>	18. Flags high-risk vendors through peer group analysis of redemption data.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	18a. Identifies vendors with high average food instrument redemptions.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	18b. Identifies vendors with a narrow variation in redemptions.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	19. Assigns a maximum value for each food instrument type (paper) or each item/UPC (EBT).
<input checked="" type="checkbox"/>	<input type="checkbox"/>	19a. Receives data about the amount a vendor requests for each food instrument (paper) or item/UPC (EBT) redeemed.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	20. Captures source of income.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	21. Has the capability of annualizing household income occurring at more than one frequency.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	22. Performs automated dietary assessment.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	23. Has automated growth charts.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	24. Has point of certification data entry, i.e., a personal computer at each "station" within the clinic.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	25. Allows for ad hoc reporting.





KAY IVEY  
Governor

# STATE OF ALABAMA

## OFFICE OF INFORMATION TECHNOLOGY



JIM PURCELL  
Acting Secretary

### POLICY 380: Computer Device Refresh

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VERSION NUMBER	Policy 380-01
VERSION DATE	August 10, 2018
POLICY TITLE	Computer Device Refresh
OBJECTIVE	<p>The objective of this policy is to establish an effective approach to information technology (IT) lifecycle management by replacing aging IT equipment following a planned device upgrade strategy.</p>
AUTHORITY	<p>The authority of the Office of Information Technology (OIT) to create and enforce policies relating to the management and operation of IT by state agencies, and exceptions to such authority, are derived from:</p> <p><i>Articles 8 and 11 of Chapter 4 of Title 41, and Chapter 28 of Title 41, Code of Alabama 1975 (Acts 2013-68 and 2017-282).</i></p> <p>Policies of the OIT are approved and signed by the Governor</p>
APPLICABILITY	<p>The requirements and responsibilities defined in OIT policies apply to all departments, agencies, offices, boards, commissions, bureaus, and authorities (referred to generally as <i>agency</i> or <i>agencies</i>) and authorized individuals in the employment of the State of Alabama responsible for the management, operation, or use of state IT.</p> <p>This policy applies to the following IT devices:</p> <ul style="list-style-type: none"><li>• Desktops, laptops, tablets, and smartphones</li><li>• Servers, mass-storage systems, and backup systems</li><li>• Peripheral devices such as printers and scanners</li><li>• Network communications and control equipment</li><li>• Security, access control systems, and logging devices</li><li>• IP-based voice communications equipment</li><li>• Software running on any of the devices listed above</li></ul>

## STATEMENT OF POLICY

It is imperative that agencies establish and implement policies to refresh (replace) or extend the useful life of IT equipment under their control. As IT equipment ages, the cost of maintenance increases and the likelihood of downtime (and lost productivity) increases. An effective IT refresh cycle ensures IT assets are compatible with the current technological environment and allows state agencies to maximize their service productivity.

The optimal age for replacing IT devices varies by device and is influenced by many factors including (but not limited to) the type of use, changes in technology, changes to user requirements, and the expected duration of vendor support.

This policy does not require a single standard schedule for refresh, but does require agencies to plan for system refresh based on the requirements and recommendations provided herein.

It is the policy of the OIT that:

- Agencies track the age of IT assets under their control.
- Agencies establish a device refresh policy for IT devices (as listed above) based on these recommended guidelines:
  - Portable devices: refresh every 2-4 years
  - Desktop PCs and peripheral devices: 3-5 years
  - Servers, network devices, appliances: 5-10 years
  - Software: follow vendor support dates
  - Include consideration of systems that may outlive their component parts (e.g., a mass-storage system lifespan may be 10 years or more, but individual hard drives may need to be replaced more frequently)

## OIT RESPONSIBILITIES

Advise agencies when widely utilized applications and major operating systems are approaching the end of vendor support.

Utilize available forums (user groups, State Security Council, or CIO Advisory Council) to encourage agencies to review annually their IT refresh policy.

When requested, provide advice to agencies for the establishment and implementation of an IT refresh policy.

**AGENCY  
RESPONSIBILITIES**

Develop an IT refresh policy for routine replacement of IT equipment that provides, within budgetary constraints, a complete refresh of IT within expected and supported system lifespans.

Include within IT expenditures, a line item on the annual budget for planned future replacement cost of computer hardware and software items.

Select IT equipment that can be reasonably expected to meet users' needs for at least 3 to 4 years (except for mobile devices which may have a shorter expected lifecycle).

For leased computers and other data processing equipment, ensure the replacement cycle is defined in the lease contract and that it complies with the requirements of this policy.

Enforce this policy through periodic compliance inspections of agency information systems with intent of identifying systems older than the recommended refresh age or no longer supported by the vendor (or by a third-party support provider).

When it is required that IT systems continue operation beyond life-expectancy or without vendor (or third-party) support, agency shall provide to OIT written documentation justifying continued use of unsupported systems and include a remediation plan and replacement or upgrade schedule.

Other than computer equipment kept for temporary replacement parts, all other computer equipment, upon warranty or support expiration, shall be decommissioned, sanitized, and sent to surplus or disposed of in accordance with applicable policies or procedures.

**USER  
RESPONSIBILITIES**

Inform supervisors when computer systems are suboptimal to properly fulfill their roles and responsibilities.


**EFFECTIVE DATE**

This policy shall be effective upon its approval by the Secretary of Information Technology and the Governor of Alabama as evidenced by the signatures of the Secretary and Governor being affixed hereto.

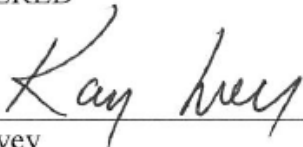
**SUPERSEDES**

This is the initial policy and does not supersede a previous version.

The undersigned, as Acting Secretary of Information Technology of the State of Alabama, exercising the power vested in that Office by the laws of this state, declares this policy to be adopted as of the date on which the Governor has approved and signed it.

  
\_\_\_\_\_  
Jim Purcell  
*Acting Secretary of Information Technology*

ORDERED

  
\_\_\_\_\_  
Kay Ivey  
*Governor*

This 13 day of September, 2018.

#### DOCUMENT CHANGE HISTORY

Version	Version Date	Comments
380-01	08/10/2018	Initial version

**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.
- 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 Program Continuity of Operations Plan When Crossroads is Unavailable*

- 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.

### When Crossroads system is available again:

- 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.

### Readiness Training for WIC Staff:

- 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.

# Chapter IV

## Organization and Management

## IV. ORGANIZATION AND MANAGEMENT

(Please indicate) **State Agency:** Alabama for **FY:** 2025

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.

During disasters, emergencies, public health emergencies, or a supply chain disruption, the State agency may request to implement existing and allowable regulatory flexibilities or waivers to support the continuation of Program benefits and services. Waivers granted under Access to Baby Formula Act of 2022 (codified at 7 CFR 246.4a(30)) or temporary provision(s) authorized by Congress are not permanent amendments to the State Plan and should not be reflected in answers below. Instead, waiver flexibilities impacting Program benefits and services should be recorded in Appendix C. However, State agencies should consider any historical amendments as the result of waivers granted under prior waiver authority to develop policies and procedures for current and future disasters.

**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:

**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.

<u>Position</u>	<u>FTE WIC</u>	<u>FTE In-Kind</u>	<u>Total FTE</u>
Director	1.00		1.00
Nutrition Coordinator	1.00		1.00
Vendor Specialist	6.00		6.00
Program Specialist	10.25		10.25
Financial Specialist	2.15		2.15
Breastfeeding Coordinator	2.00		2.00
(MIS/EBT) Specialist	4.50		4.50
Intern			
Other (specify):			
<u>Program Administration</u>	0.35		0.35
Other (specify):			
<u>Administration Support</u>	5.95		5.95
Other (specify):			
<u>IT Floor Support</u>	0.25		0.25

- 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

<u>Function</u>	<u>Percent of Total Staff Time</u>
Certification, including nutrition risk determination	
Breastfeeding training/promotion and support	

Nutrition education	<input type="text"/>	
State food list	<input type="text"/>	
Monitoring of local agencies	<input type="text"/>	
Fiscal reporting	<input type="text"/>	
Food delivery system management	<input type="text"/>	
Vendor management, including vendor training	<input type="text"/>	
Staff training and continuing education	<input type="text"/>	
(MIS/EBT) system development and maintenance	<input type="text"/>	
Civil Rights	<input type="text"/>	
Coordination with and referrals to other assistance programs and social service agencies	<input type="text"/>	
Other (specify):	100 <input type="text"/>	
Total staff time	100 <input type="text"/>	

Other (specify):  
AL State WIC Office staff allocate 100 percent of time and effort to cover all functions listed with the exception of fiscal reporting, bureau administrative support, and IT support provided by external partial FTEs and technical support.

### 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

☐ Does not apply because the State agency has only one location or no local agency(ies).  
(PROCEED TO NEXT SECTION)

### 1. Local Agencies Authorized

Number of local agencies authorized to provide WIC services last fiscal year   
Number of local agencies planned to provide WIC services this fiscal year

### 2. When does the State agency accept applications from potential local agencies?

☐ Annually                      ☐ Biennially                      AL WIC solicits an RFP for private (non-health department) local agency services when there is a need and funds are available.  
☐ On an on-going basis    ☒ Other (specify)

### 3. Does the State agency require existing local agencies to reapply and compete with new applicant agencies for authorization?

☐ Yes    ☐ No    If yes, what is the frequency?                      AL WIC solicits an RFP for private (non-health department) local agency services in the Montgomery, AL area for a 2 to 3 year term with optional 2 year renewal.  
☐ Annually                      ☐ Biennially  
☐ Not applicable                      ☒ Other (specify)

### 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	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Coordination with other health care providers
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Projected cost of operations/ability to operate with available funds

- |                                     |                                     |  |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Location/participant accessibility               |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Financial integrity/solvency                     |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Relative need in the area                        |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Range and quality of services                    |
| <input type="checkbox"/>            | <input type="checkbox"/>            | History of performance in other programs         |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Ability to serve projected caseload              |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Non-smoking facility                             |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Americans with Disabilities Act (ADA) compliance |

**Other (specify by typing into the cells below):**

- |                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |


**b. The State agency conducts studies (provide a link to or copy of the most recent study: See Attachment. FY 2024 Local Agency Cost Effectiveness Study 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.)
- ☒ Staff-to-participant ratios and related staffing analyses
- ☒ Comparative analyses of local agency/clinic costs
- ☒ Other

**5. Does the State agency have a formal written agreement or contract with each local agency? ([7 CFR 246.6](#))**

- ☒ Yes (list the contract duration): 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, attach local agency fair hearing procedures or specify the location in the Procedure Manual and reference below: 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:**

AL WIC Mobile App & AL WIC website (<https://www.alabamapublichealth.gov/wic/index.html>)

- ☒ Location
- ☐ Type of site (e.g., hospital, health department, community action program)
- ☐ Service area
- ☒ Hours of operation
- ☒ Days of operation
- ☐ Health services provided on-site
- ☐ Social services provided on-site
- ☐ Participation
- ☒ Other (specify): Contact information

## C. Local Agency Staffing

- ☐ Does not apply because the State agency has only one location or no local agency(ies).  
(PROCEED TO NEXT SECTION)

### 1. Staffing Standards ([7 CFR 246.3\(e\)](#))

#### a. Which local agency staffing standards are prescribed by the State agency?

- ☒ Credentials
- ☒ Staff levels
- ☒ Staff-to-participant ratio standards
- ☐ Time spent on WIC functions
- ☐ Other (specify) \_\_\_\_\_
- ☒ Functions of CPAs
- ☐ Paraprofessional requirements
- ☒ Separation of duties to ensure no conflicts of interest
- ☐ Other (specify): \_\_\_\_\_
- ☐ 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

If yes, how many of the total local agencies are currently authorized by unions or local governmental authorities? \_\_\_\_\_

### 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):

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> For each clinic/local agency   | <input type="checkbox"/> By function                    |
| <input checked="" type="checkbox"/> At regular intervals   | <input type="checkbox"/> Program management             |
| <input type="checkbox"/> Monthly   | <input type="checkbox"/> Food delivery                  |
| <input checked="" type="checkbox"/> Quarterly  | <input checked="" type="checkbox"/> Certification       |
| <input checked="" type="checkbox"/> Annually   | <input checked="" type="checkbox"/> Nutrition education |
| <input type="checkbox"/> Breastfeeding promotion and support   |   |
| <input checked="" type="checkbox"/> Other (specify): <u>Staff to Participant Ratios &amp; Staff Visits per Day</u> |   |

#### 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.

b. 8 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. 6

### D. Plan of Alternate Operating Procedures (Disaster Plan)

*Per 7 CFR 246.4(a)(30), developing a plan of alternate operating procedures, referred to as a Disaster Plan, is required. This is a new requirement beginning with the FY25 State plan submission that must 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. This section includes questions to guide State agencies in developing their plan of alternate operations prior to a disaster, emergency, public health emergency, and/or supply chain disruption.*

1. Has the State agency developed a WIC disaster plan separate from a broader plan developed by the State agency's administering Department (e.g., Health Department)?

☒ Yes ☐ No

If yes, attach or list the location of the plan: WIC PM Chapter 1. Program Administration Section 24. Guidance During Disaster/Emergency Situations

2. Does the State agency have a WIC disaster plan that is part of a broader Health Dept or Indian Health Services plan or have policies that are partnered with other State agency(ies) during disasters?

☒ If yes, what agency(ies): ADPH Center for Emergency Preparedness

☐ No

List the location and sections of the disaster plan that is not part of the WIC disaster plan:

ADPH Center for Emergency Preparedness, Emergency Management Plan

3. Has the State agency shared the disaster plan(s) with its local agency(ies) and clinics?

☒ Yes ☐ No

4. For the purposes of this section, the word "disaster" is used to encompass disaster, emergencies, public health emergencies, supplemental food recalls or supply chain disruptions, unless otherwise specified.

Under the Implementation of the Access to Baby Formula Act of 2022 and Related Provisions Rule, published December 14, 2023, State agencies are required to develop Alternate Operating Procedures – a disaster plan to submit along with their annual State plan. State agencies must develop a plan to ensure continued WIC services to participants during a disaster. To assist State agencies in this effort, section a-g is provided as a guide for the types of policies and procedures that may be needed during a disaster. Not all items listed will be applicable to each State agency.

For the FY 2025 State plan submission, State agencies have the option to submit previously approved policies that capture disaster-related operations, including amendment(s) as the result of waivers that sufficiently support efforts to meet relevant disaster plan requirements for FY 2025, where applicable. If existing policies or waiver amendment(s) do not fully meet the requirements outlined in the ABFA rule, State agencies can continue developing these policies or amendments to meet the disaster plan requirement for FY 2026. If no policies or waiver amendment(s) currently exist, a policy must be developed for the FY 2025 submission, where applicable.

**a. Coordination and Communication during a disaster.**

**i. Does State agency have a designated emergency contact for disasters?**

☒ Yes ☐ No ☐ Other: Specify: Alabama WIC Director

If yes, please list designee's contact information: 888-942-4673 WIC@adph.state.al.us

**ii. Does State agency coordinate with the following organizations to support data informed approaches when responding to a disaster? (Select all the apply.)**

- ☒ No  
☐ State/Local emergency operation centers (EOC)  
☐ Relief organizations (such as Red Cross, Southern Baptist, Salvation Army, etc.)  
☐ Federal Emergency Management Agency (FEMA)  
☐ Other Organizations

**iii. Does the State agency have a communication plan with its local agencies? [\(7 CFR 246.4a\(30\)\(vii\)\)](#)**

☒ Yes ☐ No WIC PM Ch 1. Program Administration, Sect 24, Atch 9  
If yes, attach or list the location of the plan.

**iv. Does the State agency have a communication plan with its vendors? [\(7 CFR 246.4a\(30\)\(vii\)\)](#)**

☒ Yes ☐ No WIC PM Ch 1. Program Administration, Sect 24, Atch 9  
If yes, attach or list the location of the plan.

**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?**

- ☐ Call down roster ☒ Clinic Damage Assessment ☒ Status/Number of Participants impacted  
☒ Clinic location ☐ Open Shelters ☐ Feeding Organizations ☒ 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 stake holders of alternate operations? [\(7 CFR 246.4a\(30\)\(vii\)\)](#)**

☒ Yes ☐ No  
☐ Other

If yes, attach or list the location of the plan. WIC PM Ch 1. Program Administration, Sect 24, Atch 9

**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?**

☒ Yes ☐ No ☐ Other: Specify:  
If yes, attach or list the location of the plan. WIC PM Ch 1. Program Administration, Sect 24, Atch 9

**viii. Does the State agency provide participants with instructions for obtaining their verification of certification?**

☒ Yes ☐ No

If yes, attach or list the location of the plan. [WIC PM Chapter 2. Certification, Section 13](#)

**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 ☐ No

If yes, attach or list the location of the plan. [WIC PM Chapter 1. Program Administration, Section 24](#)

**x. Does the State agency have a plan for how it would determine if a waiver is necessary to continue WIC services?**

☒ Yes ☐ No

If yes, attach or list the location of the plan. [WIC PM Chapter 1. Program Administration, Section 24](#)

**b. Continuation of Benefits**

When a disaster strikes, 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)**

- ☒ Remote certification for new applicants and recertification for current participants
- ☒ Physical presence exemption, if applicable
- ☐ Temporary certification for applicants temporarily displaced
- ☐ Temporary certification for applicants eligible for Disaster Supplemental Nutrition Assistance Program (DSNAP) benefits
- ☒ Expedited certification for displaced participants
- ☒ Issue VOC (verification of certification) to applicants that must evacuate ([7 CFR 246.7\(k\)](#))
- ☒ Issue VOC (verification of certification) to evacuees returning to the originating State
- ☒ Alternate clinic locations (within the disaster area, if possible)
- ☐ Mobile clinics or satellite clinics (grassroot organizations, etc.)
- ☒ 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 24 & WIC PM Chapter 2. Certification, Section 17](#)

**ii. The State agency has alternate procedures to collect the following during program disruptions (Select all that apply)**

- ☒ 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\(i\)](#))
- ☐ 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 24 & WIC PM Chapter 2. Certification, Section 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\(d\)\(2\)\(v\)\(C\)](#))**

- ☒ A signed statement
- ☒ 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
- ☒ 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 24 & WIC PM Chapter 2. Certification, Section 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)**

- ☒ Clinic pickup
- ☐ Certified Mail
- ☒ Other: 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

In addition, local agency clinic issued formula may be expanded to include formulas typically purchased in the retail setting with eWIC.

**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

**Does the State agency keep replacement Food Instruments on hand?**

☒ Yes ☐ No ☐ Not applicable

**iv. 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

**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 home food delivery during disasters?**

☐ 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 disaster and/or supplemental food shortage

**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?**

- ☐ State agency business integrity requirements  
☒ State agency minimum stocking requirements  
☒ Competitive price selection criteria and/or maximum allowable reimbursement levels  
☐ Other State agency-imposed criteria (please list):

**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 ☐ No ☐ Other: Specify: [Alabama WIC Nutrition Services Director](#)

If yes, please list the designee's contact information: [888-942-4673 WIC@adph.state.al.us](#)

**ii. Does the State agency have a plan to support participants within the following groups? (Select all the apply.)**

- ☒ Participants in rural areas  
☒ Tribal populations  
☒ 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 a 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 make food package adjustments that do not require waivers when the maximum food benefit cannot be offered to participants (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; Pacify 24/7 IBCLC Access

- 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. IV - 2. FY 2022 - FY 2026 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 ☐ No ☐ Not applicable

If yes, describe how the staff will be used:

All ADPH employees are required to respond to emergency and disaster situations when called to duty.

- iii. Does the State agency have a cost sharing agreement with other agencies to use staff during a disaster?

☐ Yes ☒ No ☐ Not applicable

- g. Alternate Procedures. 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 disaster plan 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 (describe): \_\_\_\_\_

**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 24 & State Plan Chapter III. Management Information System (MIS) Attachments

**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 ☒ Every 2 years

☒ Other During employee on boarding

MIS changes are communicated when updates are released. Alabama WIC conducts training to ensure readiness to utilize MIS downtime forms during initial staff onboarding and will ensure refresher training of all employees every 2 years beginning in FY 2026.

