



**District of Columbia WIC Program**  
**Public Health Emergency Disaster Guidance**  
**2020 Coronavirus Disease (COVID-19)**  
**March 2020**

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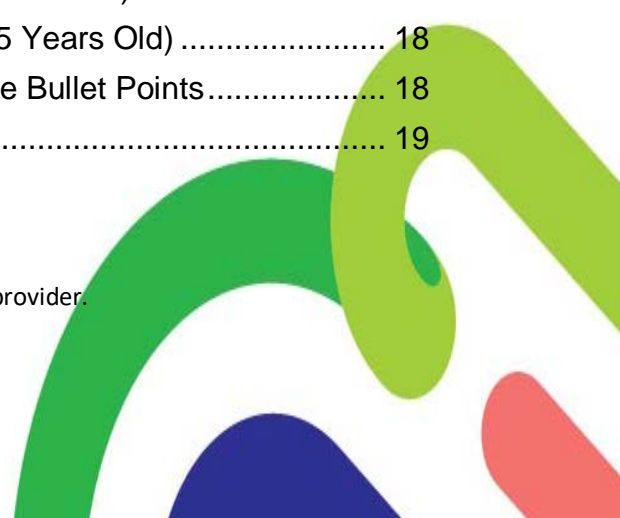
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This institution is an equal opportunity provider.





## **Background**

A new coronavirus is causing an outbreak of pneumonia. The virus was first identified in December 2019 in Wuhan City, China. Since then, the virus has spread to over 140 countries, and cases have been identified in every state in the United States. During a pandemic event, the key public health intervention to slow the spread of the disease may be social distancing.

Due to guidance related to quarantines and social distancing, state agencies will need to implement administrative flexibilities to ensure continuation of operations and services. In this case, WIC local agency sites will be required to operate under alternate procedures.

On March 11, 2020, the Mayor of the District of Columbia declared a state of Public Health Emergency. In order to facilitate implementation of approved administrative flexibilities and waiver, the DC WIC Program has created emergency policies and procedures that will help minimize the disruption of WIC services. Throughout the emergency, the state agency (SA) will focus on providing support to authorized Local Agencies (LA) and their affiliated sites.

WIC is a federally funded program that serves a specific population with special nutrition needs. WIC is not designed or funded to meet the basic nutrition needs of disaster victims who would not otherwise be eligible for the Program. WIC must operate in disaster situations within its current program context and funding. For these reasons, WIC is not to be considered a first line of defense in responding to the nutrition needs of disaster victims, including the provision of infant formula.

During this period of emergency, every reasonable effort will be made to continue issuance of food benefits to participants.

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## **Best Practices for Preventing Illness**

Follow these best practices for preventing illness and the spread of the virus:

1. <https://www.cdc.gov/coronavirus/2019-ncov/protect/prevent.html>
2. <https://coronavirus.dc.gov/>
3. Immediately wash hands after any contact at the WIC service site and/or handling of WIC checks. Use soap and water, wash for at least 20 seconds.
4. Clean countertops, chairs, etc in between participant visits with disinfectant. Approved disinfectants for fighting Coronavirus can be [found here](#).



## **WIC State and Local Agency Responsibilities**

State Agency Responsibilities – The SA will:

1. Develop a plan for best possible continuation of WIC services
2. Coordinate communications and services with other state and federal programs, and all WIC business partners
3. Document vendor correspondence regarding any disruption in normal business operations that may directly impact WIC Families
4. Document correspondence with potential applicants and current WIC Participants who reach the SA via phone or email
5. Work with pharmacies to deliver special formulas, if possible
6. Work with DC Health Communications to update all social media sites and to update the DC WIC website as necessary ([www.dcwic.org](http://www.dcwic.org))
7. Assist LAs in fast printing procedures to aid in the mailing of WIC and Cash Value (CVC) Checks
8. Utilize TeleTask to communicate ongoing changes and updates to WIC families (i.e. scheduling accommodations, site closures, etc.)

Local Agencies and Service Site Responsibilities:

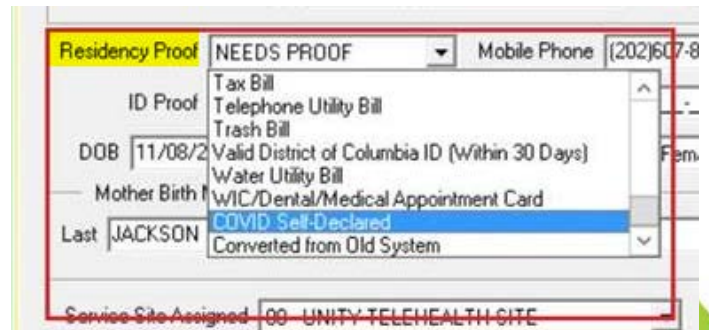
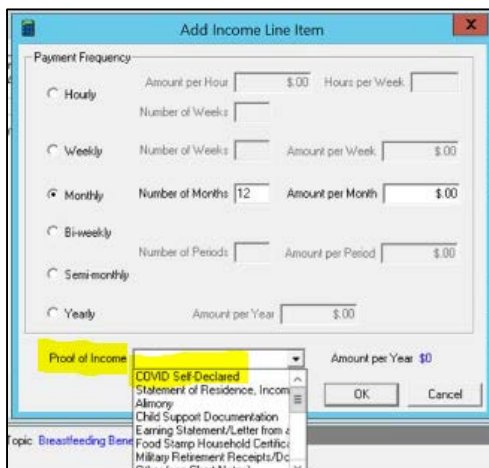
1. Service sites will follow all procedures listed below while performing remote services
2. Service sites will post all signage according to the SA's direction
3. LA staff will make referrals to any available food assistance services
4. Service sites will ensure that their primary focus is feeding WIC families; with the overall goal to provide food benefits and reschedule appointments
5. LA staff will utilize the Language Line for interpreter needs, as needed, when bi-lingual staff are not available to interpret for a participant with Limited English Proficiency (LEP)
6. LA staff will mail WIC and CVC checks to participants, if possible
7. LA staff will continue to make an effort to abide by separation of duties
8. LA Staff will review emails throughout the day and stay in communication with the SA on a regular basis

