



Memorandum

#13-103

TO: WIC Regional Directors
WIC Local Agency Directors

FROM: Linda Brumble, Unit Manager
Nutrition Education/Clinic Services Unit
Nutrition Services Section

DATE: October 29, 2013

SUBJECT: Updated WIC Director's Planning Calendar and Required Local Agency Policies/Plans

The attached *WIC Director's Planning Calendar of State Required Due Dates* and the *Required Local Agency (LA) Policies, Plans and Procedures* have been updated. The updated versions (revision date 10/2013) are posted on and available for downloading from the WIC web site at <http://www.dshs.state.tx.us/wichd/wicdir.shtm>.

If you have any questions about the changes, contact Paula Kanter, Clinic Nutrition Specialist, at 512-341-4574, or by email at paula.kanter@dshs.state.tx.us.

Attachments (2)

WIC Directors' Planning Calendar of State Required Due Dates

FREQUENCY	ACTION	TO SA?	COMMENTS
Daily	Successful transfer of data each day the computer is used	Y	Automatic transfer to state. For network locations, the server and workstation 1 should be left running at the end of the day. Refer to TX WIN LA/Clinic Reference Manual. All standalone and laptop computers must run end of day processing each day clinic is held. Laptops connect to state via a Verizon wireless card plugged in to the laptop or if that is not available return to a VSAT site and initiate end of day processing.
	Run foxfire report for participants certified that day who are under 17 years old. Check ineligible records for participants under 17 years old.	N	This is a recommendation to ensure compliance with reporting child abuse (Rider 19).
7 th working day	Performance Measures and Born-to-WIC breastfeeding rates for previous month	Y	Submit PM report to cdsb@dshs.state.tx.us no later than the 15 th of each month. Retain BTW BF rates by monthly participation documentation at the LA (BF: 08.0)
30 th calendar day of month following reporting month	FSR-269A January 1 st quarter (Oct., Nov., Dec.) April 2 nd quarter (Jan., Feb., Mar.) July 3 rd quarter (Apr., May, June) October 4 th quarter (July, Aug., Sept.) December 4 th quarter (July, Aug., Sept.)	Y	Submit to wicvouchers@dshs.state.tx.us by the 30 th calendar day of the month following the reporting month. (AC: 28.0) (December - amended upon liquidation of all encumbrances)
	B-13 (Reimbursement Voucher) for previous month		
Monthly	EBT reconciliation letters-10 day response (if applicable to your LA).	Y	Follow procedures in EBT reconciliation letter sent to your LA. For questions, email mark.morrow@dshs.state.tx.us
	Provide staff training/education.	N	Retain documentation at the LA including attendees, name and title of person presenting, date and outline of training. (TR:03.0)
	Provide in-service on breastfeeding topics for Breastfeeding Peer Counselors.	N	Retain documentation at the LA. (BF: 3.0 & 4.0). PC meetings can be conducted by conference call, if necessary. Attending Interactive Distance learning (IDL) as available or Qwest training is an option for meeting in-service requirements.
	Reconcile all SA purchased breast pump inventory against inventory logs	N	This should be done monthly, at minimum (BF: 05.0 & 06.0)
Quarterly	Track Born-to-WIC breastfeeding rates by enrollment	N	Retain tracking chart at the LA. (BF: 08.0). BTW BF rates by enrollment reports can be found at (DSHS WIC Gen Info (http://www.dshs.state.tx.us/wichd/gi/gi1.shtm))
March 1 st	Annual Plan of Operations (APO) due	Y	Email APO spreadsheet to AnnualPlanforOPS@dshs.state.tx.us (GA: 13.0)
March (During month)	Collect data for the WISE Report	N	Due April 30th to the SA. (AC: 29.0)
April 30 th	WISE Report due	Y	Submit to Submit to yolanda.caad@dshs.state.tx.us (AC: 29.0)
June 15 th	Plan to Allocate Direct Costs (PADC)	Y	Submit to Quality Management Branch at WICPADC@dshs.state.tx.us . (AC: 03.0)
Sept 30 th	Submit a minimum of 5 continuing education credits/hours every fiscal year to maintain WCS certification	Y	Trainings may include SA trainings, LA trainings or subject appropriate trainings offered by outside entities. Send to tiffany.brown@dshs.state.tx.us (CS: 16.0)
Oct. 15 th	List of all tangible personal property (GC-11)	Y	Submit to DSHS Contract Oversight Section at COSequip@dshs.state.tx.us (AC: 07.0)
Oct. 30 th	FYXX Outstanding Obligations	Y	Submit to yolanda.caad@dshs.state.tx.us
60 calendar days following contract term	Close Out Reports (Final FYXX billings)	Y	Submit to wicvouchers@dshs.state.tx.us . (AC: 32.0)

