Appendix D.   
Guidance for WIC State Agencies   
Providing Participant Data

Guidance for WIC State Agencies  
Providing Participant Data

WIC PC[STUDY YEAR]





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*This information is being collected from State agencies to enable the Food and Nutrition Service (FNS) to prepare biennial reports on WIC participant and program characteristics. This is a mandatory collection authorized under 7 CFR §246.25(b)(3). FNS uses the data from these reports to estimate budgets, submit civil rights reporting, identify needs for research, and to develop and review WIC policies and procedures. Under the Privacy Act of 1974 and the System of Record Notice FNS-8 USDA/FNS Studies and Reports, any personally identifying information obtained will be kept private to the extent of the law. 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 0584-0609. The time required to complete this information collection is estimated to average 30 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Policy Support, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302, ATTN: PRA (0584-0609\*). Do not return the completed form to this address.*

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Section 1. Overview

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he *Guidance for State Agencies Providing Participant Data* (the *Guidance*) is designed to help State agencies that administer the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) prepare and submit their participant data for the WIC participant and program characteristics [STUDY YEAR] (PC[STUDY YEAR]) study. The data will inform the PC[STUDY YEAR] report and the companion report on food packages. The *Guidance* provides a timeline of the major events for the PC[STUDY YEAR] study, instructions for data file creation, submission and formatting specifications for both Minimum Data Set (MDS) and Supplemental Data Set (SDS) participant data, and a worksheet for each State agency to submit in conjunction with its participant data for April [STUDY YEAR], the reference month for PC[STUDY YEAR].

**Note:****Reporting categories for income period were revised between the PC[PREVIOUS STUDY YEAR] and the PC[STUDY YEAR] reporting cycles (see section 4, item 13b).** There were no other changes to MDS or SDS data elements.

1. Background

Since 1984, the U.S. Department of Agriculture’s Food and Nutrition Service (FNS) has prepared biennial reports on WIC participant and program characteristics. These reports provide the most comprehensive and up-to-date statistics on WIC. The information is used to estimate budgets, design research, and review current and proposed WIC policies and procedures. The biennial reports include the following information:

* The demographic characteristics and income of WIC participants
* The nutritional risks of WIC participants
* The breastfeeding initiation rates and duration estimates for WIC participants
* WIC participation for migrant families
* Other topics as deemed appropriate by the Secretary of Agriculture

State agencies submit their participant data to FNS for each PC study. The *Guidance,* designed to help State agencies provide this data, describes the format for State agencies to use when compiling participant information for PC[STUDY YEAR]. MDS and SDS data are routinely collected and used to inform the PC reports. State agencies must collect and report all MDS data items, but they may choose whether to collect and report SDS data items. FNS, in cooperation with the Information Committee of the National WIC Association, developed the MDS and the SDS.

FNS has completed 16 previous PC reports. For the first three studies—PC1984, PC1988, and PC1990—FNS and its contractors collected information on nationally representative samples of WIC participants. Since PC1992, State agencies have provided MDS and SDS data—as well as other routinely collected information used to certify eligibility for WIC, guide nutrition education, and issue food instruments to WIC participants—from their automated client and management information systems. Insight Policy Research (Insight) and its subcontractor, Abt Associates, are assisting FNS in conducting the PC[STUDY YEAR] study.

1. In Advance of the Reference Month

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

* **Nutritional Risk Worksheet.** Each State agency must specify whether it will provide its nutritional risk data using established Federal nutritional risk codes (available at www.partnerweb.usda.gov/default.aspx) or codes specific to the State agency. Agencies using State codes must use this worksheet to crosswalk their coding schemes to the Federal codes. In January [STUDY YEAR], Insight will provide each State agency with the Nutritional Risk Worksheet to complete and return. For convenience, Insight will also provide the State agency with the information the State agency submitted on its worksheet for PC[PREVIOUS STUDY YEAR].
* **Food Code Documentation.** Each State agency must provide a translation of the food package codes it used to prescribe foods to WIC participants; the translation will define the food items and quantities prescribed under those codes. Although State agencies may provide these data in a food package format or an item-quantity format, *the item-quantity format is preferred.*

1. Data Submissions for the PC[STUDY YEAR] Reference Month

For PC[STUDY YEAR], State agencies are to use the same protocols and reporting formats used for PC[PREVIOUS STUDY YEAR].

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

SDS data, although technically not required, provide additional valuable information. Therefore, Insight asks that State agencies include all SDS items collected by their information systems in their PC[STUDY YEAR] data submissions.

1. 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 were certified to receive WIC benefits as of April [STUDY YEAR].[[1]](#footnote-2)

Information To 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

Information To Exclude From the Datasets

* Persons on waiting lists for WIC benefits

1. MDS and SDS Specifications and Data File Creation

MDS and SDS dataset specifications consist of concise definitions of each variable and the categories to be used for reporting each variable; database field requirements (where in the file each variable must be reported); and the procedures for reporting missing data.

State 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. The file layouts for the MDS and the SDS are provided in sections 4 and 5, respectively, of the *Guidance*.

1. WIC Participant Data

State agencies should submit MDS and SDS data from their information systems for all of their WIC participants. Because all 90 State agencies fulfilled this requirement during recent data collections, the *Guidance* does not include sampling or record abstraction instructions*.*

State agencies that are unable to provide data on all participants in PC[STUDY YEAR] should contact Insight for detailed sampling instructions.

1. Contact Information

Please direct any questions about the PC[STUDY YEAR] study to [NAME] at Insight. [NAME] may be reached at [PHONE NUMBER]. Questions may also be submitted to Insight at the following email address: PC[STUDY YEAR]@insightpolicyresearch.com

Any additional documentation may be sent to the email address provided above or to [NAME] at the following address:

[NAME]

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Section 2. Timeline

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his section provides the timeline and descriptions of major tasks for PC[STUDY YEAR]. Table 2.1 presents the data collection task schedule.

Table 2.1. Schedule of Major Data Collection Tasks

| Date | Task Description |
| --- | --- |
| December [YEAR PRIOR TO STUDY YEAR] | State agencies receive the **PC[STUDY YEAR] *Guidance.*** |
| January [STUDY YEAR] | Insight makes initial telephone contact with each State agency to confirm receipt of the *Guidance,* update contact information, and answer questions about PC[STUDY YEAR]. |
| Insight sends the Nutritional Risk Worksheet and a recent version of the WIC Local Agency Directory (LAD) to State agencies. |
| February–  March [STUDY YEAR] | Each State agency reviews and updates the **Nutritional Risk Worksheet** (described in section 1.B of this *Guidance*) and returns it to Insight by **March 15, [STUDY YEAR].** |
| Each State agency provides its **Food Code Documentation** (described in section 1.B of this *Guidance*) by **March 15, [STUDY YEAR].** |
| Each State agency updates its information in the WIC LAD through its Regional Office as necessary. |
| April [STUDY YEAR] | April is the 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 were certified to receive WIC benefits as of April [STUDY YEAR].a |
| May [STUDY YEAR] | Each State agency must deliver its initial MDS/SDS data fileb to Insight as soon as possible after April once it has entered all its data. The **Data Transmittal Worksheet** (provided in section 6 of this *Guidance*)should be sent with the data. State agencies must submit their initial data files by no later than **July 13, [STUDY YEAR].** |
| July [STUDY YEAR] | **DEADLINE July 13, [STUDY YEAR]:** As required by FNS, State agencies must submit their initial MDS/SDS data files for PC[STUDY YEAR] to Insight by this date. |
| September [STUDY YEAR] | **DEADLINE September 14, [STUDY YEAR]:** As required by FNS, State agencies must submit their final, acceptable MDS/SDS data files for PC[STUDY YEAR] to Insight by this date. State agencies failing to achieve adequate data completeness and quality will be referred to FNS for appropriate action. To meet demand by reporting State agencies for prompt data analysis, those agencies lacking sufficient data completeness and quality may be removed from PC[STUDY YEAR] reporting. |

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

b Each State agency should submit one file containing both MDS and SDS data.

Each State agency’s timely completion and transmittal of its PC[STUDY YEAR] data submission will be very much appreciated.

1. PC[STUDY YEAR] Coordination

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

1. April Data Submissions

As explained earlier in this *Guidance*, data collection for PC[STUDY YEAR] will focus on individuals enrolled in WIC as of April [STUDY YEAR].