**Guidance for Performing Phone Certifications:**

1. If the participant/caregiver has an appointment, review the CARES file in advance
2. Engage with the participant/caregiver as though they are present in the office
3. Explain that this is an exception to normal WIC practices and policies; give a brief description of the WIC Program, if necessary, and the process of the appointment they are calling in for (mid-cert, recertification, initial certification, etc.)
  - a. Let the participant know that all information is confidential and provide an approximate time for the length of the appointment, if possible
4. Text Messages – Ask the participant if they would like to receive text message reminders and service messages from the Program.
  - a. Check the “TextMsg Rmdr” box in the DC CARES Demographics Screen



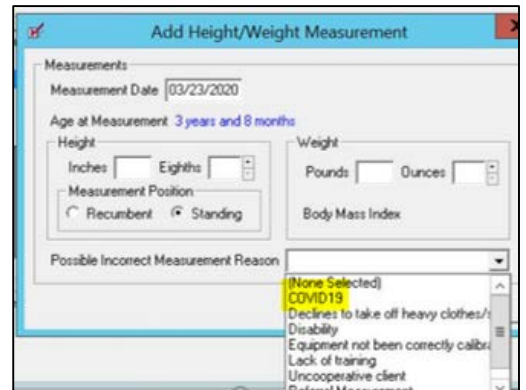
5. Intake Documentation – ask applicant to submit documentation for residency, income, identity, and/or pregnancy using the LA’s preferred method to collect documentation, such as Doxy.Me. Participants may self-declare these eligibility requirements and provide documentation at their next in-person appointment if they are not able to submit documentation electronically.
  - a. For self-declared income and/or residency documentation, use the “COVID Self-Declared” dropdown option in the Demographics Screen
  - b. Note: Lack of documentation for eligibility criteria shall not defer certification or issuance of food benefits



6. Medical Documentation – If measurements for height/weight (within 60 days) and/or bloodwork levels (within 90 days) are available, request that the participant/caregiver submit documents using the LA’s preferred method to collect documentation.

**CARES Options for Height/Weight:**

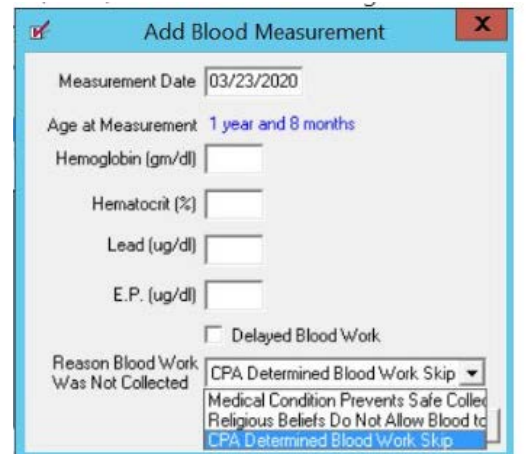
- a. Staff may record self-reported measurements for ht / wt with documentation provided later
- b. If self-reported measurements are not available, use the *Standard Anthropometrics Charts* for the infant / child’s age group (see appendices 1 and 2)
- c. Select “COVID19” from dropdown options for “possible incorrect measurement reason” in the Height/Weight Measurement box



**CARES Options for Bloodwork:**

- a. If hemoglobin measurements from within 90 days are not available, staff shall select “CPA determined skipped”
- b. Staff should **not** select/click the “Delayed Blood Work” box

Note: Lack of documentation for anthropometrics and labs shall not postpone certification or issuance of food benefits.

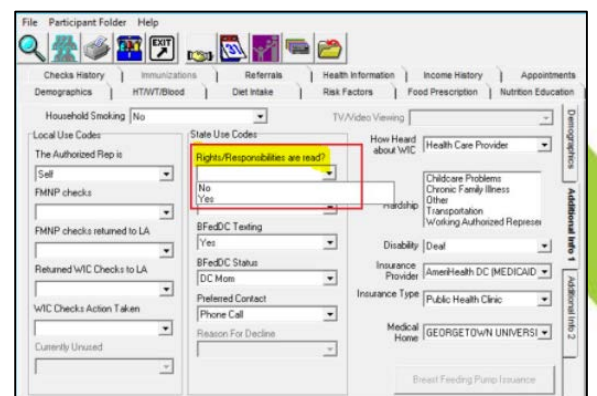


7. Gather all medical information to the extent possible by performing a [Value Enhanced Nutrition Assessment \(VENA\)](#), and provide risk assessment, nutrition education, and referrals:

- a. Certification can be streamlined to the extent permitted by DC CARES
- b. Staff should make every effort possible to provide nutrition education appropriate to the risk factor(s) determined through the VENA process
- c. Staff may reference [dcwic.org](http://dcwic.org) for SA-approved nutrition education resources
- d. Staff should encourage participants to view lessons through the [WICSmart](#) App or online portal for secondary nutrition education and/or primary education for low risk participants
- e. Staff should utilize [dcwic.org](http://dcwic.org) to provide WIC participants with appropriate referrals. If participants need COVID-19 information, refer them to <https://coronavirus.dc.gov/>

8. Complete the [Certification Screen](#):

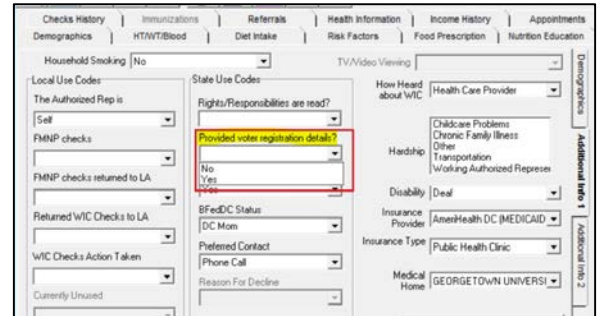
- a. Read the condensed **Program Rights & Responsibilities** bullet points to the participant (see Appendix 3).
  - i. Obtain participant/caregiver’s verbal agreement
  - ii. Inform them they can find the full Rights & Responsibilities on [dcwic.org](http://dcwic.org)
  - iii. Select the “yes” in dropdown box “Rights/Responsibilities are read?”





b. Voter registration – Ask participant if they are interested in DC voter registration information.

- i. If they say Yes, guide them to the [dcwic.org](http://dcwic.org) [voter registration form link](#). If they say No, no further action is necessary.
- ii. Select the “Yes” in dropdown box “provided voter registration details”



The screenshot shows a web-based form with various fields. A dropdown menu is open, showing the text "Provided voter registration details?". The "Yes" option is selected and highlighted with a red box. Other options visible include "No". The form also contains fields for "Household Smoking", "State Use Codes", "Rights/Responsibilities are read?", "How Head about WIC", "Health Care Provider", "Disability", "Insurance Provider", "Insurance Type", and "Medical Home".

9. Issuing a Proxy (or proxies)

- a. A participant or caregiver may choose to allow up to two (2) proxies who may redeem WIC checks when the participant is unable
- b. The participant/caregiver **must name their proxy(s) over the phone**
- c. LA Staff shall **enter proxy’s name(s) into CARES, as well as write the name(s) in the WIC ID Folder** in the “Proxy #1” and “Proxy #2” lines, as appropriate

10. Prescribe and issue food benefits:

- a. Review the [food package](#) and confirm food prescription meets participant’s needs
- b. See below for information regarding prescription of special formulas
- c. Issue maximum benefits allowed (up to 3 months)
- d. Inform participant that checks will be mailed, and review best mailing address

11. Offer education on redeeming food benefits:

- a. If participant/caregiver is new to WIC, educate on how/[where to shop](#) and redeem benefits; inform participants of resources on [dcwic.org](http://dcwic.org), and encourage participant to download the [WIC Shopper App](#)
- b. Educate participants, as needed, on how and where to shop for special formulas. Encourage participants to purchase/place orders for special formulas through a [WIC-Authorized pharmacy](#) at least 48 hours before check(s) expire
- c. **Remind the participant/caregiver that they, and any proxies, need to sign the WIC ID folder before going to the store** to redeem benefits, to avoid any unnecessary frustrations during check-out

12. Follow-up appointments should be made according to LA policy:

- a. Remind the participant / caregiver what to bring to the next appointment

13. Thank the participant for participating in WIC, offer a phone number for questions

14. Along with WIC checks, **mail a copy of the LA Letter to Participants** and appropriate nutrition education materials (if applicable)

- a. If participant/caregiver is new to WIC, also mail the WIC ID Folder
- b. Write participant’s name(s), WIC ID Number(s), Household ID Number, and names of authorized rep and/or proxies on the WIC Identification page
- c. **Required: Place a sticky note on the cover of the WIC ID Folder stating they MUST take the Folder with them to the store, and another sticky note on the WIC Identification page showing the participant, and any proxies, where to sign.**
- d. The LA letter to Participants may be edited to provide information on on-line nutrition education resources such as [dcwic.org](http://dcwic.org) and [WICSmart](#)



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### **Guidance for Performing Mid-Certification Appointments over the Phone**

1. Read the participant's file before the phone appointment
2. Engage with the participant/caregiver as though they are present in the office
3. Conduct a brief assessment using the VENA process
  - a. Obtain weight, length and height information, if participant has information available from within the past 60 days
  - b. Refer to anthropometric and haemoglobin DC CARES instructions listed in the Guidance for Performing Phone Certifications (above)
  - c. Follow up to previous nutrition risks and concerns identified at certification
4. Offer nutrition education and breastfeeding support, as appropriate
5. Refer to other social and health programs, as appropriate
6. Confirm that the participant's current food prescription meets their needs
7. Complete a breastfeeding review if there is change in the breastfeeding participant's and infant's food benefits
8. Issue food benefits:
  - a. Review the participant's mailing address
  - b. Issue 90 days of benefits
  - c. **Include a LA Letter to the Participant with WIC Checks**
9. Schedule the next appointment based on LA policy
  - a. Remind the participant if there is anything they need to bring
10. Thank the participant for participating in WIC, offer a phone number for questions

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### **Prescriptions and Special Formulas**

For new prescriptions, if WIC staff are unable to obtain written or verbal confirmation from the Participant's medical provider, authorization may be provided by a medical provider from within their LA.