WIC Directors' Planning Calendar of State Required Due Dates

FREQUENCY	ACTION	TO SA?	COMMENTS
Ongoing	Complete ADA or 504 Checklists for all new sites and sites that have changed location or have been remodeled.	N	Retain documentation at the LA for three years plus current year. (CR: 06.0)
	Renew CLIA certificate when needed.	N	The CLIA certificate or copy must be kept on file at the LA. (GA: 16.0)
	Submit clinic hour changes to SA.	Y	Email changes to: wicclinics@dshs.state.tx.us
	Maintain up to date local resource list of healthcare/drug/substance abuse counseling/treatment.	N	Retain documentation at the LA. (CS: 21.0)
	Maintain updated list of employees on WIC and/or their relatives & close friends on WIC.	N	Not required, but strongly recommended. (GA: 20.0)
	Submit all LA policies requiring SA approval prior to implementation.	Y	Submit to your LA's Clinic Services Liaison. Retain approvals/ waivers at the LA.
	Calibrate scales and hemoglobin/hematocrit equipment as needed per manufacturers' instructions.	N	Retain documentation of calibration at the LA. (CS: 17.0, Guidelines for Nutrition Assessment http://www.dshs.state.tx.us/gmb/dshsstdrds4clinicsevs.pdf)
	If implementing a WCS Program, submit changes to Plan.	Y	Submit changes (e.g. staffing ratios, WCS QA Plan) and names of new WCS candidates for SA approval prior to beginning the WCS Training Program. Send to <i>Clinic Services Branch</i> , send to tiffany.brown@dshs.state.tx.us . (CS: 16.0)
	Ensure the LA has a designated NE, BF, Training, 504 coordinator (if 15 or more employees) and a NVRA Liaison.	N/Y	Only the name of the Training Coordinator needs to be submitted to <i>Nutrition Services</i> via Nutrition Education & Breastfeeding Plans. (NE: 02.0, BF: 02.0, TR: 03.0, CR: 06.0 and GA: 19.0).
	Provide training for <i>all</i> new employees during orientation: Child abuse training during orientation. Breastfeeding Staff Referral Protocol within 1 month of employment. Civil Rights, Customer Service, Security Awareness and job skills training within 3 months of employment.	N	Retain documentation at the LA including attendees, name and title of person presenting, date and outline of training. (BF: 01.0, BF: 04.0, CR: 08.0 & TR: 03.0) http://www.dshs.state.tx.us/wichd/tng/tng1.shtm Child Abuse Child Abuse Reporting http://www.dshs.state.tx.us/childabuserreporting/default.shtm
	CA/WCS staff complete Nutrition Modules and current staff complete revised modules as instructed by the State office.	N	Retain documentation at the LA. (TR: 03.0). Documentation should include dates of completion as well as the date of the revision of the module.
	Breastfeeding Coordinator and CA staff and staff who issue pump within 6 months of employment or prior to issuing pumps receive breastfeeding training	N	Retain documentation at the LA (BF: 04.0)
	CAs complete one of the DSHS breastfeeding training within 12 months of employment & repeat no less than every 5 years	N	Retain documentation at the LA (BF: 04.0)
	Staff who issue nipple shield and supply supplemental nursers receive training prior to issuing supplies	N	Retain documentation at the LA (BF: 04.0)
	Ensure new employees have all required immunizations and/or documentation of declinations according to local agency's policies.	N	Retain documentation at LA. Standards for Public Health Clinic Services http://www.dshs.state.tx.us/gmb/dshsstdrds4clinicsevs.pdf
Ensure new employees have current registration/licensure and existing employees maintain current licensure.	N	Retain documentation at the LA. May use these websites for verification: Nurses www.bon.state.tx.us/olv/verification.html ; RDs www.cdrnet.org/ ; LDs www.dshs.state.tx.us/dietitian/default.shtm and LCs http://americas.iblce.org/find-an-ibclc	