Each State agency should submit a data file containing both MDS data and available 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. Only complete data files should be submitted. Therefore, a State agency that expects to obtain updated data after April [STUDY YEAR] for income, breastfeeding, participation, or other data fields should submit its data file only *after* entering this additional information.

**Important:** The initial MDS/SDS data file for PC[STUDY YEAR] must be submitted to Insight by **July 13, [STUDY YEAR].** The final, clean MDS/SDS data file that meets FNS quality standards must be submitted by **September 14, [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], causing data loss to the WIC program. State agencies should maintain all April [STUDY YEAR] data and materials for at least 3 years.

Section 3. Data Transmittal and Cleaning Specifications

1. 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 *Guidance*. FNS will accept all data State agencies consider legitimate. Insight 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 save and keep **a backup copy of its entire April [STUDY YEAR] system file** (not just the PC[STUDY YEAR] submission) in case problems with its April PC[STUDY YEAR] data submission require a second submission. Saving a backup of the entire April [STUDY YEAR] system file will ensure 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 were certified to receive WIC benefits in April [STUDY YEAR]. *State agencies should not include persons on eligibility waiting lists in PC[STUDY YEAR].*
* Zero should never be used to indicate missing data. Zero should be used to indicate only an actual value of zero. This instruction is particularly important for income values because there is a critical difference between an income value of zero and a missing income value. *If data are missing, the corresponding field(s) should be left blank.*
* It is essential 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. Therefore, FNS requires all State agencies to collect and submit income information on participants who are adjunctively eligible. These data are for descriptive purposes only and do not affect a participant’s eligibility for WIC.
* A State agency is required to use either U.S. standard units of measurement or metric measurements when reporting 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 file to allow for accurate data interpretation.
* State agencies must ensure all dates appear in MMDDYYYY format. Dates should be complete for month, day, and year and be within logical ranges. *For any part of the date that is missing or unavailable—such as the day—the field 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 items 6a—Certification Category, and 9—Risk Priority.)
* In previous years, it appeared that between certification appointments, some State agency systems automatically updated certification category information based on date of birth. For example, on an infant participant’s first birthday, the system might change the participant’s certification category from that of an infant to that of a child 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 if a State agency’s system automatically updates an infant’s certification 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 item 6a—Certification Category.)
* State agencies need to submit breastfeeding data for infants and children who, in April [STUDY YEAR], are aged 6 through 13 months. 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 items 19a—Currently Breastfed; 19b—Ever Breastfed; 19c—Length of Time Breastfed; and 19d—Date Breastfeeding Data Collected.)
* Field lengths are based on the number of bytes (characters). To ensure all data submissions are consistent in format, binary data may not be submitted.
* All fields are right justified except for race/ethnicity (item 5), the 10 nutritional risk codes (items 14a–14j), and the 14 food codes (items 20a–20n), which are alphanumeric fields and should be left justified and blank filled.
* Reserve codes have been found to be unnecessary and unwieldy in processing PC data. *If data are missing, the corresponding field(s) should be left blank.*

1. Data Submission

Submit files in ASCII text format with one record per line. State agencies should submit data files using the dedicated SFTP site for PC[STUDY YEAR]. State agencies will be provided SFTP specifications at a later date, including all the information needed to transmit their files successfully. State agencies that are unable to submit data files via the FTP site should contact Nicole Kline at 703-504-9494 or at the following email address: [PC[STUDY YEAR]@insightpolicyresearch.com](mailto:PC2012@insightpolicyresearch.com)

1. Documentation

Each data submission should be accompanied by a completed **Data Transmittal Worksheet** (provided in section 6 of this *Guidance*) that contains the following information:

* The number of records, or observations, in the data file
* A list of the SDS elements delivered, including an explanation for why any were not used
* The name of the State agency, the contact person, and the contact phone number
* Any other information needed to interpret the data

As discussed earlier in this *Guidance*, State agencies should submit the following documentation to Insight by March 15, [STUDY YEAR]:

* **Nutritional Risk Worksheet** (to crosswalk State agency nutritional risk codes with Federal nutritional risk codes), current as of April [STUDY YEAR], or an indication that Federal codes are used in the April [STUDY YEAR] file
* **Food Code Documentation**, current as of April [STUDY YEAR], that defines the food items and quantities prescribed under the food package codes used by the State agency in the PC[STUDY YEAR] file

1. Cleaning Specifications

Cleaning specifications are included in the MDS and SDS specifications in sections 4 and 5 of this *Guidance* under the table headings *Allowable values* and *Notes*. These cleaning specifications include the 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 they consider the data to be 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*.* State agencies should continue to use their own quality-control procedures in maintaining their WIC participant information databases.

1. Minimum Dataset File

Table 3.1 provides the file layout for each element in the MDS.

Table 3.1. MDS File Layout

| Data Item Number | Description of Data Item | Beginning Column | Ending Column | Field Width  by 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  **OR**  (MMDDYYYY) | 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 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. | Nutritional Risk 1 **(Left Justified)** | 74 | 79 | 6 |
| 14b. | Nutritional Risk 2 **(Left Justified)** | 80 | 85 | 6 |
| 14c. | Nutritional Risk 3 **(Left Justified)** | 86 | 91 | 6 |
| 14d. | Nutritional Risk 4 **(Left Justified)** | 92 | 97 | 6 |
| 14e. | Nutritional Risk 5 **(Left Justified)** | 98 | 103 | 6 |
| 14f. | Nutritional Risk 6 **(Left Justified)** | 104 | 109 | 6 |
| 14g. | Nutritional Risk 7 **(Left Justified)** | 110 | 115 | 6 |
| 14h. | Nutritional Risk 8 **(Left Justified)** | 116 | 121 | 6 |
| 14i. | Nutritional Risk 9 **(Left Justified)** | 122 | 127 | 6 |
| 14j. | Nutritional 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  **Report pounds or grams** | 148 | 150 | 3 |
| 16a(ii). | Nearest Quarter Pound of Participant’s Weight | 151 | 151 | 1 |
| 16b. | Participant’s Weight in Grams | 152 | 157 | 6 |
| 17a(i). | Participant’s Height in Inches  **Report inches or centimeters** | 158 | 159 | 2 |
| 17a(ii). | Nearest Eighth of an Inch of  Participant’s Height | 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 all MDS/SDS data items are right justified except for race/ethnicity (item 5), the 10 nutritional risk codes (items 14a–14j), and the 14 food codes (items 20a–20n).

State agencies that cannot fully report their data using these specifications should contact Insight for guidance on developing an alternative file layout.

1. Supplemental Dataset File

Table 3.2 provides the file layout for each element in the SDS.

Table 3.2. SDS File Layout

| Data Item Number | Description of Data Item | Beginning Column | Ending Column | Field Width by Bytes (No Binary Data) |
| --- | --- | --- | --- | --- |
| 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  **Report pounds or grams** | 351 | 353 | 3 |
| 27a(ii). | Nearest Quarter Pound of  Participant’s Prepregnancy Weight | 354 | 354 | 1 |
| 27b. | Participant’s Prepregnancy Weight  in Grams | 355 | 360 | 6 |
| 28a(i). | Weight Gain During Pregnancy in Pounds  **Report pounds or grams** | 361 | 363 | 3 |
| 28a(ii). | Nearest Quarter Pound of Participant’s  Weight Gain During Pregnancy | 364 | 364 | 1 |
| 28b. | Participant’s Weight Gain During  Pregnancy in Grams | 365 | 370 | 6 |
| 29a(i). | Birth Weight in Pounds  **Report pounds/ ounces or grams** | 371 | 372 | 2 |
| 29a(ii). | Ounces of Birth Weight | 373 | 374 | 2 |
| 29b. | Birth Weight in Grams | 375 | 378 | 4 |
| 30a(i). | Length at Birth in Inches  **Report inches or centimeters** | 379 | 380 | 2 |
| 30a(ii). | Nearest Eighth of an Inch of  Length at Birth | 381 | 381 | 1 |
| 30b. | Length at Birth in Centimeters | 382 | 384 | 3 |
| 31. | Participation in the Food Distribution Program on Indian  Reservations | 385 | 385 | 1 |

Section 4. Minimum Dataset Definitions and Specifications

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he MDS data items are listed in this chapter. The data items should reflect the participant's status for each item at the time of the most recent WIC 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, the information that is on file for each participant in April [STUDY YEAR] will be accepted. As stated previously in this *Guidance,* for biennial PC reports, 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 MDS data items are as follows:

1. **State Agency ID.** A unique number that permits linkage to the 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 the 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 the WIC LAD, service site IDs appear in the WIC LAD as the 3-digit codes under Administering Agency

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

3. **Case ID.** A unique record number assigned to each participant to maintain individual privacy at the national level

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

4. **Date of Birth.** Month, day, and year of the participant's birth reported in MMDDYYYY format

5. **Race/Ethnicity.** Requires classification of participants based on one ethnicity category  
(Hispanic/Latino or Non-Hispanic/Latino) and five racial categories, which consist of (1) American Indian or Alaska Native; (2) Asian; (3) Black or African American; (4) Native Hawaiian or Other Pacific Islander; and (5) White. These categories are required by the Office of Management and Budget; 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, generating 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

6a. **Certification Category.** One of five possible categories under which a person is certified as eligible for WIC benefits: (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 certification

7. **Date of Certification.** The date the person was declared eligible for the most recent WIC 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.** The participant priority level for WIC certification at the time of the most recent WIC 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 certification as of April [STUDY YEAR]

11. **Migrant Status.** The participant’s migrant status according to the definition of a migrant farmworker in Federal WIC regulations[[2]](#footnote-3)

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 a participant whose income was not required to be determined as part of the WIC certification process. These participants consist of—

* Adjunctively income-eligible participants (eligible because of TANF, SNAP, or Medicaid participation)
* Participants deemed income-eligible under optional procedures available to the State agency in section 246.7(d)(2)(vi–viii) of Federal WIC regulations. These optional procedures are means-tested programs identified by the State to determine automatic WIC income eligibility, income eligibility of pregnant women, and income eligibility of American Indian and instream migrant farmworker applicants

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

* For persons for whom income is determined during the certification process, the income amount that was determined to qualify the participant for WIC at the time of the most recent WIC certification as of April [STUDY YEAR]

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

* For descriptive purposes only, for participants whose income was not required to be determined as part of the WIC certification process, the self-reported income at the time of certification; these participants include adjunctively income-eligible participants and those persons deemed eligible under optional procedures available to the State agency in section 246.7(d)(2)(vi–viii) of Federal WIC regulations

State agencies should not use zero to indicate income values that are missing or not available; zero should indicate only an actual value of zero

**Note:** Because a large proportion of WIC participants are adjunctively income-eligible, their income information is essential to describe income among the overall WIC population. State agencies are required to provide income information on those adjunctively eligible for WIC according to section 246.7 of Federal WIC regulations

14a–j. **Nutritional Risks Present at Certification.** Highest priority nutritional risks assigned for the most recent WIC certification as of April [STUDY YEAR], up to a maximum of 10; uniform coding is required in submissions from all State agencies according to WIC Policy Memorandum 98-9

15a–b. **Hemoglobin or Hematocrit.** Value for the measure of iron status that applies for the most current WIC certification period as of April [STUDY YEAR]

15c. **Date of Blood Test.** Month, day, and year (in MMDDYYYY format) that blood measure was collected and reported; State agencies must submit this for all participants reporting a blood measure

16a–b. **Weight.** Participant's weight measured according to CDC nutrition surveillance program standards (nearest one-quarter pound); State agencies may report weight in grams if weight is not measured in pounds and quarter pounds

17a–b. **Height.** Participant's height (or length) measured according to CDC nutrition surveillance program standards (nearest one-eighth inch); State agencies may report height in centimeters if height is not measured in inches and eighth inches

18. **Date of Height and Weight Measure.** Date (in MMDDYYYY format) of the height and weight measures that were used during the most recent WIC certification period as of April [STUDY YEAR]

19a. **Currently Breastfed.** For infants and children aged 6 through 13 months in April [STUDY YEAR], whether the participant was being breastfed at that time

19b. **Ever Breastfed.** For infants and children aged 6 through 13 months in April [STUDY YEAR], whether the participant ever received breastmilk

19c. **Length of Time Breastfed.** For infants and children aged 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 aged 6 through 13 months in April [STUDY YEAR], the date (in MMDDYYYY format) on which breastfeeding status was reported

20a–n. **Food Codes.** State agencies have the option of providing food data in an item-quantity format or a food package format; the agencies are asked to provide the food package codes or item codes and quantities for all foods prescribed for the participant during the month of April [STUDY YEAR]

20o. **Food Package Type.** A code representing the Federal WIC regulations 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

1. State Agency ID

|  |  |
| --- | --- |
| Description | |
| This is the State agency where the participant is enrolled. | |
| Column position | 1–7 |
| Field length | 7 |
| Data type | Numeric |
| Special instructions | Using the 10-digit identification code used in the WIC LAD maintained by FNS, enter the first 7 digits. |

2a. Local Agency Number

|  |  |
| --- | --- |
| Description | |
| This is the unique number for the local agency where the participant is certified. | |
| Column position | 8–10 |
| Field length | 3 |
| Data type | Numeric |
| Special instructions | Using the 10-digit identification code used in the WIC LAD maintained by FNS, enter the last 3 digits. |

2b. Service Site ID

|  |  |
| --- | --- |
| Description | |
| This is the unique number for the service site or clinic where the participant is certified.  Service Site ID is not a substitute for Local Agency ID. | |
| Column position | 11–13 |
| Field length | 3 |
| Data type | Numeric |
| Special instructions | 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 the WIC LAD as the three-digit codes under Administering Agency. |

3. Case ID

|  |  |
| --- | --- |
| Description | |
| This is a unique record number assigned to each participant to maintain 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. The State agency or office should maintain a separate file that connects the publicly released data to be submitted to FNS with the information that will not be released but is maintained in the separate file.  The Case ID cannot be the regular participant ID; instead, it will be a State agency-generated identifier separately assigned by the State agency. | |
| Column position | 14–24 |
| Field length | 11 |
| Data type | Alphanumeric |

4. Date of Participant's Birth

|  |  |
| --- | --- |
| Description | |
| This is the participant's birth date. Date must be reported in MMDDYYYY format. | |
| Column position | 25–32 |
| Field length | 8 |
| Data type | Numeric |
| Notes | Year should be reported as four digits (for example, [STUDY YEAR]).  There should be no birth dates after April 30, [STUDY YEAR].  For infants, there should be no birth dates before 2017.  For children, there should be no birth dates before 2011 or after 2017.  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 January 3, [STUDY YEAR], the entry would be  0103 [STUDY YEAR]  If day is unknown, the entry would be  01 [STUDY YEAR] (The missing part of the date—the day—should be left blank.) |

5. Participant's Race/Ethnicity

|  |
| --- |
| Description |
| Since PC2006, State agencies have had to submit their data using the revised WIC racial and ethnic categories required by OMB. Under the new standards, participants are classified according to their ethnicity as well as their race. There are five racial classifications and one ethnic classification.   1. **Participants are classified as either Hispanic/Latino or Not Hispanic/Latino according to the following criteria:**   *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."   1. **The five racial classifications are as follows; 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) 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 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:* Responses of either 1 (for Yes) or 2 (for No) for each of the racial/ethnic categories in the order listed above to form a six-digit string; the first digit of the string represents whether the participant is Hispanic, and the remaining five digits represent whether the participant belongs to each of the racial categories as listed in the order above   *Example: Non-Hispanic Asian and Black 221122*   1. *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 |

5. Participant's Race/Ethnicity, continued

|  |
| --- |
| Description, continued |
| 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  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 |

5. Participant's Race/Ethnicity, continued

|  |
| --- |
| Description, continued |
| 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  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 |

5. Participant's Race/Ethnicity, continued

|  |  |
| --- | --- |
| Description, continued | |
| 199 = Hispanic/Latino; Missing race  299 = Not Hispanic/Latino; Missing race  9xx = Missing ethnicity  999 = Missing ethnicity and race | |
| 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, 299, 9xx, 999. Left justified followed by three blank columns |

6a. Certification Category

|  |  |
| --- | --- |
| Description | |
| This is one of five possible categories the 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)  Certification Category must be reported for all participants. This item may not be blank. | |
| Column position | 39 |
| Field length | 1 |
| Data type | Numeric |
| Notes | Carefully check the 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 or older than 5 years.  A breastfeeding woman may not be certified past her child’s first birthday.  A postpartum woman who is not breastfeeding may not be certified for more than 6 months after her child is born or the pregnancy has otherwise ended. |