Please describe or attach how the State agency plans to conduct its readiness testing:

State Plan Chapter III. Management Information System (MIS) Attachment. Business Continuity Plan

**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

**ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):**

\_\_\_\_\_

**EAST CENTRAL DISTRICT**

05.01.2024

Miclah Hood, RDN  
5 Medical Park  
Valley, AL 36854

Office 334-737-2947

Cell 334-399-3051 (work cell)

CLINIC # / COUNTY	CITY	ADDRESS	PHONE / FAX	HOURS	CONTACT / WIC COORDINATOR
011 - Autauga	Prattville	219 North Court St. Prattville, AL 36067	334-361-3743/361-3718	M-F 7:30-5:00	Kerlessiah Morris, OM
061 - Bullock	Union springs	674 Hicks Industrial Blvd, Union Springs, 36089	334-738-3030/738-3008	M-F 8:00-5:00	Tracey Johnson, NA/Kelly Wiggins, RDN
092 - Chambers	Valley	5 North Medical Park Dr., Valley, AL 36854	334-756-0758/756-0765	M-F 8:00-5:00	Vivian Nelloms, ASA/Miclah Hood, RDN
191 - Coosa	Rockford	9518 US 231, Rockford, AL 35136	256-377-1068/377-1067	Tues 8:00-4:30	Tara Wilson, ASA
261 - Elmore	Wetumpka	6501 Hwy, 231 No., Wetumpka, AL 36092	334-567-1171/567-1186	M-F 8:00-5:00	Nicole. Smith, NA/, RDN
411 - Lee	Opelika	1801 Corporate Drive, Opelika, AL 36801	334-745-5765/745-9830	M-F 8:00-5:00	Kelly Wiggins, RDN
433 - Lowndes	Hayneville	507 E. Tuskeena St., Hayneville, AL 36744	334-548-2564/548-2566	M-F 8:00-4:30	Sharon Perdue, NA
441 - Macon	Tuskegee	812 Hospital Rd., Tuskegee, AL 36083	334-727-1800/727-7100	M-F 8:00-5:00	Tracey Johnson, NA/Kelly Wiggins, RDN
511 - Montgomery	Montgomery	3060 Mobile Hwy., Montgomery, AL 36108	334-293-6450/293-6404	M-F 7:30-5:00	Sharon Perdue, NA
514 - Montgomery Training Clinic	Montgomery	401-A Coliseum Blvd., Montgomery, AL 36109	334-270-9263/271-1314	M-F 7:30-4:30	Girlena Smith, ASA/Jennifer Holtzsch, RDN
517 - Health Services, Inc. (Main)	Montgomery	2905 East South Blvd. Montgomery, AL 36116	334-834-5811/356-1487	M-F 7:30-4:30	Opeyemi "Ope" Adewumi, NA/Aaliyah Daniels, RDN
519 - 'HSI/Chisholm	Montgomery	100 Vandiver Blvd., Montgomery, AL 36110	334-832-4338/832-9971 ext. 6	W,F 7:30-4:30	Opeyemi "Ope" Adewumi, NA/Aaliyah Daniels, RDN
571 - Russell	Phenix City	1850 Crawford Rd., Phenix City, AL 36867	334-297-0251/291-5478	M-F 7:30-5:00 EST	Kourtni Mitchell, NA/Miclah Hood, RDN
621 - Tallapoosa	Dadeville	220 LaFayette Street, Dadeville, AL 36853	256-825-9203/329-1798	M-F 8:00-5:00	Kalana Hammonds, ASA/Magan Maddox, NA
622 - Tallapoosa	Alexander City	2078 Sportplex Blvd., Alexander City, AL 35010	256-329-0531/825-6546	M-F 8:00-5:00	Tanya Adkins, OM/Magan Maddox, NA

[Miclah.Hood@adph.state.al.us](mailto:Miclah.Hood@adph.state.al.us)
[Kelly.Wiggins@adph.state.al.us](mailto:Kelly.Wiggins@adph.state.al.us)

Coosa - Back up cell # 334-213-8017

## JEFFERSON DISTRICT

05.01.2024

Natalie Clements, RDN  
P.O. Box 2648  
Birmingham, AL 35202

205-930-1482  
Fax 205-930-1328

Cell 205-542-8625 (work cell)

CLINIC # / COUNTY	CITY	ADDRESS	PHONE / FAX	HOURS	CONTACT / WIC COORDINATOR
371 - Jefferson Central	Central Health Center	1400 6th Ave., So., Birmingham, AL 35233	205-930-1119/930-1379	M-F 7:45-4:30	Gail Hill (205-930-1119)
373 - Jefferson Western	Western Health Center	631 Bessemer Super Hwy, Midfield, AL 35228	205-715-6130/241-5235	M-F 7:45-4:30	Morgan Massey, RDN (205-715-6130)
375 - Jefferson Eastern	Eastern Health Center	601 West Blvd, Birmingham, AL 35206	205-510-3404/838-4394	M-F 7:45-4:30	Micah Madsen RDN (205-510-3404)
Jefferson Administration		1400 6th Ave., So., Birmingham, AL 35233	205-930-1482/930-1328		Natalie Clements (205-930-1482) or Marie Hughey (205-930-1536)

[Natalie.Clements@jcdh.org](mailto:Natalie.Clements@jcdh.org)

[Marie.hughey@jcdh.org](mailto:Marie.hughey@jcdh.org)

Phone line for participants to call:

205-558-2144

1 = Central

3 = Eastern

5 = Western

e-mail: [wic@jcdh.org](mailto:wic@jcdh.org)

MOBILE DISTRICT

05.01.2024

Monique McMillan, RDN  
Mobile County Health Dept.  
P.O. Box 2567, Mobile, AL 36652

251-410-5775  
Fax-251-405-4530  
251-690-8967 Aimee Walton-Jackson

CLINIC # / COUNTY	CITY	ADDRESS	PHONE / FAX	HOURS	CONTACT / WIC COORDINATOR
493 - Mobile	Keeler	251 N. Bayou St. Mobile, AL 36603	251-690-8829/445-2252	M-F 7:30-4:30 Sat. 8:00-12:00	Dhvani Patel, NA/Margaret McCulloch, RDN
494 - Mobile	Southwest Mobile Formerly Tillman's Corner	5580 Inn Road, Mobile, AL 36619	251-602-8451/602-8454	M-F 7:30-4:30	Margaret McCulloch, RDN
495 - Mobile	Citronelle	19255 Main St., Citronelle, AL 36522	251-866-5940/410-8435	T, Th 8:00-3:00	Darrian Weatherspoon, NA/Margaret McCulloch, RDN
498 - Mobile	Semmes	3810 Wulff Road East, Semmes, AL 36575	251-445-0581/445-2255	M-F 8:00-4:30 Closed 12-1pm	Kimbe Hawthorne/Virginia Stabler, RDN
499 - Mobile	Eight Mile	4008 St. Stephens Rd., Eight Mile, AL 36613	251-457-4186/445-3662	M-F 7:30-4:30 Closed 12-1pm	Virginia Stabler, RDN

[mmcmillan@mchd.org](mailto:mmcmillan@mchd.org)  
[mmcculloch@mchd.org](mailto:mmcculloch@mchd.org)  
[vstabler@mchd.org](mailto:vstabler@mchd.org)

251-410-5775  
251-445-2253  
251-410-4361

## NORTHEASTERN DISTRICT

05.01.2024

Reba Brannan, MPH, RDN  
P.O. Box 846, Pelham, AL 35124

205-685-4177  
Fax 205-664-4148

Amy Minish, RD \*  
3400 McClellan Blvd, Anniston, AL 36201

256-240-6631 (Desk)  
256-237-7523 (Clinic)  
Fax 256-741-3679

256-283-1150 (work cell)

CLINIC # / COUNTY	CITY	ADDRESS	Phone	HOURS	CONTACT / WIC COORDINATOR
051 - Blount	Oneonta	1001 Lincoln Ave, Oneonta, AL 35121	205-274-2120/274-2210	M-F 7:30-5:00	Jennifer Kujan, RDN
081 - Calhoun *	Anniston	3400 McClellan Blvd, Anniston, AL 36204	256-237-7523/741-3679	M-F 7:30-5:00	Jana Bryant, RDN
101 - Cherokee *	Centre	833 Cedar Bluff Road, Centre, AL 35960	256-927-3132/927-2809	M-F 8:00-5:00	Regina Majors, ASA/Jana Bryant, RDN
141 - Clay *	Lineville	86892 Hwy 9, Lineville, AL 36854	256-396-6421/396-9172	M-F 8:00-5:00	Jenny Adams, RDN
151 - Cleburne *	Heflin	90 Brockford Road, Heflin, AL 36264	256-463-2296/463-2772	M-F 8:00-5:00	Christina Clemons, ASA/Jenny Adams, RDN
251 - Dekalb	Ft. Payne	2401 Calvin Dr., SW, Ft Payne, AL 35967	256-845-1931/845-2967	M-F 8:00-5:00	Mary Elizabeth Meadows, RDN
281 - Etowah	Gadsden	709 E. Broad Street, Gadsden, AL 35903	256-547-6311/549-1579	M-F 8:00-5:00	Lauren Davenport, RDN
561 - Randolph *	Roanoke	320 Main Street, Roanoke, AL 36274	334-863-8981/863-8975	M-F 8:00-5:00	Jenny Adams, RDN
581 - St. Clair	Ashville	31675 US Hwy 411, Ashville, AL 35953	205-594-4919/594-7134	2nd & 4th Th	Jennifer Kujan, RDN
582 - St. Clair *	Pell City	1175 23rd St. No., Pell City, AL 35125	205-338-3357/338-4863	M-F 8:00-5:00	Jennifer Kujan, RDN
592 - Shelby	Pelham	2000 County Services Dr. Pelham, AL 35124	205-685-4197/664-3164	M-F 7:30-5:00	Reba Brannan, RDN/Juanita Wooley, RDN
611 - Talladega *	Talladega	1004 South St. East, Talladega, AL 35160	256-362-2593/362-0529	M-F 8:00-5:00	Anna Keith, RDN
612 - Talladega *	Sylacauga	311 North Elm Ave., Sylacauga, AL 35150	256-249-3807/245-0169	M-F 8:00-5:00	Blair Sims, NA/Anna Keith, RDN

[Reba.Brannan@adph.state.al.us](mailto:Reba.Brannan@adph.state.al.us)

[Amy.Minish@adph.state.al.us](mailto:Amy.Minish@adph.state.al.us)



## NORTHERN DISTRICT

05.01.2024

Jessie Simmons, MS, RDN  
3821 US Hwy 31 South  
Decatur, AL 35603

Office 256-340-2113, 256-301-6711 (direct office) Cell 256-230-5719  
Fax 256-353-4432

CLINIC # / COUNTY	CITY	ADDRESS	PHONE / FAX	HOURS	CONTACT / WIC COORDINATOR
171 - Colbert	Tuscumbia	1000 S. Jackson Hwy., Sheffield, AL 35660	256-383-1231/314-6435	M-F 7:30-5:00	Irina Flannagin, RN/Danna Rutz, RDN
221 - Cullman	Cullman	601 Logan Ave., S.W., Cullman, AL 35055	256-734-1030/737-9646	M-F 7:00-5:00	Judith Lucas ASA/Kendra Whitley, RDN
301 - Franklin	Russellville	801 Hwy 48, Russellville, AL 35654	256-332-2700/332-1563	M-F 8:00-5:00	Kim Wooten, RN/Danna Rutz, RDN
360 - Jackson	Scottsboro	204 Liberty Lane, Scottsboro, AL 35769	256-259-4161/574-5691	M-F 8:00-5:00	Candace Fennell, ASA/Jessie Simmons, RDN
391 - Lauderdale	Florence	4112 Chisholm Road, Florence, AL 35630	256-764-7453/764-4185	M-F 8:00-5:00	Jennifer Tolbert, RN/Danna Rutz, RDN
401 - Lawrence	Moulton	13299 Alabama Hwy 157, Moulton 35650	256-974-1141/974-5350	M-F 8:00-5:00	Misty Appleton, ASA/Danna Rutz, RDN
421 - Limestone	Athens	20371 Clyde Mabry Dr., Athens, AL 35611	256-232-3200/232-6632	M-F 8:00-5:00	Rita Williams, ASA/Geraldine Remisse,RDN
450 - Madison	Max Luther	301 Max Luther Dr. NW, Huntsville, AL 35811	256-533-0826/533-1570	M-F 7:30-5:00	Sheryl Gilbreath, NA/Kashera Sims, MS,RDN
451 - Madison	New Hope	156 Church Ave, New Hope, AL 35760	<u>256-781-1038</u> /533-1570	Friday 9:00-4:00	Kashera Sims, MS,RDN
454 - Madison	Huntsville Hosp	Huntsville Hospital, Huntsville, AL	256-265-4961/533-1570	M-F 8:00-5:00	Valerie Tabor, MS, RDN/Kashera Sims, MS, RDN
455 - Madison	Redstone	3443 Aerobee Road, Huntsville, AL 35808			CLINIC CLOSED
471 - Marion	Hamilton	2448 Military St. So., Hamilton, AL 35570	205-921-3118/921-7954	M-F 8:00-5:00	Kimberly Herron, ASA/Danna Rutz, RDN
482 - Marshall	Guntersville	150 Judy Smith Drive, Guntersville, AL 35976	256-582-3174/582-3548	M-F 8:00-5:00	Kimberlyn Rudolph, NA/Kendra Whitley, RDN
521 - Morgan	Decatur	3821 US Hwy 31 South, Decatur, AL 35603	256-560-6574/355-0345	M-F 8:00-5:00	Kisha Franklin, NA/Geraldine Remisse, RDN
671 - Winston	Double Springs	110 Legion Road, Double Springs, AL 35553	205-489-2101/489-2634	M-F 8:00-5:00	Janet Baughn, RN/Kendra Whitley, RDN

[Jessie.Simmons@adph.state.al.us](mailto:Jessie.Simmons@adph.state.al.us)

## SOUTHEASTERN DISTRICT

05.01.2024

Angela Stevens  
634 School Street  
Eufaula, AL 30027

Office 334-775-1133    Cell: 334-306-9886  
334-678-2800  
Fax 334-678-5307

CLINIC # / COUNTY	CITY	ADDRESS	PHONE / FAX	HOURS	CONTACT / WIC COORDINATOR
032 - Barbour	Eufaula	634 School St., Eufaula, AL 36027	334-687-4808/687-6470	M-F 8:00-5:00	Angela Stevens, RDN
071 - Butler	Greenville	350 Airport Road, Greenville, AL 36037	334-382-3154/382-3530	M-F 7:30-5:00	Elaine Womack, ASA/Angela Stevens, RDN
161 - Coffee	Enterprise	2841 Neal Metcalf Rd., Enterprise, AL 36017	334-347-9574/347-7104	M-F 8:00-5:00	LaKresha Tucker, RN/Angela Stevens, RDN
201 - Covington	Andalusia	23989 Alabama Hwy 55, Andalusia, AL 36420	334-222-1175/222-1560	M-F 8:00-5:00	Vivian Burnette, ASA/Angela Stevens, RDN
211 - Crenshaw	Luverne	15 Hospital Dr., Luverne, AL 36049	334-335-2471/335-3795	M-F 8:00-5:00	Patty Rushing, RN/Angela Stevens, RDN
231 - Dale	Ozark	532 W. Roy Parker Rd., Ozark, AL 36360	334-774-5146/774-2333	M-F 8:00-5:00	Brittany Senn, NA/Angela Stevens, RDN
311 - Geneva	Hartford	300 Co. Rd., 41 Hartford, AL 36344	334-684-2256/684-3970	M-F 8:00-5:00	Lisa Mixon, ASA/Angela Stevens, RDN
341 - Henry	Abbeville	505 Kirkland St., Abbeville, AL 36310	334-585-2660/585-3036	M-F 8:00-5:00	Tracy Brannon, RN/Angela Stevens, RDN
351 - Houston	Dothan	1781 E. Cottonwood Rd., Dothan, AL 36302	334-678-2800/678-5307	M-F 8:00-5:00	Jennifer Hicks, NA/Angela Stevens RDN
551 - Pike	Troy	900 S. Franklin Dr., Troy, AL 36081	334-566-5744/566-8534	M-F 8:00-5:00	Carmen Rogers, RN/Angela Stevens, RDN

[Angela.Stevens@adph.state.al.us](mailto:Angela.Stevens@adph.state.al.us)

## SOUTHWESTERN DISTRICT

05.01.2024

Stacy Lewis, RDN  
Baldwin Co HD-Environmental  
22251 Palmer Street  
Robertsdale, AL 36567

Office 251-947-1671  
251-947-1671  
Fax 251-947-3236

Work Mobile 334-300-1494

CLINIC # / COUNTY	CITY	ADDRESS	PHONE / FAX	HOURS	CONTACT / WIC COORDINATOR
021 - Baldwin	Bay Minette	312 Courthouse Sq., Bay Minette, AL 36507	251-937-6935/580-4767	M-F 8:00-5:00	Quatranæ Findley, ASA/Jamie Thibodeaux, RDN
				Closed 12-1	
025 - Baldwin	Robertsdale	23280 Gilbert Dr., Robertsdale, AL, 36567	251-946-8040/946-8080	M-F 8:00-5:00	Lisa Bowman, ASA/Jamie Thibodeaux, RDN
026 - Baldwin	Foley	8158 Hwy 59, Unit 108, Foley, AL 36535	251-943-7260/943-7280	M-F 8:00-5:00	Maria Clarke, ASA/Stacy Lewis, RDN
				Closed 12-1	
121 - Choctaw	Butler	1001 South Mulberry Ave. Butler, AL 36904	205-459-4026/459-4027	M-F 8:00-5:00	Lisa Lockett, ASA/Rebecca Stewart, RDN
131 - Clarke	Grove Hill	22600 Hwy 84 E., Grove Hill, AL 36451	251-275-3772/275-4253	M-F 8:00-5:00	Kelly Boykin, ASA/Rebecca Stewart, RDN
181 - Conecuh	Evergreen	102 Wild Avenue, Evergreen, AL 36401	251-578-1952/578-5566	M-F 8:00-5:00	Julie Salter, ASA/Stacy Lewis, RDN
241 - Dallas	Selma	100 Sam O. Moseley Dr., Selma, AL 36701	334-877-2809/875-7960	M-F 8:00-5:00	Rachel Owens, ASA/Rebecca Stewart, RDN
271 - Escambia	Brewton	1115 Azalea Place, Brewton, AL 36426	251-867-5765/867-5179	M-F 8:00-5:00	Tammy Doll, ASA/Jamie Thibodeaux, RDN
272 - Escambia	Atmore	8600 Hwy 31 N., Atmore, AL 36502	251-368-9188/368-9186	M-F 8:00-5:00	Tammy Doll, ASA/Jamie Thibodeaux, RDN
273 - Escambia	Poarch	5811 Jack Springs Rd, Atmore, AL 36502	251-368-9136/368-1329	M-F 8:00-5:00	Lisa Williams Tucker, ASA/Jill Lee, DTR
460 - Marengo	Linden	303 Industrial Drive, Linden, AL 36748	334-295-4205/295-0124	M-F 8:00-5:00	Angelia Stabler, ASA/Rebecca Stewart, RDN
501 - Monroe	Monroeville	416 Agriculture Dr. Monroeville, AL 36460	251-575-3109/575-7935	M-F 8:00-5:00	Monique Tucker, ASA/Stacy Lewis, RDN
650 - Washington	Chatom	14900 St. Stephens, Ave, Chatom, AL 36518	251-847-2245/847-3480	M-F 8:00-5:00	Shannon Mitchell, ASA/Stacy Lewis, MS, RDN
				Closed 12-1	
661 - Wilcox	Camden	107 Union Street, Camden, AL 36726	334-682-4515/682-4796	M-F 8:00-5:00	Jennifer Perryman, ASA/Rebecca Stewart, RDN

[Stacy.Lewis@adph.state.al.us](mailto:Stacy.Lewis@adph.state.al.us)