WIC Directors' Planning Calendar of State Required Due Dates

FREQUENCY	ACTION	TO SA?	COMMENTS
Every 6 months	Food Delivery self-audit using worksheets FDA-1 and FDA-2	N	Self-audit at each clinic site (QA: 01.0) Worksheets located under Monitoring Tools & Instructions on DSHS QMB website at http://www.dshs.state.tx.us/qmb/default.shtm
Bi-annually	Distribute outreach information to potentially eligible persons.	N	Retain documentation at the LA. (OR: 01.0)
	Clinic record reviews.	N	Retain documentation at LA. http://www.dshs.state.tx.us/qmb/dshsstdrds4clincservs.pdf & QA: 01.0)
Annually	Nutrition Education and Breastfeeding Plans must be submitted to the State office.	Y	Submit to your assigned NE liaison in the <i>Nutrition Education Branch</i> and keep on file at the LA. The due date will be provided in the plan. (NE: 3.0)
	Conflict of Interest statements to be signed by <i>each</i> employee	N	Retain documentation at the LA for audit/review. (GA: 20.0)
	Conduct civil rights and customer service training for <i>all</i> employees.	N	Retain documentation at the LA including attendees, name and title of person presenting, date and outline of training. (CR: 08.0 & TR: 03.0)
	Breastfeeding (BF) Coordinator to attend Breastfeeding Conference.	N	Retain documentation at the LA. (BF: 02.0)
	Nutrition Education (NE) Coordinator to attend Nutrition/Breastfeeding (NBF) Conference.	N	Retain documentation at the LA. NE Coordinator may attend other conferences/training in lieu of the NBF conference with SA approval. (NE: 02.0)
	Annual breastfeeding update for <i>all</i> employees.	N	Retain documentation at the LA. (BF: 04.0)
	Maintain up-to-date outreach plan.	N	Retain documentation at the LA. (OR: 01.0)
	Maintain disaster plan and local point-of-contact list with information concerning staff and emergency resources/contacts, conduct/attend disaster training and maintain disaster kit.	N	Must be updated at least annually. http://www.dshs.state.tx.us/wichd/qi/administrative.shtm
	Conduct QA evaluation of administrative, eligibility, facility, clinical and to assure conformity to standards. (Self audit)	N	Administrative evaluation should include reviewing local policies to update or delete those no longer current. Retain documentation at the LA including training and education based on QA results. (QA: 01.0)
	Conduct performance evaluations on all employees	N	Retain documentation at the LA. DSHS for Public Health Clinic Services http://www.dshs.state.tx.us/qmb/dshsstdrds4clincservs.pdf
	Distribute Client Satisfaction Surveys at <i>all</i> sites in the appropriate languages	N	Retain surveys and documentation of action taken to improve services at the LA. DSHS for Public Health Clinic Services http://www.dshs.state.tx.us/qmb/dshsstdrds4clincservs.pdf
	List of all automated equipment provided by state management	Y	Submit to the <i>WIC Warehouse</i> , Attn: <i>Rollie Hernandez</i> . SA will send notification to LAs.
Fiscal self-audit using worksheet FA-1	N	Retain documentation at the LA (QA: 01.0) Worksheets found under Monitoring Tools & Instructions on DSHS QMB website at http://www.dshs.state.tx.us/qmb/default.shtm	
Every 5 Years	BF Coordinator and <i>all</i> CAs/WCS are required to retake breastfeeding training	N	Retain documentation at the LA. (BF: 04.0)

