GUIDANCE FOR STATES PROVIDING PARTICIPANT DATA

STUDY OF WIC PARTICIPANT
AND
PROGRAM CHARACTERISTICS 2008

PC2008

US Department of Agriculture
Food and Nutrition Service

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GUIDANCE TO STATES

PROVIDING WIC PARTICIPANT DATA FOR PC2008

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SECTION I

OVERVIEW

WIC PARTICIPANT
AND
PROGRAM CHARACTERISTICS

PC2008

US Department of Agriculture
Food and Nutrition Service

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

- Information on the income and nutritional risk characteristics of WIC participants.
- Data on WIC Program participation for migrant farm worker families.
- Other information on WIC participation that is deemed appropriate by the Secretary of Agriculture.

Data in the reports are provided to FNS by State WIC agencies. This guide, designed to assist State WIC agencies, contains a uniform format for use in compiling information on participants for WIC Participant and Program Characteristics for 2008 (PC2008). The Minimum Data Set (MDS) and the Supplemental Data Set (SDS) were developed by FNS in cooperation with the Information Committee of the National WIC Association (NWA).

PC2008 is similar to PC2006, with no changes to **the file layout for the Minimum Data Set (MDS) or Supplemental Data Set (SDS).** For a list of major changes implemented in *2006*, see page I-3.

Background

FNS has completed eleven previous reports on WIC Participant and Program Characteristics. For the first three studies in 1984 (PC84), 1988 (PC88), and 1990 (PC90), FNS and its contractors collected information on nationally representative samples of WIC participants. Data were obtained through mail surveys of State and local WIC agencies, record abstractions at local WIC service sites, and interviews with participants.

To ease the burden of data collection for WIC agencies, the 1992 report of WIC Participant and Program Characteristics (PC92) was substantially different from earlier studies with regard to collecting data on WIC participation. For PC92, State WIC agencies downloaded routinely collected information which is on their existing automated client and management information systems. State and local WIC staff obtains these data to certify applicant eligibility for WIC benefits, to guide nutrition education, and to issue food instruments. All PC reports since 1992 have used this protocol for collecting data.

PC2008

The 2008 WIC Participant and Program Characteristics Report (PC2008) continues the protocols and reporting formats created for PC92 and used through PC2006. For the *reference month of April 2008*, each State WIC agency will submit Minimum Data Set (MDS) and Supplemental Data Set (SDS) data on either a census or a representative sample of its WIC participants. Supplemental items currently being collected on State management information systems should be submitted for use in PC2008.

For PC2008, each State WIC agency is asked to prepare and deliver the MDS and SDS data according to a specified format, medium, and time frame of reference (April 2008). Most State WIC agencies maintain automated record keeping systems, which they will use to produce datasets containing the desired variables.

As part of the documentation needed to process the PC2008 participant data, each State will also:

- Specify whether nutritional risk data will be provided using the FNS uniform codes or using State codes. For agencies using State codes, a crosswalk of State nutrition risk criteria established by FNS and NWA and revised by FNS Policy Memorandum 98-9, Revision 8: Nutrition Risk Criteria, should be provided. In February, States will receive their previous list submitted for PC2006 to update and return to Abt Associates, Inc.

- Provide a food code list which shows types and amounts of WIC food prescribed along with the State coding scheme.

Organization of this Guide

This guide contains a timeline of the major events for PC2008, instructions for data file creation, Minimum Data Set specifications, Supplemental Data Set specifications, and a worksheet for transmitting your April 2008 participant data.

Definition of WIC Participant for Use in the Minimum and Supplemental Data Sets

It is important to clarify the PC2008 definition of WIC participation. For PC2008, it is understood that WIC participants are persons on WIC master lists or persons listed in WIC operating files who are certified to receive WIC benefits in April 2008. This definition is different from regulatory reporting requirements which define participation in terms of WIC vouchers or checks claimed by participants. Persons on waiting lists are not to be included in PC2008.

States are not asked to collect information on persons transferring (or migrating) among local WIC agencies. It is anticipated that data on these individuals will continue to be available from State management information systems. Should double-reporting occur for persons who have transferred among WIC agencies, the most recent set of information for the individual should be incorporated into the Minimum Data Set analysis file by the State agency.

MDS and SDS Specifications and Data File Creation

The Minimum and Supplemental Data Set Specifications include concise definitions of each variable in the Minimum and Supplemental Data Sets and the categories to be used for reporting each variable. The materials presented here also explain the database field specifications—where on the file each variable is to be reported—as well as procedures for reporting missing data. It is left up to State and local agencies to gather MDS and SDS data in the manner that is most efficient and economical for them. This guide offers generic specifications that accommodate the variety of record keeping systems now used. State technical staff are asked to review and follow the guidelines for preparing PC2008 data submissions. A file layout is provided.

Although there are no new changes to the minimum and supplemental data sets for 2008, some important changes made in 2006 and still in effect for PC2008 are listed below.

Major Changes Implemented in 2006

- *Local agency identification numbers*—WIC State agencies are required to use the full Local Agency ID maintained by FNS in their WIC Local Agency Directory (WIC LAD).

- *Service site identification number*—WIC State agencies that submitted service site or clinic-level data for WIC LAD are asked to include the corresponding service site IDs in their PC2008 submissions.

- *Race/Ethnicity*—these data must be submitted using the revised specifications required by the Office of Management and Budget (OMB). The specifications require classification of participants based on ethnicity as well as race.

- *Nutrition risks*—State agencies may submit up to ten nutrition risk conditions for each participant.

- *Date of blood test*—has become an MDS variable, required for all participants with a reported blood measure.

- *Food codes*—to accommodate all WIC State agencies, PC data collection allows reporting of up to fourteen (14) food codes.

Sampling Instructions and Record Abstraction

We have not included sampling or record abstraction instructions in the PC2008 guidance because all State agencies submitted MDS and SDS data on all WIC participants in PC2006 based on automated systems. However, in the event that a State agency chooses to sample participants in PC2008, detailed sampling instructions can be obtained by calling Abt Associates.

SECTION II

TIMELINE

WIC PARTICIPANT
AND
PROGRAM CHARACTERISTICS

PC2008

US Department of Agriculture
Food and Nutrition Service

TIMELINE OF PC2008

January 2008   States receive ***PC2008 Guidance for States Providing Participant Data***.

February 2008   Initial telephone contact by Abt Associates to confirm receipt of Guidance, update contact information, and answer questions about PC2008. Nutritional crosswalks and recent versions of WIC LAD are sent.

February-   States are asked to review and update nutritional risk crosswalks and return
March 2008   them to Abt Associates by *March 31, 2008*. States should also provide at this time a translation of food codes your State uses in prescribing WIC foods.

                       Any State intending to sample participant records for PC2008 should call Abt Associates before March 31, 2008 to request guidance.

April 2008   Reference month for PC2008. April data submissions should contain information for all participants on WIC master lists or participants listed in WIC operating files who are certified to receive WIC benefits in April 2008.

                       Data are delivered to Abt Associates as soon as possible after April once all data have been fully entered. The Data Transmittal Worksheet found in section VI of this document should be sent with data. End date for receipt of initial State files, *August 31, 2008*.

August 2008   *DEADLINE August 31, 2008*: As required by FNS, PC2008 Initial File submissions will not be accepted by Abt Associates after this date.

October 2008   *DEADLINE October 31, 2008*. States failing to achieve adequate data completeness and quality will be referred to FNS for appropriate action. In order to meet demand by reporting States for prompt data analysis, States lacking sufficient data completeness and quality may be removed from PC2008 reporting.

Note   All data submissions and accompanying documentation should be sent to:

                       Ellen Bobronnikov   OR   Email to:
                       Abt Associates Inc.   PC2008@abtassoc.com
                       55 Wheeler Street
                       Cambridge, Massachusetts 02138

If you have any questions concerning PC2008, please contact Ellen Bobronnikov at 617-349-2718 (email: PC2008@abtassoc.com). If you prefer to send a fax, she may be reached at 617-386-8329.