- a. Authorize the prescription for 60 days in the participant's CARES account
- b. The participant will need to provide a prescription or completed [DC WIC Medical Prescription Form](#) from their medical provider within 30 days

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### **Best Practices for Mailing Food Benefit Checks**

1. Use first class mail with one of the following phrases included on the envelope:
  - a. "Do not forward, return to sender"
  - b. "Do not forward, address correction requested"
2. Do not use envelopes with windows, as these allow an easy view of contents
3. Do not use the words "WIC Program" on the return address:
  - a. Mentioning WIC may increase the incidence of stolen envelopes



**Alternate Authorized Representative (AAR) Form Procedures:**

- A. If possible, a parent or caregiver who expresses interest in having an AAR should fill out and sign [the AAR form](#) and return it to the LA, using the following procedure:
1. Receive the form - AAR form may be emailed, mailed, picked up curbside, or sent through a doxy.me account
  2. Complete the form - The participant and the selected AAR must fill out and sign the form
  3. Return the form – The participant may send the completed form via email, text, curb side drop off, doxy.me, or show through a video call (confirmation of form via video call must be documented in CARES notes).
  4. If possible, a copy of the signed form should be printed and stored in the participant’s onsite file.
- B. Alternatively, LA staff may assign an AAR while performing remote services if both the participant or Authorized Representative (AR) **and** the prospective AAR are available to agree to the terms and conditions of the Program.
1. Confirm with the AR the name and contact information of their selected AAR and establish the relationship with the minor
  2. Inform the AR that as the primary caregiver, they are responsible for the actions of the AAR including any instances of program abuse
  3. Read the following to the AR:

*I grant permission to the named individual to facilitate subsequent assessment and enrollment of the named child (children) in the District of Columbia Special Supplemental Nutrition Program for Women, Infants and Children (WIC) as an active participant on my behalf. I certify that the individual is at least 18 years old.*
  4. Record the AAR’s name and contact information in the participant’s CARES record
  5. If not already present, contact the AAR to verify contact information and relationship with the minor, and gather verbal agreement for roles and responsibilities
  6. Read the following to the AAR:

*I hereby affirm that I am completely informed of the services to be provided to the infant or child by the DC WIC Program, namely, the medical, which includes taking a blood sample from the finger to test for iron in the blood; nutrition assessment; nutrition education and/or counseling; and the provision of checks for food, and I fully consent to this.*

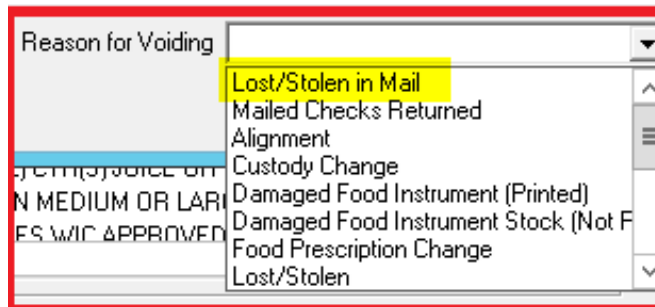
*I certify that the information I have provided is correct to the best of my knowledge. I understand that intentionally making a false or misleading statement, intentionally misrepresenting, concealing or withholding facts may result in paying the WIC State Agency in cash the value of food benefits improperly issued to me and subject me to criminal prosecution under State and Federal Law*
  7. Complete the COVID-AAR Form (See page 19, or [www.dcwic.org](http://www.dcwic.org)) and send to the AR with next set of checks
  8. Document, using a General note in the participant’s CARES record, the relationship of the AAR and that verbal agreement of roles and responsibilities was obtained



### Lost / Stolen Checks and Check Reissuance

Any reports of lost or stolen\* WIC checks shall be processed as follows:

1. Checks may be reissued for all participants reporting checks as lost or stolen
2. Review the participant's address in their CARES record; update if needed
3. Select the appropriate reason for voiding from the drop down options:
  - a. "Lost/Stolen in Mail"- Checks were lost in the mail (never reached the participant)
  - b. "Lost/Stolen" – Checks were lost or stolen after being received by the participant



4. Read the following Liability Waiver to the participant:

*By saying "I agree", you indicate that you will not use any WIC checks which you just reported as lost or stolen, and will tear up and discard any of these checks if found. In addition, if these checks AND replacement checks are redeemed, you understand that you will be required to pay for the additional benefits received, and may be subject to additional sanctions for Program abuse."*

*Do you agree?*

5. Obtain verbal agreement
6. Re-issue and mail checks to verified address, or offer curbside pickup, as needed
7. Document using a General note in the participant's CARES record

\*Checks reported "stolen" may not be reissued until a copy of the police report has been obtained. Refer to policy 9.012 – Lost or Stolen Check Procedures, for more information.

Note: The SA will communicate with WIC Banking to place "stop payments" on all voided checks. In the event that voided checks were previously or subsequently used, the SA will contact the participant's assigned LA site location to initiate an investigation for Program abuse.

