APPENDIX K: Data Transmittal Worksheet

APPENDIX K WIC PARTICIPANT AND PROGRAM CHARACTERISTICS STUDY 2016/2018 DATA TRANSMITTAL WORKSHEET

OMB Number: 0584-XXXX Expiration Date: XX/XX/XXXX

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.

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 1 hour 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.

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	
TELEPH	HONE FAX
EMAIL	
3.	April data file:
	a. Number of participant records
	b. Maximum record length

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- **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
 - _____ SEPARATE TELEPHONE OR MAIL INQUIRY
 - _____ OTHER DESCRIBE_____

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? CHECK ONE ANSWER.

_____ FOOD PACKAGE CODES (UP TO 14 CODES WITH NO MORE THAN 10 DIGITS PER CODE) ITEM-OUANTITY FORMAT

_____ OTHER FORMAT (PLEASE PROVIDE FORMAT)

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- **8.** Is food package type reported using the specified codes 1 through 28, or some other format? CHECK ONE ANSWER.
 - USED SPECIFIED CODES 1 THROUGH 28
 - _____ OTHER FORMAT (PLEASE PROVIDE FORMAT)
- **9.** Please check the Supplemental Dataset items submitted for PC[STUDY YEAR]. CHECK ALL THAT APPLY.
 - _____ 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
- **10.** Are Service Site IDs reported in the data? CIRCLE ONE ANSWER BELOW.

YES

NO

11. Other special information.

Please send files and documentation to:

[CONTRACTOR ADDRESS]

[CONTRACTOR EMAIL]