6b. Expected Date of Delivery

|  |  |
| --- | --- |
| Description | |
| This is the expected date of delivery for the pregnant woman participant. Date must be reported in MMDDYYYY format.  This item may be supplied instead of Number of Weeks Gestation (item 6c). | |
| Column position | 40–47 |
| Field length | 8 |
| Data type | Numeric |
| Notes | 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] (The missing part of the date—the day—should be left blank.) |

6c. Number of Weeks Gestation

|  |  |
| --- | --- |
| Description | |
| This is the number of weeks since the pregnant woman participant's last menstrual period as of the date of the most recent certification in April [STUDY YEAR].  This item may be supplied instead of Expected Date of Delivery (item 6b). | |
| Column position | 48–49 |
| Field length | 2 |
| Data type | Numeric |
| Allowable values | 1–43 |
| Notes | Number of Weeks Gestation should be reported only for pregnant women. |

7. Date of Certification

|  |  |
| --- | --- |
| Description | |
| This is the date (month, day, and year) on which the participant was most recently certified for WIC as of April [STUDY YEAR]. Date must be reported in MMDDYYYY format. | |
| Column position | 50–57 |
| Field length | 8 |
| Data type | Numeric |
| Allowable values | 1–43 |
| Notes | Year should be reported as four digits (for example, [STUDY YEAR]).  There should be no certification dates after April 30, [STUDY YEAR].  There should be no certification dates before March 1, 2017.  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 January 3, [STUDY YEAR], the entry would be  0103 [STUDY YEAR]  If day is unknown, the entry would be  01 [STUDY YEAR] (The missing part of the date—the day—should be left blank.) |

8. Participant's Sex

|  |  |
| --- | --- |
| Description | |
| This is the indication of whether the infant or child is male or female.  1 = Male  2 = Female | |
| Column position | 58 |
| Field length | 1 |
| Data type | Numeric |
| Allowable values | 1–2 |
| Notes | This item is required only for infants and children. |

9. Risk Priority Codes

|  |  |
| --- | --- |
| Description | |
| This is the participant's risk priority level on the date of the most recent certification as of April [STUDY YEAR].  *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  *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  *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  *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  *5 = Priority V:* Children at nutritional risk due to inadequate dietary pattern. Can also include high-risk postpartum women and homeless and migrant children  *6 = Priority VI:* Postpartum women, not breastfeeding, at nutritional risk on either medical or dietary criteria unless assigned to higher priorities at State agency discretion. At State agency option, this priority can also include homeless and migrant postpartum women  *7 = Priority VII:* Previously certified participants likely to regress in nutritional status without continuation of supplemental food. At State agency option, this priority can also include homeless and migrant participants | |
| Column position | 59 |
| Field length | 1 |
| Data type | Numeric |
| Allowable values | 1–7 |
| Notes | If the Risk Priority Code equals 1, the Certification Category should equal 1 or 2 or 4.  If the Risk Priority Code equals 2, the Certification Category should equal 2 or 4.  If the Risk Priority Code equals 3, the Certification Category should equal 3 or 5.  If the Risk Priority Code equals 4, the Certification Category should equal 1 or 2 or 3 or 4.  If the Risk Priority Code equals 5, the Certification Category should equal 3 or 5.  If the Risk Priority Code equals 6, the Certification Category should equal 3.  If the Risk Priority Code equals 7, the Certification Category should equal 1 or 2 or 3 or 4 or 5. |

10a. Participation in Other Programs: Temporary Assistance to Needy Families (TANF)

|  |  |
| --- | --- |
| Description | |
| This indicates whether the participant or family member of the participant receives TANF benefits.  1 = Yes  2 = No | |
| Column position | 60 |
| Field length | 1 |
| Data type | Numeric |
| Allowable values | 1–2 |
| Notes | This item indicates reported participation at the time of the most recent certification. If this information has been updated since certification, indicate the participant's current participation status for this program.  If column 60 = 1, then income entries should be present in the column positions of either 66–70 or 72–73. |

**10b. Participation in Other Programs**: **Supplemental Nutrition Assistance** **Program (SNAP)**

|  |  |
| --- | --- |
| Description | |
| This indicates whether the participant receives SNAP benefits.  1 = Yes  2 = No | |
| Column position | 61 |
| Field length | 1 |
| Data type | Numeric |
| Allowable values | 1–2 |
| Notes | This item indicates reported participation at the time of the most recent certification. If this information has been updated since certification, indicate the participant's current participation status for this program.  If column 61 = 1, then income entries should be present in the column positions of either 66–70 or 72–73. |

10c. Participation in Other Programs: Medicaid

|  |  |
| --- | --- |
| Description | |
| This indicates whether the participant receives Medicaid benefits or is 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 |
| Notes | This item indicates reported participation at the time of the most recent certification. If this information has been updated since certification, indicate the participant's current participation status for this program.  If column 62 = 1, then income entries should be present in the column positions of either 66–70 or 72–73. |

11. Migrant Status

|  |  |
| --- | --- |
| Description | |
| This indicates whether any member of the family is a migrant worker. According to Federal WIC 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 has established a temporary abode for the purposes of such employment.  1 = Yes  2 = No | |
| Column position | 63 |
| Field length | 1 |
| Data type | Numeric |
| Allowable values | 1–2 |

12. Number in Economic Unit

|  |  |
| --- | --- |
| Description | |
| This is 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 as a result of participation in other means-tested programs or those persons deemed eligible under optional procedures available to the State agency according to section 246.7(d)(2)(vi-viii) of Federal WIC regulations.  Number in Economic Unit must be reported for all participan*ts.* | |
| Column position | 64–65 |
| Field length | 2 |
| Data type | Numeric |
| Allowable values | 1–20 |
| Notes | Zero is not a valid value for this item. |

13a. Family Income

|  |  |
| --- | --- |
| Description | |
| For a person whose income was 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, bimonthly, annually, or twice monthly) as specified in item 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 items 13a and 13b or by income categories in item 13c.  For a participant whose income was not required to be determined for WIC certification, entry of a self-declared amount should not be used by State agency 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, or other programs selected by the 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 State agencies that are also Indian Tribal Organizations and that have opted to implement alternative income eligibility procedures as set forth in section 246.7(d)(2)(viii) of Federal WIC regulations, self-declared incomes may be stated in dollars or selected from income codes in item 13c. | |
| Column position | 66–70 |
| Field length | 5 |
| Data type | Numeric  State agencies may enter income for adjunctively income-eligible participants in either item 13a or item 13c. |
| Notes | If a record does not contain a dollar amount income in column positions 66–70, it should contain an income value in column positions 72–73.  Zero should be used only to indicate an income of zero. (Zero may not indicate missing values or values not reported. If income data is missing or not reported, this field should be left blank.) |

13b. Income Period

|  |  |
| --- | --- |
| Description | |
| This is the period covered by the amount described in Family Income (item 13a).  1 = Weekly  2 = Monthly  3 = Biweekly  4 = Annually  5 = Twice Monthly (Bimonthly)  *Income Period should be present for every record containing a dollar value for income.* | |
| Column position | 71 |
| Field length | 1 |
| Data type | Numeric |
| Allowable values | 1–5 |
| Notes | FNS will convert income expressed in different measures (i.e., weekly, monthly, yearly) to annual amounts. |

