

**APPENDIX F:**  
**Guidance for WIC State Agencies Providing Participant Data**

APPENDIX F  
WIC PARTICIPANT AND PROGRAM CHARACTERISTICS STUDY 2016/2018  
GUIDANCE FOR STATE AGENCIES PROVIDING PARTICIPANT DATA

OMB Number: 0584-XXXX

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# GUIDANCE FOR STATE AGENCIES PROVIDING PARTICIPANT DATA

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WIC PARTICIPANT  
AND  
PROGRAM CHARACTERISTICS [STUDY YEAR]

PC[STUDY YEAR]



**Contractor:**

[CONTRACTOR CONTACT INFORMATION]

*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-XXXX. The time required to complete this information collection is estimated to average 15 minutes 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.*

**GUIDANCE TO STATE AGENCIES**  
**PROVIDING WIC PARTICIPANT DATA FOR PC[STUDY YEAR]**

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**SECTION I**

**OVERVIEW**

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**WIC PARTICIPANT  
AND  
PROGRAM CHARACTERISTICS**

**PC[STUDY YEAR]**

**U.S. Department of Agriculture  
Food and Nutrition Service**

## OVERVIEW OF PC[STUDY YEAR] AND ORGANIZATION OF “GUIDANCE”

### ORGANIZATION OF “GUIDANCE”

The “Guidance” contains a timeline of the major events for PC[STUDY YEAR], instructions for data file creation, Minimum Dataset (MDS) specifications, Supplemental Dataset (SDS) specifications, and a worksheet for transmitting your April [STUDY YEAR] participant data.

*Note: There have been no changes to the MDS or SDS data elements between the PC[PREVIOUS PC DATA COLLECTION YEAR] and the PC[STUDY YEAR] reporting cycles.*

### BACKGROUND

Since 1984, the Food and Nutrition Service (FNS) has prepared biennial reports on current participant and program characteristics in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). These reports provide the most comprehensive and up-to-date statistics on the WIC Program. The information is used to estimate budgets, design research, and review current and proposed WIC policies and procedures. The biennial reports include:

- Information on the income and nutrition risk characteristics of WIC participants.
- Estimates of breastfeeding initiation rates and duration.
- Data on demographic characteristics of WIC participants.
- Other information on WIC participation that is deemed appropriate by the Secretary of Agriculture.

State WIC agencies provide the data in the reports to FNS. The “Guidance,” designed to assist State WIC agencies, contains a uniform format for use in compiling information on participants for WIC Participant and Program Characteristics for [STUDY YEAR] (PC[STUDY YEAR]). FNS, in cooperation with the Information Committee of the National WIC Association (NWA), developed the MDS and the SDS.

FNS has completed 14 previous reports on WIC Participant and Program Characteristics. For the first three studies in 1984 (PC84), 1988 (PC88), and 1990 (PC90), FNS and its contractors collected information on nationally representative samples of WIC participants. Since PC92, State WIC agencies have downloaded routinely collected information—used to certify eligibility for WIC, guide nutrition education, and issue food instruments—from their existing automated client and management information systems. [CONTRACTOR] is assisting FNS in conducting PC[STUDY YEAR].

### IN ADVANCE OF THE REFERENCE MONTH

To facilitate processing of data, State agencies begin by submitting two documents in advance of the actual data. These two deliverables, due on March 15, [STUDY YEAR], just before the reference month of April [STUDY YEAR], are:

- **Nutrition Risk Worksheet.** State agencies will need to specify whether nutrition risk data will be provided using the Federal nutrition risk codes (State agencies may access an index of Federal

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risk codes at [www.partnerweb.usda.gov/default.aspx](http://www.partnerweb.usda.gov/default.aspx)) or State agency codes. Agencies using State codes must provide a crosswalk of their coding schemes to the Federal nutrition risk codes. In January [STUDY YEAR], [CONTRACTOR] will provide each State agency with the Nutrition Risk Worksheet to complete and return and, for the agency's convenience, the information the agency previously submitted on its worksheet for PC[PREVIOUS PC DATA COLLECTION YEAR].

- **Food Code Documentation.** State agencies will need to provide a translation of the food package codes they used into specific food items and quantities prescribed to WIC participants. While State agencies may provide these data in a food package format or an item-quantity format, ***the item-quantity format is preferred.***

### DATA SUBMISSIONS FOR THE PC[STUDY YEAR] REFERENCE MONTH

The [STUDY YEAR] WIC Participant and Program Characteristics Report (PC[STUDY YEAR]) continues the protocols and reporting formats in use for PC[PREVIOUS PC DATA COLLECTION YEAR].

For the ***reference month of April [STUDY YEAR]***, each State WIC agency will need to submit MDS data and available SDS data on all WIC participants. **The April [STUDY YEAR] MDS and SDS data must be submitted according to a specified format and medium, as detailed in this document.** Most State WIC agencies maintain automated recordkeeping systems, which they will use to produce datasets containing the desired variables.

***Note: SDS data, though technically not required, provides additional valuable information. Therefore, we ask State WIC agencies to include all supplemental items collected on State agency management information systems in your PC[STUDY YEAR] data submission.***

### Definition of WIC Participant for Use in the MDS and SDS

For PC[STUDY YEAR], ***WIC participants are defined as persons on WIC master lists or persons listed in WIC operating files who are certified to receive WIC benefits in April [STUDY YEAR].***

#### State Agencies Should Include in the Datasets:

- All participants, some of whom will have been certified up to 1 year ago
- Partially breastfeeding women, even if they receive no food package
- Fully breastfed infants, even if they receive no food package

*This definition is different from regulatory reporting requirements, which define participation in terms of WIC vouchers or checks claimed by participants.*

#### State Agencies Should Exclude From the Datasets:

- Persons on waiting lists for WIC benefits

### MDS and SDS Specifications and Data File Creation

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The MDS and SDS Dataset Specifications include concise definitions of each variable and the categories to be used for reporting each variable. The materials presented here also explain the database field specifications—where on the file each variable is reported—as well as procedures for reporting missing data.

State WIC agencies may gather MDS and SDS data in the manner that is most efficient and economical for them. The “Guidance” offers generic specifications that accommodate the variety of recordkeeping systems.

State agency technical staff should review and follow the guidelines for preparing PC[STUDY YEAR] data submissions. Section IV of the “Guidance” provides the file layout for the MDS; Section V provides the file layout for the SDS.

**Include Data on All WIC Participants**

Since all State agencies submitted MDS and SDS data obtained from automated systems on *all* WIC participants in PC2010 and PC[PREVIOUS PC DATA COLLECTION YEAR] , we do not include sampling or record abstraction instructions in the PC[STUDY YEAR] “Guidance.”

A State agency that chooses to sample participants in PC[STUDY YEAR] should contact [CONTRACTOR] for detailed sampling instructions.

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**SECTION II**

**TIMELINE**

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**WIC PARTICIPANT  
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PROGRAM CHARACTERISTICS**

**PC[STUDY YEAR]**

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**TIMELINE FOR PC[STUDY YEAR]**

February [STUDY YEAR]	State agencies receive PC[STUDY YEAR] “ <b>Guidance for States Agencies Providing Participant Data.</b> ”
February [STUDY YEAR]	[CONTRACTOR] makes initial telephone contact to confirm receipt of the “Guidance,” update contact information, and answer questions about PC[STUDY YEAR].
	[CONTRACTOR] sends the Nutrition Risk Worksheet and a recent version of WIC Local Agency Directory (LAD) to State agencies.
March [STUDY YEAR]	Each State agency reviews and updates the <b>Nutrition Risk Worksheet</b> and returns it to [CONTRACTOR] by <u>March 15, [STUDY YEAR]</u> .
	State agencies provide the <b>Food Code Documentation</b> , a translation of food codes each State uses in prescribing WIC foods, by <u>March 15, [STUDY YEAR]</u> .
	Each State agency updates its WIC LAD with its Regional Office as necessary.
April [STUDY YEAR]	Reference month for PC[STUDY YEAR]. April data submissions from State agencies should contain information for all participants on WIC master lists or participants listed in WIC operating files who are certified to receive WIC benefits in April [STUDY YEAR]. <sup>1</sup>
May [STUDY YEAR]	State agencies deliver the initial MDS/SDS data file to [CONTRACTOR] as soon as possible after April once they have fully entered all data. The <b>Data Transmittal Worksheet</b> found in Section VI of this document should be sent with the data. State agencies must submit the initial data files by no later than <u>July 15, [STUDY YEAR]</u> .
July [STUDY YEAR]	<b><u>DEADLINE July 15, [STUDY YEAR]</u></b> : State agencies submit the initial MDS/SDS data file for PC[STUDY YEAR]. As required by FNS, the initial data files must be submitted to [CONTRACTOR] by this date.
September [STUDY YEAR]	<b><u>DEADLINE September 15, [STUDY YEAR]</u></b> : State agencies submit the final, acceptable MDS/SDS data file. State agencies failing to achieve adequate data completeness and quality will be referred to FNS for appropriate action. In order to meet demand by reporting State agencies for prompt data analysis, State agencies lacking sufficient data completeness and quality may be removed from PC[STUDY YEAR] reporting.

<sup>1</sup> Any State agency that chooses to sample participants in PC[STUDY YEAR] should contact [CONTRACTOR] for detailed sampling instructions.

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**Note: To maintain the highest level of data security, [CONTRACTOR] requests that State agencies submit all data via secure FTP.** ([CONTRACTOR] will send customized FTP instructions separately to each State agency.)

Accompanying documentation should be sent to:

[CONTRACTOR]  
[CONTRACTOR ADDRESS]

OR  
Email to:  
[CONTRACTOR EMAIL]

**Contact Information**

If you have any questions about MDS or SDS cleaning specifications or file layout, please call [CONTRACTOR]. [CONTRACTOR] can be reached at [CONTRACTOR CONTACT INFORMATION].

Your help in timely completion of your State agency's PC[STUDY YEAR] data submission is very much appreciated.

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## **MAJOR TASKS OF PC[STUDY YEAR]**

### **PC[STUDY YEAR] COORDINATION INFORMATION**

[CONTRACTOR] will coordinate and collect the data from the State agencies and ensure that the data meets all FNS quality standards. [CONTRACTOR] will establish and maintain the databases for PC[STUDY YEAR] and run the data tabulations and prepare the final report. An [CONTRACTOR] staff member is available to answer questions about MDS and SDS specifications and data abstraction. [CONTRACTOR] requests that each State agency appoint a PC[STUDY YEAR] coordinator.

### **APRIL DATA SUBMISSIONS**

Data collection for PC[STUDY YEAR] will focus on individuals enrolled in the WIC Program as of April [STUDY YEAR] (the data collection reference month).

Each State agency should submit MDS/SDS data for every individual on WIC master lists or listed in WIC operating files who is certified to receive WIC benefits in April [STUDY YEAR].

State agencies should prepare and submit PC[STUDY YEAR] data submissions as soon after April as possible. However, State agencies should ensure that the data they submit for April [STUDY YEAR] are complete. If State agencies are expecting to obtain updated information after April [STUDY YEAR] on income, breastfeeding, participation, or other data fields, they should only submit their data *after* this information has been fully entered.

**Important:** Initial MDS/SDS data file for PC[STUDY YEAR] must be submitted to [CONTRACTOR] by **July 15, [STUDY YEAR]**. State agencies must submit final, clean MDS/SDS data file that meets quality standards by **September 15, [STUDY YEAR]**. Any State agencies not achieving sufficient data quality by September 15 will be referred to FNS for action. Such State agencies may be dropped from PC[STUDY YEAR] resulting in data loss to the WIC Program. State agencies should maintain all April [STUDY YEAR] data and materials for at least 3 years.