Your help in timely completion of PC2008 is very much appreciated.

Abt Associates Inc. is the firm assisting FNS to conduct PC2008. Abt will establish and maintain the databases for PC2008, including monitoring data receipt and quality. Staff from Abt are available to answer questions about MDS and SDS specifications, sampling, and data abstraction. Each State has been asked to appoint a PC2008 coordinator to work with Abt.

Adjust State Programming for April 2008 Data Compilation, if Needed

States will need to review their programming used to compile and submit PC reports and make any adjustments needed to fully comply with PC2008 reporting guidelines.

April Data Submissions

Data collection for PC2008 will focus on individuals enrolled in the WIC Program as of April 2008 (the reference month). That is, each State should submit MDS and SDS data on every individual on WIC master lists or listed in WIC operating files who is certified to receive WIC benefits in April 2008.

States generally begin collecting participant data in early 2007. This long timeline is required because certification for infants begins twelve months prior to April 2008. Data on pregnant women must also be gathered up to twelve months prior to the reference month. For all other WIC participants, data are collected during the seven months prior to April 2008. States should prepare and submit PC2008 automated data submissions as quickly after April as possible. However, States are urged to ensure that their data for April 2008 are complete. Thus, if States are expecting updated information on income, breastfeeding, participation, or other data fields, in the period after April 2008, they should only submit their data *after* this information has been fully entered.

August Deadline for Initial File Submission to Abt

PC2008 Initial Data Files _will not_ be accepted by Abt Associates after _August 31, 2008_.

October Decision Point

Due to requests by State Agencies to have prompt turnaround on PC2008 analyses, any States not achieving sufficient data quality to permit analysis by October 31 will be referred to FNS for action. Such States may be dropped from PC2008 resulting in data loss to the WIC Program.

States are asked to keep all April data and materials for at least three years.

SECTION III

DATA TRANSMITTAL AND CLEANING SPECIFICATIONS

WIC PARTICIPANT
AND
PROGRAM CHARACTERISTICS

PC2008

US Department of Agriculture
Food and Nutrition Service

DATA TRANSMITTAL AND CLEANING OF PC2008

General Instructions

- States are responsible for providing accurate data for PC2008. All MDS and SDS data items should be reviewed for accuracy and consistency. States, however, should not delete outliers to conform to the cleaning specifications in this manual. FNS will accept all data States consider legitimate. Staff will check PC2008 data submissions for accuracy and will bring any questions or concerns to the attention of State contacts. It is the responsibility of each State to correct its PC2008 data submission.

- Each State should make and keep a backup copy of its entire April 2008 system file (not just the PC2008 submission) in the event that problems with the April PC2008 data submission require a second submission. Maintaining a backup of the entire April 2008 system file will ensure that the required data can be recreated.

- For PC2008, WIC participants are persons on WIC master lists or persons listed in WIC operating files who are certified to receive WIC benefits in April 2008. Persons on waiting lists are not to be included in PC2008.

- *Zero should never be used to indicate missing data. Zero should indicate only an actual value of zero.* This instruction is particularly important with regard to income values, where there is a critical difference between an income value of zero and a missing income value. *If data are missing, the corresponding field should be left blank.*

- Due to the large proportion of WIC participants who are adjunctively income eligible for WIC, income information for these participants is essential to describe income among the overall WIC population. **FNS, therefore, requires all States to collect and submit this information.** This is for descriptive purposes only and does not relate to eligibility which is conferred due to adjunct participation in food stamps, TANF, or Medicaid.

- A State is required to report either English or metric measurements of height and weight. English pounds, ounces, feet, and inches do not have to be converted to metric data and vice versa. It is important that these measures be placed in the correct positions in the Minimum Data Set so that data interpretation can be done correctly.

- Dates should be complete for month, day, and year and be within logical ranges. *If the day portion of a date is missing, those columns should be left blank.* For PC2008, there should be no dates after April 30, 2008, except for expected dates of delivery for pregnant women, blood measurement dates, and breastfeeding data collection dates. All dates must appear in the MMDDYYYY format.

- Certification categories and risk priority codes must be reported in every participant record.

- In previous years, it appeared that, between certification appointments, some States, using dates of birth, automatically updated certification categories. For example, on the one-year birthday, an infant's certification category would be changed to a child certification even though the participant had not yet been recertified as a child. States should report for PC2008 the same certification category that the participant was classified as at the most recent certification. For example, even though the State's system may make automatic changes from infant certification to a child category on or around the participant's first birthday, the participant should be reported in PC2008 as an infant if the actual recertification has not occurred yet.

- Breastfeeding data need to be submitted for infants and children who, in April 2008, are ages six through thirteen months. In order to provide the most accurate estimates of breastfeeding duration, it is important, particularly for currently breastfed infants, that data are collected as close to April 2008 as is feasible. All four breastfeeding variables must be provided to calculate breastfeeding initiation and duration rates.

Data Transfer

Data files should be provided by the State in one of the following ways:

- CD-ROM or MS-DOS formatted diskettes (3.5"). Data should be in ASCII format text files, one record per line. Macintosh, Apple, or Unix formatted diskettes are not options. None of the data may be binary or packed.

- Email—using WinZip to zip datafile and send to PC2008@abtassoc.com.

- FTP—please contact Ellen Bobronnikov (617-349-2718) about using this method.

General Notes

- Field lengths are in terms of bytes (characters). To ensure that all data submissions are consistent in format, no binary data may be submitted.

- All fields are right-justified except three items: race/ethnicity (#5), the ten nutritional risk codes (#14), and the fourteen food codes (#20), which are alphanumeric fields and should be left-justified and blank filled.

- All date variables must appear in MMDDYYYY format and should fall within legitimate month, day, and year ranges. *Any part of a date that is missing should be left blank.* For example, a data of March 2005 should be reported as 03_ _2005.

- Reserve codes have been found unnecessary and unwieldy in processing PC data. *If data are missing, the corresponding field positions should be left blank.*

- Zeros should not be used for missing data.

Documentation

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

- The number of CDs or disks included in the shipment. Each CD or disk should have the State's name and be numbered sequentially, for example, 1 of 3, 2 of 3, 3 of 3.

- The number of records, or observations, contained in the data file.

- A list of the supplemental data elements which are being delivered.

- The name of the State, the contact person, and phone number.

- Any other special information needed to interpret the file.

As discussed in previous sections, States should submit the following documentation to Abt Associates by March 31, 2008:

- A nutritional risk codes crosswalk (mapping State risk codes to uniform national nutrition risk codes) current for April 2008 or indication that uniform codes are included in the April 2008 file.

- A listing, current as of April 2008, of the contents of the food codes and their food prescription amounts along with the codes that will appear on the PC2008 file.

Cleaning Specifications

Cleaning specifications are included in the MDS and SDS specifications in Sections Four and Five of this guide under the headings *Allowable values* and *Notes*. These cleaning specifications include ranges of allowable values, inter-variable consistency checks, procedures for handling missing values, and categories of participants for which each item should be reported. States should not delete outliers to conform to the cleaning specifications if States consider the data to be legitimate.

These specifications are provided to help States write cleaning routines for their own systems and to provide quality control for PC2008 and future data submissions. Many States will have additional cleaning specifications of their own that are not included in this guide. States should, of course, continue to use their own quality control procedures in maintaining their WIC databases.

If you have any questions about Minimum or Supplemental Data Set cleaning specifications or file layout, please call: Ellen Bobronnikov at 617-349-2718 (email: PC2008@abtassoc.com). If you prefer, Ellen can be reached by fax at 617-386-8329.