Required Local Agency (LA) Policies, Plans & Procedures

■ State WIC Policy Local Agency Requirements

1. [CS: 21.0](#) [Policy for High Risk Referral and Follow-up](#) (also requires local agency to maintain up-to-date local resource list of healthcare/drug/substance abuse counseling/treatment)
2. [FD: 19.0](#) [Procedures for Informing Staff of Formulas in Returned Formula Inventory](#) (to ensure formula is being utilized and staff is aware of formula availability prior to completing issuance to the EBT card)
3. [GA: 03.0](#) [Plan for Disposal of Records](#)
4. [GA: 06.0](#) [Plan for Coordination of Program Operations](#)
5. [GA: 13.0](#) * [Annual Plan of Operations](#) (clinic hours)
6. [GA: 20.0](#) * [Policy for Staff Fraud and Abuse](#) (conflict of Interest and separation of duties)
7. [IM: 11.0](#) [Designate staff members responsible for screening immunization records](#) (written policy not required)
8. [NE: 03.0](#) * [Nutrition Education and Breastfeeding Plan](#)
9. [OR: 01.0](#) [Outreach Plan](#)
10. [QA: 01.0](#) [Quality Assurance Plan](#)

*Requires State Agency approval prior to implementation.

■ [DSHS Standards for Public Health Clinic Services](#)

1. I.A.B. Personnel policies (job description, orientation plan, employee performance evaluations and name tag)
2. II.A, II.B. Quality Assurance Plan and documentation of QA committee meetings (also WIC Policy QA: 01.0).
3. IV. A.3. Proper disposal of records policy (also WIC Policy GA: 03.0)
4. IV.B.C.D. & E. Safety policies, to include staff training
5. IV.F. Infectious disease control policy including employee immunizations

■ Child Abuse Reporting

[DSHS Rider 19](#)

Each contractor/provider shall adopt the *DSHS Child Abuse Screening, Documenting, and Reporting Policy for Contractors/Providers*. Each contractor/provider shall develop an internal policy and procedure that describes how it will determine, document, and report instances of abuse, sexual, in accordance with the Texas Family Code, Chapter 261.

Required Local Agency (LA) Policies & Plans

■ Disaster Plan

The agency must have a Disaster Response Plan on file that addresses how staff is to respond to emergency situations, such as fires, floods, power outages, bomb threats, etc. The plan must identify the procedures and processes that will be initiated during a disaster and the staff (position) responsibilities. The annual requirements for LAs in the WIC Disaster Plan shall be implemented. Refer to <http://www.dshs.state.tx.us/wichd/gi/administrative.shtm>

The following are only required if there are exceptions to the State WIC Policy

■ State WIC Policy

1. [CR: 06.0](#) [Plan for Providing Alternative Service Provisions for the Disabled](#) (Required only if a LA has clinic sites that are not accessible to disabled persons.)
2. [CS: 02.0](#) [Procedures for Documenting "date of first visit"](#) (Required only if a LA does not follow the procedures in WIC Policy.)
3. [CS: 05.0](#) * [Policy for Proof of Identity](#) (Required only if a LA accepts additional documents for identity other than those listed in WIC Policy.)
4. [CS: 07.0](#) * [Policy for Proof of Income](#) (Required only if the LA accepts additional documents for income other than those listed in WIC Policy.)
5. [CS: 15.0](#) [Contingency Plan for Certifying Authority \(CA\)](#) (Required only if a LA only has one CA on staff.)

*Requires State Agency approval prior to implementation.

Websites

Standards for Public Health Clinic Services

<http://www.dshs.state.tx.us/qmb/dshsstndrds4clemicservs.pdf>

DSHS Child Abuse Screening, Documenting, and Reporting Policy for Contractors/Providers

<http://www.dshs.state.tx.us/childabusereporting/default.shtm>

DFPS Statewide Abuse, Neglect and Exploitation Reporting System

http://www.dfps.state.tx.us/Contact_Us/report_abuse.asp

QA Core Tool, WIC Tool & WIC Worksheets on Performance Management Unit website

<http://www.dshs.state.tx.us/qmb/default.shtm> Go to "Monitoring Tools and Instructions" on the left menu bar