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### Lost / Stolen WIC ID Folders

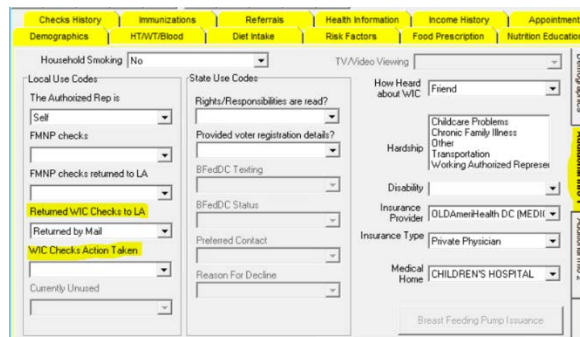
Participants must possess their WIC ID folder in order to redeem food benefits. If a participant calls to report they lost their WIC ID folder:

1. Review the mailing address on file, as a new WIC ID folder will be mailed
2. Remind participants to sign the new WIC ID folder before going to the store
3. Document using a *General Note* in the participant's CARES file

### Processing Returned Checks:

When envelopes containing CVCs and WIC checks are returned to the LA in the mail with a “return to sender” or “address not valid” message, the LA shall follow this procedure:

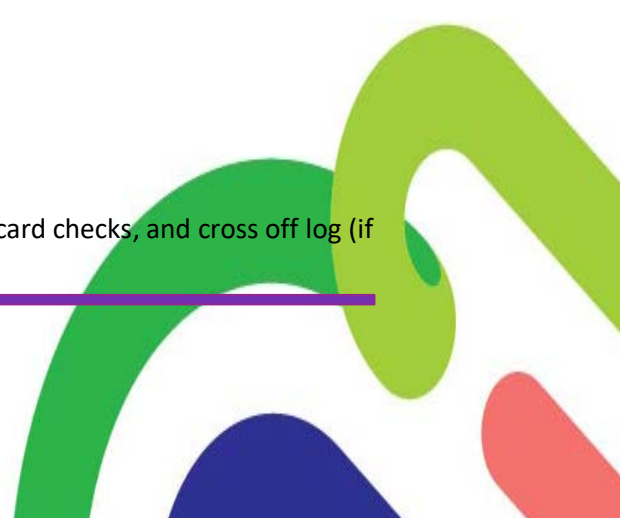
- Pull up the participant’s CARES record using mailing information on envelope
  - Call the phone number listed in CARES
- a. If participant/caregiver answers, explain the following:
    - i. WIC checks that were mailed to them were not delivered
    - ii. Ask them to verify / update their mailing address
    - iii. Offer to re-mail checks OR offer them curbside check pickup
      - If re-sending, use verified address
      - If placing aside for pickup, store in a safe place
  - b. If the participant does not answer:
    - i. Leave a voicemail stating you are calling from their WIC local agency in regards to food benefit checks that did not reach them by mail
    - ii. If voicemail is full, call again later or try reaching participant by email
    - iii. Keep envelope/check(s) in a safe place
  - c. Document in CARES under the Demographics screen:



2. If checks expire while being held during attempts to reach the participant, or when being held for pick-up by the participant, destroy check(s) and discard

### Best Practices for Holding Returned Checks

1. Monitor returned checks on a weekly or twice-weekly basis
2. Keep returned checks together in one place
3. Consider using a log to allow quick review of:
  - Check’s last-date-to-use
  - Participant’s name and phone number
  - Attempts to reach participant
  - If participant opted for curb-side pickup
4. Once check(s) are past their last-date-to-use, destroy and discard checks, and cross off log (if applicable)





## Formula Returns and “Exchanges”

When a participant attempts to receive checks for a new formula after being issued checks for their current formula, several situations may occur...

1. Participant has not redeemed the check(s) for the current formula:
  - a. Instruct participant to tear up and dispose of unused checks in their possession
  - b. **Read the following liability waiver** to the participant:

*By saying “I agree”, you indicate that you will not use the WIC formula checks you have been instructed to tear up and discard. In addition, if these checks AND replacement checks are redeemed, you understand that you will be required to pay for the additional benefits received, and may be subject to additional sanctions for Program abuse.*

*Do you agree?*

- c. Obtain participant’s verbal agreement
  - d. Issue checks for the new formula, using **“Add / Replace”** function in CARES
  - e. Offer to mail benefits or provide curbside pickup (if applicable)
  - f. Document in the participant’s CARES record using a general note
2. Participant has redeemed the check(s), and is in possession of unopened cans of formula, but needs to receive a new formula. Provide the following options:
  - a. Return the formula:
    - i. Instruct participant to return unused cans of formula to their LA Site. The LA site will reissue checks to the participant in person.
  - b. Return formula **within 90 days** of the stay at home order being lifted:
    - i. Choose one of the following options:
      1. Photo option - Instruct participant to take a photo of the unopened cans of formula, send the photo to their LA site. The LA site will reissue and mail checks to participant after receiving the photo; OR
      2. No Photo - If unable to send a photo, a verbal confirmation of the number of unopened cans to be returned is allowed.
    - ii. **Read the following liability statement to participant and obtain verbal consent:**

*By saying “I agree”, you indicate that you will return \_\_\_ cans of unopened (infant formula) to (the LA site) within 90 days of the Mayor’s Stay At Home order being lifted. If the number of cans is less than the number agreed to in this statement, you understand that you will be required to pay for the additional benefits received, and may be subject to additional sanctions for Program abuse. Do you agree?*