MINIMUM DATA SET FILE LAYOUT

Data Item Number	Description of Data Item		Beginning Column	Ending Column	Field Width in Bytes (No Binary Data)
1.	State Agency ID		1	7	7
2a.	Local Agency ID		8	10	3
2b.	Service Site ID		11	13	3
3.	Case ID		14	24	11
4.	Date of Birth (MMDDYYYY)		25	32	8
5.	Race/Ethnicity (Left Justified)		33	38	6
6a.	Certification Category		39	39	1
6b.	Expected Date of Delivery (MMDDYYYY)	OR	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 or AFDC		60	60	1
10b.	Participation in Food Stamps		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	77	4
14b.	Nutritional Risk #2 (Left Justified)		78	81	4
14c.	Nutritional Risk #3 (Left Justified)		82	85	4
14d.	Nutritional Risk #4 (Left Justified)		86	89	4
14e.	Nutritional Risk #5 (Left Justified)		90	93	4
14f.	Nutritional Risk #6 (Left Justified)		94	97	4
14g.	Nutritional Risk #7 (Left Justified)		98	101	4
14h.	Nutritional Risk #8 (Left Justified)		102	105	4
14i.	Nutritional Risk #9 (Left Justified)		106	109	4
14j.	Nutritional Risk #10 (Left Justified)		110	113	4
15a.	Hemoglobin		114	116	3
15b.	Hematocrit		117	119	3
15c.	Date of Blood Test (MMDDYYYY)		120	127	8
16a(i).	Participant's Weight in Pounds		128	130	3
16a(ii).	Nearest Quarter Pound of Participant's Weight	Report Pounds or Grams	131	131	1
16b.	Participant's Weight in Grams		132	137	6

Data Item Number	Description of Data Item		Beginning Column	Ending Column	Field Width in Bytes (No Binary Data)
17a(i).	Participant's Height in Inches		138	139	2
17a(ii).	Nearest Eighth of an Inch of Participant's Height	Report inches	140	140	1
17b.	Participant's Height In Centimeters	or centimeters	141	144	4
18.	Date of Height and Weight Measure (MMDDYYYY)		145	152	8
19a.	Currently Breastfed		153	153	1
19b.	Ever Breastfed		154	154	1
19c.	Length of Time Breastfed		155	156	2
19d.	Date Breastfeeding Data Collected (MMDDYYYY)		157	164	8
20a.	Food Code #1 (Left Justified)		165	174	10
20b.	Food Code #2 (Left Justified)		175	184	10
20c.	Food Code #3 (Left Justified)		185	194	10
20d.	Food Code #4 (Left Justified)		195	204	10
20e.	Food Code #5 (Left Justified)		205	214	10
20f.	Food Code #6 (Left Justified)		215	224	10
20g.	Food Code #7 (Left Justified)		225	234	10
20h.	Food Code #8 (Left Justified)		235	244	10
20i.	Food Code #9 (Left Justified)		245	254	10
20j.	Food Code #10 (Left Justified)		255	264	10
20k.	Food Code #11 (Left Justified)		265	274	10
20l.	Food Code #12 (Left Justified)		275	284	10
20m.	Food Code #13 (Left Justified)		285	294	10
20n.	Food Code #14 (Left Justified)		295	304	10

All MDS and SDS data items are right justified except race/ethnicity (#5), nutrition risks (#14), and food codes (#20).

If the specifications for food codes will not allow complete reporting of your State's April food packages, please contact Abt Associates to develop an alternative file layout.

SUPPLEMENTAL DATA SET FILE LAYOUT

Data Item Number	Description of Data Item		Beginning Column	Ending Column	Field Width in Bytes (No Binary Data)
21.	Date of First WIC Certification (MMDDYYYY)		305	312	8
22.	Education Level		313	314	2
23.	Number in Household in WIC		315	316	2
24.	Date Previous Pregnancy Ended (MMDDYYYY)		317	324	8
25.	Total Number of Pregnancies		325	326	2
26.	Total Number of Live Births		327	328	2
27a(i).	Prepregnancy Weight in Pounds		329	331	3
27a(ii).	Nearest Quarter Pound of Participant's Prepregnancy Weight	**Report pounds or**	332	332	1
27b.	Participant's Prepregnancy Weight in Grams	**grams**	333	338	6
28a(i).	Weight Gain During Pregnancy in Pounds		339	341	3
28a(ii).	Nearest Quarter Pound of Participant's Weight Gain During Pregnancy	**Report pounds or**	342	342	1
28b.	Participant's Weight Gain During Pregnancy in Grams	**grams**	343	348	6
29a(i).	Baby's Birth Weight in Pounds	**Report**	349	350	2
29a(ii).	Ounces of Birth Weight	**pounds/**	351	352	2
29b.	Baby's Birth Weight in Grams	**ounces or grams**	353	356	4
30a(i).	Baby's Length at Birth in Inches	**Report**	357	358	2
30a(ii).	Nearest Eighth of an Inch of Baby's Length at Birth	**inches or**	359	359	1
30b.	Baby's Length at Birth in Centimeters	**centi-meters**	360	362	3
31.	Participation in the Food Distribution on Indian Reservation Program		363	363	1

SECTION IV

MINIMUM DATA SET DEFINITIONS AND SPECIFICATIONS

WIC PARTICIPANT
AND
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PC2008

US Department of Agriculture
Food and Nutrition Service

For biennial reports on WIC Participant and Program Characteristics, the term participant means a person on WIC master lists or a person listed in WIC operating files who is certified to receive WIC benefits in April 2008.

The data items should reflect the participant's status on each item at the time of the most recent WIC Program certification as of April 2008. However, as a convenience to State agencies that do not maintain historical files and that update the information in their automated systems during certification periods, current information that is on the file for each participant in April 2008 will be accepted.

1.   **State Agency ID** A unique number that permits linkage to the WIC State agency where the participant was certified. It is the first seven digits of the ten-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 participants was certified as eligible for WIC benefits. It is the last three digits of the ten-digit Local Agency Code maintained by FNS in WIC LAD.

2b.   **Service Site ID** A unique number that permits linkage to the service site where the participant was certified. For States that submitted service site or clinic-level data for WIC LAD, service site IDs appear in WIC LAD as the three-digit codes under Administering Agency.

       Special Note: For PC2008, Service Site ID is not a substitute for Local Agency ID (item 2a. above).

3.   **Case ID** A unique record number for each participant which maintains individual privacy at the national level. This should **not** be the case number of the participant as listed in State-held files.

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

5.   **Race/Ethnicity** This categorization requires classification of participants based on ethnicity as well as race. The two ethnic categories are Hispanic/Latino or Not Hispanic/Latino. The five racial categories, as required by OMB, are: American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; or White. One or more racial categories may be selected.

       States may report race/ethnicity using one of two formats:

       • yes/no for each of the categories resulting in a six (6) digit code (1=yes; 2=no), or

       • three (3) digits to represent key combinations of racial selections with the first digit representing ethnicity and the last two representing race combinations.

6a.   **Certification Category** The category—one of five (5) possible categories—under which a person is certified as eligible for WIC benefits: pregnant woman; breastfeeding woman; postpartum woman (not breastfeeding); infant (under 12 months); or child (12-59 months).

6b-c. **Expected Date of Delivery or Weeks Gestation** For pregnant women, the projected date of delivery (MMDDYYYY format) or the number of weeks since the last menstrual period as determined at WIC Program certification.

7. **Date of Certification** The date the person was declared eligible for the most current WIC Program certification as of April 2008. Month, day, and year should be reported in MMDDYYYY format.

8. **Sex** For infants and children, male or female.

9. **Risk Priority Code** Participant priority level for WIC Program certification at the time of the most recent WIC Program certification as of April 2008.

10a-c. **Participation in TANF, Food Stamps, Medicaid** The participant's reported participation in each of these programs at the time of the most recent WIC Program certification as of April 2008.

11. **Migrant Status** Participant migrant status according to the federal WIC Program definition of a migrant farmworker (currently counted in the FNS 498 report).

12. **Number in Family or Economic Unit** The number of persons in the family or economic unit upon which WIC income eligibility was based.

    A self-declared number in the family or economic unit may be reported for participants whose income was not required to be determined as part of the WIC certification process. These participants include adjunctively income-eligible participants (due to TANF, Food Stamp Program, or Medicaid participation) and those participants deemed income eligible under optional procedures available to the State Agency in Federal WIC Regulations, Section 246.7(d)(2)(vi-viii) (means tested programs identified by the State for automatic WIC Program income eligibility, income eligibility of pregnant women, and income eligibility of Indian and instream migrant farmworker applicants).