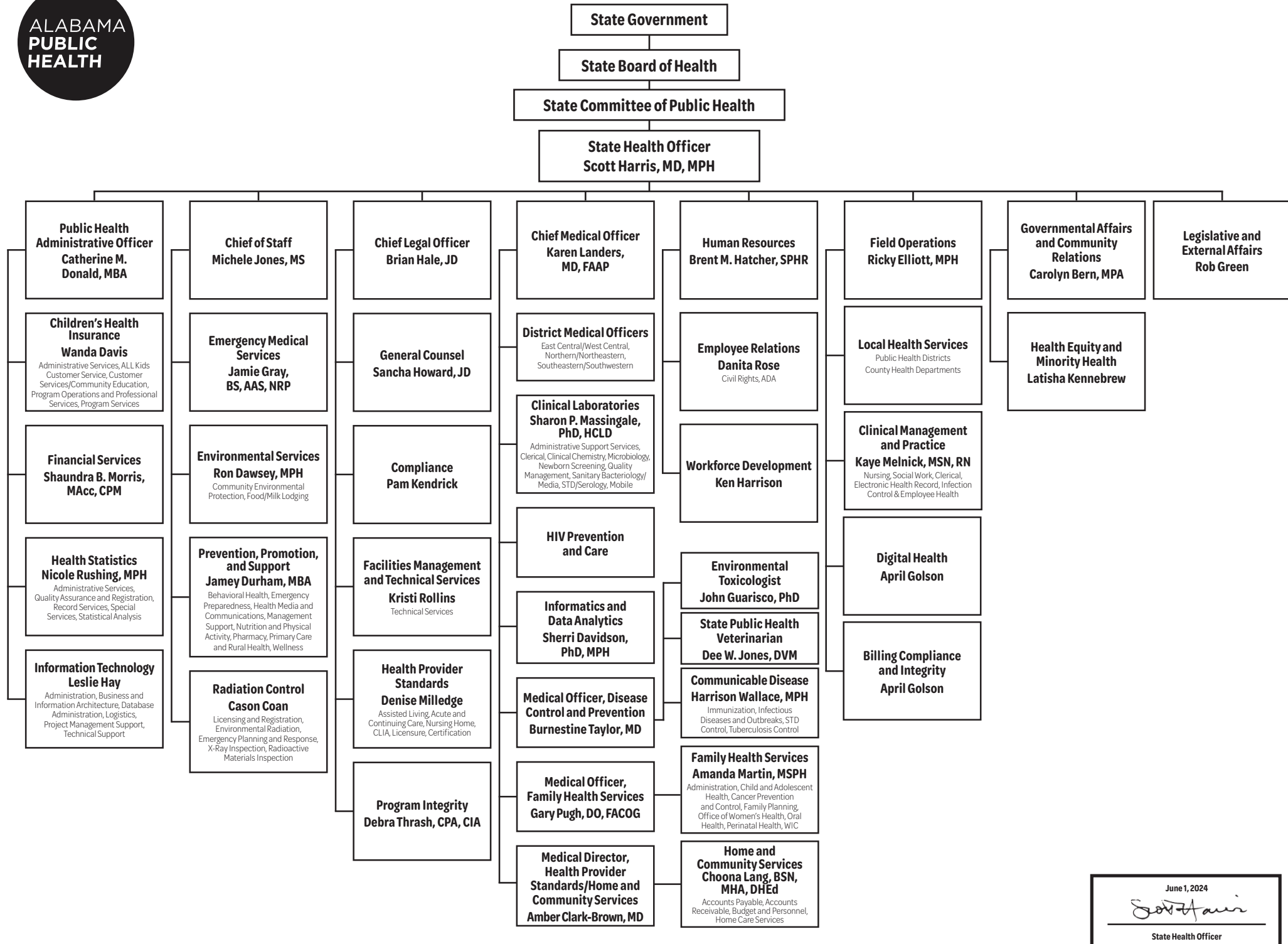
## WEST CENTRAL DISTRICT

05.01.2024

Laura Griffin, RDN                      205-562-6980  
P.O. Box 70190. Tuscaloosa, AL 35407      Fax 205-556-2701

CLINIC # / COUNTY	CITY	ADDRESS	PHONE / FAX	HOURS	CONTACT / WIC COORDINATOR
041 - Bibb	Centreville	281 Alexander, Ave., Centerville, AL 35042	205-926-9702/926-6536	M-F 8:00-5:00	Sandy Wilson, NA /LeeAnn Wagner, RDN
111 - Chilton	Clanton	301 Health Center Dr., Clanton, AL 35045	205-755-1287/755-2027	M-F 8:00-5:00	Amy Cleckler, NA/LeeAnn Wagner, RDN
291 - Fayette	Fayette	215 1st. Ave., N.W., Fayette, AL 35555	205-932-5260/932-3532	M-F 8:00-5:00	Brittney Stallworth, NA/Leigh Ann Colvin, RDN
321 - Greene	Eutaw	412 Morrow Avenue, Eutaw, AL 35462	205-372-9361/372-9283	M-F 8:00-5:00	Dorinda Jones, NA/Laura Griffin, RDN
331 - Hale	Greensboro	670 Hall Street, Greensboro, AL 36744	334-624-3018/624-4721	M-F 8:00-5:00	Sandy Wilson, NA/Laura Griffin, RDN
	Moundville			2nd, 4th Tues	Sandy Wilson, NA/Laura Griffin, RDN
381 - Lamar	Vernon	300 Springfield Rd, Vernon, AL 35592	205-695-9195/695-9214	M-F 8:00-5:00	Jennifer Pate, NA/Leigh Ann Colvin, RDN
531 - Perry	Marion	1748 S. Washington St., Marion, AL 36756	334-683-6155/628-3010	M-F 8:00-5:00	Michele Brewster, NA/Laura Griffin, RDN
532 - Perry	Uniontown	54 Hamburg-Duncan Rd, Untiontown, AL Mail goes to 531 Perry/Marion	334-628-6226/628-3010	T-Thur 8:30-4:00 1st, 3rd Tues	Sandy Wilson, NA/Laura Griffin, RDN
541 - Pickens	Carrollton	80 Hospital Drive, Carrollton, AL 35447	205-367-8157/367-8374	M-F 8:00-5:00	Dorinda Jones, NA/Sailaja Reddy, RDN
601 - Sumter	Livingston	1121 N Washington St., Livingston, 35470	205-652-2320/6527919	M-F 8:00-5:00	Dorinda Jones, NA/Jane Neill, RDN
631 - Tuscaloosa	Tuscaloosa	2350 Hargrove Rd., E. Tuscaloosa, Al 35405	205-562-6900/562-6902	M-F 8:00-5:00	Sailaja Reddy, RDN
635 - Tuscaloosa	Maude Whatley	2731 M.L. King Jr. Blvd., Tuscaloosa, AL 35403	205-614-6139/345-3993	M, TU, TH, F 8:00-4:00	Jennifer Pate, NA/Laura Griffin, RDN
641 - Walker	Jasper	705 20th Ave E., Jasper, AL 35501	205-221-9775/221-8810	M-F 7:30-5:00	Leigh Ann Colvin, RDN

[Laura.Griffin@adph.state.al.us](mailto:Laura.Griffin@adph.state.al.us)

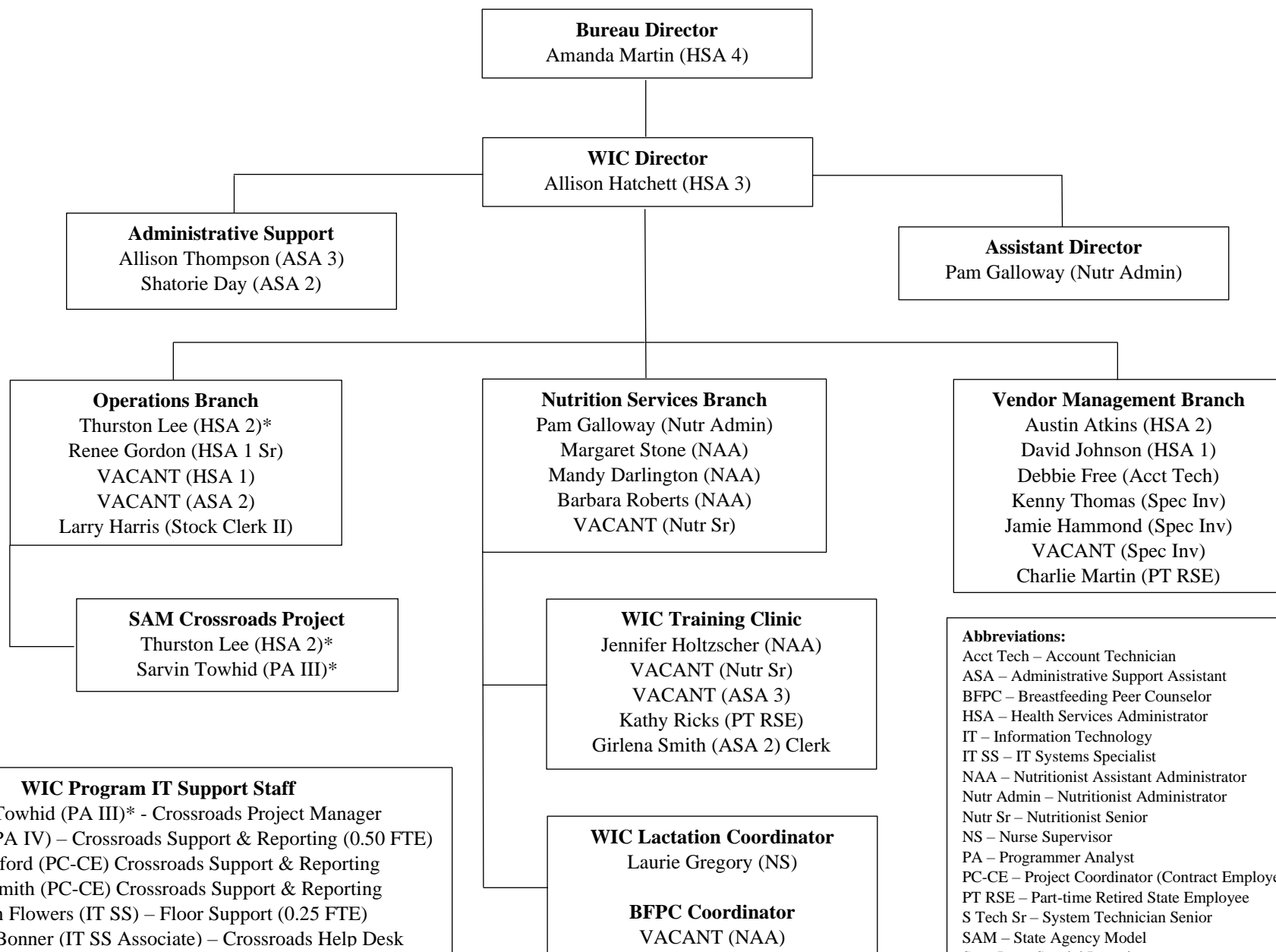


June 1, 2024

*Scott Harris*

State Health Officer

Alabama Department of Public Health  
Bureau of Family Health Services  
Women, Infants and Children (WIC) Program  
Organizational Chart



**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  
NAA – Nutritionist Assistant Administrator  
Nutr Admin – Nutritionist Administrator  
Nutr Sr – Nutritionist Senior  
NS – Nurse Supervisor  
PA – Programmer Analyst  
PC-CE – Project Coordinator (Contract Employee)  
PT RSE – Part-time Retired State Employee  
S Tech Sr – System Technician Senior  
SAM – State Agency Model  
Spec Inv – Special Investigator  
WIC – Women, Infants and Children Program  
\* Dual Role - 1.0 FTE total

*Effective 06.04.2024*

**Table 1.1. Alabama WIC Estimated Average Monthly Number of Individuals Eligible for WIC by Participant Category**

Participant Category	National Estimates				Alabama Estimates		
	Number Eligible	Percent of Total Eligible	Total Population	Eligibility Rate	Percent Share of National Estimate	Number Eligible	Percent of Total Eligible
<b>Infants</b>	<b>1,830,448</b>	<b>15.5</b>	<b>3,672,318</b>	<b>49.8</b>	<b>1.9</b>	<b>33,973</b>	<b>15.5</b>
<b>Children</b>	<b>7,523,917</b>	<b>63.8</b>	<b>14,837,992</b>	<b>50.7</b>	<b>1.9</b>	<b>139,645</b>	<b>63.8</b>
1-year-old children	1,852,300	15.7	3,667,605	50.5	1.9	34,379	15.7
2-year-old children	1,909,244	16.2	3,619,676	52.7	1.9	35,436	16.2
3-year-old children	1,864,052	15.8	3,753,387	49.7	1.9	34,597	15.8
4-year-old children	1,898,321	16.1	3,797,324	50.0	1.9	35,233	16.1
<b>Women</b>	<b>2,438,659</b>	<b>20.7</b>	<b>6,758,981</b>	<b>36.1</b>	<b>1.9</b>	<b>45,262</b>	<b>20.7</b>
Pregnant women	1,124,940	9.5	2,851,339	39.5	1.9	20,879	9.5
Postpartum women	1,313,719	11.1	3,907,642	33.6	1.9	24,383	11.1
Breastfeeding women	822,967	7.0	1,977,449	41.6	1.9	15,274	7.0
Non-breastfeeding women	490,752	4.2	1,930,192	25.4	1.9	9,108	4.2
<b>Total</b>	<b>11,793,024</b>	<b>100.0</b>	<b>25,269,292</b>	<b>46.7</b>	<b>1.9</b>	<b>218,880</b>	<b>100.0</b>

Source: Alabama Department of Public Health, Bureau of Family Health Services, WIC Program Data.

Abbreviations: FNS - Food and Nutrition Service; USDA - United States Department of Agriculture; WIC - Women, Infants, and Children Program.

Note: Data estimates adapted from USDA FNS Office of Policy Support National and State-Level Estimates of WIC Eligibility and WIC Program Reach in 2022 Final Report, Volume I available at:

<https://fns-prod.azureedge.us/sites/default/files/resource-files/wic-eer-2022-report.pdf>.

Note: USDA FNS estimates Alabama's percent share of the national estimate of total population eligible for WIC to be 1.9 percent.

Alabama local agency data estimates based on 2023 United States Census Bureau County Population Estimates available at:

<https://www.census.gov/data/tables/time-series/demo/popest/2020s-counties-detail.html>.

**Table 1.2. Alabama WIC Estimated Average Monthly Number of Individuals Eligible for WIC by Participant Category and Local Agency - East Central District**

Participant Category	Alabama Estimates			East Central District Local Agency Estimates		
	Percent Share of N	Number Eligible	Percent of Total Eligible	Percent Share of Population	Number Eligible	Percent of Total Eligible
<b>Infants</b>	<b>1.9</b>	<b>33,973</b>	<b>15.5</b>	<b>14.5</b>	<b>4,926</b>	<b>15.5</b>
<b>Children</b>	<b>1.9</b>	<b>139,645</b>	<b>63.8</b>	<b>14.5</b>	<b>20,249</b>	<b>63.8</b>
1-year-old children	1.9	34,379	15.7	14.5	4,985	15.7
2-year-old children	1.9	35,436	16.2	14.5	5,138	16.2
3-year-old children	1.9	34,597	15.8	14.5	5,017	15.8
4-year-old children	1.9	35,233	16.1	14.5	5,109	16.1
<b>Women</b>	<b>1.9</b>	<b>45,262</b>	<b>20.7</b>	<b>14.5</b>	<b>6,563</b>	<b>20.7</b>
Pregnant women	1.9	20,879	9.5	14.5	3,027	9.5
Postpartum women	1.9	24,383	11.1	14.5	3,536	11.1
Breastfeeding women	1.9	15,274	7.0	14.5	2,215	7.0
Non-breastfeeding women	1.9	9,108	4.2	14.5	1,321	4.2
<b>Total</b>	<b>1.9</b>	<b>218,880</b>	<b>100.0</b>	<b>14.5</b>	<b>31,738</b>	<b>100.0</b>

Source: Alabama Department of Public Health, Bureau of Family Health Services, WIC Program Data.

Abbreviations: FNS - Food and Nutrition Service; USDA - United States Department of Agriculture; WIC - Women, Infants, and Children Program.

Note: Data estimates adapted from USDA FNS Office of Policy Support National and State-Level Estimates of WIC Eligibility and WIC Program Reach in 2022 Final Report, Volume I available at: <https://fns-prod.azureedge.us/sites/default/files/resource-files/wic-eer-2022-report.pdf>.

Note: USDA FNS estimates Alabama's percent share of the national estimate of total population eligible for WIC to be 1.9 percent.

Alabama local agency data estimates based on 2023 United States Census Bureau County Population Estimates available at:



**Table 1.3. Alabama WIC Estimated Average Monthly Number of Individuals Eligible for WIC by Participant Category and Local Agency - Jefferson County**

Participant Category	Alabama Estimates			Jefferson County Local Agency Estimates		
	Percent Share of N	Number Eligible	Percent of Total Eligible	Percent Share of Population	Number Eligible	Percent of Total Eligible
<b>Infants</b>	<b>1.9</b>	<b>33,973</b>	<b>15.5</b>	<b>13.0</b>	<b>4,409</b>	<b>15.5</b>
<b>Children</b>	<b>1.9</b>	<b>139,645</b>	<b>63.8</b>	<b>13.0</b>	<b>18,121</b>	<b>63.8</b>
1-year-old children	1.9	34,379	15.7	13.0	4,461	15.7
2-year-old children	1.9	35,436	16.2	13.0	4,598	16.2
3-year-old children	1.9	34,597	15.8	13.0	4,489	15.8
4-year-old children	1.9	35,233	16.1	13.0	4,572	16.1
<b>Women</b>	<b>1.9</b>	<b>45,262</b>	<b>20.7</b>	<b>13.0</b>	<b>5,873</b>	<b>20.7</b>
Pregnant women	1.9	20,879	9.5	13.0	2,709	9.5
Postpartum women	1.9	24,383	11.1	13.0	3,164	11.1
Breastfeeding women	1.9	15,274	7.0	13.0	1,982	7.0
Non-breastfeeding women	1.9	9,108	4.2	13.0	1,182	4.2
<b>Total</b>	<b>1.9</b>	<b>218,880</b>	<b>100.0</b>	<b>13.0</b>	<b>28,403</b>	<b>100.0</b>

Source: Alabama Department of Public Health, Bureau of Family Health Services, WIC Program Data.

Abbreviations: FNS - Food and Nutrition Service; USDA - United States Department of Agriculture; WIC - Women, Infants, and Children Program.

Note: Data estimates adapted from USDA FNS Office of Policy Support National and State-Level Estimates of WIC Eligibility and WIC Program Reach in 2022 Final Report, Volume I available at: <https://fns-prod.azureedge.us/sites/default/files/resource-files/wic-eer-2022-report.pdf>.

Note: USDA FNS estimates Alabama's percent share of the national estimate of total population eligible for WIC to be 1.9 percent.

Alabama local agency data estimates based on 2023 United States Census Bureau County Population Estimates available at:

**Table 1.4. Alabama WIC Estimated Average Monthly Number of Individuals Eligible for WIC by Participant Category and Local Agency - Mobile County**

Participant Category	Alabama Estimates			Mobile County Local Agency Estimates		
	Percent Share of N	Number Eligible	Percent of Total Eligible	Percent Share of Population	Number Eligible	Percent of Total Eligible
<b>Infants</b>	<b>1.9</b>	<b>33,973</b>	<b>15.5</b>	<b>8.1</b>	<b>2,738</b>	<b>15.5</b>
<b>Children</b>	<b>1.9</b>	<b>139,645</b>	<b>63.8</b>	<b>8.1</b>	<b>11,253</b>	<b>63.8</b>
1-year-old children	1.9	34,379	15.7	8.1	2,770	15.7
2-year-old children	1.9	35,436	16.2	8.1	2,855	16.2
3-year-old children	1.9	34,597	15.8	8.1	2,788	15.8
4-year-old children	1.9	35,233	16.1	8.1	2,839	16.1
<b>Women</b>	<b>1.9</b>	<b>45,262</b>	<b>20.7</b>	<b>8.1</b>	<b>3,647</b>	<b>20.7</b>
Pregnant women	1.9	20,879	9.5	8.1	1,682	9.5
Postpartum women	1.9	24,383	11.1	8.1	1,965	11.1
Breastfeeding women	1.9	15,274	7.0	8.1	1,231	7.0
Non-breastfeeding women	1.9	9,108	4.2	8.1	734	4.2
<b>Total</b>	<b>1.9</b>	<b>218,880</b>	<b>100.0</b>	<b>8.1</b>	<b>17,637</b>	<b>100.0</b>

Source: Alabama Department of Public Health, Bureau of Family Health Services, WIC Program Data.

Abbreviations: FNS - Food and Nutrition Service; USDA - United States Department of Agriculture; WIC - Women, Infants, and Children Program.

Note: Data estimates adapted from USDA FNS Office of Policy Support National and State-Level Estimates of WIC Eligibility and WIC Program Reach in 2022 Final Report, Volume I available at: <https://fns-prod.azureedge.us/sites/default/files/resource-files/wic-eer-2022-report.pdf>.