13c. Income Ranges for Participants With Adjunct Eligibility

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Description | | | | | | | | |
| This is the 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 according to section 246.7(d)(2)(vi-vii) of Federal WIC regulations. | | | | | | | | |
|  | *Code* | *Monthly* | *Annually* |  | *Code* | *Monthly* | *Annually* |
|  | 1 | $0 –$99 | $0 –$1,199 |  | 33 | $3,200–$3,299 | $38,400–$39,599 |
|  | 2 | $100–$199 | $1,200–$2,399 |  | 34 | $3,300–$3,399 | $39,600–$40,799 |
|  | 3 | $200–$299 | $2,400–$3,599 |  | 35 | $3,400–$3,499 | $40,800–$41,999 |
|  | 4 | $300–$399 | $3,600–$4,799 |  | 36 | $3,500–$3,599 | $42,000–$43,199 |
|  | 5 | $400–$499 | $4,800–$5,999 |  | 37 | $3,600–$3,699 | $43,200–$44,399 |
|  | 6 | $500–$599 | $6,000–$7,199 |  | 38 | $3,700–$3,799 | $44,400–$45,599 |
|  | 7 | $600–$699 | $7,200–$8,399 |  | 39 | $3,800–$3,899 | $45,600–$46,799 |
|  | 8 | $700–$799 | $8,400–$9,599 |  | 40 | $3,900–$3,999 | $46,800–$47,999 |
|  | 9 | $800–$899 | $9,600–$10,799 |  | 41 | $4,000–$4,099 | $48,000–$49,199 |
|  | 10 | $900–$999 | $10,800–$11,999 |  | 42 | $4,100–$4,199 | $49,200–$50,399 |
|  | 11 | $1,000–$1,099 | $12,000–$13,199 |  | 43 | $4,200–$4,299 | $50,400–$51,599 |
|  | 12 | $1,100–$1,199 | $13,200–$14,399 |  | 44 | $4,300–$4,399 | $51,600–$52,799 |
|  | 13 | $1,200–$1,299 | $14,400–$15,599 |  | 45 | $4,400–$4,499 | $52,800–$53,999 |
|  | 14 | $1,300–$1,399 | $15,600–$16,799 |  | 46 | $4,500–$4,599 | $54,000–$55,199 |
|  | 15 | $1,400–$1,499 | $16,800–$17,999 |  | 47 | $4,600–$4,699 | $55,200–$56,399 |
|  | 16 | $1,500–$1,599 | $18,000–$19,199 |  | 48 | $4,700–$4,799 | $56,400–$57,599 |
|  | 17 | $1,600–$1,699 | $19,200–$20,399 |  | 49 | $4,800–$4,899 | $57,600–$58,799 |
|  | 18 | $1,700–$1,799 | $20,400–$21,599 |  | 50 | $4,900–$4,999 | $58,800–$59,999 |
|  | 19 | $1,800–$1,899 | $21,600–$22,799 |  | 51 | $5,000–$5,099 | $60,000–$61,199 |
|  | 20 | $1,900–$1,999 | $22,800–$23,999 |  | 52 | $5,100–$5,199 | $61,200–$62,399 |
|  | 21 | $2,000–$2,099 | $24,000–$25,199 |  | 53 | $5,200–$5,299 | $62,400–$63,599 |
|  | 22 | $2,100–$2,199 | $25,200–$26,399 |  | 54 | $5,300–$5,399 | $63,600–$64,799 |
|  | 23 | $2,200–$2,299 | $26,400–$27,599 |  | 55 | $5,400–$5,499 | $64,800–$65,999 |
|  | 24 | $2,300–$2,399 | $27,600–$28,799 |  | 56 | $5,500–$5,599 | $66,000–$67,199 |
|  | 25 | $2,400–$2,499 | $28,800–$29,999 |  | 57 | $5,600–$5,699 | $67,200–$68,399 |
|  | 26 | $2,500–$2,599 | $30,000–$31,199 |  | 58 | $5,700–$5,799 | $68,400–$69,599 |
|  | 27 | $2,600–$2,699 | $31,200–$32,399 |  | 59 | $5,800–$5,899 | $69,600–$70,799 |
|  | 28 | $2,700–$2,799 | $32,400–$33,599 |  | 60 | $5,900–$5,999 | $70,800–$71,999 |
|  | 29 | $2,800–$2,899 | $33,600–$34,799 |  | 61 | $6,000–$6,099 | $72,000–$73,199 |
|  | 30 | $2,900–$2,999 | $34,800–$35,999 |  | 62 | $6,100–$6,199 | $73,200–$74,399 |
|  | 31 | $3,000–$3,099 | $36,000–$37,199 |  | 63 | $6,200 + | $74,400 + |
|  | 32 | $3,100–$3,199 | $37,200–$38,399 |  |  |  |  |

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 in either item 13a or item 13c.  If a record does not contain a dollar amount for income in column positions 66–70, an entry should be present for adjunctive income range in column positions 72–73.  If column positions 60, 61, or 62 equal 1, then an entry for adjunctive income should be present in the column positions of either 66–70 or 72–73.  Zero is not a valid entry for this item. |

14a–14j. Nutritional Risks

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Description | | | | |
| These items indicate the participant’s nutritional risks present at certification as recorded in State agency files. | | | | |
| Column position |  | ***Nutritional Risk (any order)*** | ***Position*** |  |
|  | a. Nutritional Risk 1 | 74–79 |  |
|  | b. Nutritional Risk 2 | 80–85 |  |
|  | c. Nutritional Risk 3 | 86–91 |  |
|  | d. Nutritional Risk 4 | 92–97 |  |
|  | e. Nutritional Risk 5 | 98–103 |  |
|  | f. Nutritional Risk 6 | 104–109 |  |
|  | g. Nutritional Risk 7 | 110–115 |  |
|  | h. Nutritional Risk 8 | 116–121 |  |
|  | i. Nutritional Risk 9 | 122–127 |  |
|  | j. Nutritional 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 nutritional risks per participant. Nutritional risks can be listed in any order. State agency nutritional risk codes will be translated into Federal nutritional risk codes.  Each Nutritional Risk should be left justified and blank filled. | | | |

15a. Hemoglobin

|  |  |
| --- | --- |
| Description | |
| This is the value for the measure of iron status that applies to the participant’s current certification. This item must be reported in grams/dl (XX.Y) with a single implied decimal place. For example, 14.9 should be coded as 149.  This item may be supplied instead ofHematocrit (item 15b). | |
| Column position | 134–136 |
| Field length | 3 |
| Data type | Numeric |
| Notes | This item is not required for infant participants younger than 9 months of age.  For children, if there is no blood measurement recorded for the current certification, provide the value for the most recent available certification.  Zero should not be used to indicate missing values. If hemoglobin data is missing or not reported, this field should be left blank. |

15b. Hematocrit

|  |  |
| --- | --- |
| Description | |
| This is the value for the measure of iron status that applies to the participant’s current certification. This item must be 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.  This item may be supplied instead of Hemoglobin (item 15a). | |
| Column position | 137–139 |
| Field length | 3 |
| Data type | Numeric |
| Notes | This item is not required for infant participants younger than 9 months of age.  For children, if there is no blood measurement recorded for the current certification, provide the value for the most recent available certification.  Zero should not be used to indicate missing values. If hemoglobin data is missing or not reported, this field should be left blank. |

15c. Date of Blood Test

|  |  |
| --- | --- |
| Description | |
| This is the date (month, day, and year) on which the participant’s blood measure was most recently taken as of April [STUDY YEAR]. Date must be reported in MMDDYYYY format. This is required for all participants for whom a blood measure is reported. | |
| Column position | 140–147 |
| Field length | 8 |
| Data type | Numeric |
| Notes | Year should be reported as four digits (for example, 2017).  All dates must fall within legitimate month, day, and year ranges.  *Any part of the date that is missing or unavailable should be left blank.* |
| Example | For January 3, [STUDY YEAR], the entry would be  0103 [STUDY YEAR]  If day is unknown, the entry would be  01 [STUDY YEAR] (The missing part of the date—the day—should be left blank.) |

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

|  |  |
| --- | --- |
| Description | |
| This is the participant's weight in whole pounds.  This item may be supplied instead of Participant’s Weight in Grams (item 16b). | |
| Column position | 148–150 |
| Field length | 3 |
| Data type | Numeric |
| Notes | Participant weight may be reported in either pounds and quarter pounds or grams. |
| Example | For a weight of 9 pounds 12 ounces, the entry would be  \_\_\_9  (If the length of the field is fewer than three characters, the leftmost column(s) should be left blank; there should be no underscore in place of the values.)  The number of ounces is reported as quarter pounds in item 16a(ii). |

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

|  |  |
| --- | --- |
| Description | |
| This is the nearest quarter pound of the participant's weight. | |
| Column position | 151 |
| Field length | 1 |
| Data type | Numeric |
| Allowable Values | 0–3 |
| Notes | Quarter pounds should be reported only when weight in pounds is reported.  This measure is typically only reported for infants.  Participant weight may be reported in either pounds and quarter pounds or grams. |
| Example | For a weight of 9 pounds 12 ounces, the entry would be  3  because 12 ounces is equal to 3 quarter pounds.  The number of whole pounds is reported in item 16a(i). |