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

    1. For persons for whom income is determined during the certification process, the income amount that was determined to qualify them for the WIC Program during the most recent certification as of April 2008.

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

    2. For descriptive purposes only, for participants whose income was not required to be determined as part of the WIC Program certification process, the self-reported income at time of certification. These participants include adjunctively income-eligible participants and those persons deemed eligible under optional procedures available to the State Agency in Federal WIC Regulations, Section 246.7(d)(2)(vi-viii).

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

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

14a-j. **Nutritional Risks Present at Certification** The ten highest priority nutritional risks present at the WIC Program certification current in April 2008. Uniform coding is required in submissions from all States, according to WIC Policy Memorandum 98-9.

15a-b. **Hemoglobin or Hematocrit** That value for the measure of iron status that applies to the WIC Program certification current in April 2008.

15c. **Date of Blood Test** Month, day and year blood measure was collected and reported in MMDDYYYY format. This is required for all participants reporting a blood measure.

16a-b. **Weight** The participant's weight measured according to the CDC nutrition surveillance program standards [nearest one-quarter (¼) pound]. If weight is not collected in pounds and quarter pounds, weight may be reported in grams.

17a-b. **Height** The participant's height (or length) measured according to the CDC nutrition surveillance program standards [nearest one-eighth (1/8) inch]. If height is not collected in inches and eighth inches, height may be reported in centimeters.

18. **Date of Height and Weight Measure** The date of the height and weight measures that were used during the most recent WIC Program certification period as of April 2008 in MMDDYYYY format.

19a. **Currently Breastfed** For infants and children ages six through thirteen months in April 2008, whether or not the participant is currently receiving breastmilk.

19b. **Ever Breastfed** For infants and children ages six through thirteen months in April 2008, whether or not the participant ever received breastmilk.

19c. **Length of Time Breastfed** For infants and children ages six through thirteen months in April 2008, the number of weeks the participant received breastmilk.

19d. **Date Breastfeeding Data Collected** For infants and children ages six through thirteen months in April 2008, the date on which breastfeeding status was reported in MMDDYYYY format.

20a-n. **Food Codes** States have the option of providing food data in a food package format or in an item-quantity format. The food package codes or item codes and quantities for all food prescribed for the participant during the month of April 2008.

1. *State Agency ID*

Description   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 Local Agency Directory (WIC LAD) maintained by FNS, enter the first seven (7) digits.

2a.   *Local Agency Number*

Description   The unique number for the local agency where the participant is
                                   currently certified.

Column position   8 - 10

Field length   3

Data type   Numeric

Special Instructions   Using the 10-digit identification code used in the WIC Local Agency
                                   Directory (WIC LAD) maintained by FNS, enter the last three (3)
                                   digits.

2b.   Service Site ID

Description   The unique number for the service site or clinic where the participant
                                   is currently certified.

Column position   11 - 13

Field length   3

Data type   Numeric

Special Instructions   States that submitted service site or clinic-level data for the WIC
                                   Local Agency Directory (WIC LAD) are asked to include the
                                   corresponding service site IDs in their PC2008 submissions. Service
                                   Site IDs appear in WIC LAD as the three-digit codes under
                                   Administering Agency.

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

3.   Case ID

Description   A unique identifier for each participant record which maintains
                                   individual privacy at the national level. This ID will be a State
                                   generated ID that will link the MDS file record with the data in the
                                   State-held record. A separate file should be kept by the State or local
                                   office that connects the publicly released data that will be delivered
                                   to FNS with the information that will not be released but is
                                   maintained in the State's files. *This ID cannot be the regular
                                   participant ID but will be a State generated identifier separately
                                   assigned by the State.*

Column position   14 - 24

Field length   11

Data type   Alphanumeric

4.   Date of Participant's Birth

Description   Date of participant's birth, reported in an MMDDYYYY format.

Column position   25 - 32

Field length   8

Data type   Numeric

Notes   Year should be reported as 4 digits (for example, 2008). There should be no birthdates after 4/30/2008.

For infants, there should be no birthdates before 2007.

For children, there should be no birthdates before 2003 or after 2007.

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, 2008, the entry would be

   01032008.

If day is unknown, the entry would be

   01 __ __ 2008.

5.   Participant's Race/Ethnic Status

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

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

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

b. The five (5) racial categories are listed below. One or more
    racial categories may be selected by each participant.

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

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

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

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

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

    States may report race/ethnicity using one of two methods:

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

    Example: Non-Hispanic Asian and Black   221122

    2) **Standard Codes**: Three (3) digit codes representing key
    combinations of two or more racial selections with the first digit
    representing ethnicity and the last two digits representing race.
    These codes are defined as follows:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

131 = American Indian or Alaska Native; Asian; Black; Native Hawaiian or Other Pacific Islander; White; Hispanic/Latino

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

199 = Hispanic/Latino; Missing race
299 = **Not** Hispanic/Latino; Missing race
9xx = Missing ethnicity
999 = Missing ethnicity and race

Column position	33 - 38
Field length	6
Data type	Numeric
Allowable values	**In Yes/No Format**: 6 digit code with each digit representing: 1 = yes or 2 = no
	In Standard Codes: 101-131; 199; 201-231, 299. Left justified followed by three blank columns

6a.   *Certification Category*

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

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

Column position   39

Field length   1

Data type   Numeric

Allowable values   1 - 5

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

Please carefully check your assignment of certification category codes. Errors in these assignments affect every reported number in PC2008.

Participants certified as children may not be younger than eleven (11) months of age or older than five (5) years old.

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

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

6b. *Expected Date of Delivery* THIS ITEM MAY BE SUPPLIED INSTEAD OF WEEKS GESTATION.

Description	Expected date of delivery for pregnant women, reported in an MMDDYYYY format.
Column position	40 - 47
Field length	8
Data type	Numeric
Notes	Year should be reported as 4 digits (for example, 2008). 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 PC2008 dates, expected dates of delivery may fall after April 2008. Any part of the date that is missing or unavailable should be left blank.

Example:

For May 3, 2008, the entry would be

   05032008.

If day is unknown, the entry would be

   05 __ __ 2008.

6c. ***Number of Weeks Gestation*** THIS ITEM MAY BE SUPPLIED INSTEAD OF EXPECTED DATE OF DELIVERY.

Description   Number of weeks since pregnant woman's last menstrual period, as of the date of the most recent certification in April 2008.

Column position   48 - 49

Field length   2

Data type   Numeric

Allowable values   1 - 43

Note   Number of weeks gestation should be reported *only* for pregnant women.

7.   *Date of Certification*

Description   The month, day, and year of the participant's current certification (for
                             the most recent certification as of April 2008) reported in an
                             MMDDYYYY format.

Column position   50 - 57

Field length   8

Data type   Numeric

Notes   Year should be reported as 4 digits (for example, 2007). There
                             should be no certification dates after 4/30/2008.

                             There should be no certification dates earlier than 2007.

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

                             Example:

                             For March 3, 2008, the entry would be

                                 03032008.

                             If day is unknown, the entry would be

                                 03 __ __ 2008.

8. *Participant's Sex*

Description
Indication of whether infant or child is male or female.

1 = Male
2 = Female

Column position
58

Field length
1

Data type
Numeric

Allowable values
1 - 2

Note
This item is required only for infants and children.

9. *Risk Priority Codes*

Description   The participant's priority at the time of his/her most current certification date.

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 of 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 discretion. At State 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 option, this priority can also include homeless and migrant participants.

Column position   59

Field length   1

Data type   Numeric

Allowable values   1 - 7

9. Risk Priority Codes (continued)

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

10a.   Participation in Other Programs - TANF

Description   Does the participant or family member of the participant receive
                          TANF (Temporary Assistance to Needy Families) benefits?