- iii. Document using the LA’s “Formula To Be Returned Log”
  - iv. Issue new checks to the participant, noting the check numbers and date of mailing on the “Formula To Be Returned Log”



### **Check Register & Documentation:**

Paper copies of the check register will no longer be issued by the SA. Instead, LAs will use the following procedures to ensure safe delivery of checks and to document checks issued:

#### Ordering and Receiving Checks and Check Registers:

1. When a LA needs a new register of checks, they will submit a request via email to [info.wic@dc.gov](mailto:info.wic@dc.gov)
2. The SA will email the LAD the Check Stock Order Form, which includes the following information:
  - Box # with check start and check ending #s
  - Validation #s for each box
  - Quantity per box
  - Date of order per each box
3. The SA will send the corresponding checks to the LA via courier service
4. Within 24 hours of receipt, the LAD will send a response email to [info.wic@dc.gov](mailto:info.wic@dc.gov) to verify they received the Check Stock Order Form *and* the corresponding checks

Note: LAs should keep previous paper check registers stored safely and securely on-site until it is appropriate to dispose of them.

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### **Documentation Filing Expectations**

At this time, filing expectations for LA service sites will transition to reduce the amount of paperwork incurred by LA staff. LAs are directed to store the following documents on-site at each location using binders divided by Fiscal Year quarter, with documents in alphabetical order by participant's last name. Binders must be kept in a safe and secure place to maintain participant privacy:

1. DC WIC Medical Prescription Forms
2. Breast Pump Liability Waivers
3. VOC documents

Alternatively, the LA may scan these forms and keep them filed electronically in a manner that works best for them as long as the files are easy to access and provide to the SA upon request. Per policy 12.017 – Record Retention and Destruction, LAs must retain forms onsite for SA review for at least three (3) fiscal years before disposal.

If a participant incurs any other of the forms listed in Policy 8.039 Contents of Participant Files (section IV. Bullet 4.), an on-site paper file must be started for them.



## Verification of Certification (VOC)

Procedures for issuing VOCs during remote services:

1. Confirm participant's plan to move out of state during the certification period. Do not issue checks beyond anticipated relocation date.
2. Open the participant's folder, select the "Produce a VOC Document" from the Participant Folder pull down menu.
3. The "Produce VOC Document" will display, select Terminate Participant, enter date and click ok
4. Complete the VOC document to the extent possible, including staff signature
5. VOC form may be sent through doxy.me, encrypted email, mailed or picked up by curbside pickup; verify current address if mailing
6. Inform the participant to sign the VOC document once received
7. Inform the participant that the VOC document is only good during the certification period
8. Place the document issuance, denial or replacement of VOC document in the participant's chart, or in a binder designated for VOCs

Procedures for receiving a VOC during remote services:

1. Accept any recognized State, National, or Department of Defense VOC (See **Appendix 8.029B**) or identification card that contains participant's name, certification date, and certification expiration date.
  - a. If VOC is missing, incomplete, or unable to be viewed remotely, confirm certification from the previous WIC agency via telephone
2. Proof of residency: Verify that the holder of the VOC card is living in the District of Columbia
  - a. If unable to provide proof remotely, chose "self-reported COVID-19"
3. Complete the Prescreening Screen for the VOC participant. Open participant's folder and select the "VOC Certification" option from the pull down menu in Participant Folder.
  - a. Enter participant's WIC status and certification end date
  - b. If participant's WIC status is Exclusively Breastfeeding, select "exclusively breastfeeding"
  - c. If participant is pregnant, breastfeeding or non-breastfeeding assess whether current pregnancy is new, then select yes or no under "Is This a New Pregnancy", and click ok.
4. Read Appendix 3: Rights & Responsibilities Phone Bullet Points to the participant and gain verbal agreement; document in CARES demographics screen
5. Place a copy of the VOC card or document in participant's chart or on-site binder for VOCs
  - a. If the previous WIC agency was contacted via telephone, document using a CARES general note





### **Contacts Received through the SA**

The COVID-19 public health emergency has resulted in an increased number of DC residents eligible for the WIC Program. Because the public may contact the SA when attempting to inquire about WIC enrollment, or to reach their LA if already a participant, the SA has developed a procedure to help reduce the number of phone calls going directly to LAs, to assist with caseload management.

The SA will keep a log of incoming correspondence, updated daily. SA staff will forward pertinent information received from an applicant or participant to the respective LA throughout the day. The LA Director and/or designated staff will have 24 hours to process an applicant's enrollment or troubleshoot a participant's issues.

Information regarding vendor complaints will be forwarded to the Vendor Management (VM) team, and to the participant's LA if necessary. The VM team will work on a case-by-case basis to resolve complaints as quickly as possible.