16b. Participant's Weight in Grams

|  |  |
| --- | --- |
| Description | |
| This is the participant's weight in grams.  This item may be suppliedinsteadof Participant’s Weight in Pounds (item 16a). | |
| Column position | 152–157 |
| Field length | 6 |
| Data type | Numeric |
| Notes | Participant weight may be reported in either pounds and quarter pounds or grams. |
| Example | For a weight of 90,718 grams (approximately 200 pounds), the entry would be  \_\_ 90718  (If the length of the field is fewer than six characters, the leftmost column(s) should be left blank; there should be no underscore in place of the values.) |

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

|  |  |
| --- | --- |
| Description | |
| This is the participant's height (length) in whole inches.  This item may be supplied instead of Participant’s Height in Centimeters (item 17b). | |
| Column position | 158–159 |
| Field length | 2 |
| Data type | Numeric |
| Notes | Participant height may be reported in either inches and one-eighth inches or centimeters. |
| Example | For a height of 33.5 inches, the entry would be  33  The fractional number of inches is reported as one-eighth inches in item 17a(ii). |

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

|  |  |
| --- | --- |
| Description | |
| This is the nearest eighth of an inch of the participant's height (length). | |
| Column position | 160 |
| Field length | 1 |
| Data type | Numeric |
| Allowable values | 0–7 |
| Notes | Eighth inches should be reported only when height in inches is reported.  This measure is typically only reported for infants.  Participant height may be reported in either inches and one-eighth inches or centimeters. |
| Example | For a height of 33.5 inches, the entry would be  4  because half an inch is equal to 4 one-eighth inches. |

17b. Participant's Height in Centimeters

|  |  |
| --- | --- |
| Description | |
| This is the participant's height (length) measured to the nearest tenth of a centimeter with a single implied decimal place.  This item may be supplied instead of Participant’s Height in Inches (item 17a). | |
| Column position | 161–164 |
| Field length | 4 |
| Data type | Numeric |
| Notes | Participant height may be reported in either inches and one-eighth inches or centimeters. |
| Example | For 30.5 centimeters, the entry would be  \_305  For 28 centimeters, the entry would be  \_280  to allow for the single implied decimal place. |

18. Date of Height and Weight Measure

|  |  |
| --- | --- |
| Description | |
|  | |
| Column position | 165–172 |
| Field length | 8 |
| Data type | Numeric |
| Notes | Year should be reported as four digits (for example, [STUDY YEAR]).  There should be no dates after October 31, [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 January 3, [STUDY YEAR], the entry would be  0103 [STUDY YEAR]  If day is unknown, the entry would be  01 [STUDY YEAR] (The missing part of the date—the day—should be left blank.) |

19a. Currently Breastfed

|  |  |
| --- | --- |
| Description | |
| For infants and children aged 6 through 13 months in April [STUDY YEAR], this indicates whether the participant was currently receiving breastmilk.  1 = Yes  2 = No | |
| Column position | 173 |
| Field length | 1 |
| Data type | Numeric |
| Allowable values | 1–2 |
| Notes | This item is required only for infants and children aged 6 through 13 months (infants and children born between February 1, 2017, and October 31, 2017).  A State agency may report breastfeeding data for additional infant and children participants if this approach is better suited to the configuration of the State agency's automated processing system. A State agency that chooses this option should indicate this choice on the Data Transmittal Worksheet (see section 6). For this item, data only for infants and children aged 6 through 13 months in April [STUDY YEAR] will be analyzed and reported for PC[STUDY YEAR].  If this information is missing or not available, leave the column position blank.  See figure 4.1 for a flowchart of breastfeeding items in this dataset. |

19b. Ever Breastfed

|  |  |
| --- | --- |
| Description | |
| For infants and children aged 6 through 13 months in April [STUDY YEAR] and who were not currently receiving breastmilk, this indicates whether the participant ever received breastmilk.  1 = Yes  2 = No | |
| Column position | 174 |
| Field length | 1 |
| Data type | Numeric |
| Allowable values | 1–2 |
| Notes | This item is required only for infants and children aged 6 through 13 months (infants and children born between February 1, 2017, and October 31, 2017) and for whom a value of 2 is entered for item 19a.  A State agency may report breastfeeding data for additional infant and children participants if this approach is better suited to the configuration of the State agency's automated processing system. A State agency that chooses this option should indicate this choice on the Data Transmittal Worksheet (see section 6). For this item, data only for infants and children aged 6 through 13 months in April [STUDY YEAR] will be analyzed and reported for PC[STUDY YEAR].  If this information is missing or not available, leave the column position blank. |

19c. Length of Time Breastfed

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Description | | | | | | | |
| For infants and children aged 6 through 13 months in April [STUDY YEAR] who were not currently receiving breastmilk but who had ever received breastmilk, this is the number of weeks the participant received breastmilk.  The conversions listed below are consistent with conversions applied by the CDC Surveillance System. | | | | | | | |
|  | ***To convert months to weeks:*** | | |  | ***To convert days to weeks:*** | | |
|  | *Months* | *Weeks* | |  | *Days* | *Weeks* |  |
|  | 1 month | 4 weeks | |  | Fewer than 4 days | 0 weeks |  |
|  | 2 months | 9 weeks | |  | 4–10 days | 1 week |  |
|  | 3 months | 13 weeks | |  | 11–17 days | 2 weeks |  |
|  | 4 months | 17 weeks | |  | 18–24 days | 3 weeks |  |
|  | 5 months | 22 weeks | |  | 25–31 days | 4 weeks |  |
|  | 6 months | 26 weeks | |  | 32–38 days | 5 weeks |  |
|  | 7 months | 30 weeks | |  | 39–45 days | 6 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 | |  |  |  |  |
| *If this information is missing or not available, leave the column positions blank.* | | | | | | | |
| Column position | | | 175–176 | | | | |
| Field length | | | 2 | | | | |
| Data type | | | Numeric | | | | |
| Allowable values | | | 0–72 | | | | |

19c. Length of Time Breastfed, continued

|  |  |
| --- | --- |
| Notes | This item is required only for infants and children aged 6 through 13 months (infants and children born between February 1, 2017, and October 31, 2017) who had ever breastfed but were not currently breastfeeding, and for whom a value of 2 (not currently breastfeeding) is entered for item 19a and a value of 1 (yes response to ever breastfed) is entered for item 19b.  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. A State agency that chooses this option should indicate this choice on the Data Transmittal Worksheet (see section 6).  Zero is a valid entry for this item. If the infant or child was breastfed for fewer than 4 days, enter zero. If the data is missing, leave columns 175 and 176 blank. |
| Example | If the infant or child was breastfed for 5 months, the entry would be  22 |

19d. Date Breastfeeding Data Collected

|  |  |
| --- | --- |
| Description | |
| For infants or children aged 6 through 13 months in April [STUDY YEAR], this is 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 aged 6 through 13 months (infants and children born between February 1, 2017 and October 31, 2017).  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. A State agency that chooses this option should indicate this choice on the Data Transmittal Worksheet (see section 6).  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 was confirmed during the visit.  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.*  For infants and children reported as no longer breastfeeding in the State agency’s system, there is no need to repeat the breastfeeding questions for infants and children aged 6 through 13 months. However, the State agency must ensure the data accurately reflect the full breastfeeding duration for each infant and child participant.  State or local agency staff can verify this information when the infant or child is aged 6 through 13 months. The date of this administrative validation should be entered as the date of breastfeeding data collected. The agency should consult its WIC administrator to determine which process to use. Furthermore, the State agency should be sure to document derivation of dates when submitting its data file.  Entries in column positions 177–184 are essential for analysis of all breastfeeding data entries. Ensure these data are provided along with the data on other breastfeeding items. |

19d. Date Breastfeeding Data Collected, continued

|  |  |
| --- | --- |
| Example | For March 3, [STUDY YEAR], the entry would be  0303 [STUDY YEAR]  If day is unknown, the entry would be  03 [STUDY YEAR] (The missing part of the date—the day—should be left blank.) |
| Figure 4.1. Flowchart of Breastfeeding Questions for WIC Minimum Dataset PC[STUDY YEAR]  **19a. Is this Infant currently breastfeeding?**  19a. Yes  19a. No  19b. Has this infant ever been breastfed?  **19b. Yes**  19b. No  19c. How long was this infant breastfed?  Number of weeks  If response is 1 through 3 (fewer than 4) days, enter 0  19d. Date breastfeeding data collected (MMDDYYYY)  *Data are to be reported for all infants and children aged 6 through 13 months in April [STUDY YEAR].* | |