                          1   =   Yes
                          2   =   No

Column position   60

Field length   1

Data type   Numeric

Allowable values   1 - 2

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

                          If column 60 = 1, then income entries should be present either in
                          column positions 66 to 70 or 72 to 73.

10b.   *Participation in Other Programs - Food Stamps*

Description   Does the participant receive Food Stamps?

                                   1   =   Yes
                                   2   =   No

Column position   61

Field length   1

Data type   Numeric

Allowable values   1 - 2

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

                                   If column 61 = 1, then income entries should be present either in
                                   column positions 66 to 70 or 72 to 73.

10c.   Participation in Other Programs - Medicaid

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

1   =   Yes
2   =   No

Column position   62

Field length   1

Data type   Numeric

Allowable values   1 - 2

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

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

11.   Migrant Status

Description   Is any member of the family a migrant worker? According to the
                                WIC Program Consolidated Regulations a migrant farmworker is an
                                individual whose principal employment is in agriculture, on a
                                seasonal basis, who has been so employed within the last 24 months,
                                and who establishes, for the purpose of such employment, a
                                temporary abode.

                                1   =   Yes
                                2   =   No

Column position   63

Field length   1

Data type   Numeric

Allowable values   1 - 2

12. *Number in Economic Unit*

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

13a.   Family Income

Description   For a person whose income is determined during the certification
                               process, enter the income amount that was used to qualify the
                               individual for WIC benefits. For a participant whose income was not
                               required to be determined for WIC certification, enter a self-declared
                               income for descriptive purposes only. Self-declared incomes for
                               these participants may be entered in dollar amounts in MDS Items
                               13a and 13b or by income categories in MDS Item 13c.

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

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

Column position   66 - 70

Field length   5

Data type   Numeric

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

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

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

13b.   *Income Period*

Description   The period covered by the amount described in the FAMILY
                               INCOME field (item 13a).

                               1 = Weekly
                               2 = Monthly
                               3 = Biweekly (every two weeks)
                               4 = Annually

Column position   71

Field length   1

Data type   Numeric

Allowable values   1 - 4

Notes   Income period should be present for every record containing a dollar
                               value for income.

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

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

Description

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

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

Monthly	Code	Annually	Code
$0 - 99	1	$0 - 1,199	1
$100 - 199	2	$1,200 - 2,399	2
$200 - 299	3	$2,400 - 3,599	3
$300 - 399	4	$3,600 - 4,799	4
$400 - 499	5	$4,800 - 5,999	5
$500 - 599	6	$6,000 - 7,199	6
$600 - 699	7	$7,200 - 8,399	7
$700 - 799	8	$8,400 - 9,599	8
$800 - 899	9	$9,600 - 10,799	9
$900 - 999	10	$10,800 - 11,999	10
$1,000 - 1,099	11	$12,000 - 13,199	11
$1,100 - 1,199	12	$13,200 - 14,399	12
$1,200 - 1,299	13	$14,400 - 15,599	13
$1,300 - 1,399	14	$15,600 - 16,799	14
$1,400 - 1,499	15	$16,800 - 17,999	15
$1,500 - 1,599	16	$18,000 - 19,199	16
$1,600 - 1,699	17	$19,200 - 20,399	17
$1,700 - 1,799	18	$20,400 - 21,599	18
$1,800 - 1,899	19	$21,600 - 22,799	19
$1,900 - 1,999	20	$22,800 - 23,999	20
$2,000 - 2,099	21	$24,000 - 25,199	21
$2,100 - 2,199	22	$25,200 - 26,399	22
$2,200 - 2,299	23	$26,400 - 27,599	23
$2,300 - 2,399	24	$27,600 - 28,799	24
$2,400 - 2,499	25	$28,800 - 29,999	25
$2,500 - 2,599	26	$30,000 - 31,199	26
$2,600 - 2,699	27	$31,200 - 32,399	27
$2,700 - 2,799	28	$32,400 - 33,599	28
$2,800 - 2,899	29	$33,600 - 34,799	29
$2,900 - 2,999	30	$34,800 - 35,999	30
$3,000 - 3,099	31	$36,000 - 37,199	31
$3,100 - 3,199	32	$37,200 - 38,399	32
$3,200 - 3,299	33	$38,400 - 39,599	33
$3,300 - 3,399	34	$39,600 - 40,799	34
$3,400 - 3,499	35	$40,800 - 41,999	35
$3,500 - 3,599	36	$42,000 - 43,199	36
$3,600 - 3,699	37	$43,200 - 44,399	37
$3,700 - 3,799	38	$44,400 - 45,599	38
$3,800 - 3,899	39	$45,600 - 46,799	39
$3,900 - 3,999	40	$46,800 - 47,999	40
$4,000 - 4,099	41	$48,000 - 49,199	41
$4,100 - 4,199	42	$49,200 - 50,399	42
$4,200 - 4,299	43	$50,400 - 51,599	43

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

Monthly	Code	Annually	Code
$4,300 - 4,399	44	$51,600 - 52,799	44
$4,400 - 4,499	45	$52,800 - 53,999	45
$4,500 - 4,599	46	$54,000 - 55,199	46
$4,600 - 4,699	47	$55,200 - 56,399	47
$4,700 - 4,799	48	$56,400 - 57,599	48
$4,800 - 4,899	49	$57,600 - 58,799	49
$4,900 - 4,999	50	$58,800 - 59,999	50
$5,000 - 5,099	51	$60,000 - 61,199	51
$5,100 - 5,199	52	$61,200 - 62,399	52
$5,200 - 5,299	53	$62,400 - 63,599	53
$5,300 - 5,399	54	$63,600 - 64,799	54
$5,400 - 5,499	55	$64,800 - 65,999	55
$5,500 - 5,599	56	$66,000 - 67,199	56
$5,600 - 5,699	57	$67,200 - 68,399	57
$5,700 - 5,799	58	$68,400 - 69,599	58
$5,800 - 5,899	59	$69,600 - 70,799	59
$5,900 - 5,999	60	$70,800 - 71,999	60
$6,000 - 6,099	61	$72,000 - 73,199	61
$6,100 - 6,199	62	$73,200 - 74,399	62
$6,200 +	63	$74,400 +	63

Column position 72 - 73

Field length 2

Data type Numeric

Allowable values 1 – 63

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

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

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

Zero is not a valid entry for this item.

14a-j.   Nutritional Risks

Description   Nutritional risk present at certification as recorded on State files.

Column position   Column
                          <u>Nutritional Risks (any order)</u>   <u>Positions</u>
                          a. Nutritional Risk #1:   74-77
                          b. Nutritional Risk #2:   78-81
                          c. Nutritional Risk #3:   82-85
                          d. Nutritional Risk #4:   86-89
                          e. Nutritional Risk #5:   90-93
                          f. Nutritional Risk #6:   94-97
                          g. Nutritional Risk #7:   98-101
                          h. Nutritional Risk #8:   102-105
                          i. Nutritional Risk #9:   106-109
                          j. Nutritional Risk #10:   110-113

Field length   4 for each code; 40 total

Data type   Alphanumeric

Notes   **Using this format, States can report up to 10 Nutritional Risks
                                    per participant.** Nutrition risks can be listed in any order. State
                                    nutritional risk codes will be translated into nutritional risk categories
                                    agreed upon by FNS and NWA.

                                    Each nutritional risk code should be left-justified and blank-filled.

15a. *Hemoglobin* THIS ITEM MAY BE SUPPLIED INSTEAD OF HEMATOCRIT.

Description   Value for the measure of iron status that applies to the current certification. Reported in grams/dl (XX.Y) with a single implied decimal place. For example, 20.9 should be coded as 209.

Column position   114 - 116

Field length   3

Data type   Numeric

Notes   This item is not required for infant participants who are less than nine months old.

                         For children, if there is no blood measurement recorded for the current certification, please provide value for most recent certification that is available.

                         Zero should not be used to indicate missing values. If hemoglobin is missing or not reported, this item should be left blank.