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**SECTION III**

**DATA TRANSMITTAL & CLEANING SPECIFICATIONS**

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**WIC PARTICIPANT  
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**PC[STUDY YEAR]**

**U.S. Department of Agriculture  
Food and Nutrition Service**

## **DATA TRANSMITTAL AND CLEANING OF PC[STUDY YEAR]**

### **GENERAL INSTRUCTIONS**

- State agencies are responsible for providing accurate data for PC[STUDY YEAR]. State agencies should review all MDS/SDS data for accuracy and consistency, but should not delete outliers to conform to the cleaning specifications in this manual. FNS will accept all data State agencies consider legitimate. [CONTRACTOR] staff will check PC[STUDY YEAR] data submissions for accuracy and will bring any questions or concerns to the attention of State agency contacts. It is the responsibility of each State agency to correct its PC[STUDY YEAR] data submission if needed.
- Each State agency should make and keep a backup copy of its *entire April [STUDY YEAR] system file* (not just the PC[STUDY YEAR] submission) in the event that problems with the April PC[STUDY YEAR] data submission require a second submission. Maintaining a backup of the entire April [STUDY YEAR] system file will ensure that the required data can be recreated.
- For PC[STUDY YEAR], WIC participants are defined as persons on WIC master lists or persons listed in WIC operating files who are certified to receive WIC benefits in April [STUDY YEAR]. *State agencies should not include persons on waiting lists in PC[STUDY YEAR].*
- Zero should never be used to indicate missing data. Zero should indicate only an actual value of zero. This instruction is particularly important with regard to income values, where there is a critical difference between an income value of zero and a missing income value. *If data are missing, the corresponding field should be left blank.*
- It is critical to report income information for all WIC participants—including those who are adjunctively income eligible for WIC—to describe income among the overall WIC population. ***FNS, therefore, requires all State agencies to collect and submit income information on those adjunctively eligible.*** These data are for descriptive purposes only and do not affect eligibility, which is conferred due to adjunct participation in SNAP, TANF, or Medicaid.
- A State agency is required to report either U.S. standard units of measurement or metric measurements of height and weight. U.S. standard measurements of pounds, ounces, feet, and inches do not have to be converted to metric data and vice versa. It is important that State agencies place these measures in the correct positions in the MDS so that data interpretation can be done correctly.
- State agencies must ensure that all dates appear in the MMDDYYYY format. Dates should be complete for month, day, and year and be within logical ranges. *If the day portion of a date is missing, those columns should be left blank.* For PC[STUDY YEAR], there should be no dates after April 30, [STUDY YEAR], except for expected dates of delivery for pregnant women, blood measurement dates, and breastfeeding data collection dates.
- State agencies must report certification categories and risk priority codes in every participant record. (See field numbers: 6a – Certification Category, and 14a-j—Nutrition Risk #1 through Nutrition Risk 33#10).

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- In previous years, it appeared that between certification appointments, some State agencies, using dates of birth, automatically updated certification categories. For example, on an infant participant's 1-year birthday, the infant's certification category would be changed to a child certification even though the participant had not yet been recertified as a child. **For PC[STUDY YEAR], State agencies should report the same certification category into which the participant was classified at the most recent certification.** For example, even though the State agency's system may make automatic changes from infant certification to a child category on or around the participant's first birthday, the participant should be reported in PC[STUDY YEAR] as an infant if the official recertification has not yet occurred. (See field number 6a—Certification Category).
- State agencies need to submit breastfeeding data for infants and children who, in April [STUDY YEAR], are ages 6 through 13 months. In order to provide the most accurate estimates of breastfeeding duration, it is important, particularly for currently breastfed infants, that State agencies collect data as close to April [STUDY YEAR] as is feasible. All four breastfeeding variables must be provided to calculate breastfeeding initiation and duration rates. (See field numbers: 19a-d—Currently Breastfed, Ever Breastfed, Length of Time Breastfed, Date Breastfeeding Data Collected)

## DATA SUBMISSION

Use ASCII format text files, one record per line. State agencies should submit data files in one of the following ways.

- **Preferred Method:** FTP—We ask that you use FTP. Please see separately provided FTP specifications, which include all the information needed for you to transmit files successfully.
- CD-ROM—None of the data may be binary or packed. Enclose the CD in a suitable package (NOT an ordinary envelope) and ship by a means that enables tracking of the package: 1) United States Postal Service First Class Mail or Priority Mail with Delivery Confirmation Service); 2) USPS Express Mail; 3) FedEx; or 4) UPS. Macintosh/Apple or UNIX formatted diskettes are not acceptable options.
- Email—Password-protect files and use WinZip to zip the data file. Send the file to[CONTRACTOR EMAIL]. Provide the password separately by telephone or fax; do not send by email. If you plan to send the files via email, you must contact [CONTRACTOR] prior to your submission at [CONTRACTOR PHONE] or at [CONTRACTOR EMAIL].

## NOTES

- Field lengths are in terms of bytes (characters). To ensure that all data submissions are consistent in format, binary data may not be submitted.
- All fields are right justified except for three items: race/ethnicity (#5), the 10 nutrition risk codes (#14), and the 14 food codes (#20), which are alphanumeric fields and should be left justified and blank filled.

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- All date variables must appear in MMDDYYYY format and fall within legitimate month, day, and year ranges. *Any part of a date that is missing should be left blank.* For example, a date of March 2009 should be reported as 03\_\_2009.
- Reserve codes have been found unnecessary and unwieldy in processing PC data. *If data are missing, the corresponding field positions should be left blank.*
- Do not use zeros for missing data.

## DOCUMENTATION

Each data submission should be accompanied by a completed **Data Transmittal Worksheet** (included in Section VI of this document) containing:

- The number of records, or observations, contained in the data file.
- A list of the SDS elements delivered including an explanation for those not used.
- The name of the State agency, the contact person, and phone number.
- Any other special information needed to interpret the file.
- If applicable, the number of CDs included in the shipment. Each CD should be marked with the State agency's name and be numbered sequentially: for example, 1 of 3, 2 of 3, 3 of 3.

As discussed in previous sections, State agencies should submit the following documentation to [CONTRACTOR] by March 15, [STUDY YEAR]:

- **Nutrition Risk Worksheet** (mapping State agency risk codes to uniform national nutrition risk codes), current for April [STUDY YEAR] , or an indication that uniform codes are included in the April [STUDY YEAR] [STUDY YEAR] file.
- **Food Code Documentation** list, current as of April [STUDY YEAR] , of the contents of the food codes and their food prescription amounts along with the codes that will appear on the PC[STUDY YEAR] file.

## CLEANING SPECIFICATIONS

Cleaning specifications are included in the MDS and SDS specifications in Sections IV and V of the “Guidance” under the headings *Allowable Values* and *Notes*. These cleaning specifications include ranges of allowable values, intervariable consistency checks, procedures for handling missing values, and categories of participants for which each item should be reported. State agencies should not delete outliers to conform to the cleaning specifications if State agencies consider the data legitimate.

These specifications are provided to help State agencies write cleaning routines for their own systems and to provide quality control for PC[STUDY YEAR] and future data submissions. Many State agencies will have additional cleaning specifications of their own that are not included in the “Guidance.” State agencies should continue to use their own quality-control procedures in maintaining their WIC databases.

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**CONTACT INFORMATION**

If you have any questions about MDS or SDS cleaning specifications or file layout, please call [CONTRACTOR]. [CONTRACTOR] can be reached at [CONTRACTOR CONTACT INFORMATION].



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**MINIMUM DATASET FILE LAYOUT**

Data Item Number	Description of Data Item	Beginning Column	Ending Column	Field Width in Bytes (No Binary Data)	
1.	State Agency ID	1	7	7	
2a.	Local Agency ID	8	10	3	
2b.	Service Site ID	11	13	3	
3.	Case ID	14	24	11	
4.	Date of Birth (MMDDYYYY)	25	32	8	
5.	Race/Ethnicity (Left Justified)	33	38	6	
6a.	Certification Category	39	39	1	
6b.	Expected Date of Delivery (MMDDYYYY)	} <b>OR</b>	40	47	8
6c.	Weeks Gestation		48	49	2
7.	Date of Certification (MMDDYYYY)	50	57	8	
8.	Sex	58	58	1	
9.	Risk Priority Code	59	59	1	
10a.	Participation in TANF	60	60	1	
10b.	Participation in Supplemental Nutrition Assistance Program (SNAP)	61	61	1	
10c.	Participation in Medicaid	62	62	1	
11.	Migrant Status	63	63	1	
12.	Number in Family/Economic Unit	64	65	2	
13a.	Family/Economic Unit Income	66	70	5	
13b.	Income Period	71	71	1	
13c.	Income Ranges	72	73	2	
14a.	Nutrition Risk #1 (Left Justified)	74	79	6	
14b.	Nutrition Risk #2 (Left Justified)	80	85	6	
14c.	Nutrition Risk #3 (Left Justified)	86	91	6	
14d.	Nutrition Risk #4 (Left Justified)	92	97	6	
14e.	Nutrition Risk #5 (Left Justified)	98	103	6	
14f.	Nutrition Risk #6 (Left Justified)	104	109	6	
14g.	Nutrition Risk #7 (Left Justified)	110	115	6	
14h.	Nutrition Risk #8 (Left Justified)	116	121	6	
14i.	Nutrition Risk #9 (Left Justified)	122	127	6	
14j.	Nutrition Risk #10 (Left Justified)	128	133	6	
15a.	Hemoglobin	134	136	3	
15b.	Hematocrit	137	139	3	
15c.	Date of Blood Test (MMDDYYYY)	140	147	8	
16a(i).	Participant's Weight in Pounds	148	150	3	
16a(ii).	Nearest Quarter Pound of Participant's Weight	} <b>Report pounds or grams</b>	151	151	1
16b.	Participant's Weight in Grams		152	157	6

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<b>MINIMUM DATASET FILE LAYOUT (continued)</b>						
Data Item Number	Description of Data Item	Beginning Column	Ending Column	Field Width in Bytes (No Binary Data)		
17a(i).	Participant's Height in Inches	158	159	2		
17a(ii).	Nearest Eighth of an Inch of Participant's Height	<b>Report inches or centimeters</b>		160	160	1
17b.	Participant's Height in Centimeters	161	164	4		
18.	Date of Height and Weight Measure (MMDDYYYY)	165	172	8		
19a.	Currently Breastfed	173	173	1		
19b.	Ever Breastfed	174	174	1		
19c.	Length of Time Breastfed	175	176	2		
19d.	Date Breastfeeding Data Collected (MMDDYYYY)	177	184	8		
20a.	Food Code #1 (Left Justified)	185	194	10		
20b.	Food Code #2 (Left Justified)	195	204	10		
20c.	Food Code #3 (Left Justified)	205	214	10		
20d.	Food Code #4 (Left Justified)	215	224	10		
20e.	Food Code #5 (Left Justified)	225	234	10		
20f.	Food Code #6 (Left Justified)	235	244	10		
20g.	Food Code #7 (Left Justified)	245	254	10		
20h.	Food Code #8 (Left Justified)	255	264	10		
20i.	Food Code #9 (Left Justified)	265	274	10		
20j.	Food Code #10 (Left Justified)	275	284	10		
20k.	Food Code #11 (Left Justified)	285	294	10		
20l.	Food Code #12 (Left Justified)	295	304	10		
20m.	Food Code #13 (Left Justified)	305	314	10		
20n.	Food Code #14 (Left Justified)	315	324	10		
20o.	Food package type	325	326	2		

State agencies should ensure that all MDS/SDS data items are right justified except race/ethnicity (#5), nutrition risks (#14), and food codes (#20).

If the specifications for food codes and food package type will not allow complete reporting of your State agency's April food packages, please contact [CONTRACTOR] for guidance to develop an alternative file layout.

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<b>SUPPLEMENTAL DATASET FILE LAYOUT</b>					
<b>Data Item Number</b>	<b>Description of Data Item</b>	<b>Beginning Column</b>	<b>Ending Column</b>	<b>Field Width in Bytes (No Binary Data)</b>	
21.	Date of First WIC Certification (MMDDYYYY)	327	334	8	
22.	Education Level	335	336	2	
23.	Number in Household in WIC	337	338	2	
24.	Date Previous Pregnancy Ended (MMDDYYYY)	339	346	8	
25.	Total Number of Pregnancies	347	348	2	
26.	Total Number of Live Births	349	350	2	
27a(i).	Prepregnancy Weight in Pounds	351	353	3	
27a(ii).	Nearest Quarter Pound of Participant's Prepregnancy Weight	<b>Report pounds or grams</b>	354	354	1
27b.	Participant's Prepregnancy Weight in Grams		355	360	6
28a(i).	Weight Gain During Pregnancy in Pounds	361	363	3	
28a(ii).	Nearest Quarter Pound of Participant's Weight Gain During Pregnancy	<b>Report pounds or grams</b>	364	364	1
28b.	Participant's Weight Gain During Pregnancy in Grams		365	370	6
29a(i).	Baby's Birth Weight in Pounds	<b>Report pounds/ ounces or grams</b>	371	372	2
29a(ii).	Ounces of Birth Weight		373	374	2
29b.	Baby's Birth Weight in Grams		375	378	4
30a(i).	Baby's Length at Birth in Inches	<b>Report inches or centimeters</b>	379	380	2
30a(ii).	Nearest Eighth of an Inch of Baby's Length at Birth		381	381	1
30b.	Baby's Length at Birth in Centimeters		382	384	3
31.	Participation in the Food Distribution on Indian Reservation Program	385	385	1	

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**SECTION IV**

**MINIMUM DATASET DEFINITIONS & SPECIFICATIONS**

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## **MINIMUM DATASET OF PC[STUDY YEAR]**

The data items listed below are included in the Minimum Dataset (MDS). For biennial reports on WIC Participant and Program Characteristics, the term participant means a person on WIC master lists or a person listed in WIC operating files who is certified to receive WIC benefits in April [STUDY YEAR].