Note: USDA FNS estimates Alabama's percent share of the national estimate of total population eligible for WIC to be 1.9 percent.

Alabama local agency data estimates based on 2023 United States Census Bureau County Population Estimates available at:

**Table 1.5. Alabama WIC Estimated Average Monthly Number of Individuals Eligible for WIC by Participant Category and Local Agency - Northern District**

Participant Category	Alabama Estimates			Northern District Local Agency Estimates		
	Percent Share of N	Number Eligible	Percent of Total Eligible	Percent Share of Population	Number Eligible	Percent of Total Eligible
<b>Infants</b>	<b>1.9</b>	<b>33,973</b>	<b>15.5</b>	<b>22.9</b>	<b>7,794</b>	<b>15.5</b>
<b>Children</b>	<b>1.9</b>	<b>139,645</b>	<b>63.8</b>	<b>22.9</b>	<b>32,037</b>	<b>63.8</b>
1-year-old children	1.9	34,379	15.7	22.9	7,887	15.7
2-year-old children	1.9	35,436	16.2	22.9	8,130	16.2
3-year-old children	1.9	34,597	15.8	22.9	7,937	15.8
4-year-old children	1.9	35,233	16.1	22.9	8,083	16.1
<b>Women</b>	<b>1.9</b>	<b>45,262</b>	<b>20.7</b>	<b>22.9</b>	<b>10,384</b>	<b>20.7</b>
Pregnant women	1.9	20,879	9.5	22.9	4,790	9.5
Postpartum women	1.9	24,383	11.1	22.9	5,594	11.1
Breastfeeding women	1.9	15,274	7.0	22.9	3,504	7.0
Non-breastfeeding women	1.9	9,108	4.2	22.9	2,090	4.2
<b>Total</b>	<b>1.9</b>	<b>218,880</b>	<b>100.0</b>	<b>22.9</b>	<b>50,214</b>	<b>100.0</b>

Source: Alabama Department of Public Health, Bureau of Family Health Services, WIC Program Data.

Abbreviations: FNS - Food and Nutrition Service; USDA - United States Department of Agriculture; WIC - Women, Infants, and Children Program.

Note: Data estimates adapted from USDA FNS Office of Policy Support National and State-Level Estimates of WIC Eligibility and WIC Program Reach in 2022 Final Report, Volume I available at: <https://fns-prod.azureedge.us/sites/default/files/resource-files/wic-eer-2022-report.pdf>.

Note: USDA FNS estimates Alabama's percent share of the national estimate of total population eligible for WIC to be 1.9 percent.

Alabama local agency data estimates based on 2023 United States Census Bureau County Population Estimates available at:

**Table 1.6. Alabama WIC Estimated Average Monthly Number of Individuals Eligible for WIC by Participant Category and Local Agency - Northeastern District**

Participant Category	Alabama Estimates			Northeastern District Local Agency Estimates		
	Percent Share of N	Number Eligible	Percent of Total Eligible	Percent Share of Population	Number Eligible	Percent of Total Eligible
<b>Infants</b>	<b>1.9</b>	<b>33,973</b>	<b>15.5</b>	<b>16.4</b>	<b>5,586</b>	<b>15.5</b>
<b>Children</b>	<b>1.9</b>	<b>139,645</b>	<b>63.8</b>	<b>16.4</b>	<b>22,961</b>	<b>63.8</b>
1-year-old children	1.9	34,379	15.7	16.4	5,653	15.7
2-year-old children	1.9	35,436	16.2	16.4	5,826	16.2
3-year-old children	1.9	34,597	15.8	16.4	5,688	15.8
4-year-old children	1.9	35,233	16.1	16.4	5,793	16.1
<b>Women</b>	<b>1.9</b>	<b>45,262</b>	<b>20.7</b>	<b>16.4</b>	<b>7,442</b>	<b>20.7</b>
Pregnant women	1.9	20,879	9.5	16.4	3,433	9.5
Postpartum women	1.9	24,383	11.1	16.4	4,009	11.1
Breastfeeding women	1.9	15,274	7.0	16.4	2,511	7.0
Non-breastfeeding women	1.9	9,108	4.2	16.4	1,498	4.2
<b>Total</b>	<b>1.9</b>	<b>218,880</b>	<b>100.0</b>	<b>16.4</b>	<b>35,989</b>	<b>100.0</b>

Source: Alabama Department of Public Health, Bureau of Family Health Services, WIC Program Data.

Abbreviations: FNS - Food and Nutrition Service; USDA - United States Department of Agriculture; WIC - Women, Infants, and Children Program.

Note: Data estimates adapted from USDA FNS Office of Policy Support National and State-Level Estimates of WIC Eligibility and WIC Program Reach in 2022 Final Report, Volume I available at: <https://fns-prod.azureedge.us/sites/default/files/resource-files/wic-eer-2022-report.pdf>.

Note: USDA FNS estimates Alabama's percent share of the national estimate of total population eligible for WIC to be 1.9 percent.

Alabama local agency data estimates based on 2023 United States Census Bureau County Population Estimates available at:

**Table 1.7. Alabama WIC Estimated Average Monthly Number of Individuals Eligible for WIC by Participant Category and Local Agency - Southeastern District**

Participant Category	Alabama Estimates			Southeastern District Local Agency Estimates		
	Percent Share of N	Number Eligible	Percent of Total Eligible	Percent Share of Population	Number Eligible	Percent of Total Eligible
<b>Infants</b>	<b>1.9</b>	<b>33,973</b>	<b>15.5</b>	<b>7.6</b>	<b>2,567</b>	<b>15.5</b>
<b>Children</b>	<b>1.9</b>	<b>139,645</b>	<b>63.8</b>	<b>7.6</b>	<b>10,552</b>	<b>63.8</b>
1-year-old children	1.9	34,379	15.7	7.6	2,598	15.7
2-year-old children	1.9	35,436	16.2	7.6	2,678	16.2
3-year-old children	1.9	34,597	15.8	7.6	2,614	15.8
4-year-old children	1.9	35,233	16.1	7.6	2,662	16.1
<b>Women</b>	<b>1.9</b>	<b>45,262</b>	<b>20.7</b>	<b>7.6</b>	<b>3,420</b>	<b>20.7</b>
Pregnant women	1.9	20,879	9.5	7.6	1,578	9.5
Postpartum women	1.9	24,383	11.1	7.6	1,842	11.1
Breastfeeding women	1.9	15,274	7.0	7.6	1,154	7.0
Non-breastfeeding women	1.9	9,108	4.2	7.6	688	4.2
<b>Total</b>	<b>1.9</b>	<b>218,880</b>	<b>100.0</b>	<b>7.6</b>	<b>16,540</b>	<b>100.0</b>

Source: Alabama Department of Public Health, Bureau of Family Health Services, WIC Program Data.

Abbreviations: FNS - Food and Nutrition Service; USDA - United States Department of Agriculture; WIC - Women, Infants, and Children Program.

Note: Data estimates adapted from USDA FNS Office of Policy Support National and State-Level Estimates of WIC Eligibility and WIC Program Reach in 2022 Final Report, Volume I available at: <https://fns-prod.azureedge.us/sites/default/files/resource-files/wic-eer-2022-report.pdf>.

Note: USDA FNS estimates Alabama's percent share of the national estimate of total population eligible for WIC to be 1.9 percent.

Alabama local agency data estimates based on 2023 United States Census Bureau County Population Estimates available at:

**Table 1.8. Alabama WIC Estimated Average Monthly Number of Individuals Eligible for WIC by Participant Category and Local Agency - Southwestern District**

Participant Category	Alabama Estimates			Southwestern District Local Agency Estimates		
	Percent Share of N	Number Eligible	Percent of Total Eligible	Percent Share of Population	Number Eligible	Percent of Total Eligible
<b>Infants</b>	<b>1.9</b>	<b>33,973</b>	<b>15.5</b>	<b>8.5</b>	<b>2,892</b>	<b>15.5</b>
<b>Children</b>	<b>1.9</b>	<b>139,645</b>	<b>63.8</b>	<b>8.5</b>	<b>11,888</b>	<b>63.8</b>
1-year-old children	1.9	34,379	15.7	8.5	2,927	15.7
2-year-old children	1.9	35,436	16.2	8.5	3,017	16.2
3-year-old children	1.9	34,597	15.8	8.5	2,945	15.8
4-year-old children	1.9	35,233	16.1	8.5	2,999	16.1
<b>Women</b>	<b>1.9</b>	<b>45,262</b>	<b>20.7</b>	<b>8.5</b>	<b>3,853</b>	<b>20.7</b>
Pregnant women	1.9	20,879	9.5	8.5	1,777	9.5
Postpartum women	1.9	24,383	11.1	8.5	2,076	11.1
Breastfeeding women	1.9	15,274	7.0	8.5	1,300	7.0
Non-breastfeeding women	1.9	9,108	4.2	8.5	775	4.2
<b>Total</b>	<b>1.9</b>	<b>218,880</b>	<b>100.0</b>	<b>8.5</b>	<b>18,633</b>	<b>100.0</b>

Source: Alabama Department of Public Health, Bureau of Family Health Services, WIC Program Data.

Abbreviations: FNS - Food and Nutrition Service; USDA - United States Department of Agriculture; WIC - Women, Infants, and Children Program.

Note: Data estimates adapted from USDA FNS Office of Policy Support National and State-Level Estimates of WIC Eligibility and WIC Program Reach in 2022 Final Report, Volume I available at: <https://fns-prod.azureedge.us/sites/default/files/resource-files/wic-eer-2022-report.pdf>.

Note: USDA FNS estimates Alabama's percent share of the national estimate of total population eligible for WIC to be 1.9 percent.

Alabama local agency data estimates based on 2023 United States Census Bureau County Population Estimates available at:

**Table 1.9. Alabama WIC Estimated Average Monthly Number of Individuals Eligible for WIC by Participant Category and Local Agency - West Central District**

Participant Category	Alabama Estimates			West Central District Local Agency Estimates		
	Percent Share of N	Number Eligible	Percent of Total Eligible	Percent Share of Population	Number Eligible	Percent of Total Eligible
<b>Infants</b>	<b>1.9</b>	<b>33,973</b>	<b>15.5</b>	<b>9.0</b>	<b>3,062</b>	<b>15.5</b>
<b>Children</b>	<b>1.9</b>	<b>139,645</b>	<b>63.8</b>	<b>9.0</b>	<b>12,586</b>	<b>63.8</b>
1-year-old children	1.9	34,379	15.7	9.0	3,098	15.7
2-year-old children	1.9	35,436	16.2	9.0	3,194	16.2
3-year-old children	1.9	34,597	15.8	9.0	3,118	15.8
4-year-old children	1.9	35,233	16.1	9.0	3,175	16.1
<b>Women</b>	<b>1.9</b>	<b>45,262</b>	<b>20.7</b>	<b>9.0</b>	<b>4,079</b>	<b>20.7</b>
Pregnant women	1.9	20,879	9.5	9.0	1,882	9.5
Postpartum women	1.9	24,383	11.1	9.0	2,198	11.1
Breastfeeding women	1.9	15,274	7.0	9.0	1,377	7.0
Non-breastfeeding women	1.9	9,108	4.2	9.0	821	4.2
<b>Total</b>	<b>1.9</b>	<b>218,880</b>	<b>100.0</b>	<b>9.0</b>	<b>19,727</b>	<b>100.0</b>

Source: Alabama Department of Public Health, Bureau of Family Health Services, WIC Program Data.

Abbreviations: FNS - Food and Nutrition Service; USDA - United States Department of Agriculture; WIC - Women, Infants, and Children Program.

Note: Data estimates adapted from USDA FNS Office of Policy Support National and State-Level Estimates of WIC Eligibility and WIC Program Reach in 2022 Final Report, Volume I available at: <https://fns-prod.azureedge.us/sites/default/files/resource-files/wic-eer-2022-report.pdf>.

Note: USDA FNS estimates Alabama's percent share of the national estimate of total population eligible for WIC to be 1.9 percent.

Alabama local agency data estimates based on 2023 United States Census Bureau County Population Estimates available at:

# Chapter V

## Nutrition Services and Administration (NSA) Expenditures



## V. NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES

(Please indicate) State Agency: Alabama for FY 2025

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.

During disasters, emergencies, public health emergencies, or a supply chain disruption, the State agency may request to implement existing and allowable regulatory flexibilities or waivers to support the continuation of Program benefits and services. Waivers granted under Access to Baby Formula Act of 2022 (codified at 7 CFR 246.4a(30)) or temporary provision(s) authorized by Congress are not permanent amendments to the State Plan and should not be reflected in answers below. Instead, waiver flexibilities impacting Program benefits and services should be recorded in Appendix C. However, State agencies should consider any historical amendments as the result of waivers granted under prior waiver authority to develop policies and procedures for current and future disasters.

**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  
☐ Other (describe): \_\_\_\_\_

- c. The State agency allocates NSA funds to local agencies through the use of:

☐ A negotiated budget                      ☒ Flat cost per participant Statewide  
☐ Formula (variable)                      ☐ Other method (describe): \_\_\_\_\_

- d. The allocation procedure takes the following factors into account (check all that apply):

☐ Staffing needs  
☒ Number of participants  
☐ Population density  
☐ Cost-containment initiatives  
☐ Availability of administrative support from other sources  
☒ Other (specify): The availability of funding

- e. The State agency methodology for funds allocations to local agencies includes a mechanism for reallocation.

☒ Yes                      ☐ Monthly                      ☐ Quarterly                      ☐ Semiannually  
☐ No  
☒ Other (specify): \_\_\_\_\_

**ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):**

Please see Chapter V attached reports

### 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: [Media, website, digital media, advisory councils, various outreach materials, WIC Shopper mobile app](#)  
☐ Not applicable

**ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):**

AL WIC Procedure Manual Chapter 14 - Outreach

3. The State's Fiscal Year runs from 10/01/2024 to 09/30/2025

ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):

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## B. Local Agency Budgets/Expenditures Plans

### 1. Local Agency Budgets/Expenditure Plans

- ☐ Not applicable, State agency does not have separate local agencies.  
(Proceed to C. State and Local Agency Access to Funds.)

#### a. The State agency requires its local agencies to prepare and submit administrative budgets.

☒ Yes ☐ No

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):

##### ☒ Line items

- |  |   |
|--|---|
| <input type="checkbox"/> Accounting                                    | <input type="checkbox"/> Maintenance and repair   |
| <input type="checkbox"/> ADP services                                  | <input type="checkbox"/> Materials and supplies   |
| <input type="checkbox"/> Breastfeeding aids                            | <input type="checkbox"/> Memberships, subscriptions, and professional activities  |
| <input type="checkbox"/> Capital expenditures                          | <input type="checkbox"/> Printing and reproduction  |
| <input type="checkbox"/> Clinic/lab services                           | <input type="checkbox"/> Training and education   |
| <input type="checkbox"/> Communications                                | <input type="checkbox"/> Transportation   |
| <input checked="" type="checkbox"/> Employee salaries                  | <input type="checkbox"/> Travel   |
| <input checked="" type="checkbox"/> Employee fringe benefits           | <input checked="" type="checkbox"/> Other (specify): <u>Local agency budgets include salary and fringe benefits, indirect costs, equipment, supplies, travel, and utilities</u> |
| <input type="checkbox"/> Lease or rental of space                      | <input type="checkbox"/> Breastfeeding promotion/support (e.g., breastfeeding aids)   |
| <input type="checkbox"/> Functions                                     | <input type="checkbox"/> Client services  |
| <input type="checkbox"/> General administration/<br>Program management | <input type="checkbox"/> Other (specify): _____   |
| <input type="checkbox"/> Food Delivery                                 |   |
| <input type="checkbox"/> Certification                                 |   |
| <input type="checkbox"/> Nutrition education                           |   |
| <input type="checkbox"/> Other (specify): _____                        |   |

#### 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
- ☒ Extracts or consolidates data reported under other State or local agency systems to group costs under

- the federal line items and functions
- ☐ Other (describe): \_\_\_\_\_

**ADDITIONAL DETAIL: SA/LA Spending Plan Appendix and/or Procedure Manual (citation):**

Please see Chapter V attached reports

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**C. State and Local Agency Access to Funds**

**1. The State Agency manages its NSA Grant on a/an:**

- ☒ Cash basis      ☐ Accrual basis
- ☐ Other (specify): \_\_\_\_\_

**ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):**

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**2. Reimbursement/Provision of Funds to Local Agencies**

**a. The State agency provides local agencies with funds in advance.**

- ☐ Yes (state conditions): \_\_\_\_\_
- ☒ No
- ☐ Not Applicable (Proceed to next section.)

**If yes, advances must be reconciled to incoming claims. Local agency claims are submitted:**

- ☐ 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
- ☒ Supported by appropriate documentation (e.g., check or receipt)
- ☒ A reasonable and necessary expense for WIC
- ☐ Other (specify): \_\_\_\_\_

**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
- ☐ Request approval of a budget modification
- ☐ Other (explain): \_\_\_\_\_

**d. Local agencies receive payment via:**

- ☐ Electronic funds transfer      ☒ State treasury check/warrant
- ☐ Other (specify): \_\_\_\_\_

**ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):**

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## 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):

At SA    At LA

- |                          |                          |                        |
|--------------------------|--------------------------|------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 100 percent reporting  |
| <input type="checkbox"/> | <input type="checkbox"/> | Random moment sampling |
| <input type="checkbox"/> | <input type="checkbox"/> | Periodic time studies: |
| <input type="checkbox"/> | <input type="checkbox"/> | 1 week/month           |
| <input type="checkbox"/> | <input type="checkbox"/> | 1 month/quarter        |
| <input type="checkbox"/> | <input type="checkbox"/> | Other (specify): _____ |

- b. The State agency last evaluated its time documentation protocol on (specify date). \_\_\_\_\_  
If available, please attach a copy of the protocol to this section or cite Procedure Manual reference.

**ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):**

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### 2. Please indicate below the services that are entirely supported by WIC funds:

- ☒ Anthropometric measurements
- ☒ Nutrition counseling/education
- ☒ Breastfeeding promotion/support
- ☒ Immunization status assessments
- ☒ Referrals to health and/or social services
- ☒ Hematological assessments
- ☐ Other (specify): \_\_\_\_\_

**ADDITIONAL DETAIL: SA/LA Spending Plan Appendix and/or Procedure Manual (citation):**

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### 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):**

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### 4. On-Site Review of Local Agencies' Administrative Expenditures

- a. The State agency conducts on-site reviews of local agency administrative expenditures:

☐ Annually      ☒ Every two years      ☐ Every three years

☐ Other (specify): \_\_\_\_\_

**The review is conducted by:**

☒ WIC State agency staff

- ☒ State Department of Health fiscal or audit staff
- ☒ CPA or audit firm
- ☒ Other (specify): \_\_\_\_\_

**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):**

- ☐ 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 (specify): \_\_\_\_\_

**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):**

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**5. The State agency requires local agencies to document the sources and values of in-kind contributions.**

- ☐ Yes ☒ No

**ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):**

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**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 ☒ Time studies ☐ Itemizing expenditures
- ☐ Other (specify): \_\_\_\_\_

**ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):**

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**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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Written educational materials	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Participant education/counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Staff training	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Breastfeeding promotion activities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Direct support costs	<input type="checkbox"/>	<input type="checkbox"/>
Breastfeeding aids and equipment (e.g., breast pumps purchased with NSA funds)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(If other, specify): State Breastfeeding Coordinator and State BFPC Coordinator;s salaries and state agency travel

**ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):**

3. 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.)