15b. *Hematocrit* THIS ITEM MAY BE SUPPLIED INSTEAD OF HEMOGLOBIN

Description   Value for the measure of iron status that applies to the current certification. Reported to the nearest tenth of a percent (XX.Y) with a single implied decimal place. For example, 37.6 should be coded as 376.

Column position   117-119

Field length   3

Data type   Numeric

Notes   This item is not required for infant participants who are less than nine months old.

For children, if there is no blood measurement recorded for the current certification, please provide value for most recent certification that is available.

Zero should not be used to indicate missing values. If hematocrit is missing or not reported, this item should be left blank.

15c. *Date of Blood Test*

Description

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

Column position

120-127

Field length

8

Data type

Numeric

Notes

Year should be reported as 4 digits (for example, 2008).

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

Example:

For December 3, 2007 the entry would be

   12032007

If day is unknown, the entry should be

   12_ _2007

16a (i). Participant's Weight in Pounds THIS ITEM MAY BE SUPPLIED INSTEAD OF METRIC WEIGHT.

Description   The participant's weight in whole pounds.

Column position   128-130

Field length   3

Data type   Numeric

Note   Participant weight may be reported <u>*either*</u> in pounds and quarter pounds <u>*or*</u> in grams.

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

Description   The nearest quarter pound of participant's weight.

Column position   131

Field length   1

Data type   Numeric

Notes   Quarter pounds should be reported only when weight in pounds is reported.

                         Participant weight may be reported <u>either</u> in pounds and quarter pounds <u>or</u> in grams.

16b. *Participant's Weight in Grams* THIS ITEM MAY BE SUPPLIED INSTEAD OF WEIGHT IN POUNDS.

Description   The participant's weight measured in grams.

Column position   132 - 137

Field length   6

Data type   Numeric

Note   Participant weight may be reported _either_ in pounds and quarter
                                    pounds _or_ in grams.

17a (i). Participant's Height in Inches THIS ITEM MAY BE SUPPLIED INSTEAD OF HEIGHT IN CENTIMETERS.

Description   The participant's height (length) in whole inches.

Column position   138 - 139

Field length   2

Data type   Numeric

Note   Participant height may be reported _either_ in inches and one-eighth inches _or_ in centimeters.

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

Description	The nearest eighth of an inch of participant's height (length).
Column position	140
Field length	1
Data type	Numeric
Notes	Eighth inches should be reported only when height in inches is reported.
	Participant height may be reported *either* in inches and one-eighth inches *or* in centimeters.

17b. Participant's Height in Centimeters THIS ITEM MAY BE SUPPLIED INSTEAD OF HEIGHT IN INCHES.

Description   The participant's height (length) measured to the nearest tenth of a
                            centimeter (XXX.Y) with a single implied decimal place—for
                            example, 30.5 should be coded as 0305.

Column position   141 - 144

Field length   4

Data type   Numeric

Note   Participant height may be reported <u>*either*</u> in inches and one-eighth
                            inches <u>*or*</u> in centimeters.

18. Date of Height and Weight Measure

Description	The month, day and year during which the participant's height and weight was measured (used for most recent certification as of April), reported in an MMDDYYYY format.
Column position	145 - 152
Field length	8
Data type	Numeric
Notes	Year should be reported as 4 digits (for example, 2008). There should be no dates after 04/30/2008.

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, 2008, the entry would be

   01032008.

If day is unknown, the entry would be

   01 __ __ 2008.

19a.   *Currently Breastfed*

Description

For infants and children ages six through thirteen months in April 2008, whether or not the participant is currently receiving breastmilk.

1   =   Yes
2   =   No

Column position

153

Field length

1

Data type

Numeric

Allowable values

1 - 2

Note

This item is required only for infants and children who are ages six through thirteen months. This includes infants and children born between February 1, 2007 and October 31, 2007.

A State may report breastfeeding data for additional infant and children WIC participants if this approach is better-suited to the configuration of the State's automated processing system. If your State chooses this option, please indicate this choice on the PC2008 Worksheet. Please note that only data on infants and children who are ages six through thirteen months will be analyzed and reported for PC2008.

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

See the exhibit on page IV-46 for the flow of breastfeeding items in this dataset.

19b.   Ever Breastfed

Description   For infants and children not currently receiving breastmilk who are
                           ages six through thirteen months in April 2008, whether or not the
                           infant or child ever received breastmilk.

                           1   =   Yes
                           2   =   No

Column position   154

Field length   1

Data type   Numeric

Allowable values   1 - 2

Note   This item is required only for infants and children who are ages six
                           through thirteen months who are not currently receiving breastmilk.
                           That is, this information should be reported for every WIC infant and
                           child who is ages six through thirteen months (infants and children
                           born between February 1, 2007 and October 31, 2007) with a value
                           of 2 in column position 153.

                           A State may report breastfeeding data for additional infant and child
                           WIC participants if this approach is better-suited to the configuration
                           of the State's automated processing system. If your State chooses
                           this option, please indicate this choice on the PC2008 Data
                           Transmittal worksheet found in Section VI of this document. Please
                           note that only data on infants and children who are ages six through
                           thirteen months will be analyzed and reported for PC2008.

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

19c.   Length of Time Breastfed

Description	For infants and children not currently receiving breastmilk who are ages six through thirteen months in April 2008 who have ever received breastmilk, the number of weeks the infant or child received breastmilk.

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

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

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

To convert days to weeks:

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

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

Column position	155 - 156
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 who are ages six through thirteen months who have ever received breastmilk but are not currently breastfeeding. Data on length of time breastfed should be reported for infants and children who are ages six through thirteen months (infants and children born between February 1, 2007 and October 31, 2007) with values of 2 (not currently breastfeeding) in column 153 and values of 1 (yes response to ever breastfed) in column 154.

A State may report breastfeeding data for additional infant and child WIC participants if this approach is better-suited to the configuration of the State's automated processing system. If your State chooses this option, please indicate this choice on the PC2008 Worksheet.

Zero is a valid entry for this item. If the infant or child was breastfed for fewer than 4 days, enter a zero. When information is missing, leave columns 155 and 156 blank.

19d. *Date Breastfeeding Data Collected*

Description	For infants or children who are ages six through thirteen months in April 2008, the date (month, day, and year) on which breastfeeding status was reported by the mother. Date must be reported in MMDDYYYY format.
Column position	157 - 164
Field length	8
Data type	Numeric
Notes	Year should be reported as 4 digits (for example, 2008). This item is required only for infants who are ages six through thirteen months (infants and children born between February 1, 2007 and October 31, 2007).

A State may report breastfeeding data for additional infant and child WIC participants if this approach is better-suited to the configuration of the State's automated processing system. If your State chooses this option, please indicate this choice on the PC2008 Worksheet.

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

Example:

For March 3, 2008, the entry would be

   03032008.

If day is unknown, the entry would be

   03 __ __ 2008.

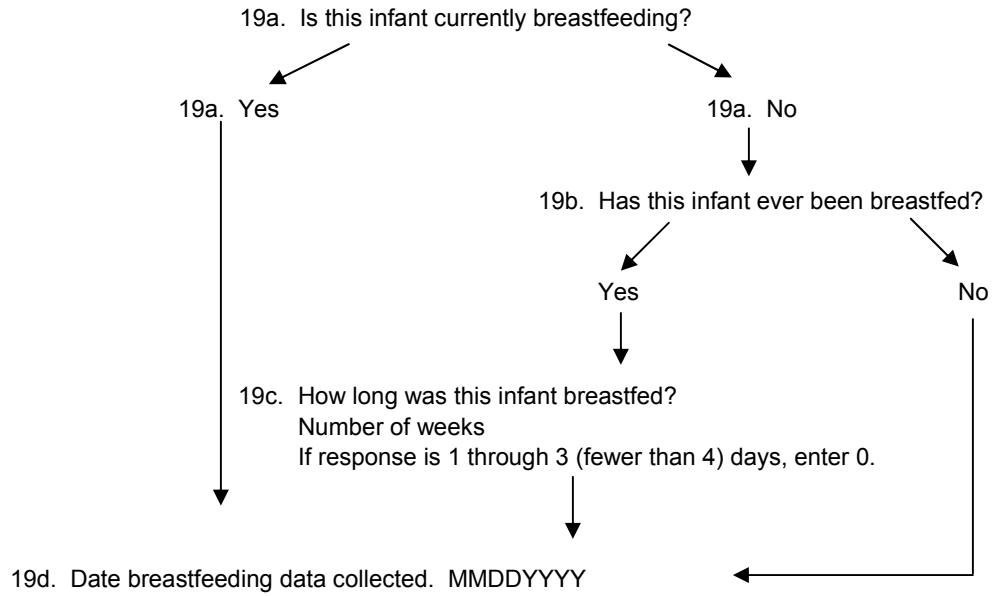*19d.   Date Breastfeeding Data Collected (continued)*

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

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

Entries in column positions 157 through 164 are essential for analysis
of all breastfeeding data entries. Please ensure that these data are
provided along with the data on other breastfeeding items.