State agencies should ensure that the data items reflect the participant's status on each item at the time of the most recent WIC Program certification as of April [STUDY YEAR]. However, as a convenience to State agencies that do not maintain historical files and that update the information in their automated systems during certification periods, current information that is on file for each participant in April [STUDY YEAR] will be accepted.

- 1. State Agency ID** A unique number that permits linkage to the WIC State agency where the participant was certified. It is the first 7 digits of the 10-digit Local Agency code maintained by FNS in the WIC Local Agency Directory (WIC LAD).
- 2a. Local Agency ID** A unique number that permits linkage to the Local Agency where the participant was certified as eligible for WIC benefits. It is the last 3 digits of the 10-digit Local Agency Code maintained by FNS in WIC LAD.
- 2b. Service Site ID** A unique number that permits linkage to the service site where the participant was certified. For State agencies that submitted service site or clinic-level data for WIC LAD, service site IDs appear in WIC LAD as the 3-digit codes under Administering Agency.

*Note: For PC[STUDY YEAR] , State agencies should not substitute Service Site ID for Local Agency ID (item 2a above).*

- 3. Case ID** A unique record number for each participant that maintains individual privacy at the national level.

*Note: For each participant, State agencies should construct a Case ID for their PC[STUDY YEAR] data submissions; do not use the case number of the participant as listed in State agency-held files.*

- 4. Date of Birth** Month, day, and year of participant's birth reported in MMDDYYYY format.
- 5. Race/Ethnicity** This categorization requires classification of participants based on ethnicity as well as race. The two categories for ethnicity are Hispanic/Latino and Not Hispanic/Latino. The five racial categories, as required by OMB, are 1) American Indian or Alaska Native; 2) Asian; 3) Black or African American; 4) Native Hawaiian or Other Pacific Islander; or 5) White. One or more racial categories may be selected.

State agencies may report race/ethnicity using one of two formats:

- Yes/No for each of the categories resulting in a six-digit code (1=yes; 2=no)
- Three digits to represent key combinations of racial selections with the first digit representing ethnicity and the last two representing race combinations

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- 6a. Certification Category** The category—one of five possible categories—under which a person is certified as eligible for WIC benefits. These include 1) pregnant woman; 2) breastfeeding woman; 3) postpartum woman (not breastfeeding); 4) infant (younger than 12 months); and 5) child (12–59 months).
- 6b-c. Expected Date of Delivery or Number of 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.
- 7. Date of Certification** The date the person was declared eligible for the most current WIC Program certification as of April [STUDY YEAR]. Month, day, and year should be reported in MMDDYYYY format.
- 8. Sex** For infants and children, male or female.
- 9. Risk Priority Code** Participant priority level for WIC Program certification at the time of the most recent WIC Program certification as of April [STUDY YEAR].
- 10a-c. 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 as of April [STUDY YEAR].
- 11. Migrant Status** Participant migrant status according to the Federal WIC Program definition of a migrant farmworker (currently counted in the FNS 498 report).
- 12. Number in Family or Economic Unit** The number of persons in the family or economic unit upon which WIC income eligibility was based.

States may report a self-declared number in the family or economic unit 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 pregnant women, and income eligibility of Indian and instream migrant farmworker applicants).

**13a-c. Family or Economic Unit Income**

1. 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 as of April [STUDY YEAR].

FNS will convert income expressed in different measures (weekly, monthly, yearly, etc.) to annual amounts.

2. 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 time of certification. These participants include adjunctively income-eligible participants and

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those persons deemed eligible under optional procedures available to the State Agency in Federal WIC Regulations, Section 246.7(d)(2)(vi-viii).

States should not use zero to indicate income values that are missing or not available. Zero should indicate only an actual value of zero.

***Note: Due to the large proportion of WIC participants who are adjunctively income eligible, their income information is essential to describe income among the overall WIC population. States are required to provide income information on those adjunctively eligible for WIC according to Federal WIC Regulation, section 246.7.***

- 14a-j. Nutrition Risks Present at Certification** The highest-priority nutrition risks present at the WIC Program certification current in April [STUDY YEAR] , up to a maximum of 10. Uniform coding is required in submissions from all States, according to WIC Policy Memorandum 98-9.
- 15a-b. Hemoglobin or Hematocrit** The value for the measure of iron status that applies to the WIC Program certification current in April [STUDY YEAR].
- 15c. Date of Blood Test** Month, day, and year blood measure was collected and reported in MMDDYYYY format. States must submit this for all participants reporting a blood measure.
- 16a-b. Weight** The participant's weight measured according to the CDC nutrition surveillance program standards [nearest one-quarter pound]. States may report weight in grams if weight is not collected in pounds and quarter pounds.
- 17a-b. Height** The participant's height (or length) measured according to the CDC nutrition surveillance program standards [nearest one-eighth inch]. States may report height in centimeters if height is not collected in inches and eighth inches.
- 18. Date of Height and Weight Measure** The date of the height and weight measures that were used during the most recent WIC Program certification period as of April [STUDY YEAR] in MMDDYYYY format.
- 19a. Currently Breastfed** For infants and children ages 6 through 13 months in April [STUDY YEAR] , whether or not the participant is currently receiving breastmilk.
- 19b. Ever Breastfed** For infants and children ages 6 through 13 months in April [STUDY YEAR] , whether or not the participant ever received breastmilk.
- 19c. Length of Time Breastfed** For infants and children ages 6 through 13 months in April [STUDY YEAR] , the number of weeks the participant received breastmilk.
- 19d. Date Breastfeeding Data Collected** For infants and children ages 6 through 13 months in April [STUDY YEAR], the date on which breastfeeding status was reported in MMDDYYYY format.
- 20a-n. Food Codes** States have the option of providing food data in an item-quantity format or a food package format. States should provide the food package codes or item codes and quantities for all food prescribed for the participant during the month of April [STUDY YEAR].

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- 20o. Food Package Type** A code representing the interim rule food package descriptor. This descriptor uniquely represents the FNS food package number (I through VII), participant type, breastfeeding status, and (for infants and children only) age associated with the reported food code(s) for that participant.



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**1. State Agency ID**

<b>Description</b>	The State agency where the participant is enrolled.
<b>Column position</b>	1 - 7
<b>Field length</b>	7
<b>Data type</b>	Numeric
<b>Special Instructions</b>	Using the 10-digit identification code used in the WIC LAD maintained by FNS, enter the first 7 digits.

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**2a. Local Agency Number**

<b>Description</b>	The unique number for the Local Agency where the participant is currently certified.
<b>Column position</b>	8 - 10
<b>Field length</b>	3
<b>Data type</b>	Numeric
<b>Special Instructions</b>	Using the 10-digit identification code used in the WIC LAD maintained by FNS, enter the last 3 digits.

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**2b. Service Site ID**

<b>Description</b>	The unique number for the service site or clinic where the participant is currently certified.
<b>Column position</b>	11 - 13
<b>Field length</b>	3
<b>Data type</b>	Numeric
<b>Special Instructions</b>	State agencies that submitted service site-level or clinic-level data for the WIC LAD are asked to include the corresponding service site IDs in their PC[STUDY YEAR] submissions. Service Site IDs appear in WIC LAD as the three-digit codes under Administering Agency.

***Special Note: Service Site ID is not a substitute for Local Agency ID.***

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**3. Case ID**

<b>Description</b>	A unique identifier for each participant record which maintains individual privacy at the national level. This ID will be a State agency-generated ID that will link the MDS file record with the data in the State agency-held record. A separate file should be kept by the State agency or local office that connects the publicly released data that will be delivered to FNS with the information that will not be released but is maintained in the State agency's files. <u><i>This ID cannot be the regular participant ID but will be a State agency-generated identifier separately assigned by the State agency.</i></u>
<b>Column position</b>	14 - 24
<b>Field length</b>	11
<b>Data type</b>	Alphanumeric

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**4. Date of Participant's Birth**

<b>Description</b>	Date of participant's birth, reported in an MMDDYYYY format.
<b>Column position</b>	25 - 32
<b>Field length</b>	8
<b>Data type</b>	Numeric
<b>Notes</b>	<p>Year should be reported as four digits (for example, [STUDY YEAR] ). There should be no birthdates after 4/30/[STUDY YEAR].</p> <p>For infants, there should be no birthdates before [YEAR BEFORE STUDY YEAR].</p> <p>For children, there should be no birthdates before 2009 or after [YEAR BEFORE STUDY YEAR].</p> <p>All dates should fall within valid month, day, and year ranges. <i>Any part of the date that is missing or unavailable should be left blank.</i></p> <p>Example:</p> <p>For January 3, [STUDY YEAR] , the entry would be</p> <p>0103[STUDY YEAR]</p> <p>If day is unknown, the entry would be</p> <p>01__[STUDY YEAR]</p> <p><i>(Note: The missing day should be left blank; there should be no underscore in place of the values.)</i></p>

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**5. Participant's Race/Ethnic Status**

**Description**

Beginning with PC2006, data must be submitted using the revised WIC Program racial and ethnic categories required by OMB. Under the new standards, participants are classified according to their ethnicity as well as their race.

- a. The ethnic classification of participants into Hispanic/Latino or Not Hispanic Latino as defined by:

**Hispanic/Latino ethnicity.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

- b. The five racial categories are listed below. One or more racial categories may be selected by each participant.

**American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

**Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

**Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**State agencies may report race/ethnicity using one of two methods:**

- 1) **Yes/No Format:** Either 1 = yes or 2 = no responses for each of the racial/ethnic categories in the order listed above, forming a six-digit string, with the first digit representing whether or not the participant is Hispanic, and the remaining five digits representing whether or not the participant is each of the racial categories listed in the order above.