20a–20n. 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 preferred.*

1. For State Agencies Submitting Food Items and Quantities

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Description | | | | | | | | |
| These are 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 | 185–191 |  | a. Quantity 1 | 192–194 |  | |
|  | 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 can include up to seven characters, and each quantity can include up to three characters. State agencies that cannot fully report their food codes using these specifications should contact Insight for guidance on developing an alternative file layout.  *Each food item code and food quantity should be left justified and blank filled.* | | | | | | | |

20a–20n. Food Codes, continued

1. For State Agencies Submitting Food Package Codes

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Description | | | | | |
| These are 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 |  | *Item Code* | *Position* |  |
|  | a. Food Package Code 1 | 185–194 |  |
|  | 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. State agencies that cannot fully report their food codes using these specifications should contact Insight for guidance on developing an alternative file layout.  *Each food package code should be left justified and blank filled.* | | | | |

20o. Food Package Type

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Description | | | | | | |
| This is the participant’s final 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 that follows: | | | | | | |
|  | *Food Package Type* | *Participant Type* | *Food Package Number* | *Final 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 | Fully formula-fed |
|  | 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 | Nonbreastfeeding 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 |
|  | 25 | Women | Food Package V | V | Women | Pregnant and partially (mostly) breastfeeding (up to 1 year postpartum) |
|  | 26 | Food Package VI | VI | Women | Nonbreastfeeding postpartum and partially (minimally) breastfeeding (up to 6 months postpartum) |
|  | 27 | Food Package VII | VII | Women | Fully breastfeeding; partially (mostly) breastfeeding multiples; pregnant with multiples |
|  | 28 | No Food Package | N/A | Women | Partially (minimally) breastfeeding (more than 6 months postpartum) |

20o. Food Package Type, continued

|  |  |
| --- | --- |
| Column position | 325–326 |
| Field length | 2 |
| Data type | Numeric |
| Notes | Food Package Type should correspond to the participant’s Food Code(s). |

Section 5. Supplemental Dataset  
Definitions and Specifications

T

he SDS data items are listed in this chapter. State agencies that currently collect these items should include them in their April [STUDY YEAR] data submissions. The data items should reflect the participant's status for each item at the time of the most recent WIC 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, the information that is on file for each participant in April [STUDY YEAR] will be accepted. As stated previously in this *Guidance,* for biennial PC reports, 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 SDS data items are as follows:

21. **Date of First WIC Certification.** Date the participant was first certified for WIC 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 the 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; 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 (pounds/ounces); birth weight may be reported either in pounds and ounces or in grams

30a–b. **Birth Length.** For infants and children, the participant's length measured according to CDC nutrition surveillance program standards (nearest one-eighth inch); birth length may be reported either in inches and eighth inches or in centimeters

31. **Participation in the Food Distribution Program on Indian Reservations.** The participant's reported participation in this program at the time of the most recent WIC certification as of April [STUDY YEAR]

21. Date of First WIC Certification

|  |  |
| --- | --- |
| Description | |
| This is the date (month, day, and year) on which the participant was first certified for WIC. Date must be reported in 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. | |
| Column position | 327–334 |
| Field length | 8 |
| Data type | Numeric |
| Notes | Year should be reported as four digits (for example, [STUDY YEAR]).  The date of first WIC certification should not fall after April 30, [STUDY 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 January 3, [STUDY YEAR], the entry would be  0103 [STUDY YEAR]  If day is unknown, the entry would be  01 [STUDY YEAR] (The missing part of the date—the day—should be left blank.) |

22. Education Level

|  |  |
| --- | --- |
| Description | |
| For women, this is the highest grade of school (0–12) or year of college (13, 14, 15, 16 . . .) completed by the participant; for infants and children, this is the highest grade of school or year of college completed by the mother or primary caretaker. | |
| Column position | 335–336 |
| Field length | 2 |
| Data type | Numeric |
| Allowable values | 0–18 |
| Notes | Zero is a valid entry for this item and should be used for any WIC participant who has completed less than 1 year of school.  If these data are missing, leave columns 335 and 336 blank. |

23. Number in Household in WIC

|  |  |
| --- | --- |
| Description | |
| This is the number of people in the participant's household (the economic unit used for WIC certification) enrolled in WIC in April [STUDY YEAR]; for example, all those individuals who have the same family identifier. | |
| Column position | 337–338 |
| Field length | 2 |
| Data type | Numeric |
| Allowable values | 1–20 |
| Notes | This number should be no greater than the number in the economic unit entered in item 12. |

24. Date Previous Pregnancy Ended

|  |  |
| --- | --- |
| Description | |
| This is the date (month, day, and year) on which the pregnant woman participant’s previous pregnancy ended. Date must be reported in MMDDYYYY format. | |
| Column position | 339–346 |
| Field length | 8 |
| Data type | Numeric |
| Notes | Year should be reported as four digits (for example, [STUDY 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 January 3, 2017 the entry would be  01032017  If day is unknown, the entry would be  01 2017 (The missing part of the date—the day—should be left blank.) |

25. Total Number of Pregnancies

|  |  |
| --- | --- |
| Description | |
| This is 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 |
| Notes | 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. |

26. Total Number of Live Births

|  |  |
| --- | --- |
| Description | |
| This is the total number of babies born alive to the pregnant woman participant, including those infants who may have died shortly after birth. | |
| Column position | 349–350 |
| Field length | 2 |
| Data type | Numeric |
| Allowable values | 0–20 |
| Notes | This item should be reported for pregnant women only.  Zero is a valid entry for this item and should be used for reporting information on women who have experienced no previous live births.  If these data are missing, leave columns 349 and 350 blank. |

27a(i). Prepregnancy Weight in Pounds

|  |  |
| --- | --- |
| Description | |
| This is the pregnant woman participant’s weight immediately prior to pregnancy in whole pounds.  This item may be supplied instead of Participant’s Prepregnancy Weight in Grams (item 27b). | |
| Column position | 351–353 |
| Field length | 3 |
| Data type | Numeric |
| Notes | This item should be reported only for pregnant women.  Prepregnancy weight may be reported in either pounds and quarter pounds or grams. |
| Example | For a weight of 120 pounds 8 ounces, the entry would be  120  The number of ounces is reported as quarter pounds in item 27a(ii). |

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

|  |  |
| --- | --- |
| Description | |
| This is the nearest quarter pound of the pregnant woman participant’s weight immediately prior to pregnancy. | |
| Column position | 354 |
| Field length | 1 |
| Data type | Numeric |
| Allowable values | 0–3 |
| Notes | This item should be reported only if prepregnancy weight in pounds [item 27a(i)] is reported.  This item should be reported only for pregnant women.  Prepregnancy weight may be reported in either pounds and quarter pounds or grams. |
| Example | For a weight of 120 pounds 8 ounces, the entry would be  2  (8 ounces = 2 quarter pounds)  The number of whole pounds is reported in item 27a(i). |

27b. Participant's Prepregnancy Weight in Grams

|  |  |
| --- | --- |
| Description | |
| This is the pregnant woman participant’s weight immediately prior to pregnancy in grams.  This item may be supplied instead of Prepregnancy Weight in Pounds (item 27a). | |
| Column position | 355–360 |
| Field length | 6 |
| Data type | Numeric |
| Notes | This item should be reported only for pregnant women.  Prepregnancy weight may be reported in eitherpounds and quarter pounds or grams. |

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

|  |  |
| --- | --- |
| Description | |
| This is the breastfeeding or postpartum woman participant’s weight gain in pounds during pregnancy as measured at or immediately prior to delivery.  This item may be supplied instead of Participant’s Weight Gain in Grams (item 28b). | |
| Column position | 361–363 |
| Field length | 3 |
| Data type | Numeric |
| Allowable values | -20–50 |
| Notes | This item should be reported only for breastfeeding and postpartum women.  Weight gain during pregnancy may be reported in either pounds and quarter pounds or grams.  If negative weight gain is reported, insert a negative sign (-) before the value. |
| Example | For a weight of 20 pounds 4 ounces, the entry would be  20  The number of ounces is reported as quarter pounds in item 28a(ii). |

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

|  |  |
| --- | --- |
| Description | |
| This is the nearest quarter pound of the breastfeeding or postpartum woman participant’s weight gain as measured during pregnancy. | |
| Column position | 364 |
| Field length | 1 |
| Data type | Numeric |
| Allowable values | 0–3 |
| Notes | This item should be reported only if weight gain during pregnancy in pounds [item 28a(i)] is reported.  This item should be reported only for breastfeeding and postpartum women.  Weight gain during pregnancy may be reported in either pounds and quarter pounds or grams. |
| Example | For a weight of 20 pounds 4 ounces, the entry would be  1  (4 ounces = 1 quarter pound)  The number of whole pounds is reported in item 28a(i). |