Source	Amount
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

**Method(s):**

☐ Activity reports      ☐ Time studies      ☐ Itemizing expenditures

☐ Other (specify): 

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**ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):**

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 (specify): 

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**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:

[REDACTED]

b. The State agency's indirect cost rate(s) is [REDACTED] (%) and is based on:

☐ Salaries ☐ Direct costs for administration ☐ Both

☒ Other (specify):

[REDACTED]

c. If applicable, cite the effective date of the State agency's executed cost allocation plan for indirect cost: 10/01/2023

If applicable, cite the expiration date of the State agency's most recent executed indirect cost allocation plan: 09/30/2026

d. The State agency receives the following types of services under the indirect cost rate agreement(s):

☒ Budgeting/accounting

☒ Personnel/payroll

☒ ADP

☒ Space usage/maintenance

☒ Communication/phone/mail

☒ Central supply

☒ Legal services

☒ Procurement/contracting

☒ Printing/publication

☒ Audit services

☒ Equipment usage/maintenance

☒ Other (specify): All other services

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 (frequency): \_\_\_\_\_

☒ Done for local agency level indirect costs (frequency): \_\_\_\_\_

☐ 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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
The accounting mechanism used to ensure the propriety of indirect cost charges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A copy of the cost allocation plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A list of all services paid from indirect costs	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Other documentation related to the establishment and charging of indirect costs	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable	<input type="checkbox"/>	<input type="checkbox"/>

**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
- ☒ Post-review or audit to ensure the rate was applied correctly
- ☐ Other documentation related to the establishment and charging of indirect costs (list): :

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☐ Not applicable

**ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):**

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## Funds Allocation

The Alabama Department of Public Health's (ADPH) method for allocating federal Women, Infants, and Children (WIC) Program Nutrition Services Administration funds (NSA) among the State/Local agencies begins with determining an estimate of funds that will be available. Usually, this process starts with the NSA/Food/Rebate funds received in the previous fiscal year, adjusted for any probable factors at the time the budget is established. The allocation process begins with removing the State WIC Office budget from the estimated administrative funds, taking in consideration any factors that may affect this calculation. The State WIC Office budget is usually based on previous fiscal year expenditures. After removing the State WIC Office budget, the net administrative funds are available for distribution to Alabama counties located within each public health district (i.e., local agency).

The allocation process continues by dividing the estimated net administrative funds available for distribution by the targeted caseload to establish the average cost per participant. Cost per participant is the rate that is used to distribute the funds based on projected target caseload for a county. Projected participation is determined using the average monthly caseload calculated from the current fiscal year's previously closed months with each county receiving a proportional share based on its total caseload. Each county's caseload is annualized and multiplied by the cost per participant establishing projected administrative funds for the upcoming fiscal year. The same method that is used to determine projected participation is used to allocate any subsequent increases or decreases in the Federal allocation. No conversion of funds occurs until the fiscal year closes.

NSA funds allocated to the county/public health district (i.e., local agency) **only pay for personnel costs (salary, fringe, and indirect) at the county level.** The State WIC Office budget includes WIC personnel costs (salary, fringe, and indirect), travel, equipment, supplies, costs related to the WIC Crossroads management information system, eWIC processing costs, nutrition education, outreach, breastfeeding promotion and support, and other allowable WIC expenditures.

## Local Agency Budgets/Expenditure Plans

Prior to the start of a new fiscal year, each District Administrator presents and defends their budget at a hearing attended by the State Health Officer, Health Budget and Finance, county, and State WIC Office personnel. The State Health Officer has final approval of all budgets. Alabama is separated into eight public health districts with each District Administrator responsible for a defined number of counties. County budgets include all programs administered by the State, including WIC. These budgets include line items: salaries, benefits, travel, supplies, indirect and other typical categories. As previously mentioned, WIC funds are only used for personnel costs which includes salary, fringe, and indirect cost.

Any revisions to the budgets (WIC) are limited to increases or decreases in federal funding, changes in State/Federal law regulations or policy, or special requests received from a county. These changes/requests are processed by the Bureau Administration Division, approved by the WIC Director, and reviewed by the Administrative Division Director/Assistant Director, then forwarded to Health Finance for final distribution to the counties.

ADPH employees are required to maintain monthly time and attendance records that indicate the cost centers on which each employee's time was expended on a daily basis. These cost centers are used to capture costs related to specific programs. All time sheets are reviewed and approved by each employee's immediate supervisor. ADPH employee time sheets are maintained in the Department's cost accounting time system, TimeTrac. Once approved by the employee's immediate supervisor, the employee's time is also entered into the State of Alabama's payroll system (GHRIS), which programmatically integrates to the State of Alabama Accounting and Resource System (STAARS). These monthly time records are sufficient certifications that the employee worked on the federal program. The Bureau of Financial Services also produces a Timesheet Summary Report which is issued from TimeTrac.

The following cost centers capture time charged to NSA funds within the WIC Program:

1. 034 - WIC Breastfeeding Promotion
2. 035 - WIC Certification
3. 036 - WIC Administration
4. 037 - WIC Nutrition Education
5. 039 - WIC Food Instrument Issuance

Direct salaries and fringe benefits are charged to programs through journal vouchers automatically generated during the semi-monthly payroll cycle. Direct salaries include paid absences (annual, sick, military leave, etc.). All hours for paid absences are charged to cost center 010 and are classified as nonproductive time. Gross salary is then allocated to programs based on an individual's percentage of actual time charged to that program out of productive time.

Indirect costs charged to the program are determined by applying a federally approved indirect cost rate to direct salaries charged to each program. The indirect cost rates have been approved by the Department of Health and Human Services. ADPH's Indirect Cost Rate Agreement includes a predetermined rate applied to direct salaries charged to each program. The allocation base (direct salaries) does not include fringe benefits, which are charged individually as direct costs and include FICA, retirement, unemployment, and health insurance. ADPH's indirect cost rate agreement does not include Jefferson and Mobile counties because they negotiate their own indirect cost rates or other external local agencies. Provisional rates are used until final rates are determined. Current approved provisional rates for the period beginning October 1, 2022, through September 30, 2025, are:

1. 29.20 percent - State
2. 75.60 percent - County
3. 8.50 percent - Area Groups (i.e., Public Health Districts)

The indirect cost rate agreement also includes charges for depreciation to buildings and equipment. The cost accounting system charges expenditures for supplies, utilities, etc. directly to programs.

Various STAARS infoAdvantage and Cost Accounting System reports are used to monitor programs. This financial data is compiled monthly in an Excel spreadsheet that enables the comparison of prior year

cost and full-time employees (FTEs) to current year-to-date cost and FTEs. When necessary, a WIC grant review is conducted for financial/program management to discuss the spreadsheet and other factors that could affect the calculations necessary to project total State/Local agency expenditures and availability of funds. The review process allows the program to make timely decisions involving the availability of funds to accomplish program goals and objectives, adjust working FTEs, and maintain efficiency standards.

## **Property/Procurement**

### Property

All equipment with a purchase price over \$500 purchased by ADPH is on the Inventory Tracking Electronic Management System (I.T.E.M.S.). With each purchase, a copy of the purchase order is sent to ADPH's Logistics Division. Logistics then issues an identification tag to be placed on the newly purchased item. This tag number is entered into I.T.E.M.S. by Logistics, and then it is sent to the division to be placed on the item. Once the equipment has been received, the tag is placed directly on the item. The division that is responsible for the new property then updates the record in I.T.E.M.S. to include the serial number, property location, and the person responsible for the property. An inventory audit is conducted every year and a state audit is conducted every other year. All equipment must be accounted for during this period.

When property is no longer of use to the ADPH, it is sent to surplus. The Division Property Manager contacts Logistics to ask for the property to be picked up. Logistics picks up the item, and the record in I.T.E.M.S. is updated to reflect that the property is in surplus.

### Procurement

The purchasing process starts with the requesting bureau (end user) preparing an internal requisition (HF-10). The requisition provides a description of the item, estimated cost, funding information, and signed approval by the program or bureau director. The requisition is submitted to ADPH's Finance Procurement Officer for further processing. Equipment shared by multiple programs is prorated based upon time coded to each program.

Sources for purchases:

1. Contract Vendors. Alabama's State Purchasing awards purchasing contracts based on a competitive bid process.
2. Purchases Less than \$25,000 (State Bid Law). Purchases are solicited through Alabama Buys (the state procurement system) for a short-term competitive bid. These solicitations are known as quick quotes and must remain open to the public for a minimum of three days. All vendors assigned to the commodity will receive an email requesting a quote.
3. Purchases Greater than \$25,000 (State Bid Law). Items not available on state contracts with an estimated total cost is \$25,000 or more require a formal bid process through State Purchasing.

4. Sole Source. The purchases commodities/services that are available from only one vendor are considered sole source and a formal bid process is not required. To satisfy the requirements for sole source purchases the following are provided: (a) Quote from the sole source vendor, (b) Letter from the vendor stating they are sole source and/or do not sell through distributors, and (c) Letter signed by the ADPH's State Health Officer indicating the uniqueness of the item/service, how it is used by ADPH, and stating the vendor is sole source.

ADPH's Finance Procurement Officer will process the internal requisition by entering pertinent data into the State Purchasing data system referred to as Alabama Buys. State Purchasing will process, issue, and send a purchase order to the vendor and a copy back to ADPH.

If a formal bid process is required, State Purchasing will send out an invitation to bid (ITB) to registered vendors. State Purchasing will receive the ITBs and send copies to ADPH for review. ADPH will determine the lowest responsible bidder meeting all specifications, terms, and conditions of the ITB. ADPH's Procurement Officer will send a memo recommending award to this vendor. After due process, State Purchasing will issue a purchase order to that vendor. Vendor payments will appear on a Detail Voucher List that is available to programs for monitoring expenditures.

After goods are received, the invoice is reviewed and approved for payment by the requesting bureau. The invoice is then sent to ADPH's Finance Division to initiate the payment voucher.

Purchases from the Alabama Institute of Deaf and Blind (AIDB) and Alabama Correctional Industries (ACI) can be bought directly from the vendor. The requesting program fills out the internal BH form for the items to be purchased, price, and vendor. The request must be approved by the Program Director (WIC) and then forwarded to Bureau Administration Division staff to verify whether it is allowable (OMB Circular A-87, 7 CFR Part 3016), has correct fund codes, and is mathematically accurate. The request is reviewed by the Administrative Division Director/Assistant Director for final approval. A BH number is then assigned by the Administrative staff accountant and returned to the requesting program to place the order with the vendor. After the order has been received, a material receipt is prepared and submitted with the invoice to the Health Finance Procurement Division to process for payment to the vendor. Vendor payments will appear on a Detail Voucher List that is available to programs for monitoring expenditures.

### **Financial Management Reviews**

The Office of Program Integrity (OPI), in conjunction with the State WIC Office (SWO), conducts follow-up audits of local agencies. Local agencies are defined as private contract agencies providing WIC services on behalf of ADPH and the eight public health districts within ADPH. The purpose of the follow-up audits is to provide increased emphasis on the SWO findings to facilitate improvements, avoid duplication of effort, and provide timely feedback to clinics. The frequency of these follow-up audits depends on completion of management reviews by SWO. To facilitate planning, the SWO will share its audit schedule by fiscal year. Once an audit has been issued to the public health district (local agency), the SWO will share the results with OPI (electronic version). The SWO will also share with OPI an electronic copy of the plan of correction (POC) once it has been accepted.

OPI will conduct a follow-up audit of the county plus one additional county in the district (local agency) for a total of two counties per district. This follow-up audit will not be completed until the POC follow-up has been completed. For example, if County X was issued an audit for the SWO in September 2023, and the POC was accepted by SWO in November 2023, and the POC stated follow-up would be done in May 2024, then OPI will conduct follow-up no earlier than one month after the district has completed their follow-up of the corrective action plan (CAP). To facilitate scheduling OPI follow-up, the SWO will share the district's follow-up results. Any follow-up audit would be coordinated with the Nutrition director and the SWO will be included on any correspondence and results. The additional county selected by OPI would not be a county scheduled to be audited the following fiscal year by the SWO.

OPI would audit only criteria cited as non-compliant during the SWO audit. The OPI follow-up audit will document whether improvement is seen or not since the SWO audit and follow-up was completed. OPI would send a report to the district (local agency) as well as the SWO with the audit results within one month on the audit being completed. Counties are to keep follow-up audit report on file in their audit file. No POC will be required for this follow-up. For additional information on SWO local agency audit procedures, see the WIC Procedure Manual, Chapter 15. Quality Assurance.

Periodically, OPI will conduct an audit of the SWO. Test procedures will be similar to procedures used by the Examiners of Public Accounts (Examiners). Audit guidance will be pulled for the current OMB Compliance Supplement.

#### ADPH Single Audit Process

Single Audits are required under 2 CFR Part 200, Subpart F, for agencies that expend \$1,000,000 or more in federal awards, effective October 1, 2024. The Examiners conduct the single audit for the State of Alabama. The state's single audit includes ADPH activities, which incorporates the public health districts (WIC local agencies) and the county health departments. Individual reports are not prepared for districts or counties. The Examiners use their own programs and tools. During the audit, the Examiners request a listing of local audits conducted performed by OPI for the period under review. From this listing, the Examiners select a sample of files and examine the work papers, reports, and CAPs. The Examiners will also contact the SWO for various information and documentation. In addition, the Examiners test a variety of programmatic issues and control functions via Crossroads management information system desk audits and site visits as needed. Upon completion of the audit, the Examiners conduct an exit conference to discuss the audit findings. The Examiners reports are published and available on the web at <https://alison.legislature.state.al.us/epi-home>. OPI also maintains an electronic version of the report. NOTE: Jefferson and Mobile Counties, while part of ADPH, are considered local government units and are treated as subrecipients (private local agencies, PLA). Because of the large volume of federal funds expended each year by these counties, both are required to have a single audit conducted by an independent certified public account (CPA) firm. Copies of the single audit are available for download at the Federal Audit Clearinghouse website at <https://www.lac.gov>.

A single audit is required for PLAs contracting with ADPH to provide WIC services if the agency expends \$1,000,000 or more in federal awards. The requirement for conducting the single audit as identified in

2 CFR Part 200, Subpart F, is noted in the grant agreement with the PLA. The PLA is responsible for contracting with/engaging a CPA firm to perform the single audit. The Contract Management Branch of the Bureau of Family Health Services/ADPH will be responsible for tracking the audits and providing follow-up per guidance listed below. The following procedures will be used to help ensure PLAs comply with the single audit requirements and to identify audit deficiencies within the WIC Program that require management decisions at ADPH.

1. A tickler system will be established to identify the fiscal year end for each PLA. To ensure timely and accurate completion of the single audits, the notification letters (found in the ADPH Document Library) must be submitted based on the PLA's fiscal year.
2. A notification letter will be mailed to each PLA no later than 30 days after the PLA's fiscal year has ended. The letters document funds paid to the agency by ADPH during the specified period.
3. The PLA is required to annotate the notification letter to indicate their compliance status with the single audit requirements and return the notification letter to ADPH. If the single audit has not been completed, a follow-up letter (found in the ADPH Document Library) will be submitted at the appropriate time.
4. If the single audit has been completed, the PLA is asked to identify whether the audit report disclosed findings related to the federal WIC pass-through funds. The PLA then returns the notification letter and, if the audit disclosed findings related to the WIC pass-through funding, the Contract Management Branch obtains a copy of the single audit from the Federal Audit Clearinghouse for review and follow-up.

#### Management Response Actions

If the single audit disclosed findings related to WIC funds, the State WIC Program must provide a written management response letter within six months of the receipt of the report. The State WIC Program, as part of their follow-up on findings, may implement the one or more of the following.

1. Conduct site visits at the agencies/counties to evaluate processes.
2. Require additional training for staff.
3. Modify procedures to address these issues.
4. Track audits to determine if problems recur from year to year.
5. Require agencies/counties to file periodic reports.
6. Monitor receipt of check (repayment) in amount of audit claim.
7. Perform other actions as deemed appropriate based on the finding report.

The State WIC Program will maintain a copy of the CAP. If questioned costs were cited in the single audit, the State WIC Program will require repayment of those disallowed costs by the agency cited for the error with non-federal funds and such recoupments will be returned to the United States Department of Agriculture (USDA).

## **FNS 798 Report**

Estimated Adjusted Gross Obligations (Line 1) are calculated from the number of estimated participants for future months times the average food cost per participant. Estimations are made using the most recent food package costs for closed out months adjusted for inflation. Estimated participation is based on comparison of historical participation and monthly patterns of redemption. These estimates are adjusted for future months on subsequent reports.

Estimated Rebates (Line 2) uses historical participation and formula redemption data to determine the future rebates to be received. Reports used are the Monthly Infant Formula Invoice and the Formula Purchased by WIC Participants.

Net Federal Obligations (Line 3) is the difference of Adjusted Gross Obligations minus Estimated Rebates (Line 1 – Line 2).

Total Participation prior to month closeout (Line 18) is determined utilizing the maximum caseload that can be supported by the food funding available and is determined during the Annual Budget Process for the WIC Program. The monthly projected participation for each month is multiplied by an average monthly food package cost which should not exceed the available food funds. Historical participation and seasonality are used to develop trends.

Gross Outlays and Unliquidated Obligations (Lines 4 and 6) - WIC transactions are recorded daily into ADPH's automated STAARS accounting system. Food expenses are recorded daily based on funding requirements received from ADPH's WIC electronic benefit transfer processor (eWIC), currently Conduent. Administration expenses are approved by appropriate program staff and processed through STAARS. Receipts as well as encumbrances are also entered into STAARS.

Food outlays as reported on the FNS-798 are taken from ADPH's WIC Crossroads system. A financial status report is generated monthly from Crossroads that captures food redemption data (e.g., date of redemption, amount redeemed by vendor).

State level administration expenses as well as encumbrances are taken from reports that are processed through ADPH's STAARS system.

Vendor and participant collections are receipted in STAARS and recorded as program income on the FNS-798.

Federal Participation (Lines 15 to 18) - Federal participation numbers are produced by ADPH's WIC Crossroads management information system. The State Agency receives participation counts for all Local Agencies and WIC clinics from Crossroads, through the monthly Enrollment/Participation Report. The Enrollment/Participation Report is provided by Crossroads in 3 forms:

1. Statewide
2. District/Local Agency
3. Clinic



The Enrollment/Participation Report bases participation counts on the number of persons issued food or food instruments; the number of fully breastfed infants who receive no food or food instruments, but are breastfed by participating women; and the number of women who receive no food or food instruments, but are partially breastfeeding a participating infant who is 6 to 12 months old.

All forms of the Enrollment/Participation Report are produced by Crossroads at the State level and then distributed to the WIC Clinic and District (Local Agency) levels on a monthly basis.

Enrollment/Participation Reports provide the number of participants enrolled and participating by category and priority. Reports also include other participant characteristic data. Priority level is automatically assigned by Crossroads based on the nutritional risk criteria. The report provides participation data by District (Local Agency) to measure breastfeeding performance.

Enrollment and participation numbers are also monitored monthly by District level staff and a monitoring report is submitted to the State WIC Office on a quarterly basis by the District level staff. The monitoring reports are reviewed by the State WIC Director. Strategies are developed by District level staff to address caseload concerns, when needed.

### **Letter of Credit**

ADPH Finance determines, on a daily basis, if any federal draws are necessary. All WIC transactions are recorded on a daily fund balance report.

This report shows ADPH's balance on hand for both Food and NSA and is used to ensure that any federal draws are not in excess of immediate cash needs.

### **Food Draws**

ADPH runs a report out of the eWIC processor (Conduent) Administrative Terminal detailing daily food costs to determine what our funding requirement is for that day. The amount, if any, drawn from ADPH's Letter of Credit will be the difference between the updated Food Balance on ADPH's daily fund balance report and the daily food costs detailed on the eWIC processor report. This process is altered when monthly formula rebates are received from Alabama's contracted infant formula manufacturer (Mead Johnson Nutritionals). Once the rebate deposit is recorded in STAARS, food draws are stopped until the rebate is completely exhausted.

### **NSA Draws**

Per the Cash Management Improvement Act Agreement (CMIA) [Section 6.2.4 - Scheduled Draws Funding] between The State of Alabama and The Secretary of the Treasury, United States Department of the Treasury, the State will draw Federal Funds for administrative cost-payroll, administrative costs-other, and indirect cost on a pro-rata basis to coincide with the semi-monthly payroll cycle (24 times per year) in accordance with 31 CFR 205.18(a). At the beginning of a quarter, a STAARS infoAdvantage report is run off the previous quarter's expenditures. The total expenditure amounts are divided by 6 (bimonthly) to calculate an estimated administration amount that will be drawn on or around each payday. The day's WIC Administration Fund Balance amount is then added to or subtracted from this

calculated draw amount. If the Administration Fund Balance is a positive amount, then this amount will be subtracted from the calculated draw amount. If the Administration Fund Balance is a negative amount, then this amount will be added to the calculated draw amount. This total is the amount drawn from the administration account in the WIC Letter of Credit rounded to the nearest dollar.

### **Monitoring Fiscal Operations at the Local Level**

The WIC Director and Bureau of Family Health Services Financial Administrator meet as needed with ADPH Finance staff to review the status of WIC grant expenditures at the Clinic, District, and State level. Finance produces a spreadsheet with the status of expenditures to date at the time of the grant review for each District (Local Agency) and rolls this up to a statewide total. Districts that are over budget are contacted for adjustment, as needed. District Administrators are allowed to reallocate funds between WIC clinics as long as the District total is not exceeded to better maximize caseload and funding.