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### **Using Teletask for Sending Text Messages to Participants**

All text messages to WIC participants will follow the protocol below, unless otherwise agreed upon by the SA and LA:

1. LADs will email a text message request to the SA at [Rebecca.bailey@dc.gov](mailto:Rebecca.bailey@dc.gov), at least 48 hours before desired text message send time; This request shall include:
  - Date to send text message
  - Audience for text message
  - Draft text message content
2. SA staff will review message content. Messages shall adhere to the following guidelines:
  - Not include language encouraging participants to call their LA
  - Not include LA phone numbers
3. SA will provide LADs 24 hours notice when a text message is scheduled for their participants, to include purpose and language of text message
  - If LAD opts to schedule text message, same procedures apply
  - LAD must receive SA approval of text messages prior to scheduling in Teletask
4. Text messages shall only be sent Monday – Thursday, at 10am EST, when possible
  - *Do not send on Friday, Saturday, or Sunday*



## ***Telehealth Protocols for Town Hall Classes***

When a LA intends to hold a “town hall” style group meeting or class using a Telehealth platform, the following protocol shall be followed:

1. At least 7 days prior to the desired class schedule, the following must be submitted to the SA at [Emily.Woody@dc.gov](mailto:Emily.Woody@dc.gov) for review:
  - Class schedule – This schedule shall include:
    - Date / Time
    - Name of hosting LA
    - Class topic
  - Class content – Powerpoint slides of the presentation
    - Final slide of presentation shall include a contact email and phone number for participants to utilize shall they have any further questions
2. Promotion of Classes / Communication to Participants:
  - At least 48 hours prior to the desired sending time, a draft of the text message to be sent via Teletask must be emailed to [Rebecca.Bailey@dc.gov](mailto:Rebecca.Bailey@dc.gov)
  - Include in email request the audience for text message
  - Content of text message should include:
    - Date/time of class
    - Topic of class
    - Link to join
  - LAD may schedule text message once content has been approved (if applicable)
3. Roles during each class:
  - The LA will host the class, provide education to participants
  - A SA representative will attend each class to take detailed notes for follow-up purposes
    - If needed, the SA representative will answer questions from participants
4. Evaluation of class:
  - If using Zoom Pro, add “Zoom Poll” to end of class
  - Provide poll results to the SA within 7 days of the class’ completion



### ***Disaster Recovery (Return to Normal Operations)***

#### State Agency Responsibilities – The SA Will:

1. Communicate with Local Agencies when it is appropriate to return to providing services as normal
2. Coordinate communications and services with other state and federal programs, and all WIC business partners, as necessary
3. Work with DC Health Communications to issue a press release and update all social media sites, as necessary
4. Update the DC WIC website ([dcwic.org](http://dcwic.org)), as necessary
5. Utilize TeleTask to communicate the return to normal business operations to DC WIC participants, as necessary
6. Submit reports as requested by USDA

#### Local Agency / Service Site Responsibilities:

1. As participants come in for subsequent appointments, staff will gather documentation that was not received via email or text message during the time of disaster (i.e.: proof of residence, income, etc)
2. Staff will perform and enter into DC CARES any anthropometric measurements or bloodwork data that was deferred during the disaster
3. All service sites will return to normal operations, including scheduling and physical presence requirement



**Appendix 1: Standard Anthropometrics for Infants (0-36 Months)**

Source: [https://www.cdc.gov/growthcharts/data\\_tables.htm](https://www.cdc.gov/growthcharts/data_tables.htm)

Sex	Age (mos)	Length (IN)	Weight (LB)
M	0	19 ¾	7lb 13 oz
M	1	20 ¾	8lb 13oz
M	2	22 ¼	10lb 12oz
M	3	23 ½	12lb 5oz
M	4	24 ½	14lb 2oz
M	5	25 ¼	15lb 8oz
M	6	26	16lb 13oz
M	7	26 ¾	18lb
M	8	27 ¾	19lb 1oz
M	9	28	20lb
M	10	28 ½	20lb 14oz
M	11	29	21lb 11oz
M	12	29 ½	22lb 6oz
M	13	30	23lb 1oz
M	14	30 ½	23lb 10oz
M	15	30 7/8	24lb 3oz
M	16	31 ¼	24lb 11oz
M	17	31 5/8	25lb 3oz
M	18	32	25lb 10oz
M	19	32 ½	26lb
M	20	32 7/8	26lb 4oz
M	21	33 1/8	26lb 12oz
M	22	33 ½	27lb 2oz
M	23	33 7/8	27lb 7oz
M	24	34 ¼	27lb 13oz
M	25	34 ½	28lb 1oz
M	26	34 7/8	28lb 6oz
M	27	35 1/8	28lb 11oz
M	28	35 ½	29lb
M	29	35 ¾	29lb 5oz
M	30	36	29lb 10oz
M	31	36 ¼	29lb 14oz
M	32	36 ½	30lb 3oz
M	33	36 7/8	30lb 8oz
M	34	37	30lb 13oz
M	35	37 3/8	31lb 2oz
M	36	37 ½	31lb 6oz

Sex	Age (mos)	Length (IN)	Weight (LB)
F	0	19 ½	7lb 8oz
F	1	20 3/8	8lb 6oz
F	2	21 ¾	10lb
F	3	22 7/8	11lb 8oz
F	4	23 ¾	12lb 14oz
F	5	24 5/8	14lb 3pz
F	6	25 3/8	15lb 6oz
F	7	26	16lb 7oz
F	8	26 5/8	17lb 6oz
F	9	27 ¼	18lb 5oz
F	10	27 ¾	19lb 3oz
F	11	28 ¼	19lb 15oz
F	12	28 ¾	20lb 11oz
F	13	29 ¼	21lb 5oz
F	14	29 ¾	21lb 15oz
F	15	30 ¼	22lb 8oz
F	16	30 5/8	23lb
F	17	31	23lb 8oz
F	18	31 3/8	24lb
F	19	31 ¾	24lb 7oz
F	20	32 ¼	24lb 14oz
F	21	32 ½	25lb 4oz
F	22	32 7/8	25lb 11oz
F	23	33 ¼	26lb
F	24	33 5/8	26lb 6oz
F	25	33 7/8	26lb 12oz
F	26	34 ¼	27lb 2oz
F	27	34 5/8	27lb 7oz
F	28	35	27lb 12oz
F	29	35 ¼	28lb 2oz
F	30	35 ½	28lb 7oz
F	31	35 7/8	28lb 12oz
F	32	36 1/8	29lb 2oz
F	33	36 ½	29lb 6oz
F	34	36 5/8	29lb 12oz
F	35	37	30lb 2oz
F	36	37 1/8	30lb 6oz