Example: Non-Hispanic Asian and Black                      221122

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5. ***Participant's Race/Ethnic Status (continued)***

2) **Standard Codes:** Three-digit codes representing key combinations of one or more racial selections with the first digit representing ethnicity and the last two digits representing race. These codes are defined as follows:

101 = American Indian or Alaska Native, Hispanic/Latino  
201 = American Indian or Alaska Native, **Not** Hispanic/Latino

102 = Asian, Hispanic/Latino  
202 = Asian, **Not** Hispanic/Latino

103 = Black or African American, Hispanic/Latino  
203 = Black or African American, **Not** Hispanic/Latino

104 = Native Hawaiian or Other Pacific Islander, Hispanic/Latino  
204 = Native Hawaiian, **Not** Hispanic/Latino

105 = White, Hispanic/Latino  
205 = White, **Not** Hispanic/Latino

106 = American Indian or Alaska Native; White; Hispanic/Latino  
206 = American Indian or Alaska Native; White; **Not** Hispanic/Latino

107 = Asian; White; Hispanic/Latino  
207 = Asian; White; **Not** Hispanic/Latino

108 = Black or African American; White; Hispanic/Latino  
208 = Black or African American; White; **Not** Hispanic/Latino

109 = American Indian or Alaska Native; Black or African American;  
Hispanic/Latino  
209 = American Indian or Alaska Native; Black or African American;  
**Not** Hispanic/Latino

110 = American Indian or Alaska Native; Asian; Hispanic/Latino  
210 = American Indian or Alaska Native; Asian; **Not** Hispanic/Latino

111 = American Indian or Alaska Native; Native Hawaiian or Other  
Pacific Islander; Hispanic/Latino  
211 = American Indian or Alaska Native; Native Hawaiian or Other  
Pacific Islander; **Not** Hispanic/Latino

112 = Asian; Black; Hispanic/Latino  
212 = Asian; Black; **Not** Hispanic/Latino

113 = Asian; Native Hawaiian or Other Pacific Islander; Hispanic/Latino  
213 = Asian; Native Hawaiian or Other Pacific Islander; **Not**  
Hispanic/Latino

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5. ***Participant's Race/Ethnic Status (continued)***

114 = Black; Native Hawaiian or Other Pacific Islander; Hispanic/Latino

214 = Black; Native Hawaiian or Other Pacific Islander; **Not**  
Hispanic/Latino

115 = Native Hawaiian or Other Pacific Islander; White; Hispanic/Latino

215 = Native Hawaiian or Other Pacific Islander; White; **Not**  
Hispanic/Latino

116 = American Indian or Alaska Native; Asian; Black; Hispanic/Latino

216 = American Indian or Alaska Native; Asian; Black; **Not**  
Hispanic/Latino

117 = American Indian or Alaska Native; Asian; Native Hawaiian or  
Other Pacific Islander; Hispanic/Latino

217 = American Indian or Alaska Native; Asian; Native Hawaiian or  
Other Pacific Islander; **Not** Hispanic/Latino

118 = American Indian or Alaska Native; Asian; White; Hispanic/Latino

218 = American Indian or Alaska Native; Asian; White; **Not**  
Hispanic/Latino

119 = American Indian or Alaska Native; Black; Native Hawaiian or  
Other Pacific Islander; Hispanic/Latino

219 = American Indian or Alaska Native; Black; Native Hawaiian or  
Other Pacific Islander; **Not** Hispanic/Latino

120 = American Indian or Alaska Native; Black; White; Hispanic/Latino

220 = American Indian or Alaska Native; Black; White; **Not**  
Hispanic/Latino

121 = American Indian or Alaska Native; Native Hawaiian or Other  
Pacific Islander; White; Hispanic/Latino

221 = American Indian or Alaska Native; Native Hawaiian or Other  
Pacific Islander; White; **Not** Hispanic/Latino

122 = Asian; Black; Native Hawaiian or Other Pacific Islander;  
Hispanic/Latino

222 = Asian; Black; Native Hawaiian or Other Pacific Islander; **Not**  
Hispanic/Latino

123 = Asian; Black; White; Hispanic/Latino

223 = Asian; Black; White; **Not** Hispanic/Latino

124 = Asian; Native Hawaiian or Other Pacific Islander; White;  
Hispanic/Latino

224 = Asian; Native Hawaiian or Other Pacific Islander; White; **Not**  
Hispanic/Latino



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5. ***Participant's Race/Ethnic Status (continued)***

- 125 = Black; Native Hawaiian or Other Pacific Islander; White; Hispanic/Latino  
225 = Black; Native Hawaiian or Other Pacific Islander; White; **Not** Hispanic/Latino
- 126 = American Indian or Alaska Native; Asian; Black; Native Hawaiian or Other Pacific Islander; Hispanic/Latino  
226 = American Indian or Alaska Native; Asian; Black; Native Hawaiian or Other Pacific Islander; **Not** Hispanic/Latino
- 127 = American Indian or Alaska Native; Asian; Black; White; Hispanic/Latino  
227 = American Indian or Alaska Native; Asian; Black; White; **Not** Hispanic/Latino
- 128 = American Indian or Alaska Native; Asian; Native Hawaiian or Other Pacific Islander; White; Hispanic/Latino  
228 = American Indian or Alaska Native; Asian; Native Hawaiian or Other Pacific Islander; White; **Not** Hispanic/Latino
- 129 = American Indian or Alaska Native; Black; Native Hawaiian or Other Pacific Islander; White; Hispanic/Latino  
229 = American Indian or Alaska Native; Black; Native Hawaiian or Other Pacific Islander; White; **Not** Hispanic/Latino
- 130 = Asian; Black; Native Hawaiian or Other Pacific Islander; White; Hispanic/Latino  
230 = Asian; Black; Native Hawaiian or Other Pacific Islander; White; **Not** Hispanic/Latino
- 131 = American Indian or Alaska Native; Asian; Black; Native Hawaiian or Other Pacific Islander; White; Hispanic/Latino  
231 = American Indian or Alaska Native; Asian; Black; Native Hawaiian or Other Pacific Islander; White; **Not** Hispanic/Latino
- 199 = Hispanic/Latino; Missing race  
299 = **Not** Hispanic/Latino; Missing race  
9xx = Missing ethnicity  
999 = Missing ethnicity and race

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5. *Participant's Race/Ethnic Status (continued)*

**Column position** 33 - 38

**Field length** 6

**Data type** Numeric

**Allowable values** **In Yes/No Format:** six-digit code with each digit representing:  
1 = yes or 2 = no

**In Standard Codes:** 101-131; 199; 201-231, 199, 299, 9xx, 999. Left justified followed by three blank columns

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**6a. Certification Category**

**Description** One of five possible categories participant was assigned at certification.

- 1 = Pregnant Woman
- 2 = Breastfeeding Woman
- 3 = Postpartum Woman, not breastfeeding
- 4 = Infant (younger than 12 months)
- 5 = Child (12–59 months)

**Column position** 39

**Field length** 1

**Data type** Numeric

**Allowable values** 1 - 5

**Notes** Certification category must be reported for all participants. This item may not be blank.

Please carefully check your assignment of certification category codes. Errors in these assignments affect every reported number in PC[STUDY YEAR].

Participants certified as children may not be younger than 11 months of age or older than 5 years.

Breastfeeding women may not be certified past the child's first birthday.

Postpartum women, not breastfeeding, may not be certified for more than 6 months after the child is born or the pregnancy is otherwise ended.

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**6b. Expected Date of Delivery**

(This item may be supplied instead of *Number of Weeks Gestation* (6c)).

<b>Description</b>	Expected date of delivery for pregnant women, reported in an MMDDYYYY format.
<b>Column position</b>	40 - 47
<b>Field length</b>	8
<b>Data type</b>	Numeric
<b>Notes</b>	Year should be reported as four digits (for example, [STUDY YEAR] ). Expected date of delivery should be reported only for pregnant women.  All dates should fall within valid month, day, and year ranges. Unlike most other PC[STUDY YEAR] dates, expected dates of delivery may fall after April [STUDY YEAR]. Any part of the date that is missing or unavailable should be left blank.

Example:

For May 3, [STUDY YEAR] , the entry would be

0503[STUDY YEAR]

If day is unknown, the entry would be

05\_\_[STUDY YEAR]

*(Note: The missing day should be left blank; there should be no underscore in place of the values.)*

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**6c. Number of Weeks Gestation**

(This item may be supplied instead of *Expected Date of Delivery* (6b)).

<b>Description</b>	Number of weeks since pregnant woman's last menstrual period, as of the date of the most recent certification in April [STUDY YEAR].
<b>Column position</b>	48 - 49
<b>Field length</b>	2
<b>Data type</b>	Numeric
<b>Allowable values</b>	1 - 43
<b>Note</b>	Number of weeks gestation should be reported <i>only</i> for pregnant women.

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**7. Date of Certification**

**Description** The month, day, and year of the participant's current certification (for the most recent certification as of April [STUDY YEAR] ) reported in an MMDDYYYY format.

**Column position** 50 - 57

**Field length** 8

**Data type** Numeric

**Notes** Year should be reported as four digits (for example, [YEAR BEFORE STUDY YEAR]). There should be no certification dates after 4/30/[STUDY YEAR].

There should be no certification dates earlier than [YEAR BEFORE STUDY YEAR].

All dates should fall within valid month, day, and year ranges. Any part of the date that is missing or unavailable should be left blank.

Example:

For March 3, [STUDY YEAR] , the entry would be

0303[STUDY YEAR]

If day is unknown, the entry would be

03\_[STUDY YEAR]

*(Note: The missing day should be left blank; there should be no underscore in place of the values.)*

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**8. Participant's Sex**

<b>Description</b>	Indication of whether infant or child is male or female.  1 = Male 2 = Female
<b>Column position</b>	58
<b>Field length</b>	1
<b>Data type</b>	Numeric
<b>Allowable values</b>	1 - 2
<b>Note</b>	This item is required only for infants and children.

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**9. Risk Priority Codes**

<b>Description</b>	<p>The participant's priority at the time of his/her most recent certification date.</p> <p>1 = Priority I: Pregnant and breastfeeding women and infants, at nutritional risk as demonstrated by anthropometric or hematological assessment or by other documented nutritionally related medical condition.</p> <p>2 = Priority II: Infants up to 6 months of age of mothers who participated in WIC during pregnancy, or who would have been eligible to participate under Priority I documented medical condition. This priority may also be assigned to a breastfeeding mother of an infant who is classified as Priority II.</p> <p>3 = Priority III: Children at nutritional risk, as demonstrated by anthropometric or hematological assessment or other documented medical condition. Can also include high-risk postpartum women.</p> <p>4 = Priority IV: Pregnant and breastfeeding women and infants, at nutritional risk as demonstrated by inadequate dietary pattern. Can also include high-risk postpartum women and homeless and migrant pregnant and breastfeeding women and infants.</p> <p>5 = Priority V: Children at nutritional risk due to inadequate dietary pattern. Can also include high-risk postpartum women and homeless and migrant children.</p> <p>6 = Priority VI: Postpartum women, not breastfeeding, at nutritional risk on either medical or dietary criteria unless assigned to higher priorities at state discretion. At State option, this priority can also include homeless and migrant postpartum women.</p> <p>7 = Priority VII: Previously certified participants likely to regress in nutritional status without continuation of supplemental food. At State option, this priority can also include homeless and migrant participants.</p>
<b>Column position</b>	59
<b>Field length</b>	1
<b>Data type</b>	Numeric
<b>Allowable values</b>	1 - 7



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**9. Risk Priority Codes (continued)**

- Notes**
- If the risk priority code equals 1 then certification category should equal 1 or 2 or 4.
  - If the risk priority code equals 2 then certification category should equal 4 or 2.
  - If the risk priority code equals 3 then certification category should equal 5 or 3.
  - If the risk priority code equals 4 then certification category should equal 1 or 2 or 3 or 4.
  - If the risk priority code equals 5 then certification category should equal 5 or 3.
  - If the risk priority code equals 6 then certification category should equal 3.
  - If the risk priority code equals 7 then certification category should equal 1 or 2 or 3 or 4 or 5.

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**10a. Participation in Other Programs - TANF**

<b>Description</b>	Does the participant or family member of the participant receive TANF (Temporary Assistance to Needy Families) benefits?  1 = Yes 2 = No
<b>Column position</b>	60
<b>Field length</b>	1
<b>Data type</b>	Numeric
<b>Allowable values</b>	1 - 2
<b>Note</b>	The participant's reported participation at the time of the most recent certification. If updated since certification, the participant's current participation in this program.  If column 60 = 1, then income entries should be present either in column positions 66 to 70 or 72 to 73.

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<b>10b.</b>	<b><i>Participation in Other Programs - Supplemental Nutrition Assistance Program (SNAP)</i></b>
<b>Description</b>	Does the participant receive Supplemental Nutrition Assistance Program (SNAP) benefits?  1 = Yes 2 = No
<b>Column position</b>	61
<b>Field length</b>	1
<b>Data type</b>	Numeric
<b>Allowable values</b>	1 - 2
<b>Note</b>	The participant's reported participation at the time of the most recent certification. If updated since certification, the participant's current participation in this program.  If column 61 = 1, then income entries should be present either in column positions 66 to 70 or 72 to 73.

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**10c. Participation in Other Programs - Medicaid**

**Description** Does the participant receive Medicaid benefits or is the participant a member of a family in which a pregnant woman or an infant is certified eligible to receive assistance under Medicaid?

1 = Yes  
2 = No

**Column position** 62

**Field length** 1

**Data type** Numeric

**Allowable values** 1 - 2

**Note** The participant's reported participation at the time of the most recent certification. If updated since certification, the participant's current participation in this program.

If column 62 = 1, then income entries should be present either in column positions 66 to 70 or 72 to 73.