### **Subgrantee Claims**

Subgrantee claims may be assessed based upon subgrantee financial management reviews. If a claim is assessed during the fiscal year, subgrantees are required to reduce the next monthly invoice by the claim amount. If a claim occurs at the end of the fiscal year, subgrantees are required to pay back funds.

### **Payments to Subgrantees**

All subgrantees submit their signed monthly invoices with back-up data for processing. The WIC account technician examines and verifies the accuracy of the invoice and supporting documents. The Director of the Bureau of Family Health Services Administration branch examines and approves the invoice for payment. The invoice is then paid by the WIC grant accountant within the Bureau of Financial Services.

AL Crossroads Enrollment Participation  
Date Range: 05/01/2024 - 05/31/2024  
Generated on: 07/01/2024 07:37:51 AM

Alabama WIC

	Enrollment	Priority						Gender		Address Status		
		I	II	III	IV	V	VI	Male	Female	Homeless	Incarcerated	Migrant
Pregnant	11288	10821	0	0	408	59	0	0	11288	11	10	0
Breastfeeding	5271	5026	98	0	103	44	0	0	5271	6	2	0
Non-Breastfeeding	10576	2	0	10306	0	71	197	0	10576	11	5	1
Infant	30275	19953	9414	31	497	380	0	15695	14580	24	0	5
Child	65231	201	8	47046	308	17668	0	33248	31983	58	0	8
	<b>122641</b>	<b>36003</b>	<b>9520</b>	<b>57383</b>	<b>1316</b>	<b>18222</b>	<b>197</b>	<b>48943</b>	<b>73698</b>	<b>110</b>	<b>17</b>	<b>14</b>

Race	Woman	Infant	Child	Total	Trimester	Counts	Ineligible	Counts
White	14189	14414	30315	<b>58918</b>	First	1639	Over Income	27
Black or African American	10718	12325	26919	<b>49962</b>	Second	4255	No Risk (< 4 months)	0
American Indian or Alaskan Native	1115	969	2287	<b>4371</b>	Third	5371	Categorically Ineligible	40
Asian	226	206	366	<b>798</b>	Other	23	Not an AL Resident	0
Native Hawaiian or Pacific Islander	69	71	118	<b>258</b>	Total	<b>11288</b>	Total	<b>67</b>
Multi-Race	818	2290	5226	<b>8334</b>				
				<b>122641</b>				

Part Month	WIC Category	Formula Given Amount	Participation
May 2024	Pregnant	Not Applicable	11140
May 2024	Breastfeeding	Fully Breastfed	2233
May 2024	Breastfeeding	Partially Breastfed <= MMA	961
May 2024	Breastfeeding	Partially Breastfed > MMA	267
May 2024	Breastfeeding	Fully Formula Fed	1196
May 2024	Non-Breastfeeding	Not Applicable	9085
May 2024	Infant	Fully Breastfed	2296
May 2024	Infant	Partially Breastfed <= MMA	1201
May 2024	Infant	Partially Breastfed > MMA	1640
May 2024	Infant	Fully Formula Fed	23362
May 2024	Child	Not Applicable	58151
			<b>111532</b>

# Chapter VI

## Food Funds Management

## VI. FOOD FUNDS MANAGEMENT

(Please indicate) State Agency: Alabama for FY: 2025

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.

During disasters, emergencies, public health emergencies, or a supply chain disruption, the State agency may request to implement existing and allowable regulatory flexibilities or waivers to support the continuation of Program benefits and services. Waivers granted under Access to Baby Formula Act of 2022 (codified at 7 CFR 246.4a(30)) or temporary provision(s) authorized by Congress are not permanent amendments to the State Plan and should not be reflected in answers below. Instead, waiver flexibilities impacting Program benefits and services should be recorded in Appendix C. However, State agencies should consider any historical amendments as the result of waivers granted under prior waiver authority to develop policies and procedures for current and future disasters.

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.

## VI. FOOD FUNDS MANAGEMENT

### 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.**

**ADDITIONAL DETAIL: Food Funds Management Appendix and/or Procedure Manual (citation):**

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### 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
- ☒ Retail food delivery system
- ☒ Other (specify): Infant formula purchased directly from the manufacturer

**ii. Exempt infant formula (check all that apply):**

- ☐ Home food delivery system
- ☐ Direct distribution
- ☒ Retail food delivery system
- ☒ Other (specify): Infant formula purchased directly from the manufacturer

**iii. WIC-eligible nutritionals (check all that apply):**

- ☐ Home food delivery system
- ☐ Direct distribution system
- ☒ Retail food delivery system
- ☒ Other (specify): Infant formula purchased directly from the manufacturer

**b. The State agency has a rebate contract/agreement for infant formula.**

- ☒ Yes
- ☐ No
- If no, check which applies:
- ☐ Granted waiver

## VI. FOOD FUNDS MANAGEMENT

☐ ITO with participation under 1,000 as of April (*Proceed to question A.4. Cost Containment for Other Foods*)

c. Current fiscal year rebates and current net price per unit paid (note the price should reflect current prices rather than original contract prices and rebate amounts):

See Appendix VI. Attachment 4 - FY 2025 Infant Formula Rebate Price Sheet Effective 07.15.2024.  
(Proceed to A. 3. Infant Formula Issuance.)

Primary Contract Infant Formula				
Product/Unit Size	Manufacturer	Rebate/Unit	Net price/Unit	% WS Discount
<b>Liquid Concentrate</b>				
Milk-Based				
Soy-based*				
<b>Powder</b>				
Milk-based				
Soy-based*				
<b>Ready to Feed</b>				
Milk-Based				
Soy-based*				
<b>Exempt Formula (If applicable)</b>				

\*If separate contracts for milk- and soy-based infant formula.

### 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) 79%

\*Non-contract (infant formula that is not rebated through an infant formula cost containment contract awarded by the State agency.) 21%

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%.

**ADDITIONAL DETAIL: Food Funds Management Appendix and/or Procedure Manual (citation):**

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### 5. Cost Containment for Other Foods

a. Rebates are also obtained on other WIC foods.

## VI. FOOD FUNDS MANAGEMENT

☐ Yes (specify foods and attach contract in Appendix): \_\_\_\_\_

☒ No

**b. The State agency intends to pursue rebates on other authorized foods.**

☐ Yes (specify): \_\_\_\_\_

☒ No

**c. To contain food costs, the State agency has limited authorized foods/container sizes/types, etc.**

☒ Yes (If yes, note such limitations on the following table)

☐ No

**ADDITIONAL DETAIL: Food Funds Management Appendix and/or Procedure Manual (citation):**

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	Specific brands are designated Disallowed	Only certain container sizes are allowed	Allowable types are limited	Other
Exempt formula for women, infants & children	X	X		
Infant cereal	X	X	X	
Infant Fruit/Veg/Meat	X	X	X	
Whole fresh fluid milk		X		LEB
Lowfat fresh fluid milk		X		LEB
Skim fresh fluid milk		X		LEB
Fresh milks (e.g., Lactaid, cultured buttermilk, goat milk) (specify): _____		X		
Shelf-stable milk (e.g., evaporated milk, UHT, whole/ low fat/nonfat dry milk)	X	X		
Cheese		X	X	LEB
Yogurt	X	X	X	
Soy-based beverage	X	X		
Tofu				
Fresh eggs	X	X	X	
Dried egg mix				
Hot cereal	X	X	X	
Cold cereal	X	X	X	
Single strength fruit/vegetable juice	X	X	X	
Concentrated fruit/vegetable juice	X	X	X	



## VI. FOOD FUNDS MANAGEMENT

Whole wheat bread	X	X	X	
Other whole grains	X	X	X	
Peanut butter		X	X	
Dry beans/peas		X	X	
Canned Fish		X	X	
Canned beans/peas		X	X	

### 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):**

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### 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 (specify): \_\_\_\_\_

**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
- ☒ Best guess by food item based on economic reports or other sources
- ☐ Other (specify): \_\_\_\_\_

**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 (specify): \_\_\_\_\_

**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):**

## VI. FOOD FUNDS MANAGEMENT

### Frequency

D/W/M

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### Data

- ☒ Electronic benefits paid for issue month
- ☐ Electronic benefits outstanding for issue month
- ☐ Electronic benefits that have expired
- ☐ Electronic benefits that are void/unclaimed

**ADDITIONAL DETAIL: Food Funds Management Appendix and/or Procedure Manual (citation):**

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### 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 (describe): \_\_\_\_\_

**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 (specify): \_\_\_\_\_

**d. Monthly invoices are submitted with supporting data.**

- ☒ Yes
- ☐ No

**ADDITIONAL DETAIL: Food Funds Management Appendix and/or Procedure Manual (citation):**

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### 4. Closeout of Report Month Outlays

**a. The 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):**

: N/A 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 number of days): : 30

**ADDITIONAL DETAIL: Food Funds Management Appendix and/or Procedure Manual (citation):**

## VI. FOOD FUNDS MANAGEMENT

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:

<u>State WIC</u>	<u>State FM</u>	<u>Other (Specify)</u>
<input type="checkbox"/>	<input type="checkbox"/>	_____ By check directly to vendor or farmer
<input type="checkbox"/>	<input type="checkbox"/>	_____ By check directly to vendor's or farmer's bank
<input checked="" type="checkbox"/>	<input type="checkbox"/>	eWIC (Conduent) _____ By electronic transfer to vendor's or farmer's bank
<input type="checkbox"/>	<input type="checkbox"/>	_____ Other (specify): _____

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

### 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 (specify): \_\_\_\_\_

- b. The State agency receives participation counts from:

- ☒ The State agency computer system based on the number of persons issued food or food instruments (manual and automated food instruments), the number of fully-breastfed infants who receive no food or food instruments, but are breastfed by participating breastfeeding women, and the number of women who receive no food or food instruments, but are partially breastfeeding a participating 6 to 12 month old infant.  
☐ Counts reported from local agencies based on issuance records  
☐ Other (specify): \_\_\_\_\_

- 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  
☐ Other (specify): \_\_\_\_\_  
☒ N/A

- d. When local agencies are chronically late in furnishing food instrument and/or certification data needed for participation counts, the State agency:

- ☐ Sends warnings  
☐ Applies financial sanctions

## VI. FOOD FUNDS MANAGEMENT

☐ Requires manual reporting

☒ Other (specify): N/A

**ADDITIONAL DETAIL: Food Funds Management Appendix and/or Procedure Manual (citation):**

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### 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

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):**

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# Chapter VII

## Caseload Management

## VII. CASELOAD MANAGEMENT

(Please indicate) **State Agency:** Alabama for **FY:** 2025

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.

During disasters, emergencies, public health emergencies, or a supply chain disruption, the State agency may request to implement existing and allowable regulatory flexibilities or waivers to support the continuation of Program benefits and services. Waivers granted under Access to Baby Formula Act of 2022 (codified at 7 CFR 246.4a(30)) or temporary provision(s) authorized by Congress are not permanent amendments to the State Plan and should not be reflected in answers below. Instead, waiver flexibilities impacting Program benefits and services should be recorded in Appendix C. However, State agencies should consider any historical amendments as the result of waivers granted under prior waiver authority to develop policies and procedures for current and future disasters.

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. Also, provide data on unserved and underserved areas.

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.

## VII. CASELOAD MANAGEMENT

### 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 certification for current participants
- ☒ Food instrument/cash value voucher pick-up
- ☒ Food instrument/cash value voucher/cash value 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):

- ☒ At the time of initial contact, the local agency obtains the pregnant woman's mailing and/or email address and telephone number
- ☒ If the applicant misses her first certification appointment, an attempt is made to contact her by:
  - ☒ Telephone
  - ☒ Mail
  - ☒ Email
  - ☐ Text
  - ☐ Mobile App
- ☒ 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:
  - ☐ Postcard
  - ☐ Letter
  - ☐ Email
  - ☐ Text
  - ☒ A second appointment is provided upon request from the applicant.
  - ☐ Other \_\_\_\_\_

**ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):**

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#### 2. Monitoring No-Show Rates

##### a. The State agency has (check all that apply):

- ☒ Standards defining acceptable no-show rates
- ☒ 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
- ☒ 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

## VII. CASELOAD MANAGEMENT

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
- ☒ Automated reports
- ☐ Local agency reports on no-show rates
- ☐ Other (specify): \_\_\_\_\_

**ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):**

AL WIC Procedure Manual Chapter 9 - Reports

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### B. Allocation of Caseload

☐ DOES NOT APPLY (EXPLAIN WHY AND PROCEED TO NEXT SECTION)

\_\_\_\_\_

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
- ☒ Prior year caseload
- ☒ Food package costs per person
- ☐ Special projects
- ☐ Other (identify): \_\_\_\_\_

**ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):**

\_\_\_\_\_

2. The State agency has a written procedure for allocation of caseload to local agencies.

- ☒ Yes      ☐ No

If yes, attach written procedure in the Caseload Management Appendix or specify location in the Procedure Manual below.

If no, what guidelines does the State agency use for caseload allocation? (Describe in Caseload Management Appendix)

**ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):**

FY 2024 Quarterly Monitoring Report Example, FY 2025 WIC District Budget Allocations, FY 2025 Projected Statewide Participation

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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.

\_\_\_\_\_

4. If it appears that during the course of the program year all funds will be spent, the State agency



## VII. CASELOAD MANAGEMENT

may reallocate caseload on the basis of the following factors (check all that apply):

- ☐ The State agency does not reallocate caseload mid-year
- ☒ Same basis as for initial allocation of caseload
- ☒ Local agency participation levels
- ☐ Local agency high priority participation
- ☐ Waiting lists
- ☐ Other (specify): \_\_\_\_\_

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
- ☒ Same basis as for initial allocation of caseload
- ☒ Local agency participation levels
- ☐ Local agency high priority participation
- ☐ Waiting lists
- ☐ Successful special projects
- ☐ Other (specify): \_\_\_\_\_

**ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):**

See attached: FY 2025 Projected Statewide Participation

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6. The State agency has written procedures for local agencies to follow in situations of overspending:

- ☐ Yes      ☒ No

If a written procedure is available, provide in the Caseload Management Appendix or specify location in the Procedure Manual below.

**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.

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## C. Caseload Monitoring

1. The State agency's caseload monitoring process includes the review of the following data (check all that apply):

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Participation levels/rates | <input type="checkbox"/> High-risk participant levels/rates  |
| <input checked="" type="checkbox"/> No-show rates              | <input type="checkbox"/> Food costs per participant  |
| <input checked="" type="checkbox"/> Food costs by area         | <input checked="" type="checkbox"/> Other (specify): <u>Quarterly Monitoring Report submitted by District Nutrition Di</u> |

**ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):**

AL WIC Procedure Manual Ch. 1 Program Administration, Attachment: Quarterly Monitoring Reports

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2. The State agency uses the following methods to monitor the below task (check all that apply):

- ☐ Manual reports submitted by local agencies
- ☐ MIS-generated reports (If utilized please attach a description of each report and how they are used)
- ☒ On-site reviews
- ☒ Other (specify): Quarterly Monitoring Report submitted by Dis. Nutrit.Director:

**ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):**

## VII. CASELOAD MANAGEMENT

FY 2024 Quarterly Monitoring Report Example, FY 2025 Projected Statewide Participation

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### 3. Local agency caseload utilization, by any method, is reviewed by the State agency at least:

- ☐ Monthly
- ☒ Quarterly
- ☒ Other (specify): Reviewed monthly when necessary
- ☐ Not applicable

### ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):

AL WIC Procedure Manual Ch. 1 Program Administration, Attachment 1-2: Quarterly Monitoring Reports

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## 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):

- ☒ 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
- ☐ Migrants
- ☐ Homeless persons/families
- ☐ Incarcerated pregnant women
- ☐ Institutionalized persons
- ☐ Other (specify): \_\_\_\_\_

### ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):

AL WIC Procedure Manual Chapter 14 - Outreach

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#### b. The local agency or State agency, when the State agency has no separate local agencies, contacts the following organizations to provide WIC Program information to eligible infants and children:

- ☒ Foster care agencies
- ☒ Protective service agencies
- ☒ Child welfare authorities
- ☒ Other (specify): [See AL WIC Procedure Manual Ch 14 - Outreach Attachment 14-2 Local Agencies/Partners](#)

#### 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
- ☐ Not Applicable

#### e. If yes, the State agency assures the appropriateness/quality of local agency targeting plans by:

- ☒ Requiring local agencies to submit plans for State agency approval
- ☒ Review plans during local agency reviews
- ☐ Other (specify): \_\_\_\_\_

#### f. The State agency monitors benefit targeting through (check all that apply):

- ☒ Automated reports developed by State agency
- ☐ Manual reports submitted by local agencies

## VII. CASELOAD MANAGEMENT

- ☒ Local agency reviews  
☐ Other (specify): \_\_\_\_\_

**ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):**

FY 2024 Participation Characteristics Report

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### E. Outreach Policies and Procedures

#### 1. Outreach Policies, Procedures and Materials

##### a. To administer outreach activities, the State agency (check all that apply):

- ☒ Issues a standard set of outreach materials for use by all local agencies  
☒ Requires local agencies to develop outreach plans  
☒ Reviews outreach plans developed by local agencies  
☒ Reviews and approves any outreach materials developed by local agencies  
☒ Utilizes broadcast media for outreach activities  
☒ Other (specify): Social media posts, AL WIC app for smart phone notification

##### b. Availability of Program benefits is publicly announced at least annually via:

###### State Agency

- ☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐

###### Local Agency

- ☒ Newspapers  
☐ Radio  
☒ Posters  
☐ Letters  
☒ Brochures/pamphlets  
☐ Television  
☒ Social Media (Twitter, Facebook, etc.)  
☒ Other (specify): Radio and television media are utilized when funds are available or through public service announcements, social media, AL WIC app, or ADPH website

##### c. Outreach materials are available in the following languages (check all that apply):

- ☒ English  
☒ Spanish  
☐ Vietnamese  
☐ Tribal Language(s)  
☐ Other (specify): \_\_\_\_\_

##### d. Outreach materials are distributed to (check all that apply):

- ☒ Health and medical organizations  
☒ Hospitals and clinics  
☒ Welfare and unemployment offices or social service agencies  
☐ Migrant farmworker organizations  
☒ Indian and tribal organizations  
☒ Homeless organizations  
☒ Faith-based and community organizations in low-income areas  
☐ Shelters for victims of domestic violence  
☒ Food Banks  
☒ Head Start Centers  
☒ Other (specify): Local business and community organizations

**ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):**

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## VII. CASELOAD MANAGEMENT

When an ITO State agency operates as both the State and local agency "All" should be checked.

### 2. Accessibility to Special Populations

- a. 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	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Early morning/evening clinic hours by appointment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Early morning/evening clinic hours, walk-in basis
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekend hours, by appointment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekend hours, walk-in basis
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Priority appointment scheduling during regular clinic operations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food instrument/cash value voucher mailing procedures specifically designed for working participants
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Expedited clinic procedures for working participants
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evening/weekend nutrition education classes
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify): <u>Some clinics offer early morning/evening or Saturday clinics where staffing allows.</u>

- 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	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special clinic hours to accommodate travel time to clinic sites
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of mobile clinics to rural areas
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food instrument/cash value voucher mailing procedures specifically designed for rural participants
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special appointment/scheduling procedures for rural participants who do not have access to public transportation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special food instrument/cash value voucher issuance cycles for rural participants (check one): <input type="checkbox"/> 2 months issuance, <input type="checkbox"/> 3 months issuance
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify): <u>Multiple Local Agencies offer special clinic hours, low risk participants receive 3 months food benefit issuance to reduce travel to clinics.</u>

- 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	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Formal coordination with rural/migrant health centers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special outreach activities aimed at migrants
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special clinic hours/locations to service migrant populations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Expedited appointment procedures to accommodate migrant families
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special food instrument/cash value voucher issuance cycles for migrant families (check one): <input type="checkbox"/> 2 months issuance; <input type="checkbox"/> 3 months issuance
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify): <u>Clinics work with local agencies/groups to promote WIC services to immigrants.</u>

- 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 (If yes, please identify the State agencies with whom formal agreements exist): \_\_\_\_\_ ☒ No

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- 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

- |                                     |                          |                          |   |
|-------------------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Provide homeless applicants with a list of shelters/facilities that fulfill WIC Program requirements  |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Undertake regular and ongoing outreach to homeless individuals  |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Routinely monitors facilities serving homeless participants to ensure WIC foods are not subsumed into communal food service                                   |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Implement formal agreement with other service providers to facilitate referrals of homeless families/individuals  |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Secure a written statement from the facility attesting to compliance with the requisite conditions for WIC services in a homeless facility                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Establish, to the extent practicable, plans to ensure that the three conditions in <a href="#">7 CFR 246.7(m)(1)(i)</a> regarding homeless facilities are met |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Other (specify): _____  |

**ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):**

AL WIC Procedure Manual Chapter 2 - Certification

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### 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):**

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### 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):**

See definition 3.a. No one geographic area of the state takes priority over the other in regards to being accessible to WIC services.