Flow of Breastfeeding Questions for WIC
Minimum Data Set PC2008

19a. Is this infant currently breastfeeding?

19a. Yes   19a. No

19b. Has this infant ever been breastfed?

Yes   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 six through thirteen months in April 2008.

20a-n. Food Codes

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

For States Submitting Food Items and Quantities:

Description   The item codes and quantities for all food items prescribed for the
                            participant during the month of April, 2008

Column position

	Item Code	Position		Quantity	Position
a.	Item Code #1:	165-171	a.	Quantity #1:	172-174
b.	Item Code #2:	175-181	b.	Quantity #2:	182-184
c.	Item Code #3:	185-191	c.	Quantity #3:	192-194
d.	Item Code #4:	195-201	d.	Quantity #4:	202-204
e.	Item Code #5:	205-211	e.	Quantity #5:	212-214
f.	Item Code #6:	215-221	f.	Quantity #6:	222-224
g.	Item Code #7:	225-231	g.	Quantity #7:	232-234
h.	Item Code #8:	235-241	h.	Quantity #8:	242-244
i.	Item Code #9:	245-251	i.	Quantity #9:	252-254
j.	Item Code #10:	255-261	j.	Quantity #10:	262-264
k.	Item Code #11:	265-271	k.	Quantity #11:	272-274
l.	Item Code #12:	275-281	l.	Quantity #12:	282-284
m.	Item Code #13:	285-291	m.	Quantity #13:	292-294
n.	Item Code #14:	295-301	n.	Quantity #14:	302-304

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

Data type   Alphanumeric

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

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

20a-n. Food Codes (continued)

> **For States Submitting Food Package Codes:**

Description

The food package code(s) for the WIC food package or for all food instruments prescribed for the participant during the month of April, 2008

Column position

Food Package Code	Column Position
a. Food Package Code #1:	165-174
b. Food Package Code #2:	175-184
c. Food Package Code #3:	185-194
d. Food Package Code #4:	195-204
e. Food Package Code #5:	205-214
f. Food Package Code #6:	215-224
g. Food Package Code #7:	225-234
h. Food Package Code #8:	235-244
i. Food Package Code #9:	245-254
j. Food Package Code #10:	255-264
k. Food Package Code #11:	265-274
l. Food Package Code #12:	275-284
m. Food Package Code #13:	285-294
n. Food Package Code #14:	295-304

Field length

10 for each code; 140 total.

Data type

Alphanumeric

Notes

Using this format, States can report up to 14 food package codes—each 10 characters wide. If these specifications will not allow complete reporting of your State's food package codes, please contact Abt Associates to develop an alternative file layout.

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

SECTION V

SUPPLEMENTAL DATA SET DEFINITIONS AND SPECIFICATIONS

WIC PARTICIPANT
AND
PROGRAM CHARACTERISTICS

PC2008

US Department of Agriculture
Food and Nutrition Service

The data items listed below are included in the Supplemental Data Set. States that are currently collecting these items should include them in April data submissions.

For biennial reports on WIC participant and program characteristics, the term participant means a person on WIC master lists or a person listed in WIC operating files who is certified to receive WIC benefits in April 2008.

The data items should reflect the participant's status on each item at the time of the most recent WIC Program certification as of April 2008. However, as a convenience to State agencies that do not maintain historical files and that update the information in their automated systems during certification periods, current information that is on the file for each participant in April 2008 will be accepted.

21.   **Date of First WIC Certification** Date the participant was first certified for the WIC Program in MMDDYYYY format. For pregnant, breastfeeding and postpartum women this applies to the current/most recent pregnancy and not to prior pregnancies.

22.   **Education Level** For pregnant, breastfeeding and postpartum women, the highest grade or year of school completed. For infants and children, the highest grade or year of school completed by mother or primary caretaker.

23.   **Number in Household in WIC** The number of people in the participant's household receiving WIC benefits.

24.   **Date Previous Pregnancy Ended** For pregnant women, the date that the previous pregnancy ended in MMDDYYYY format.

25.   **Total Number of Pregnancies** For pregnant women, the total number of times the woman has been pregnant, including this pregnancy, all live births and any pregnancies resulting in miscarriage, abortion or stillbirth.

26.   **Total Number of Live Births** For pregnant women, the total number of babies born alive to this woman, including babies who may have died shortly after birth.

27a-b. **Prepregnancy Weight** For pregnant women only, the participant's weight immediately prior to pregnancy. Prepregnancy weight may be reported either in pounds and ounces, or in grams.

28a-b. **Weight Gain During Pregnancy** For breastfeeding and postpartum women, the participant's weight gain during pregnancy as taken immediately at or prior to delivery. Weight gain during pregnancy may be reported in either pounds and ounces, or in grams.

29a-b. **Birth Weight** For infants and children, the participant's weight at birth measured according to CDC nutrition surveillance program standards (lbs/ounces). Birth weight may be reported in either pounds and ounces, or in grams.

30a-b. Birth Length For infants and children, the participant's length measured according to CDC nutrition surveillance program standards (nearest 1/8 inches). Birth length may be reported in either inches and eighth inches, or in centimeters.

31.   Participation in the Food Distribution on Indian Reservations program The participant's reported participation in this program at the time of the most recent WIC Program certification as of April 2008.

21. Date of First WIC Certification

Description   The month, day, and year of participant's first certification for WIC reported in an MMDDYYYY format. For pregnant women, this item applies to the current pregnancy and not to prior pregnancies. For breastfeeding and postpartum women, this item applies to the most recent pregnancy. For infants and children, this item refers to the first WIC certification ever recorded.

Column position   305 - 312

Field length   8

Data type   Numeric

Notes   Year should be reported as 4 digits (for example, 2008). The date of first WIC certification should not fall after 4/30/2008.

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 March 3, 2008 the entry would be

　　03032008.

If day is unknown, the entry would be

　　03 __ __ 2008.

22.   Education Level

Description   For women, the highest grade of school (0-12) or year of college (13, 14, 15, 16...) completed by participant. For infants and children, the highest grade of school or year of college completed by the mother or primary caretaker.

Column position   313 - 314

Field length   2

Data type   Numeric

Allowable values   0 - 18

Note   Zero is a valid entry for this item and should be used for any WIC participant who has completed less than one year of school. *When data are missing, leave columns 313 and 314 blank.*

23.   *Number in Household in WIC*

Description   The number of people in the participant's household (economic unit used for WIC certification) enrolled in WIC in April. For example, all those individuals who have the same family identifier.

Column position   315 - 316

Field length   2

Data type   Numeric

Allowable values   1 - 20

Note   This number should be no greater than the number in the economic unit entered in item 12 of the Minimum Data Set.

24.   *Date Previous Pregnancy Ended*

Description   For pregnant women, the month, day, and year when previous pregnancy
                                ended, reported in an MMDDYYYY format.

Column position   317 - 324

Field length   8

Data type   Numeric

Notes   Year should be reported as 4 digits (for example, 2007).

                                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, 2005 the entry would be

                                    01032005.