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

|  |  |
| --- | --- |
| Description | |
| This is the breastfeeding or postpartum woman participant’s weight gain in grams during pregnancy as measured at or immediately prior to delivery.  This item may be supplied instead of Weight Gain During Pregnancy in Pounds (item 28a). | |
| Column position | 365–370 |
| Field length | 6 |
| Data type | Numeric |
| Allowable values | -10000–25000 |
| Notes | This item should be reported only for breastfeeding and postpartum women.  Weight gain during pregnancy may be reported in either pounds and quarter pounds or grams.  If negative weight gain is reported, insert a negative sign (-) preceding the value. |

29a(i). Birth Weight in Pounds

|  |  |
| --- | --- |
| Description | |
| This is the infant or child participant’s birth weight in whole pounds.  This item may be suppliedinstead of Birth Weight in Grams (item 29b). | |
| Column position | 371–372 |
| Field length | 2 |
| Data type | Numeric |
| Notes | This item should be reported only for infants and children.  Birth weight may be reported in either pounds and ounces or grams. |
| Example | For a birth weight of 7 pounds 12 ounces, the entry would be  \_\_7  The number of ounces is reported in item 29a(ii).  *If the length of the field is fewer than two characters, the leftmost column(s) should be left blank; there should be no underscore in place of the values.* |

29a(ii). Nearest Number of Ounces of Birth Weight

|  |  |
| --- | --- |
| Description | |
| This is the nearest number of ounces of the infant or child participant’s weight at birth. | |
| Column position | 373–374 |
| Field length | 2 |
| Data type | Numeric |
| Allowable values | 0–15 |
| Notes | This item should be reported only if weight in pounds [item 29a(i)] is reported.  This item should be reported only for infants and children.  Birth weight may be reported in either pounds and ounces or grams. |
| Example | For a birth weight of 7 pounds 12 ounces, the entry would be  12  The number of whole pounds is reported in item 29a(i). |

29b. Birth Weight in Grams

|  |  |
| --- | --- |
| Description | |
| This is the infant or child participant’s birth weight in grams.  This item may be supplied instead of Birth Weight in Pounds[(item 29a(i)]. | |
| Column position | 375–378 |
| Field length | 4 |
| Data type | Numeric |
| Notes | This item should be reported only for infants and children.  Birth weight may be reported in either pounds and ounces or grams. |

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

|  |  |
| --- | --- |
| Description | |
| This is the infant or child participant’s length at birth in whole inches.  This item may be supplied instead of Length at Birth in Centimeters [(item 30a(ii)]. | |
| 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 in either inches and one-eighth inchesor centimeters. |
| Example | For a birth length of 20.5 inches, the entry would be  20  The fractional number of inches is reported in item 30a(ii). |

30a(ii). Nearest Eighth of an Inch of Length at Birth

|  |  |
| --- | --- |
| Description | |
| This is the nearest eighth of an inch of the infant or child participant’s length at birth. | |
| Column position | 381 |
| Field length | 1 |
| Data type | Numeric |
| Allowable values | 0–7 |
| Notes | This item should be reported only if birth length in inches [item 30a(i)] is reported.  This item should be reported only for infants and children.  Birth length may be reported in either inches and one-eighth inchesor centimeters. |
| Example | For a birth length of 20.5 inches, the entry would be  4  (one-half inch = 4 one-eighth inches)  The number of whole inches is reported in item 30a(i). |

30b. Length at Birth in Centimeters

|  |  |
| --- | --- |
| Description | |
| This is the infant or child participant’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.  This item may be suppliedinstead of Length at Birth in Inches (item 30a). | |
| Column position | 382–384 |
| Field length | 3 |
| Data type | Numeric |
| Notes | This item should be reported only for infants and children.  Birth length may be reported ineither inches and one-eighth inches or centimeters. |

31. Participation in the Food Distribution Program on Indian Reservations

|  |  |
| --- | --- |
| Description | |
| This indicates whether the participant receives Food Distribution Program on Indian Reservations benefits.  1 = Yes  2 = No | |
| Column position | 385 |
| Field length | 1 |
| Data type | Numeric |
| Allowable values | 1–2 |

Section 6. Data Worksheet for Transmitting  
April [STUDY YEAR] Data Files

WIC Participant and Program Characteristics [STUDY YEAR]

April [STUDY YEAR] data submissions should be sent to Insight as soon as possible after April [STUDY YEAR] and no later than July 15, [STUDY YEAR]. Only complete data files should be submitted. Therefore, a State agency that expects to receive updated data after April [STUDY YEAR] for income, breastfeeding, participation, or other data fields should submit its data file only *after* entering this additional information. Include this completed worksheet with the April data submission.

1. State agency:
2. Name, title, phone number, and email address of the person able to answer questions regarding the State agency’s data submission:

Name:

Title:

Telephone:

Email:

1. April data file specifications:
2. Number of participant records:
3. Maximum record length:
4. Was racial/ethnic data reported using the three-digit code, the series of six yes/no questions, or another format? *Check only one answer.*

Three-digit code provided in guidance

Series of six yes/no questions

Other format (describe):

1. Breastfeeding data collection procedures:
2. When was breastfeeding data collected? *Check all that apply.*

At issuance

At certification/recertification

During healthcare appointments

At nutrition education sessions

Separate telephone or mail inquiry

Other (describe):

1. Was breastfeeding data collected? *Check only one answer.*

Only on infants aged 6 to 13 months in April [STUDY YEAR]

On infants aged 6 to 13 months when data are collected

All infants

Other (describe):

1. Is breastfeeding data collected routinely or only for the biennial PC reporting? *Check only one answer.*

Routinely Only for PC reporting

1. Does the State agency’s automated data system maintain the most recent breastfeeding information? *Check only one answer.*

Yes No

1. Were food package code translations submitted for the types and amounts of WIC foods prescribed? *Check only one answer.*

Food package translations . . .

Are enclosed

Were already sent

Will be sent under separate cover

1. Were food code data submitted using food package codes, an item/quantity format, or another format?

Food package codes (up to 14 codes with no more than 10 digits per code)

Item-quantity format

Other format (describe):

1. Was food package type reported using the specified codes 1 through 28 or another format?

Used specified codes 1 through 28

Other format (describe):

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

Birth weight

Birth length

Participation in Food Distribution Program on Indian Reservations

1. Were Service Site IDs reported in the data?

Yes No

1. Management Information System (MIS) details:
2. Please provide the name of the MIS and the name of the MIS vendor/contractor used to collect and submit the PC[STUDY YEAR] data.
3. Has the State agency changed its MIS since the PC[PREVIOUS STUDY YEAR] data collection? If yes, please provide the name of the previous and current MIS.
4. Other information:

Please send files and documentation to Insight’s Secure File Transfer Protocol (FTP). Instructions are provided below and will be provided separately to the State agency along with username and password:

1. Insight recommends sending files through SFTP software. If the State agency does not have SFTP software, it can be downloaded (for example, **FileZilla** from https://filezilla-project.org/).
2. Open **FileZilla** (or other SFTP software).
3. Enter the address of the server in the field **Host**, located in the **Quickconnect** bar  
   ([wic.insightpolicyresearch.com](http://wic.insightpolicyresearch.com/)).\*
4. Enter your username (will be provided separately).
5. Enter your password (will be provided separately).
6. Enter the port number (port **22** for SFTP).
7. Click on **Quickconnect** or press **Enter** to connect to the server.
8. Upload file.

Email questions to PC[STUDY YEAR]@insightpolicyresearch.com \* If the State agency is not using SFTP software, go directly to [wic.insightpolicyresearch.com](http://wic.insightpolicyresearch.com/) and enter the username and password provided by Insight.

***By submitting your WIC PC data, you certify that these data are complete and accurate.***

1. In contrast, for regulatory reporting participation is defined as the number of certified individuals who claim their WIC food instruments each month. [↑](#footnote-ref-2)
2. For this and other references to WIC regulations in the descriptions of the MDS data items, see Special Supplemental Nutrition Program for Women, Infants and Children (2014a). [↑](#footnote-ref-3)