---

### 5. The State agency has a plan to:

- ☐ 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-

## VII. CASELOAD MANAGEMENT

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. There is no geographic area of the state without access to WIC services.

**F. Caseload Management Strategies.** *For FY 2025, this revised section is not required. Section F allows 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.**

- ☒ 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 subprioritization of waiting lists by (check all that apply):**

- ☒ No subprioritization permitted ☐ Income  
☐ Nutrition risk ☐ Age  
☐ Point system  
☐ Special target populations (specify): \_\_\_\_\_  
☐ Other (specify): \_\_\_\_\_

**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 (specify): \_\_\_\_\_

**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):**

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- ☒ Name
- ☒ Address
- ☒ Phone number(s)
- ☒ Date placed on waiting list
- ☒ Category
- ☒ Priority
- ☒ Nutritional risk
- ☒ Income eligibility status
- ☒ Method of application
- ☒ Date applicant notified of placement on the waiting list
- ☒ Other (specify): \_\_\_\_\_

- 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

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### 2. Allowable Cost Saving Strategies (Optional)

- a. Does the State agency have policies and procedures to control cost when funding is insufficient relative to projected costs?

☐ Yes ☐ No

- b. Does the State agency use any of the following policies and procedures? (select all that apply):

- ☐ Modified approved food list  
☐ Least expensive brands (LEB)  
☐ Economical container size and packaging  
☐ Other, please specify: \_\_\_\_\_

- 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\(g\)\(1\)](#)

☐ Yes ☐ No

If yes, please describe or attach applicable policies and procedures.

---

- 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\(g\)\(2\)](#)

☐ Yes ☐ No

If yes, please describe the case-by-case basis scenario or attach applicable policies and procedures.

---

- 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\(f\)](#).

☐ Yes ☐ No

If yes, please describe the process used to determine which group of participants are most in need or attach applicable policies and procedures.

---

### 3. Mid-Certification Benefit Discontinuation During Funding Shortfalls (Optional)

- 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.

☐ Yes ☐ No

If yes, please describe the process used to determine how mid certification benefits will be discontinued or attach applicable policies and procedures.

---

- 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)

☐ Mid-certification disqualification of program participants



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☐ 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)**

- ☐ 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: specify: \_\_\_\_\_

- d. Prior to implementing mid-certification benefit discontinuation due to funding shortfalls, the State agency will notify FNS.**

☐ Yes      ☐ No

- e. Prior to implementing mid-certification benefit discontinuation due to funding shortfalls, the State agency will provide FNS the following information:**

- ☐ 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: specify: \_\_\_\_\_

- 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.

If yes, please indicate the number of months before a participant is disqualified or attach applicable policies and procedures.

---

- 5. Competitive Vendor Selection Strategies. (Optional)**

- 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?**

☐ 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?**

☐ Yes      ☐ No

## **VII. CASELOAD MANAGEMENT**

- 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?

☐ 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?

☐ Yes      ☐ No

Alabama Women, Infants and Children (WIC) Program

FY 2025 Projected Statewide Participation

Chapter VII. Section C. Caseload Management

FY 2025 Projected Statewide Participation

Total = 111,288 (Year to date average June 2025 caseload)

Women = 24,928 (22.4 percent)

Infants = 28,490 (25.6 percent)

Children = 57,870 (52.0 percent)

# Chapter VIII

## Certification, Eligibility and Coordination of Services

## VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

(Please indicate) **State Agency:** \_\_\_\_\_ for FY \_\_\_\_\_

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.

During disasters, emergencies, public health emergencies, or a supply chain disruption, the State agency may request to implement existing and allowable regulatory flexibilities or waivers to support the continuation of Program benefits and services. Waivers granted under Access to Baby Formula Act of 2022 (codified at 7 CFR 246.4a(30)) or temporary provision(s) authorized by Congress are not permanent amendments to the State Plan and should not be reflected in answers below. Instead, waiver flexibilities impacting Program benefits and services should be recorded in Appendix C. However, State agencies should consider any historical amendments as the result of waivers granted under prior waiver authority to develop policies and procedures for current and future disasters.

**A. Eligibility Determination and Documentation - 7 CFR 246.7(c)(1); 2(1); 246.7(d)(1); (2)(v)(B):**

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 246.4(a)(11)(i):** 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) and (19):** 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 - 7 CFR 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 ☐ Statewide or ☐ at local agency (check one), a common income application or certification form with (check all that apply):**

☐ No other benefit programs ☐ Medicaid  
☐ TANF ☐ SNAP  
☐ Maternal and Child Health (MCH) ☐ Other reduced-price health care program(s)  
☐ Other (specify): \_\_\_\_\_

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):**

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**2. Residency, Identity and Physical Presence Requirements**

- a. The State agency requires documentation of residency**

☐ Yes

☐ Signed statement that documentation of residency information is not available and why (e.g., homeless, theft, fire) ☐ No (Specify why, e.g., ITOs and Alaska natives who are exempt from this requirement):

---

- b. The State agency has reciprocal agreements concerning residency with other State agencies**

☐ Yes; list States: \_\_\_\_\_

☐ No

Describe any reciprocal agreements:

---

- c. The State agency has special residency policies and procedures for how the following special categories should be treated (check all that apply):**

☐ Homeless applicants ☐ Institutionalized applicants  
☐ Migrants ☐ Indian Tribal Organizations  
☐ None ☐ Other (specify): \_\_\_\_\_

- d. The State agency allows the following as proof of identity; please select all that apply.**

☐ Driver's license  
☐ Passport  
☐ State issued identification card  
☐ Employer issued identity card  
☐ Documentation from participation in a means-tested program.  
☐ Other (please list all that are accepted) \_\_\_\_\_

- e. The State agency requires physical presence of the applicant or a valid exception to be documented:**

☐ Yes except for the following condition(s): [7 CFR 246.7\(o\)\(2\)](#)

- ☐ Applicant or parent/caretaker is an individual with disabilities which prevent him/her from being physically present at the WIC clinic (e.g., medical equipment, bedrest or serious illness exacerbated by coming into clinic).
- ☐ Applicant is an infant or child receiving documented ongoing health care from any health care provider, including the local agency; being physically present would pose an unreasonable barrier; and the infant or child was present at his/her initial WIC certification.
- ☐ Applicant is an infant under 8 weeks of age who cannot be present at the time of certification (for a reason determined appropriate by the local agency) and for whom all necessary certification information is provided.
- ☐ Applicant is an infant or child who was present at his/her initial certification; was present at certification within the one-year period of the most recent determination; and is under the care of one or more working parent, or under the care of primary working caretakers whose status presents a barrier to bringing the infant or child into the WIC clinic.

**3. The State agency requires applicants to submit proof of categorical eligibility for (check all that apply):**

- ☐ All pregnant women                      ☐ Pregnant women not visibly pregnant
- ☐ Postpartum women                      ☐ Children
- ☒ Infants                                      ☐ Other (specify): \_\_\_\_\_

**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  
(specify State maximum percent of poverty: \_\_\_\_\_ %)
- ☐ No, with local agency variation  
(specify State maximum percent of poverty: \_\_\_\_\_ %)

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):**

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**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):** \_\_\_\_\_

**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\(d\)\(2\)\(vi\)](#):**

- |   | <u><b>Poverty Level</b></u> |
|---|-----------------------------|
| <input type="checkbox"/> TANF (specify State "percent of poverty")              | _____ %                     |
| <input type="checkbox"/> SNAP   | _____ %                     |
| <input type="checkbox"/> Medicaid (specify State "percent of poverty" for each) | _____ %                     |
| <input checked="" type="checkbox"/> Pregnant women and infants                  | _____ %                     |
| <input checked="" type="checkbox"/> Children                                    | _____ %                     |

☐ Other categorically eligible women \_\_\_\_\_ %

- 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):**

**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) \_\_\_\_\_ %
- ☐ Other (specify): \_\_\_\_\_ %

- 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:**

- ☐ 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).  
(Program[s]: \_\_\_\_\_)

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):**

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**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):**

- ☐ Documentation of income information
- ☐ Signed statement that documentation of income information is not available and why
- ☐ Notation in the participant record if the applicant declares no income and why
- ☐ Other (specify): \_\_\_\_\_

- b. **Exceptions to income documentation are made for the following: [7 CFR 246.7\(d\)\(2\)\(v\)\(C\)](#)**

- ☐ The necessary information is not available
- ☐ The income documentation presents an unreasonable barrier to participation as determined by the State agency
- ☐ Those applicants with no income
- ☐ Those applicants who work for cash
- ☐ Other (specify): \_\_\_\_\_ r of support.

- c. **If the applicant does not supply the necessary documentation at the certification appointment, local agencies are generally instructed to do the following:**

- ☐ 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 (specify): \_\_\_\_\_

- d. **The State agency requires ☐ State-wide, or ☐ at local agency discretion (check one), the verification of applicant income information, if determined necessary**

☐ No

☐ Yes (check all sources required, as appropriate):

☐ Employer

☐ Public assistance offices

☐ State employment offices (wage match, unemployment)

☐ Social Security Administration

☐ School districts/offices

☐ Collateral contacts

☐ Other (specify): \_\_\_\_\_

- e. **The State agency has specific policies that define actions to be taken at a mid-certification appointment if a participant's income eligibility changes.**

☐ Yes; Please specify: \_\_\_\_\_

☐ 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 programs.**

☐ 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):**

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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):**

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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):**

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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):**

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10. The State agency defines the economic unit in accordance with WIC Policy Memo 2013-3.

☐ Yes ☐ No (if no, why not): \_\_\_\_\_

**Provide the definition of an economic unit used by the State agency in the Appendix or the appropriate citation in the Procedure Manual.**

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):**

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11. The State agency has specific policies or lists examples concerning the determination of the economic unit for (check all that apply):

- ☐ Foster children  
☐ Divorced/legally separated parents; step parents  
☐ Absentee spouse (military hardship tours, etc.)  
☐ Cohabitation  
☐ Institutionalized applicants (including incarcerated applicants)  
☐ Homeless applicants  
☐ Minors ("emancipated" minors)  
☐ Separate economic units under the same roof  
☐ Striker/unemployed  
☐ Students away at school  
☐ Self-employed applicants  
☐ Other (specify): \_\_\_\_\_

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):**

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## 12. Mid-Certification Disqualification

- a. The State agency ensures that local agencies are required to stipulate that an individual is not automatically disqualified mid-certification since 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 options are exhausted. The State agency 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

RD or Masters Level Nutritionist

☐
☐

Bachelor's Level Nutritionist

☐
☐

Physician

☐
☐

Physician Assistant

☐
☐

Registered Nurse

☐
☐

Licensed Practical Nurse

☐
☐

Home Economist

☐
☐

Paraprofessional

☐
☐

Other (Specify): \_\_\_\_\_

- b. The State agency authorizes local agencies to (check all that apply):

☐ Conduct ☐ Anthropometric and ☐ Hematological measurements

☐ Use medical referral data for ☐ Anthropometric and ☐ Hematological measurements

☐ 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):

- 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.**

- d. **The State agency modifies nutrition risk criteria such that criteria definitions are more restrictive than nationally established definitions.**

☐ Yes (list criteria): \_\_\_\_\_

☐ No

- e. **Hematological risk determination: CFR 246.7(e)(1)(i)(A)**

**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. Please specify the shorter timeframe [Click or tap here to enter text.](#)

**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\(e\)\(1\)\(ii\)\(B\)](#). Answer is YES - unable to answer in current template.**

☐ Yes ☐ No

**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:**

**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 (explain): \_\_\_\_\_

- (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.**

**If no, the State agency assures quality of nutrition assessment by:**

- ☐ Requiring local agencies to submit forms for approval
- ☐ Annually monitoring the locally developed forms during local agency review
- ☐ Other (specify): \_\_\_\_\_

**(iv) Dietary assessment is based on professionally recognized guidelines (e.g., Dietary Guidelines for Americans, My Plate Food Guide, American Academy of Pediatrics)**

- ☐ Yes (specify): \_\_\_\_\_
- ☐ No (explain): \_\_\_\_\_

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (cite):**

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**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 (explain): \_\_\_\_\_

**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:**

- ☐ All identified risk criteria are recorded
- ☐ A set number of criteria \_\_\_\_\_ is recorded (maximum number is 10 criteria)
- ☐ Local agency personnel decide how many and which criteria are recorded
- ☐ Other (specify): \_\_\_\_\_

**c. Priority Assignments**

**a. Participants certified for regression**

- ☐ 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 (specify): \_\_\_\_\_

**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):**

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**c. Participants may be certified for regression (check all that apply):**

- ☐ A single six-month period
- ☐ 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	<input type="checkbox"/>			<input type="checkbox"/>
Breastfeeding Women	<input type="checkbox"/>			<input type="checkbox"/>
Postpartum Women			<input type="checkbox"/>	<input type="checkbox"/>
Infants	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Children		<input type="checkbox"/>		<input type="checkbox"/>

**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

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):**

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## **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):**

_____ SNAP	_____ Rural/migrant health centers
_____ TANF	_____ Hospitals
_____ Medicaid	_____ Childhood immunization
_____ SSI	_____ Immunization registries
_____ EPSDT	_____ Well-child programs
_____ MCH programs	_____ Child protective services
_____ Family planning	_____ IHS facilities
_____ Private physicians	
_____ Children with special health care needs program(s)	
_____ Other (specify): _____	

**b. Formal agreements for coordination of services include:**

- ☐ Responsibilities of each party
- ☐ Assurance that information is used only for program eligibility and/or outreach

☐ 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):**

- |   |   |
|---|---|
| <input type="checkbox"/> SNAP   | <input type="checkbox"/> Children with special health care needs                  |
| <input type="checkbox"/> TANF   | <input type="checkbox"/> Schools  |
| <input type="checkbox"/> SSI  | <input type="checkbox"/> Expanded Food and Nutrition Education Program (EFNEP)    |
| <input type="checkbox"/> Medicaid   | <input type="checkbox"/> Other food assistance program (TEFAP, FDPIR, CSFP, etc.) |
| <input type="checkbox"/> CHIP   | <input type="checkbox"/> Breastfeeding promotion                                  |
| <input type="checkbox"/> IHS facilities   | <input type="checkbox"/> Child protective services                                |
| <input type="checkbox"/> MCH (clinics/facilities)                                       | <input type="checkbox"/> Head Start   |
| <input type="checkbox"/> Early and Periodic Screening, Diagnostic and Treatment (EPSDT) | <input type="checkbox"/> Early Head Start   |
| <input type="checkbox"/> Family planning  | <input type="checkbox"/> Healthy Start  |
| <input type="checkbox"/> Prenatal care  | <input type="checkbox"/> Substance abuse program                                  |
| <input type="checkbox"/> Postnatal care   | <input type="checkbox"/> Child abuse counseling                                   |
| <input type="checkbox"/> Immunization   | <input type="checkbox"/> Foster care agencies                                     |
| <input type="checkbox"/> Dental services  | <input type="checkbox"/> Homeless facilities                                      |
| <input type="checkbox"/> Private physicians   | <input type="checkbox"/> Mental health services                                   |
| <input type="checkbox"/> Hospitals  | <input type="checkbox"/> Rural/migrant health centers                             |
| <input type="checkbox"/> Well-child programs  | <input type="checkbox"/> Lead Screening   |
| <input type="checkbox"/> Other (specify): _____   |   |

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):**

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**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:**

- ☐ State Medicaid Program, including presumptive eligibility determinations, where available
- ☐ Child support services
- ☐ SNAP
- ☐ Substance abuse counseling/treatment programs
- ☐ TANF, including presumptive eligibility determinations, where available
- ☐ Other State-funded medical insurance programs (specify): \_\_\_\_\_
- ☐ Other nutrition services (specify): \_\_\_\_\_
- ☐ EPSDT Program
- ☐ Children's Health Insurance programs (s)

☐ Other (specify): \_\_\_\_\_

**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                  |
|--|--------------------------|
| <input type="checkbox"/> State agency-developed referral forms   | <input type="checkbox"/> |
| <input type="checkbox"/> Local agency-developed referral form  | <input type="checkbox"/> |
| <input type="checkbox"/> Telephone call to referring agency  | <input type="checkbox"/> |
| <input type="checkbox"/> Verbal referral to participants   | <input type="checkbox"/> |
| <input type="checkbox"/> Automated client/participant information exchange                             | <input type="checkbox"/> |
| <input type="checkbox"/> Written literature on referral programs                                       | <input type="checkbox"/> |
| <input type="checkbox"/> Follow-ups by staff to monitor  | <input type="checkbox"/> |
| <input type="checkbox"/> Maintain a list of local resources for drug and other harmful substance abuse | <input type="checkbox"/> |
| <input type="checkbox"/> Counseling  | <input type="checkbox"/> |
| <input type="checkbox"/> Other (specify): _____  | <input type="checkbox"/> |

**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                  |
|--|--------------------------|
| <input type="checkbox"/> WIC Program referral form                         | <input type="checkbox"/> |
| <input type="checkbox"/> Health/social program referral form               | <input type="checkbox"/> |
| <input type="checkbox"/> Telephone call                                    | <input type="checkbox"/> |
| <input type="checkbox"/> Verbal referral                                   | <input type="checkbox"/> |
| <input type="checkbox"/> Automated client/participant information exchange | <input type="checkbox"/> |
| <input type="checkbox"/> Written literature on the WIC Program             | <input type="checkbox"/> |
| <input type="checkbox"/> Other (specify): _____                            |                          |

**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 (check):      ☐ Medicaid    ☐ TANF    ☐ MCH    ☐ SNAP

☐ Yes, other (specify): \_\_\_\_\_

☐ 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):**

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**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  
☐ Soup kitchens or other emergency meal providers  
☐ SNAP  
☐ The Emergency Food Assistance Program (TEFAP)  
☐ Food Distribution Program on Indian Reservations (FDPIR)  
☐ Other (specify): \_\_\_\_\_ 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:

- ☐ Food banks  
☐ Food pantries  
☐ Soup kitchens  
☐ SNAP  
☐ The Emergency Food Assistance Program (TEFAP)  
☐ Food Distribution Program on Indian Reservations (FDPIR)  
☐ Other (specify): : \_\_\_\_\_ an exempt formula & the need is in excess of WIC maximum allowances.

**m. Immunization Screening and Referral**

**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:**

- ☐ Screening children under the age of two using a documented immunization history:  
☐ Using the minimum screening protocol; or  
☐ Using a more comprehensive means, (specify): \_\_\_\_\_  
☐ Using another program or entity to screen and refer WIC children using a documented immunization history; (specify): \_\_\_\_\_; **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. Provide explanation of extenuating circumstances:

---

**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):**

- |  |   |
|--|---|
| <input type="checkbox"/> Pregnant women eligible as Priority I | <input type="checkbox"/> High-risk infants (optional) |
| <input type="checkbox"/> Migrant farmworkers/family members    | <input type="checkbox"/> Homeless (optional)          |
| <input type="checkbox"/> Optional; please specify: _____       |   |

**b. The State agency requires local agencies to follow special policies and procedures to ensure timely certification of:**

- |   |  |
|---|--|
| <input type="checkbox"/> Rural applicants               | <input type="checkbox"/> Employed applicants |
| <input type="checkbox"/> 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):**

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### **2. Processing Standards**

**a. Processing standards begin when the applicant (check all that apply):**

- ☐ Calls the local agency to request benefits
- ☐ Visits the local agency in person
- ☐ 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):**

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## **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), if there is 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 (describe):
- 

**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 (If yes, provide citation indicating circumstances):      ☐ No
- 

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):**

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**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):**

- ☐ Participant volunteers the information that they are over income
- ☐ Participant abuse
- ☐ Family member found income ineligible at recertification

- ☐ Failure to pick up food instruments/cash-value vouchers for \_\_\_\_\_ consecutive issuances
- ☐ Other (specify): \_\_\_\_\_

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):**

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## 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):

Intra-State	Inter-State	WIC Overseas	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No

- 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 VOC:

☐ Yes ☐ No

- d. VOCs are issued to the following (check all that apply):

- ☐ All participants
- ☐ Migrants
- ☐ Homeless
- ☐ Participants relocating during certification period
- ☐ Persons affiliated with the military who are transferred overseas
- ☐ Other (specify): \_\_\_\_\_

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):**

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2. The State agency requires all local agencies to include the following information on the VOC (check all that apply):

- ☐ Name of participant
- ☐ Date certification performed
- ☐ Date income eligibility last determined
- ☐ Nutritional risk condition of the participant
- ☐ Date certification period expires
- ☐ Signature/printed or typed name of certifying local agency official
- ☐ Name/address/phone number of certifying local agency
- ☐ Identification number or some other means of accountability

☐ Other (specify): \_\_\_\_\_ and food prescription.