                                If day is unknown, the entry would be

                                    01 __ __ 2005.

---

25.   *Total Number of Pregnancies*

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

Column position   325 - 326

Field length   2

Data type   Numeric

Allowable values   1 - 20

26. *Total Number of Live Births*

Description	For pregnant women, the total number of babies born alive to this woman, including those infants who may have died shortly after birth.
Column position	327 - 328
Field length	2
Data type	Numeric
Allowable values	0 - 20
Note	Zero is a valid entry for this item and should be used for reporting information on women who have experienced no previous live births. *When data are missing, leave columns 327 and 328 blank.*

27a (i). Prepregnancy Weight in Pounds THIS ITEM MAY BE SUPPLIED INSTEAD OF PREPREGNANCY WEIGHT IN GRAMS.

Description   For pregnant women, the participant's weight immediately prior to pregnancy in whole pounds.

Column position   329 - 331

Field length   3

Data type   Numeric

Allowable values   60 - 500

Notes   This item should be reported only for pregnant women.

Prepregnancy weight may be reported *either* in pounds and quarter pounds *or* in grams.

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

Description	For pregnant women, the nearest quarter pound of participant's prepregnancy weight.
Column position	332
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 *either* in pounds and quarter pounds *or* in grams.

27b. ***Participant's Prepregnancy Weight in Grams*** THIS ITEM MAY BE SUPPLIED INSTEAD OF PREPREGNANCY WEIGHT IN POUNDS.

Description   For pregnant women, the participant's weight immediately prior to pregnancy measured in grams.

Column position   333 - 338

Field length   6

Data type   Numeric

Allowable values   30,000 - 250,000

Notes   This item should be reported only for pregnant women.

Prepregnancy weight may be reported _either_ in pounds and quarter pounds _or_ in grams.

*28a (i). **Weight Gain During Pregnancy in Pounds*** THIS ITEM MAY BE SUPPLIED INSTEAD OF WEIGHT GAIN IN GRAMS.

Description   For breastfeeding and postpartum women, the participant's weight gain in pounds, during pregnancy, as taken at or immediately prior to delivery.

Column position   339 - 341

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 _either_ in pounds and quarter pounds _or_ in grams.

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

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

Description

For breastfeeding and postpartum women, the nearest quarter pound of participant's weight gain during pregnancy.

Column position

342

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 _either_ in pounds and quarter pounds _or_ in grams.

28b. ***Participant's Weight Gain During Pregnancy in Grams*** THIS ITEM MAY BE SUPPLIED INSTEAD OF WEIGHT GAIN IN POUNDS.

Description   For breastfeeding and postpartum women, the participant's weight gain, in grams during pregnancy, as taken at or immediately prior to delivery.

Column position   343 - 348

Field length   6

Data type   Numeric

Allowable values   -10,000 - 25,000

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

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

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

29a (i). Baby's Birth Weight in Pounds THIS ITEM MAY BE SUPPLIED INSTEAD OF WEIGHT IN GRAMS.

Description   Infant's or child's birth weight in whole pounds.

Column position   349 - 350

Field length   2

Data type   Numeric

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

Birth weight may be reported <u>either</u> in pounds and ounces <u>or</u> in grams.

29a (ii). Ounces of Birth Weight

Description   For infants and children, the nearest number of ounces of participant's weight at birth.

Column position   351 - 352

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 <u>either</u> in pounds and ounces <u>or</u> in grams.

29b. ***Baby's Birth Weight in Grams*** THIS ITEM MAY BE SUPPLIED INSTEAD OF BIRTH WEIGHT IN POUNDS.

Description	Infant's or child's birth weight in grams.
Column position	353 - 356
Field length	4
Data type	Numeric
Notes	This item should be reported only for infants and children.
	Birth weight may be reported <u>either</u> in pounds and ounces <u>or</u> in grams.

30a (i). Baby's Length at Birth in Inches THIS ITEM MAY BE SUPPLIED INSTEAD OF LENGTH IN CENTIMETERS.

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

Column position   357 - 358

Field length   2

Data type   Numeric

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

                         Birth length may be reported _either_ in inches and one-eighth inches _or_ in centimeters.

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

Description

For infants and children, the nearest eighth of an inch of participant's length at birth.

Column position

359

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 _either_ in inches and one-eighth inches _or_ in centimeters.

30b.   Baby's Length at Birth in Centimeters THIS ITEM MAY BE SUPPLIED INSTEAD OF LENGTH IN INCHES.

Description	Infant's or child's length at birth to the nearest tenth of a centimeter (XX.Y), with a single implied decimal place. For example, 30.5 should be coded as 305.
Column position	360 - 362
Field length	3
Data type	Numeric
Notes	This item should be reported only for infants and children.
	Birth length may be reported <u>*either*</u> in inches and one-eighth inches <u>*or*</u> in centimeters.

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

Description   Does the participant receive Food Distribution on Indian Reservation benefits?

                               1   =   Yes
                               2   =   No

Column position   363

Field length   1

Data type   Numeric

Allowable values   1 – 2

SECTION VI

DATA TRANSMITTAL WORKSHEET

WIC PARTICIPANT
AND
PROGRAM CHARACTERISTICS

PC2008

US Department of Agriculture
Food and Nutrition Service

WORKSHEET FOR TRANSMITTING APRIL 2008 DATA FILES
WIC PARTICIPANT AND PROGRAM CHARACTERISTICS 2008

April submissions should be sent to Abt Associates as soon after April 2008 as possible and no later than August 31, 2008. However, States are urged to ensure that their data for April 2008 is complete. Thus, if States are expecting updated information on income, breastfeeding, participation, or other data fields, in the period after April 2008, they should only submit their data *after* this information has been fully entered. Please include this completed worksheet with your April data submission.

1.   State   _____

2.   Name, title, phone number, and fax number of person able to answer questions regarding State data submission. Please provide e-mail address if available.

_____
NAME

_____
TITLE

_____
TELEPHONE   FAX

_____
E-MAIL

3.   April data file:

a. Number of participant records.   _____

b. Maximum record length.   _____

4.   Is racial/ethnic data reported using the 3 digit code, the series of 6 yes/no questions, or some other format? CHECK ONE ANSWER BELOW.

_____   3 DIGIT CODE PROVIDED IN GUIDANCE
_____   SERIES OF 6 YES/NO QUESTIONS
_____   SOME OTHER FORMAT DESCRIBE_____

5.   Breastfeeding data collection procedures:

a. When is breastfeeding data collected? CHECK ALL THAT APPLY.

_____   AT ISSUANCE
_____   AT CERTIFICATION/RECERTIFICATION
_____   DURING HEALTH CARE APPOINTMENTS
_____   AT NUTRITION EDUCATION SESSIONS
_____   SEPARATE TELEPHONE OR MAIL INQUIRY
_____   OTHER   DESCRIBE_____
_____
_____

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

_____ ONLY ON INFANTS AGED SIX TO THIRTEEN MONTHS IN APRIL 2008
_____ ON INFANTS AGED SIX TO THIRTEEN MONTHS WHEN DATA ARE COLLECTED
_____ ALL INFANTS
_____ OTHER   DESCRIBE_____
_____
_____

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

ROUTINELY   ONLY FOR PC REPORTING

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

YES   NO

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

ENCLOSED   HAVE BEEN SENT EARLIER   WILL BE SENT UNDER SEPARATE COVER

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

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

8. Please check the Supplemental Data Set items submitted for PC2008.

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

9. Are Service Site IDs reported in the data?

YES   NO

10. Other special information.

_____

_____

_____

_____

Please send files and documentation to:

Ellen Bobronnikov	or	Email file to
Abt Associates Inc.		PC2008@abtassoc.com
55 Wheeler Street		
Cambridge, Massachusetts 02138		

If you have any questions, please call Ellen Bobronnikov at 617-349-2718. The address for e-mail is: PC2008@abtassoc.com. If you prefer to send a fax, you may reach Ellen Bobronnikov at 617-386-8329.