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**11. Migrant Status**

<b>Description</b>	Is any member of the family a migrant worker? According to the WIC Program Consolidated Regulations, a migrant farmworker is an individual whose principal employment is in agriculture, on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purpose of such employment, a temporary abode.  1 = Yes 2 = No
<b>Column position</b>	63
<b>Field length</b>	1
<b>Data type</b>	Numeric
<b>Allowable values</b>	1 - 2

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**12.    *Number in Economic Unit***

<b>Description</b>	The number of persons in the economic unit upon which income eligibility is based. This is a self-declared number in the economic unit for those eligible for WIC due to participation in other means-tested programs or those persons deemed eligible under optional procedures available to the State Agency in Federal WIC Regulations, Section 246.7(d)(2)(vi-viii).
<b>Column position</b>	64 - 65
<b>Field length</b>	2
<b>Data type</b>	Numeric
<b>Allowable values</b>	1 - 20
<b>Note</b>	Zero is not a valid value for this item.

*Number in economic unit must be reported for all participants.*

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**13a. Family Income**

**Description**

For a person whose income is determined during the certification process, enter the income amount that was used to qualify the individual for WIC benefits. Amounts may be reported for various periods of time (weekly, monthly, biweekly—every 2 weeks, or annually) as specified in 13b. For a participant whose income was not required to be determined for WIC certification, enter a self-declared income for descriptive purposes only. Self-declared incomes for these participants may be entered in dollar amounts in MDS items 13a and 13b or by income categories in MDS item 13c.

For a participant whose income was not required as part of WIC certification, entry of a self-declared amount should not be used by State data systems to alter WIC eligibility decisions. From a regulatory point of view, such eligibility is based on the means test provided by other programs such as TANF, SNAP, Medicaid, and, at State option, other programs selected by a State agency. As long as the participant is a bona fide participant in such other programs, apparent discrepancies in income amounts need not be edited from WIC files nor examined for potential effects on WIC eligibility.

For Indian Tribal Organization State agencies, which have opted to implement alternative income eligibility procedures, as set forth in Section 246.7(d)(2)(viii) of the Federal WIC regulations, self-declared incomes may be stated in dollars or selected from income codes in MDS item 13c.

**Column position**

66 - 70

**Field length**

5

**Data type**

Numeric

States may enter income for adjunctively income eligible participants either in 13a or in 13c.

**Notes**

If a record does not contain a dollar amount income in column positions 66 to 70, an income value should be present in column positions 72 to 73.

***Zero should be used only to indicate an income of zero. Zero may not indicate missing values or values not reported. Income that is missing or not available should be left blank.***

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**13b. Income Period**

<b>Description</b>	The period covered by the amount described in <b>Family Income</b> (item 13a).  1 = Weekly 2 = Monthly 3 = Biweekly (every 2 weeks) 4 = Annually
<b>Column position</b>	71
<b>Field length</b>	1
<b>Data type</b>	Numeric
<b>Allowable values</b>	1 - 4
<b>Notes</b>	Income period should be present for every record containing a dollar value for income.  FNS will convert income expressed in different measures (weekly, monthly, yearly) to annual amounts.



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**13c. Income Ranges for Participants with Adjunct Eligibility**

**Description**

Self-declared income for the family/economic unit expressed in a dollar range for any participant whose income was not required to be determined as part of the WIC certification process.

Participants whose incomes are not required to be determined during WIC certification include adjunctively income-eligible participants and those persons deemed income eligible under optional procedures available to the State agency in Federal WIC Regulations, Section 246.7(d)(2)(vi-vii).

**13c. Income Ranges for Participants with Adjunct Eligibility (continued)**

Monthly	Code	Annually	Code
\$0 - 99	1	\$0 - 1,199	1
\$100 - 199	2	\$1,200 - 2,399	2
\$200 - 299	3	\$2,400 - 3,599	3
\$300 - 399	4	\$3,600 - 4,799	4
\$400 - 499	5	\$4,800 - 5,999	5
\$500 - 599	6	\$6,000 - 7,199	6
\$700 - 799	7	\$8,200 - 9,399	7
\$800 - 899	8	\$9,400 - 10,599	8
\$900 - 999	9	\$10,600 - 11,799	9
\$1,000 - 1,099	10	\$11,800 - 12,999	10
\$1,100 - 1,199	11	\$13,000 - 14,199	11
\$1,200 - 1,299	12	\$14,200 - 15,399	12
\$1,300 - 1,399	13	\$15,400 - 16,599	13
\$1,400 - 1,499	14	\$16,600 - 17,799	14
\$1,500 - 1,599	15	\$17,800 - 18,999	15
\$1,600 - 1,699	16	\$19,000 - 20,199	16
\$1,700 - 1,799	17	\$20,200 - 21,399	17
\$1,800 - 1,899	18	\$21,400 - 22,599	18
\$1,900 - 1,999	19	\$22,600 - 23,799	19
\$2,000 - 2,099	20	\$23,800 - 24,999	20
\$2,100 - 2,199	21	\$25,000 - 26,199	21
\$2,200 - 2,299	22	\$26,200 - 27,399	22
\$2,300 - 2,399	23	\$27,400 - 28,599	23
\$2,400 - 2,499	24	\$28,600 - 29,799	24
\$2,500 - 2,599	25	\$29,800 - 30,999	25
\$2,600 - 2,699	26	\$31,000 - 32,199	26
\$2,700 - 2,799	27	\$32,200 - 33,399	27
\$2,800 - 2,899	28	\$33,400 - 34,599	28
\$2,900 - 2,999	29	\$34,600 - 35,799	29
\$4,900 - 4,999	50	\$58,800 - 59,999	50
\$5,000 - 5,099	51	\$60,000 - 61,199	51
\$5,100 - 5,199	52	\$61,200 - 62,399	52

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Monthly	Code	Annually	Code
\$5,200 - 5,299	53	\$62,400 - 63,599	53
\$5,300 - 5,399	54	\$63,600 - 64,799	54
\$5,400 - 5,499	55	\$64,800 - 65,999	55
\$5,500 - 5,599	56	\$66,000 - 67,199	56
\$5,600 - 5,699	57	\$67,200 - 68,399	57
\$5,700 - 5,799	58	\$68,400 - 69,599	58
\$5,800 - 5,899	59	\$69,600 - 70,799	59
\$5,900 - 5,999	60	\$70,800 - 71,999	60
\$6,000 - 6,099	61	\$72,000 - 73,199	61
\$6,100 - 6,199	62	\$73,200 - 74,399	62
\$6,200 +	63	\$74,400 +	63

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**13c. Income Ranges for Participants with Adjunct Eligibility (continued)**

**Column position** 72 - 73

**Field length** 2

**Data type** Numeric

**Allowable values** 1 – 63

**Notes** State agencies may enter income for adjunctively income eligible participants either in 13a or in 13c.

If a record does not contain a dollar amount for income in column positions 66 to 70, an entry should be present for adjunctive income range in column positions 72 to 73.

If column positions 60, 61, or 62 equal 1, then an entry for adjunctive income should be present either in positions 66 to 70 or 72 to 73.

Zero is not a valid entry for this item.

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**14a-j. Nutrition Risks**

**Description** Nutrition risk present at certification as recorded on State agency files.

**Column position**

Nutrition Risks (any order)	Position
a. Nutrition Risk #1:	
b. Nutrition Risk #2:	80-85
c. Nutrition Risk #3:	86-91
d. Nutrition Risk #4:	92-97
e. Nutrition Risk #5:	98-103
f. Nutrition Risk #6:	104-109
g. Nutrition Risk #7:	110-115
h. Nutrition Risk #8:	116-121
i. Nutrition Risk #9:	122-127
j. Nutrition Risk #10:	128-133

**Field length** 6 for each code; 60 total

**Data type** Alphanumeric

**Notes** **Using this format, State agencies can report up to 10 nutrition risks per participant.** Nutrition risks can be listed in any order. State agency nutrition risk codes will be translated into Federal nutrition risk codes.

*Each nutrition risk code should be left justified and blank filled.*

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**15a. Hemoglobin**

(This item may be supplied instead of *Hematocrit* (15b).)

<b>Description</b>	Value for the measure of iron status that applies to the current certification. Reported in grams/dl (XX.Y) with a single implied decimal place. For example, 14.9 should be coded as 149.
<b>Column position</b>	134 - 136
<b>Field length</b>	3
<b>Data type</b>	Numeric
<b>Notes</b>	<p>This item is not required for infant participants who are less than 9 months old.</p> <p>For children, if there is no blood measurement recorded for the current certification, please provide value for most recent certification that is available.</p> <p><i>Zero should not be used to indicate missing values. If hemoglobin is missing or not reported, this item should be left blank.</i></p>

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**15b. Hematocrit**

(This item may be supplied instead of **Hemoglobin** (15a).)

<b>Description</b>	Value for the measure of iron status that applies to the current certification. Reported to the nearest tenth of a percent (XX.Y) with a single implied decimal place. For example, 37.6 should be coded as 376.
<b>Column position</b>	137-139
<b>Field length</b>	3
<b>Data type</b>	Numeric
<b>Notes</b>	<p>This item is not required for infant participants who are less than 9 months old.</p> <p>For children, if there is no blood measurement recorded for the current certification, please provide value for most recent certification that is available.</p> <p><i>Zero should not be used to indicate missing values. If hematocrit is missing or not reported, this item should be left blank.</i></p>

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**15c. Date of Blood Test**

**Description** The month, day, and year participant’s blood measure was taken, reported in MMDDYYYY format. This is required for all participants reporting a blood measure.

**Column position** 140-147

**Field length** 8

**Data type** Numeric

**Notes** Year should be reported as four digits (for example, [FOUR DIGIT YEAR]).

*All dates must fall within legitimate month, day, and year ranges. Any part of the date that is missing or not available should be left blank.*

Example:

For December 3, [YEAR BEFORE STUDY YEAR] the entry would be

1203[YEAR BEFORE STUDY YEAR]

If day is unknown, the entry should be

12\_\_ [YEAR BEFORE STUDY YEAR]

*(Note: The missing day should be left blank; there should be no underscore in place of the values.)*

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**16a (i). Participant's Weight in Pounds**

(This item may be supplied instead of **Participant's Weight in Grams** (16b).)

<b>Description</b>	The participant's weight in whole pounds.
<b>Column position</b>	148-150
<b>Field length</b>	3
<b>Data type</b>	Numeric
<b>Notes</b>	Participant weight may be reported <u>either</u> in pounds and quarter pounds <u>or</u> in grams.

Example:

For a weight of 9 pounds 12 ounces, the entry for this item is:

\_\_\_9

The number of ounces is reported as quarter pounds in the next data item (16a(ii)).

*(Note: If the length of the field is less than three characters, the leftmost column(s) should be left blank; there should be no underscore in place of the values.)*



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**16a (ii). The Nearest Quarter Pound of Participant's Weight**

<b>Description</b>	The nearest quarter pound of participant's weight.
<b>Column position</b>	151
<b>Field length</b>	1
<b>Data type</b>	Numeric
<b>Allowable Values</b>	0-3
<b>Notes</b>	<p>Quarter pounds should be reported only when weight in pounds is reported. This measure is typically only reported for infants.</p> <p>Participant weight may be reported <i>either</i> in pounds and quarter pounds <i>or</i> in grams.</p> <p>Example:</p> <p>For a weight of 9 pounds 12 ounces, the entry for this item is:</p> <p style="text-align: center;">3</p> <p>as 12 ounces is equal to 3 quarter pounds.</p> <p>The number of whole pounds is reported in the previous data item (16a(i)).</p>

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**16b. Participant's Weight in Grams**

(This item may be supplied instead of **Participant's Weight in Pounds** (16a).)

<b>Description</b>	The participant's weight measured in grams.
<b>Column position</b>	152 - 157
<b>Field length</b>	6
<b>Data type</b>	Numeric
<b>Note</b>	Participant weight may be reported <i>either</i> in pounds and quarter pounds <i>or</i> in grams.

Example:

A weight of 90,718 grams (approximately 200 lbs.) is entered as:

\_ 90718

*(Note: If the length of the field is less than six characters, the leftmost column(s) should be left blank; there should be no underscore in place of the values.)*

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**17a (i). Participant's Height in Inches**

(This item may be supplied instead of **Participant's Height in Centimeters** (17b).)

<b>Description</b>	The participant's height (length) in whole inches.
<b>Column position</b>	158 - 159
<b>Field length</b>	2
<b>Data type</b>	Numeric
<b>Notes</b>	Participant height may be reported <u>either</u> in inches and one-eighth inches <u>or</u> in centimeters.  Example:  For a height of 33.5 inches, the entry for this item is:  33  The fractional number of inches is reported as one-eighth inches in the next data item (17a(ii)).