**3. The State agency requires all local agencies to accept as valid all VOCs from both the domestic WIC Program and the WIC Overseas Program that contain the following essential elements:**

- ☐ Participant name
- ☐ Name and address of the certifying agency
- ☐ 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):**

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## **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): \_\_\_\_\_
- ☐ No

**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): \_\_\_\_\_
- ☐ No

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):**

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### **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; explain: \_\_\_\_\_

**e. The State agency has policies and procedures to identify attempted sales of WIC food benefits in their WIC State Plan:**

☐ Yes      ☐ No; explain: \_\_\_\_\_

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):**

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**f. The State agency has developed special notification policies and procedures for the following:**

- ☐ Applicant/participant who cannot read
- ☐ Applicant/participant who speaks in a language other than English
- ☐ Homeless
- ☐ Migrants
- ☐ Persons with disabilities
- ☐ Other (specify): \_\_\_\_\_

**g. The State agency requires all local agencies to provide notification of participant rights and responsibilities in the following situations:**

- ☐ Eligibility at each certification
- ☐ Ineligibility at initial certification
- ☐ Mid-certification disqualification
- ☐ Expiration of a certification period
- ☐ Waiting list status
- ☐ Other (specify): \_\_\_\_\_

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):**

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### **3. Fair Hearing and 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 additional detail section below. See WIC PM Ch. 13 Admin. Appeals
- ☐ No

**c. State or local agency actions against participants include (check all that apply):**

- ☐ Reclaiming the value of improperly received benefits
- ☐ Disqualification from the Program for up to one year
- ☐ Suspension from the Program mid-certification

☐ Other (specify): \_\_\_\_\_

**d. Appeal hearings are held at:**

☐ WIC State agency parent agency

☐ Other State agency or hearing board (specify): \_\_\_\_\_

☐ Local WIC agency

☐ Other (specify): \_\_\_\_\_

**e. Statewide fair hearing procedures include (check all that apply):**

☐ Request for hearing

☐ Local agency responsibilities

☐ Denial or dismissal of request

☐ Continuation of benefits

☐ Rules of procedure

☐ Responsibilities of hearing official

☐ Fair hearing decision

☐ Other (specify): \_\_\_\_\_

☐ Judicial review

**f. State agency procedures require written notification for (check all that apply):**

☐ Appeal rights

☐ Request for hearing

☐ Denial or dismissal of request

☐ Notice of hearing

☐ Termination within certification period

☐ Fair hearing decision

☐ Judicial review

☐ Other (specify): \_\_\_\_\_

**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 (If yes, provide appropriate citation below)

☐ No

**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):**

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**WIC Income Eligibility Guidelines**  
**Effective April 15, 2024 - June 30, 2025**

<b>Family Size</b>	<b>Annual</b>	<b>Monthly</b>	<b>Twice-Monthly</b>	<b>Bi-Weekly</b>	<b>Weekly</b>
<b>1</b>	<b>\$27,861</b>	<b>\$2,322</b>	<b>\$1,161</b>	<b>\$1,072</b>	<b>\$536</b>
<b>2</b>	<b>\$37,814</b>	<b>\$3,152</b>	<b>\$1,576</b>	<b>\$1,455</b>	<b>\$728</b>
<b>3</b>	<b>\$47,767</b>	<b>\$3,981</b>	<b>\$1,991</b>	<b>\$1,838</b>	<b>\$919</b>
<b>4</b>	<b>\$57,720</b>	<b>\$4,810</b>	<b>\$2,405</b>	<b>\$2,220</b>	<b>\$1,110</b>
<b>5</b>	<b>\$67,673</b>	<b>\$5,640</b>	<b>\$2,820</b>	<b>\$2,603</b>	<b>\$1,302</b>
<b>6</b>	<b>\$77,626</b>	<b>\$6,469</b>	<b>\$3,235</b>	<b>\$2,986</b>	<b>\$1,493</b>
<b>7</b>	<b>\$87,579</b>	<b>\$7,299</b>	<b>\$3,650</b>	<b>\$3,369</b>	<b>\$1,685</b>
<b>8</b>	<b>\$97,532</b>	<b>\$8,128</b>	<b>\$4,064</b>	<b>\$3,752</b>	<b>\$1,876</b>
<b>Each additional family member add</b>	<b>\$9,953</b>	<b>\$830</b>	<b>\$415</b>	<b>\$383</b>	<b>\$192</b>



# Chapter X

## Monitoring and Audits

## X. MONITORING AND AUDITS

(Please indicate) **State Agency:** \_\_\_\_\_ for FY \_\_\_\_\_

**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.

During disasters, emergencies, public health emergencies, or a supply chain disruption, the State agency may request to implement existing and allowable regulatory flexibilities or waivers to support the continuation of Program benefits and services. Waivers granted under Access to Baby Formula Act of 2022 (codified at 7 CFR 246.4a(30)) or temporary provision(s) authorized by Congress are not permanent amendments to the State Plan and should not be reflected in answers below. Instead, waiver flexibilities impacting Program benefits and services should be recorded in Appendix C. However, State agencies should consider any historical amendments as the result of waivers granted under prior waiver authority to develop policies and procedures for current and future disasters.

A. Monitoring-246.19(b): requires State agencies to establish a management evaluation system.

B. Audits-Subpart F to 2 CFR Part 200, as applicable: describe State agency audit responsibilities.

## X. MONITORING AND AUDITS

### 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

\_\_\_\_\_ Number of local agencies monitored last annual period

\_\_\_\_\_ Number of clinics monitored last annual period

\_\_\_\_\_ Number of local agencies to be monitored this current annual period

\_\_\_\_\_ Number of clinics to be monitored this current annual period

Specify last annual period, from: \_\_\_\_\_ to \_\_\_\_\_ (month/day/year – month/day/year; must be applied consistently)

Specify current annual period, from: \_\_\_\_\_ to \_\_\_\_\_ (month/day/year – month/day/year; must be applied consistently)

b. **Number of local agencies/clinics required to submit Corrective Action Plans (CAPs) to address deficiencies identified during monitoring last year: \_\_\_\_\_ (Number)**

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):**

- ☐ Date of most recent review for each local agency/clinic
- ☐ 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
- ☐ Date of State agency notice of findings in most recent review for each local agency/clinic
- ☐ Date of local agency/clinic corrective action plan in most recent review for each local agency and/or clinics
- ☐ Outcome of corrective action plan
- ☐ 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
- ☐ Caseload
- ☐ Racial/ethnicity
- ☐ Staff/participant ratios
- ☐ Participant nutrition surveillance data for participants in that local agency/clinic

## X. MONITORING AND AUDITS

☐ Other (specify): \_\_\_\_\_

**ADDITIONAL DETAIL: Monitoring & Audits Appendix and/or Procedure Manual (citation):**

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### 2. Local Agency/Clinic Monitoring Procedures

**a. The State agency uses an established protocol when it monitors local agencies/clinics.**

☐ Yes ☐ No

**If yes, please provide the citation of where it can be found in the appendix or procedure manual:**

---

**This monitoring protocol includes:**

- ☐ Advance notification of monitoring visit
- ☐ Determination of timeframes for conducting the review
- ☐ Designation of local agency/clinic staff to assist State agency staff during review
- ☐ Discussion of review findings on-site with local agency/clinic
- ☐ Specified time frame for providing written review report
- ☐ Specified time frame for local agency/clinic submission of corrective action plan, not to exceed 60 days from receipt of State agency's report
- ☐ Instructions or guidance for preparation of corrective action plan (e.g., inclusion of implementation time frames)
- ☐ Evaluation of adequacy of corrective action
- ☐ Follow-up with local agency/clinic to ensure corrective action measures are implemented
- ☐ Written notification of closure of the review
- ☐ Other (specify): \_\_\_\_\_

**b. Monitoring of local agencies/clinics is conducted by (check all that apply):**

- ☐ State WIC staff
- ☐ District or regional staff
- ☐ Other health programs
- ☐ Other (specify): \_\_\_\_\_

**c. Specialists in the following areas monitor the areas of their expertise:**

- ☐ Certification and eligibility determination
- ☐ Caseload management
- ☐ Nutrition service
- ☐ Breastfeeding promotion and support
- ☐ Targeting and outreach policies
- ☐ Financial management of administrative funds
- ☐ Food delivery system
- ☐ Vendor management
- ☐ Civil rights
- ☐ Information Systems security
- ☐ Other (specify): \_\_\_\_\_

## X. MONITORING AND AUDITS

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:

d. The State agency uses a standard local agency/clinic review form.

☐ Yes      ☐ No

If yes, please provide the citation of where it can be found in the appendix or procedure manual:

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If yes, the review form covers the following areas:

- ☐ An assessment of local agency/clinic management
- ☐ An assessment of patient flow
- ☐ Certification case file reviews, including procedures for determining adjunctive income eligibility
- ☐ Caseload management
- ☐ Training of local agency and clinic staff
- ☐ Nutrition education
- ☐ Breastfeeding promotion and support
- ☐ 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)
- ☐ Civil rights compliance
- ☐ Other (specify): \_\_\_\_\_

e. The State agency has developed procedures for local agencies/clinics to use when they evaluate:

- ☐ Their own operations
- ☐ Subsidiary/satellite operations (e.g., county health department clinic)
- ☐ Subcontractors (e.g., community action program, hospital)
- ☐ Homeless facilities/institutions
- ☐ Other (specify): \_\_\_\_\_

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: \_\_\_\_\_

Do these procedures include a monitoring tool?

☐ Yes      ☐ No

Are all local agencies/clinics required to follow these procedures?

☐ Yes      ☐ No (specify basis for exemptions): \_\_\_\_\_

**ADDITIONAL DETAIL: Monitoring & Audits Appendix and/or Procedure Manual (citation):**

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## X. MONITORING AND AUDITS

### 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):

- ☐ Identify outstanding operational approaches that could be shared with other local agencies/clinic
- ☐ Track individual local agency/clinic performance
- ☐ Compare administrative costs/expenses among local agencies/clinics
- ☐ Compare staffing and organization among local agencies/clinics
- ☐ Other (specify): \_\_\_\_\_

**ADDITIONAL DETAIL: Monitoring & Audits Appendix and/or Procedure Manual (citation):**

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### 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 FY- : .
- | 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.) |
|--|------------|-----------------|--|
|--|------------|-----------------|--|

If additional audits were conducted, please provide separately.

## X. MONITORING AND AUDITS

- c. **Entities not audited and reason (e.g., local office is not a subrecipient local agency, non-federal entity did not expend \$750,000 or more in Federal funds during the fiscal year, etc.)**

**Entities not audited (includes both State and local agencies)**

**Reason Entity Not Audited**

**ADDITIONAL DETAIL: Monitoring & Audits Appendix and/or Procedure Manual (citation):**

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**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.
- ☐ Other (specify): \_\_\_\_\_

- 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.
- ☐ Other (specify): \_\_\_\_\_

- 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.
- ☐ Other (specify): \_\_\_\_\_

## X. MONITORING AND AUDITS

**ADDITIONAL DETAIL: Monitoring & Audits Appendix and/or Procedure Manual (citation):**

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### 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, copies are retained by: \_\_\_\_\_

- 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.

☐ Other (specify): \_\_\_\_\_

- 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): \_\_\_\_\_

- d. The State agency ensures WIC participation in the single audit and other audits by (check all that apply):

☐ Developing a tracking system that monitors the status of each audit

☐ Establishing a contact person for each audit

☐ Including this audit requirement in the local agency contract

☐ Other (specify): \_\_\_\_\_

**ADDITIONAL DETAIL: Monitoring & Audits Appendix and/or Procedure Manual (citation):**

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# Chapter XI

## Civil Rights

## XI. CIVIL RIGHTS

(Please indicate) State Agency: Alabama for FY\_2025 .

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.

During disasters, emergencies, public health emergencies, or a supply chain disruption, the State agency may request to implement existing and allowable regulatory flexibilities or waivers to support the continuation of Program benefits and services. Waivers granted under Access to Baby Formula Act of 2022 (codified at 7 CFR 246.4a(30)) or temporary provision(s) authorized by Congress are not permanent amendments to the State Plan and should not be reflected in answers below. Instead, waiver flexibilities impacting Program benefits and services should be recorded in Appendix C. However, State agencies should consider any historical amendments as the result of waivers granted under prior waiver authority to develop policies and procedures for current and future disasters.

- 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.

## XI. CIVIL RIGHTS

### 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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Handouts for new employees	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Memos and updates	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Presentations by civil rights coordinator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Presentation by staff other than WIC Program	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
If other, specify: _____		

- b. Civil rights training is provided annually

State agency staff ☒ Yes ☐ No

Local agency staff ☒ Yes ☐ No

- c. Civil rights training includes the following:

	State Agency	Local Agency
Collection and use of racial/ethnic data	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Effective public notification systems	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Complaint procedures	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Compliance review techniques	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Resolution of noncompliance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Requirements for reasonable accommodation of persons with disabilities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Requirements for language assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Conflict resolution	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Customer Service	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
If other, specify: _____		

**DETAIL: Civil Rights Appendix and/or Procedure Manual (citation):** Section 1557 of the Affordable Care Act.

2. The State agency has copies of the following materials on file:

- ☒ [FNS Instruction, 113-1](#)
- ☒ [Title VI \(1964\), 7 CFR 15](#)
- ☒ [Title IX, Education Amendments, 7 CFR 15a](#) (sex discrimination)
- ☒ [Section 504, Rehabilitation Act of 1973, 7 CFR 15b](#)
- ☒ [Racial/Ethnic data collection policy and reporting requirements](#)
- ☒ [Age Discrimination Act of 1975, 45 CFR Part 91](#)

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☒ [Americans with Disabilities Act, 28 CFR Part 35](#)

☒ [Civil Rights Restoration Act of 1987](#)

**ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation):**

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**3. The State agency's policy for reasonable accommodation includes the most up-to-date provisions for individuals with disabilities.**

☒ Yes ☐ No

(Refer to FNS Instruction 113-1, Civil Rights Compliance and Enforcement–Nutrition Programs and Activities)

**ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation):**

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### 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):**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Outreach letters to the general public           | <input checked="" type="checkbox"/> Radio announcements      |
| <input checked="" type="checkbox"/> Program information letters                      | <input checked="" type="checkbox"/> Publications             |
| <input checked="" type="checkbox"/> Program information brochures                    | <input checked="" type="checkbox"/> Posters                  |
| <input checked="" type="checkbox"/> Program information bulletins                    | <input checked="" type="checkbox"/> Newsletters              |
| <input checked="" type="checkbox"/> Newspaper announcements                          | <input type="checkbox"/> Referral material                   |
| <input checked="" type="checkbox"/> Internet   | <input checked="" type="checkbox"/> Television announcements |
| <input type="checkbox"/> Letters of invitation in the public hearing process         |  |
| <input checked="" type="checkbox"/> Certification forms to be signed by participants |  |
| <input type="checkbox"/> Application forms (including computer-based forms)          |  |
| <input type="checkbox"/> Other (specify): _____                                      |  |

**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:**

- ☒ Clinic waiting rooms
- ☐ Food instrument issuance offices
- ☐ Group/individual nutrition education areas
- ☐ Test kitchens
- ☐ Distribution centers or locations
- ☐ Other (specify): \_\_\_\_\_

**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      2      3**

☒    ☒    ☒ Availability of Program benefits

## XI. CIVIL RIGHTS

- ☒ ☒ ☒ Eligibility criteria for participation
- ☒ ☒ ☒ Location of LA/clinics operating WIC Program and (800) telephone numbers
- ☒ ☒ ☒ Hours of service of LA/clinics operating WIC Program
- ☐ ☐ ☒ Rights and responsibilities
- ☒ ☒ ☒ [Nondiscrimination statement](#)
- ☐ ☐ ☒ Civil rights complaint procedure

1 = general public

2 = grassroots/community organizations that deal with potentially eligible low-income individuals

3 = potential eligible individuals/participants

- 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):

AL WIC Procedure Manual Ch. 10 Civil Rights.

## 2. Nondiscrimination Notification

### a. The State agency or local agency:

- ☒ 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.
- ☒ Provide applicants/participants with key information, such as applications and materials describing eligibility criteria and procedures for delivery of benefits using inclusive language.
- ☒ 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.
- ☒ 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; M = Materials, VT = Volunteer Translators, PT = Paid Translators, BS = Bilingual Staff):

- | M                                   | VT                                  | PT                                  | BS  |
|-------------------------------------|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> English                   |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Spanish                   |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> French                               |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> Vietnamese                           |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> Chinese                              |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> Other Asian/Pacific (specify): _____ |

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- |                          |                          |                                     |   |
|--------------------------|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> Tribal (specify): _____                                      |
| <input type="checkbox"/> |                          |                                     | Braille   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> Sign language Interpreter                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> Other languages (specify): <u>Other languages as needed.</u> |

**ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation):**

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### 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 (specify): \_\_\_\_\_

##### 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):**

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#### 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:

- ☒ Review of the racial/ethnic enrollment and/or participation data applications
- ☐ Review of denied
- ☒ Review of complaints
- ☐ Review of participant surveys
- ☐ Participant interviews
- ☐ Review of waiting lists
- ☐ Other(specify): \_\_\_\_\_

**b. The State agency checks for the following in local agency applications:**

- ☒ The local agency has corrected all past substantiated civil rights problems or noncompliance situations
- ☒ 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
- ☒ The local agency uses inclusive language with developing its program materials
- ☒ 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:**

- ☒ 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
- ☒ The local agency has conducted civil rights training for its staff
- ☒ The project area displays the USDA nondiscrimination poster, "And Justice For All," or an FNS-approved substitute
- ☒ Program information has been provided to applicants, participants, and grassroots organizations or similar minority groups
- ☒ 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
- ☒ Racial/ethnic data are collected and maintained on file for 3 years
- ☒ The local agency has corrected all past substantiated civil rights problems or noncompliance situations
- ☒ Civil rights complaints are handled in accordance with the procedures outlined in FNS Instruction 113-1

**ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation):**

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**D. Data Collection and Reporting**

**1. Data Collection**

**a. The State agency ensures the following when collecting civil rights data:**

- ☒ All racial/ethnic categories are collected and reported as part of the program participant characteristics report
- ☒ Racial/ethnic data definitions are in accordance with current OMB guidance and clinic procedures are in place to ensure the data is collected accurately
- ☒ 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
- ☒ 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

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**ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation):**

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**2. The State agency instructs its local agencies to obtain a participant's racial/ethnic category by (check all that apply):**

- ☒ Allowing self-identification by participant (must be used at participant's request)
- ☒ Visual identification by participant (must be used at participant's request)
- ☐ Local agency staff personally know participant's racial/ethnic category
- ☒ 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):**

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### **E. Complaint Handling**

**1. The State agency ensures the following:**

- ☒ 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.
- ☒ WIC Program applicants and participants are informed that they can file their complaints directly with the 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.
- ☒ All local agency staff are trained in discrimination complaint procedures.
- ☒ All written and verbal complaints alleging discrimination based on race, color, national origin, age, sex (including gender identity and sexual orientation), or disability are accepted from applicants and participants by State agency and local agency staff and forwarded to the FNS HQ Civil Rights Division.
- ☒ 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).
- ☒ 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):**

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**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):**

AL WIC Procedure Manual Ch. 10 Civil Rights.

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**3. The State agency has an FNS approved complaint procedure that ensures local agencies implement specific timeframes concerning discrimination complaints:**

- ☒ An individual has the right to file a complaint within 180 days of the alleged discriminatory action.
- ☒ 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 ☒ If no, specify Not applicable. FNS timeframes concerning discrimination complaints are adhered to.

**ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation):**

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