**Appendix 2: Standard Anthropometrics for Children (2-5 Years Old)**

Sex	Age (Years)	Height (IN)	Weight (LB)
M	2.0	34	27lb 14oz
M	2.5	36	29lb 14oz
M	3.0	37 ½	31lb 12oz
M	3.5	39	33lb 12oz
M	4.0	40 3/8	35lb 15oz
M	4.5	41 5/8	38lb 5oz
M	5.0	43	40lb 12oz

Sex	Age (Years)	Height (IN)	Weight (LB)
F	2.0	33 ½	26lb 10oz
F	2.5	35 3/8	28lb 12oz
F	3.0	37 1/8	30lb 12oz
F	3.5	38 ½	32lb 13oz
F	4.0	39 ¾	35lb
F	4.5	41 1/8	37lb 5oz
F	5.0	42 ½	39lb 12oz

Source:

[https://www.cdc.gov/growthcharts/data\\_tables.htm](https://www.cdc.gov/growthcharts/data_tables.htm)

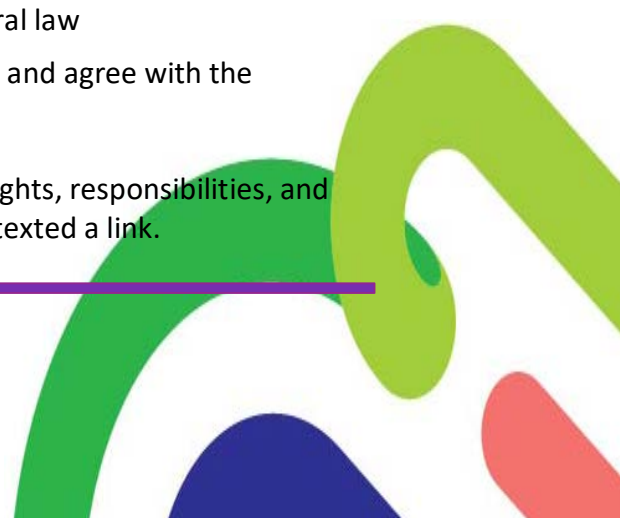
Metric Conversion Calculator: <https://www.metric-conversions.org/>

**Appendix 3: Program Rights and Responsibilities Phone Bullet Points**

Read the following to the participant and ask for their acknowledgement of the WIC Program Rights and Responsibilities.

- I. While participating in WIC, you have the right to expect that you will receive courteous service, good quality foods based on your nutrition needs, and that you will be offered health services and nutrition education
- II. If you believe that you have been discriminated against due to race, color, gender, etc, you may contact the Office of Civil Rights
- III. As a WIC Participant, you are responsible for making sure you do not participate in two or more WIC programs at the same time, and for following guidelines set for obtaining and using WIC foods
- IV. Intentionally misleading the Program about eligibility criteria may result in civil criminal prosecution under DC and Federal law
- V. Do you consent to participate in the Program and agree with the responsibilities of participation?

Inform the participant that they may find the full listing of rights, responsibilities, and consent at [www.dcwic.org](http://www.dcwic.org), and ask if they would like to be texted a link.







**COVID-AAR Agreement**

**Consent of Parent or Legal Guardian for Alternate Authorized Representative**

Local Agency: \_\_\_\_\_ Site: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ WIC ID #: \_\_\_\_\_

Authorized Representative (AR): \_\_\_\_\_

Relationship: \_\_\_\_\_  
(mother, father, legal guardian, or temporary caretaker, etc.)

**Summary of Alternate Authorized Representative information:**

The above Authorized Representative (AR) has provided verbal permission to the named individual to facilitate subsequent assessment and enrollment of the named child (children) in the District of Columbia Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Program as an active participant on their behalf. They have certified that this individual is at least 18 years old.

The AR has been completely informed of the services to be provided to the infant or child by the DC WIC Program, namely: medical services which may include taking a blood sample from the finger to test for iron in the blood; nutrition assessment; nutrition education and/or counseling; and the provision of checks for food. The AR has provided fully consent.

The AR has certified that the information provided is correct to the best of their knowledge. The AR accepts that intentionally making a false or misleading statement, intentionally misrepresenting, concealing or withholding facts may result in paying the WIC State Agency in cash the value of food benefits improperly issued to them and may subject them to criminal prosecution under State and Federal Law.

The AR understands that they are responsible for all actions and Program violations that may be performed by the selected Alternate Authorized Representative.

Name of selected Alternate Authorized Representative: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

\_\_\_\_\_  
Name and Signature of Local Agency Staff

\_\_\_\_\_  
Date

This institution is an equal opportunity provider.

For use during COVID-19  
Revised March 2021