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**17a (ii). The Nearest Eighth of an Inch of Participant's Height**

<b>Description</b>	The nearest eighth of an inch of participant's height (length).
<b>Column position</b>	160
<b>Field length</b>	1
<b>Data type</b>	Numeric
<b>Allowable values</b>	0-7
<b>Notes</b>	<p>Eighth inches should be reported only when height in inches is reported. This measure is typically only reported for infants.</p> <p>Participant height may be reported <i>either</i> in inches and one-eighth inches <i>or</i> in centimeters.</p> <p>Example:</p> <p>For a height of 33.5 inches, the entry for this item is:</p> <p>4</p> <p>as half an inch is equal to 4 one-eighth inches.</p> <p>The number of whole inches is reported in the previous data item (17a(i)).</p>

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**17b. Participant's Height in Centimeters**

(This item may be supplied instead of **Participant's Height in Inches** (17a).)

<b>Description</b>	The participant's height (length) measured to the nearest tenth of a centimeter with a single implied decimal place. For example, 30.5 centimeters should be coded as _305. In another example, 28 centimeters should be coded as _280 to allow for the single implied decimal place.
<b>Column position</b>	161 - 164
<b>Field length</b>	4
<b>Data type</b>	Numeric
<b>Note</b>	Participant height may be reported <u>either</u> in inches and one-eighth inches <u>or</u> in centimeters.

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**18. Date of Height and Weight Measure**

<b>Description</b>	The month, day, and year during which the participant's height and weight was measured (used for most recent certification as of April), reported in an MMDDYYYY format.
<b>Column position</b>	165 - 172
<b>Field length</b>	8
<b>Data type</b>	Numeric
<b>Notes</b>	<p>Year should be reported as four digits (for example, [STUDY YEAR] ). There should be no dates after 04/30/[STUDY YEAR].</p> <p><i>All dates should fall within valid month, day, and year ranges. Any part of the date that is missing or unavailable should be left blank.</i></p> <p>Example:</p> <p>For January 3, [STUDY YEAR] , the entry would be</p> <p>0103[STUDY YEAR]</p> <p>If day is unknown, the entry would be</p> <p>01__[STUDY YEAR]</p> <p><i>(Note: The missing day should be left blank; there should be no underscore in place of the values.)</i></p>

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**19a. Currently Breastfed**

<b>Description</b>	For infants and children ages 6 through 13 months in April [STUDY YEAR] , whether or not the participant is currently receiving breastmilk.  1 = Yes 2 = No
<b>Column position</b>	173
<b>Field length</b>	1
<b>Data type</b>	Numeric
<b>Allowable values</b>	1 - 2
<b>Note</b>	<p>This item is required only for infants and children who are ages 6 through 13 months. This includes infants and children born between February 1, [YEAR BEFORE STUDY YEAR] and October 31, [YEAR BEFORE STUDY YEAR].</p> <p>A State agency may report breastfeeding data for additional infant and children WIC participants if this approach is better suited to the configuration of the State agency's automated processing system. If your State agency chooses this option, please indicate this choice on the PC[STUDY YEAR] Worksheet. Please note that only data on infants and children who are ages 6 through 13 months will be analyzed and reported for PC[STUDY YEAR].</p> <p><i>If this information is missing or not available, leave the column position blank.</i></p> <p>See the exhibit on page IV-46 for the flow of breastfeeding items in this dataset.</p>

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**19b. Ever Breastfed**

**Description** For infants and children not currently receiving breastmilk who are ages 6 through 13 months in April [STUDY YEAR] , whether or not the infant or child ever received breastmilk.

1 = Yes  
2 = No

**Column position** 174

**Field length** 1

**Data type** Numeric

**Allowable values** 1 - 2

**Note** This item is required only for infants and children who are ages 6 through 13 months who are not currently receiving breastmilk. That is, this information should be reported for every WIC infant and child who is ages 6 through 13 months (infants and children born between February 1, [YEAR BEFORE STUDY YEAR] and October 31, [YEAR BEFORE STUDY YEAR]) with a value of 2 in column position 173.

A State agency may report breastfeeding data for additional infant and child WIC participants if this approach is better suited to the configuration of the State's automated processing system. If your State agency chooses this option, please indicate this choice on the PC[STUDY YEAR] Data Transmittal worksheet found in Section VI of this document. Please note that only data on infants and children who are ages 6 through 13 months will be analyzed and reported for PC[STUDY YEAR].

*If this information is missing or not available, leave the column position blank.*



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**19c. Length of Time Breastfed**

**Description**

For infants and children not currently receiving breastmilk who are ages 6 through 13 months in April [STUDY YEAR] who have ever received breastmilk, the number of weeks the infant or child received breastmilk.

For example, if the infant or child was breastfed for 5 months, record 22 weeks

The conversions listed below are consistent with conversions applied by the CDC Surveillance System. To convert months to weeks:

1 month	=	4 weeks
2 months	=	9 weeks
3 months	=	13 weeks
4 months	=	17 weeks
5 months	=	22 weeks
6 months	=	26 weeks
7 months	=	30 weeks
8 months	=	35 weeks
9 months	=	39 weeks
10 months	=	43 weeks
11 months	=	48 weeks
12 months	=	52 weeks
13 months	=	56 weeks

To convert days to weeks:

Fewer than 4 days	=	0 weeks
4–10 days	=	1 week
11–17 days	=	2 weeks
18–24 days	=	3 weeks
25–31 days	=	4 weeks
32–38 days	=	5 weeks
39–45 days	=	6 weeks

*If this information is missing or not available, leave the column positions blank.*

<b>Column position</b>	175 - 176
<b>Field length</b>	2
<b>Data type</b>	Numeric
<b>Allowable values</b>	0 - 72

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**19c. Length of Time Breastfed (continued)**

**Notes**

This item is required only for infants and children who are ages 6 through 13 months who have ever received breastmilk but are not currently breastfeeding. Data on length of time breastfed should be reported for infants and children who are ages 6 through 13 months (infants and children born between February 1, [YEAR BEFORE STUDY YEAR] and October 31, [YEAR BEFORE STUDY YEAR]) with values of 2 (not currently breastfeeding) in column 173 and values of 1 (yes response to ever breastfed) in column 174.

A State agency may report breastfeeding data for additional infant and child WIC participants if this approach is better suited to the configuration of the State agency's automated processing system. If your State agency chooses this option, please indicate this choice on the PC[STUDY YEAR] Worksheet.

Zero is a valid entry for this item. If the infant or child was breastfed for fewer than 4 days, enter a zero. When information is missing, leave columns 175 and 176 blank.

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**19d. Date Breastfeeding Data Collected**

**Description** For infants or children who are ages 6 through 13 months in April [STUDY YEAR] , the date (month, day, and year) on which breastfeeding status was reported by the mother. Date must be reported in MMDDYYYY format.

**Column position** 177 - 184

**Field length** 8

**Data type** Numeric

**Notes** Year should be reported as four digits (for example, [STUDY YEAR] ). This item is required only for infants who are ages 6 through 13 months (infants and children born between February 1, [YEAR BEFORE STUDY YEAR] and October 31, [YEAR BEFORE STUDY YEAR]).

A State agency may report breastfeeding data for additional infant and child WIC participants if this approach is better suited to the configuration of the State agency's automated processing system. If your State agency chooses this option, please indicate this choice on the PC[STUDY YEAR] Worksheet.

Some State agencies may not update this field every time breastfeeding status is confirmed. In these cases, the date of the most recent food issuance or office visit may be used as a proxy for the most recent date breastfeeding data were collected if breastfeeding status is confirmed during these visits.

All dates should fall within valid month, day, and year ranges. Any part of the date that is missing or unavailable should be left blank.

Example:

For March 3, [STUDY YEAR] , the entry would be

0303[STUDY YEAR]

If day is unknown, the entry would be

03\_\_[STUDY YEAR]

*(Note: The missing day should be left blank; there should be no underscore in place of the values.)*

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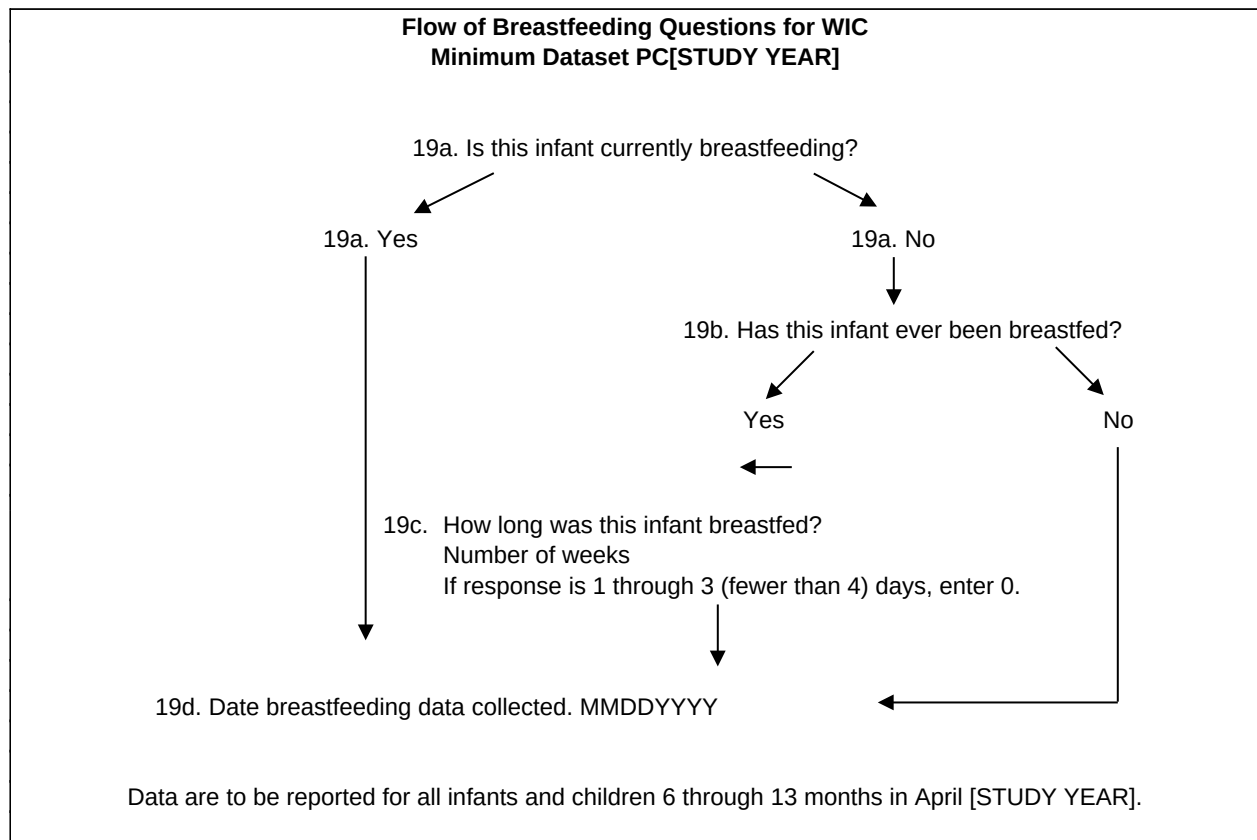
**19d. Date Breastfeeding Data Collected (continued)**

**Notes (continued)**

For infants and children reported as no longer breastfeeding in your State agency system, there is no need to repeat the breastfeeding questions when these infants and children are ages 6 through 13 months. However, the State agency must ensure that the data reported accurately reflect the full breastfeeding duration for each infant and child WIC participant.

State or Local Agency staff can verify this information when the infant or child is ages 6 through 13 months. The date of this administrative validation should be entered as the date of breastfeeding data collected. Please consult your WIC Administrator to determine the process to be used. In addition, be sure to document derivation of dates when you submit your State's data file.

Entries in column positions 177 through 184 are essential for analysis of all breastfeeding data entries. Please ensure that these data are provided along with the data on other breastfeeding items.



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**20a-n. Food Codes**

**Note** State agencies have the option of providing food data in a food package format or in an item-quantity format. The item-quantity format is preferable, if at all possible.

**For State Agencies Submitting Food Items and Quantities:**

**Description** The item codes and quantities for all food items prescribed for the participant during the month of April [STUDY YEAR].

**Column position**

Item Code	Position	Quantity	Position
a. Item Code #1:		a. Quantity #1:	
b. Item Code #2:	195-201	b. Quantity #2:	202-204
c. Item Code #3:	205-211	c. Quantity #3:	212-214
d. Item Code #4:	215-221	d. Quantity #4:	222-224
e. Item Code #5:	225-231	e. Quantity #5:	232-234
f. Item Code #6:	235-241	f. Quantity #6:	242-244
g. Item Code #7:	245-251	g. Quantity #7:	252-254
h. Item Code #8:	255-261	h. Quantity #8:	262-264
i. Item Code #9:	265-271	i. Quantity #9:	272-274
j. Item Code #10:	275-281	j. Quantity #10:	282-284
k. Item Code #11:	285-291	k. Quantity #11:	292-294
l. Item Code #12:	295-301	l. Quantity #12:	302-304
m. Item Code #13:	305-311	m. Quantity #13:	312-314
n. Item Code #14:	315-321	n. Quantity #14:	322-324

**Field length** 10 for each item/quantity combination; 140 total.

**Data type** Alphanumeric

**Notes** Using this format, State agencies can report up to 14 food items and quantities—each item code is up to 7 characters wide, and each quantity is up to 3 characters wide. If these specifications will not allow complete reporting of your State agency’s food codes, please contact [CONTRACTOR] to develop an alternative file layout.

*Each food item code and food quantity should be left justified and blank filled.*

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*20a-n. Food Codes (continued)*

**For State Agencies Submitting Food Package Codes:**

**Description** The food package code(s) for the WIC food package or for all food instruments prescribed for the participant during the month of April [STUDY YEAR].

**Column position**

Food Package Code	Position
a. Food Package Code #1:	
b. Food Package Code #2:	195-204
c. Food Package Code #3:	205-214
d. Food Package Code #4:	215-224
e. Food Package Code #5:	225-234
f. Food Package Code #6:	235-244
g. Food Package Code #7:	245-254
h. Food Package Code #8:	255-264
i. Food Package Code #9:	265-274
j. Food Package Code #10:	275-284
k. Food Package Code #11:	285-294
l. Food Package Code #12:	295-304
m. Food Package Code #13:	305-314
n. Food Package Code #14:	315-324

**Field length** 10 for each code; 140 total.

**Data type** Alphanumeric

**Notes** Using this format, State agencies can report up to 14 food package codes—each 10 characters wide. If these specifications will not allow complete reporting of your State agency’s food package codes, please contact [CONTRACTOR] to develop an alternative file layout.

*Each food package code should be left justified and blank filled.*

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**20o. Food Package Type**

**Description**

The participant's interim rule food package descriptor. This descriptor uniquely represents the participant's FNS food package number (I through VII), participant type, breastfeeding status, and (for infants and children only) age. This is to be reported as a number from 1 to 28 as defined in the table below:

Food Package Type	Participant Type	Food Package Number	Interim Rule Food Package Descriptor	Age	Category
1	Infants	Food Package I	I-FF-A	0-3.9 months	fully formula fed
2			I-FF-B	4-5.9 months	fully formula fed
3			I-BF/FF-A	0-0.9 months	partially breastfed
4			I-BF/FF-B	1-3.9 months	partially breastfed
5			I-BF/FF-C	4-5.9 months	partially breastfed
6			I-BF-A	0-3.9 months	fully breastfed
7			I-BF-B	4-5.9 months	fully breastfed
8			Food Package II	II-FF	6-11.9 months
9		II-BF/FF		6-11.9 months	partially breastfed
10			II BF	6-11.9 months	fully breastfed
11	Medical	Food Package III	III I-FF-A	0-3.9 months	fully formula fed
12			III I-FF-B	4-5.9 months	fully formula fed
13			III I-BF/FF-A	0-0.9 months	partially breastfed
14			III I-BF/FF-B	1-3.9 months	partially breastfed
15			III I-BF/FF-C	4-5.9 months	partially breastfed
16			III II-FF	6-11.9 months	fully formula fed
17			III II-BF/FF	6-11.9 months	partially breastfed
18			III IV-A	1-1.9 years	children
19			III IV-B	2-4.9 years	children
20			III V	women	pregnant and partially breastfeeding (up to 1 year postpartum)
21			III VI	women	non-breastfeeding postpartum and partially (minimally) breast feeding (up to 6 months postpartum)
22			III VII	women	fully breastfeeding (up to 1 year postpartum)
23	Children	Food Package IV	IV-A	1-1.9 years	children
24			IV-B	2-4.9 years	children

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<b>Food Package Type</b>	<b>Participant Type</b>	<b>Food Package Number</b>	<b>Interim Rule Food Package Descriptor</b>	<b>Age</b>	<b>Category</b>
25	Women	<b>Food Package V</b>	V	women	pregnant and partially (mostly) breastfeeding (up to 1 year postpartum)
26		<b>Food Package VI</b>	VI	women	non-breastfeeding postpartum and partially (minimally) breastfeeding (up to 6 months postpartum)
27		<b>Food Package VII</b>	VII	women	fully breastfeeding; partially (mostly) breastfeeding multiples; pregnant with multiples
28		<b>No Food Package</b>	N/A	women	partially (minimally) breastfeeding (over 6 months postpartum)



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**20o. Food Package Type (continued)**

<b>Column position</b>	325 - 326
<b>Field length</b>	2
<b>Data type</b>	Numeric
<b>Allowable Values</b>	1 - 28
<b>Note</b>	Food Package Type should correspond to the participant's Food Code(s).

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**SECTION V**

**SUPPLEMENTAL DATASET AND SPECIFICATIONS**

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**WIC PARTICIPANT  
AND  
PROGRAM CHARACTERISTICS**

**PC[STUDY YEAR]**

**U.S. Department of Agriculture  
Food and Nutrition Service**

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## **SUPPLEMENTAL DATASET OF PC[STUDY YEAR]**

The data items listed below are included in the Supplemental Dataset (SDS). State agencies that are currently collecting these items should include them in April data submissions.

For biennial reports on WIC participant and program characteristics, the term participant means a person on WIC master lists or a person listed in WIC operating files who is certified to receive WIC benefits in April [STUDY YEAR].

The data items should reflect the participant's status on each item at the time of the most recent WIC Program certification as of April [STUDY YEAR]. However, as a convenience to State agencies that do not maintain historical files and that update the information in their automated systems during certification periods, current information that is on the file for each participant in April [STUDY YEAR] will be accepted.

21. **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.
22. **Education 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.
23. **Number in Household in WIC** The number of people in the participant's household receiving WIC benefits.
24. **Date Previous Pregnancy Ended** For pregnant women, the date that the previous pregnancy ended in MMDDYYYY format.
25. **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.
26. **Total Number of Live Births** For pregnant women, the total number of babies born alive to this woman, including babies who may have died shortly after birth.
- 27a-b. **Prepregnancy Weight** For pregnant women only, the participant's weight immediately prior to pregnancy. Prepregnancy weight may be reported either in pounds and ounces, or in grams.
- 28a-b. **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 quarter pounds or in grams.
- 29a-b. **Birth Weight** For infants and children, the participant's weight at birth measured according to CDC nutrition surveillance program standards (lbs./ounces). Birth weight may be reported in either pounds and ounces or in grams.

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- 30a-b. Birth Length** For infants and children, the participant's length measured according to CDC nutrition surveillance program standards (nearest one-eighth inches). Birth length may be reported in either inches and eighth inches or in centimeters.
- 31. Participation in the Food Distribution on Indian Reservations Program** The participant's reported participation in this program at the time of the most recent WIC Program certification as of April [STUDY YEAR].

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**21. Date of First WIC Certification**

<b>Description</b>	The month, day, and year of participant's first certification for WIC reported in an MMDDYYYY format. For pregnant women, this item applies to the current pregnancy and not to prior pregnancies. For breastfeeding and postpartum women, this item applies to the most recent pregnancy. For infants and children, this item refers to the first WIC certification ever recorded.
<b>Column position</b>	327 - 334
<b>Field length</b>	8
<b>Data type</b>	Numeric
<b>Notes</b>	<p>Year should be reported as four digits (for example, [STUDY YEAR] ). The date of first WIC certification should not fall after 4/30/[STUDY YEAR].</p> <p>All dates must fall within legitimate month, day, and year ranges. <i>Any part of the date that is missing or not available should be left blank.</i></p> <p>Example:</p> <p>For March 3, [STUDY YEAR] the entry would be</p> <p>0303[STUDY YEAR]</p> <p>If day is unknown, the entry would be</p> <p>03_[STUDY YEAR]</p> <p><i>(Note: The missing day should be left blank; there should be no underscore in place of the values.)</i></p>

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**22. Education Level**

<b>Description</b>	For women, the highest grade of school (0–12) or year of college (13, 14, 15, 16...) completed by participant. For infants and children, the highest grade of school or year of college completed by the mother or primary caretaker.
<b>Column position</b>	335 - 336
<b>Field length</b>	2
<b>Data type</b>	Numeric
<b>Allowable values</b>	0 - 18
<b>Note</b>	Zero is a valid entry for this item and should be used for any WIC participant who has completed less than one year of school. <i>When data are missing, leave columns 335 and 336 blank.</i>

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**23. *Number in Household in WIC***

<b>Description</b>	The number of people in the participant's household (economic unit used for WIC certification) enrolled in WIC in April. For example, all those individuals who have the same family identifier.
<b>Column position</b>	337 - 338
<b>Field length</b>	2
<b>Data type</b>	Numeric
<b>Allowable values</b>	1 - 20
<b>Note</b>	This number should be no greater than the number in the economic unit entered in MDS item 12.

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**24.     *Date Previous Pregnancy Ended***

<b>Description</b>	For pregnant women, the month, day, and year when previous pregnancy ended, reported in an MMDDYYYY format.
<b>Column position</b>	339 - 346
<b>Field length</b>	8
<b>Data type</b>	Numeric
<b>Notes</b>	<p>Year should be reported as four digits (for example, [YEAR BEFORE STUDY YEAR]).</p> <p>All dates must fall within legitimate month, day, and year ranges. <i>Any part of the date that is missing or not available should be left blank.</i></p> <p>Example:</p> <p>For January 3, [YEAR BEFORE STUDY YEAR] the entry would be</p> <p style="padding-left: 40px;">0103[YEAR BEFORE STUDY YEAR]</p> <p>If day is unknown, the entry would be</p> <p style="padding-left: 40px;">01__[YEAR BEFORE STUDY YEAR]</p> <p><i>(Note: The missing day should be left blank; there should be no underscore in place of the values.)</i></p>



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**25. *Total Number of Pregnancies***

**Description** For pregnant women, the total number of times the pregnant woman participant has been pregnant, including this pregnancy and any pregnancies resulting in birth, miscarriage, abortion or stillbirth.

**Column position** 347 - 348

**Field length** 2

**Data type** Numeric

**Allowable values** 1 - 20

**Note:** This item should be reported for pregnant women only. The count should include the current pregnancy. Zero is not a valid entry for this item.

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**26. Total Number of Live Births**

<b>Description</b>	For pregnant women, the total number of babies born alive to this woman, including those infants who may have died shortly after birth.
<b>Column position</b>	349 - 350
<b>Field length</b>	2
<b>Data type</b>	Numeric
<b>Allowable values</b>	0 - 20
<b>Note</b>	Zero is a valid entry for this item and should be used for reporting information on women who have experienced no previous live births. <i>When data are missing, leave columns 349 and 350 blank.</i>

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**27a (i). Prepregnancy Weight in Pounds**

(This item may be supplied instead of **Participant's Prepregnancy Weight in Grams** (27b).)

<b>Description</b>	For pregnant women, the participant's weight immediately prior to pregnancy in whole pounds.
<b>Column position</b>	351 - 353
<b>Field length</b>	3
<b>Data type</b>	Numeric
<b>Notes</b>	<p>This item should be reported only for pregnant women.</p> <p>Prepregnancy weight may be reported <i>either</i> in pounds and quarter pounds <i>or</i> in grams. Example:</p> <p>For a weight of 120 pounds 8 ounces, the entry for this item is:</p> <p>120</p> <p>The number of ounces is reported as quarter pounds in the next data item (27a(ii)).</p>

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**27a (ii). The Nearest Quarter Pound of Participant's Prepregnancy Weight**

<b>Description</b>	For pregnant women, the nearest quarter pound of participant's prepregnancy weight.
<b>Column position</b>	354
<b>Field length</b>	1
<b>Data type</b>	Numeric
<b>Allowable values</b>	0 - 3
<b>Notes</b>	<p>This item should be reported only if prepregnancy weight in pounds [item 27a(i)] is reported.</p> <p>This item should be reported only for pregnant women.</p> <p>Prepregnancy weight may be reported <i>either</i> in pounds and quarter pounds <i>or</i> in grams.</p> <p>Example:</p> <p>For a weight of 120 pounds 8 ounces, the entry for this item is:</p> <p>2</p> <p>as 8 ounces is equal to 2 quarter pounds.</p> <p>The number of whole pounds is reported in the previous data item (27a(i)).</p>

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**27b. Participant's Prepregnancy Weight in Grams**

(This item may be supplied instead of **Prepregnancy Weight in Pounds** (27a).)

<b>Description</b>	For pregnant women, the participant's weight immediately prior to pregnancy measured in grams.
<b>Column position</b>	355 - 360
<b>Field length</b>	6
<b>Data type</b>	Numeric
<b>Notes</b>	This item should be reported only for pregnant women.  Pregpregnancy weight may be reported <i>either</i> in pounds and quarter pounds <i>or</i> in grams.

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**28a (i). Weight Gain During Pregnancy in Pounds**

(This item may be supplied instead of **Participant's Weight Gain in Grams** (28b).)

<b>Description</b>	For breastfeeding and postpartum women, the participant's weight gain in pounds, during pregnancy, as taken at or immediately prior to delivery.
<b>Column position</b>	361 - 363
<b>Field length</b>	3
<b>Data type</b>	Numeric
<b>Allowable values</b>	-20 - 50

**Notes** This item should be reported only for breastfeeding and postpartum women.

Weight gain during pregnancy may be reported *either* in pounds and quarter pounds *or* in grams.

If negative weight gain is reported, please insert a negative sign (-) preceding the value.

Example:

For a weight of 20 pounds 4 ounces, the entry for this item is:

20

The number of ounces is reported as quarter pounds in the next data item (28a(ii)).

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**28a (ii). The Nearest Quarter Pound of Participant's Weight Gain During Pregnancy**

<b>Description</b>	For breastfeeding and postpartum women, the nearest quarter pound of participant's weight gain during pregnancy.
<b>Column position</b>	364
<b>Field length</b>	1
<b>Data type</b>	Numeric
<b>Allowable values</b>	0 - 3
<b>Notes</b>	<p>This item should be reported only if weight gain during pregnancy in pounds [item 28a(i)] is reported.</p> <p>This item should be reported only for breastfeeding and postpartum women.</p> <p>Weight gain during pregnancy may be reported <i>either</i> in pounds and quarter pounds <i>or</i> in grams.</p> <p>Example:</p> <p>For a weight of 20 pounds 4 ounces, the entry for this item is:</p> <p>1</p> <p>as 4 ounces is equal to 1 quarter pound.</p> <p>The number of whole pounds is reported in the previous data item (28a(i)).</p>

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**28b. Participant's Weight Gain During Pregnancy in Grams**

(This item may be supplied instead of **Weight Gain During Pregnancy in Pounds** (28a).)

<b>Description</b>	For breastfeeding and postpartum women, the participant's weight gain, in grams during pregnancy, as taken at or immediately prior to delivery.
<b>Column position</b>	365 - 370
<b>Field length</b>	6
<b>Data type</b>	Numeric
<b>Allowable values</b>	-10000 - 25000
<b>Notes</b>	<p>This item should be reported only for breastfeeding and postpartum women.</p> <p>Weight gain during pregnancy may be reported <i>either</i> in pounds and quarter pounds <i>or</i> in grams.</p> <p>If negative weight gain is reported, please insert a negative sign (-) preceding the value.</p>



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**29a (i). Baby's Birth Weight in Pounds**

(This item may be supplied instead of **Baby's Birth Weight in Grams** (29b).)

<b>Description</b>	Infant's or child's birth weight in whole pounds.
<b>Column position</b>	371 - 372
<b>Field length</b>	2
<b>Data type</b>	Numeric
<b>Notes</b>	This item should be reported only for infants and children.

Birth weight may be reported *either* in pounds and ounces *or* in grams.

Example:

For a birth weight of 7 pounds 12 ounces, the entry for this item is:

\_\_7

The number of ounces is reported in the next data item (29a(ii)).

*(Note: If the length of the field is less than two characters, the leftmost column(s) should be left blank; there should be no underscore in place of the values.)*

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**29a (ii). Ounces of Birth Weight**

<b>Description</b>	For infants and children, the nearest number of ounces of participant's weight at birth.
<b>Column position</b>	373 - 374
<b>Field length</b>	2
<b>Data type</b>	Numeric
<b>Allowable values</b>	0 - 15
<b>Notes</b>	<p>This item should be reported only if weight in pounds [item 29a(i)] is reported.</p> <p>This item should be reported only for infants and children.</p> <p>Birth weight may be reported <i>either</i> in pounds and ounces <i>or</i> in grams.</p> <p>Example:</p> <p>For a birth weight of 7 pounds 12 ounces, the entry for this item is:</p> <p>12</p> <p>The number of whole pounds is reported in the previous data item (29a(i)).</p>

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**29b. Baby's Birth Weight in Grams**

(This item may be supplied instead of **Baby's Birth Weight in Pounds** (29a(i).)

<b>Description</b>	Infant's or child's birth weight in grams.
<b>Column position</b>	375 - 378
<b>Field length</b>	4
<b>Data type</b>	Numeric
<b>Notes</b>	This item should be reported only for infants and children.  Birth weight may be reported <i>either</i> in pounds and ounces <i>or</i> in grams.

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**30a (i). *Baby's Length at Birth in Inches***

(This item may be supplied instead of ***Baby's Length at Birth in Centimeters*** (30a(ii).))

**Description** Infant's or child's length at birth in whole inches.

**Column position** 379 - 380

**Field length** 2

**Data type** Numeric

**Notes** This item should be reported only for infants and children.

Birth length may be reported *either* in inches and one-eighth inches *or* in centimeters.

Example:

For a birth length of 20.5 inches, the entry for this item is

20

The fractional number of inches is reported in the next item (30a(ii)).

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**30a (ii). The Nearest Eighth of an Inch of Baby's Length at Birth**

<b>Description</b>	For infants and children, the nearest eighth of an inch of participant's length at birth.
<b>Column position</b>	381
<b>Field length</b>	1
<b>Data type</b>	Numeric
<b>Allowable values</b>	0 - 7
<b>Notes</b>	<p>This item should be reported only if birth length in inches [item 30a(i)] is reported.</p> <p>This item should be reported only for infants and children.</p> <p>Birth length may be reported <u>either</u> in inches and one-eighth inches <u>or</u> in centimeters.</p> <p>Example:</p> <p>For a birth length of 20.5 inches, the entry for this item is</p> <p>4</p> <p>as half an inch is equal to 4 one-eighth inches.</p> <p>The number of whole inches is reported in the previous item (30a(i)).</p>

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**30b. Baby's Length at Birth in Centimeters**

(This item may be supplied instead of **Baby's Length at Birth in Inches** (30a).)

<b>Description</b>	Infant's or child's length at birth to the nearest tenth of a centimeter (XX.Y), with a single implied decimal place. For example, 30.5 should be coded as 305.
<b>Column position</b>	382 - 384
<b>Field length</b>	3
<b>Data type</b>	Numeric
<b>Notes</b>	This item should be reported only for infants and children.  Birth length may be reported <u>either</u> in inches and one-eighth inches <u>or</u> in centimeters.

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**31.     *Participation in the Food Distribution on Indian Reservations Program***

<b>Description</b>	Does the participant receive Food Distribution on Indian Reservation benefits?  1 = Yes 2 = No
<b>Column position</b>	385
<b>Field length</b>	1
<b>Data type</b>	Numeric
<b>Allowable values</b>	1 – 2

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**SECTION VI**

**DATA TRANSMITTAL WORKSHEET**

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**WIC PARTICIPANT  
AND  
PROGRAM CHARACTERISTICS  
  
PC[STUDY YEAR]**

**U.S. Department of Agriculture  
Food and Nutrition Service**



**WORKSHEET FOR TRANSMITTING APRIL [STUDY YEAR] DATA FILES**  
**WIC PARTICIPANT AND PROGRAM CHARACTERISTICS [STUDY YEAR]**

April [STUDY YEAR] data submissions should be sent to [CONTRACTOR] as soon after April [STUDY YEAR] as possible, and no later than July 15, [STUDY YEAR]. However, States are urged to ensure that their data for April [STUDY YEAR] is complete. Thus, if States are expecting updated information on income, breastfeeding, participation, or other data fields, in the period after April [STUDY YEAR], they should only submit their data *after* this information has been fully entered. Please include this completed worksheet with your April data submission.

1. State \_\_\_\_\_
2. Name, title, phone number, and fax number of person able to answer questions regarding State data submission. Please provide email address if available.

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE \_\_\_\_\_

FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

3. April data file:
  - a. Number of participant records. \_\_\_\_\_
  - b. Maximum record length. \_\_\_\_\_
4. Is racial/ethnic data reported using the 3-digit code, the series of 6 yes/no questions, or some other format? CHECK ONE ANSWER BELOW.

\_\_\_\_\_ 3-DIGIT CODE PROVIDED IN GUIDANCE

\_\_\_\_\_ SERIES OF 6 YES/NO QUESTIONS

\_\_\_\_\_ SOME OTHER FORMAT DESCRIBE \_\_\_\_\_

5. Breastfeeding data collection procedures:
  - a. When is breastfeeding data collected? CHECK ALL THAT APPLY.

\_\_\_\_\_ AT ISSUANCE

\_\_\_\_\_ AT CERTIFICATION/RECERTIFICATION

\_\_\_\_\_ DURING HEALTH CARE APPOINTMENTS

\_\_\_\_\_ AT NUTRITION EDUCATION SESSIONS

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\_\_\_\_ SEPARATE TELEPHONE OR MAIL INQUIRY  
\_\_\_\_ OTHER DESCRIBE \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPENDIX F  
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**b.** Does your State collect breastfeeding data: CHECK ONE ANSWER.

- ONLY ON INFANTS AGES 6 TO 13 MONTHS IN APRIL [STUDY YEAR]
- ON INFANTS AGES 6 TO 13 MONTHS WHEN DATA ARE COLLECTED
- ALL INFANTS
- OTHER DESCRIBE \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**c.** Is breastfeeding data collected routinely or only for the biennial PC reporting?  
CIRCLE ONE ANSWER BELOW.

ROUTINELY

ONLY FOR PC REPORTING

**d.** Does your State's automated data system maintain the most recent breastfeeding information?  
CIRCLE ONE ANSWER BELOW.

YES

NO

**6.** Please send food package code translations for types and amounts of WIC foods prescribed. Food package translations are... CIRCLE ONE ANSWER BELOW.

ENCLOSED

HAVE BEEN SENT EARLIER

WILL BE SENT UNDER SEPARATE COVER

**7.** Did you submit food code data using food package codes, an item/quantity format, or some other format?

- FOOD PACKAGE CODES (UP TO 14 CODES WITH NO MORE THAN 10 DIGITS PER CODE)
- ITEM-QUANTITY FORMAT
- OTHER FORMAT (PLEASE PROVIDE FORMAT)

**8.** Is food package type reported using the specified codes 1 through 28, or some other format?

- USED SPECIFIED CODES 1 THROUGH 28
- OTHER FORMAT (PLEASE PROVIDE FORMAT)

**9.** Please check the Supplemental Dataset items submitted for PC[STUDY YEAR].

- DATE OF FIRST WIC CERTIFICATION
- EDUCATION LEVEL
- NUMBER IN HOUSEHOLD ON WIC
- DATE PREVIOUS PREGNANCY ENDED
- TOTAL NUMBER OF PREGNANCIES
- TOTAL NUMBER OF LIVE BIRTHS
- PREPREGNANCY WEIGHT
- WEIGHT GAIN DURING PREGNANCY
- BABY'S BIRTH WEIGHT
- BABY'S LENGTH AT BIRTH
- PARTICIPATION IN FOOD DISTRIBUTION ON INDIAN RESERVATION PROGRAM

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**10.** Are Service Site IDs reported in the data?

YES

NO

**11.** Other special information.

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Please send files and documentation to:

[CONTRACTOR ADDRESS]

[CONTRACTOR EMAIL]