



GUAM WIC PROGRAM POLICIES AND PROCEDURES



IV. ORGANIZATION AND MANAGEMENT

OM-01 Guam WIC Program Organization Overview.....	1-4 pages
OM-02 Staffing Pattern	1-3 pages
OM-03 Mission, Vision, Strategic Goals & Objectives FY24-26 ...	7 pages
OM-04 Natural Disaster and Continuity of Operations.....	1-4 pages
GA-01 Policy and Procedure Development	1-3 pages
GA-02 Affirmative Action Plan	1-4 pages
GA -03 Opening and Closing WIC Clinic Site	1-2 pages

Department of Public Health and Social Services Bureau of Nutrition Services-Guam WIC Program		
TITLE: WIC Program Organization and Management	POLICY NO.: OM-01	Page 1 of 4
APPROVED BY: <i>[Signature]</i> <i>7/25/24</i>	DATE OF ORIGINAL APPROVAL: 6/22/23	
THERESA C. ARRIOLA, MBA Acting DPHSS Director	DATE REVISED/REVIEWED:	
Endorsed By: Deputy Director Peter John Camacho, MPH Chief Public Health Officer: Catherine P. Angcao, COC, CPC, CPMA <i>7/25/24</i> Guam WIC Director: Cydsele Toledo, MHA <i>7/25/24</i>		

PURPOSE

To provide an overview of the Guam Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) organizational structure, functional operations, and scope of services.

PROGRAM OVERVIEW

- A. The Special Supplemental Nutrition Program for Women Infants and Children also known as the WIC Program provides nutritious supplemental food, referrals to health and social services, nutrition, and breastfeeding education to low-income pregnant and post-partum women as well as infants children up to age 5 who are at nutritional risk.
 - 1. It is funded by the United States Department of Agriculture (USDA) Food and Nutrition Services (FNS) as set forth in 7 CFR part 246.
- B. The Guam WIC Program shall be administered by the Bureau of Nutrition Services under the Division of Public Health of the Guam Department of Public Health and Social Services (DPHSS). (see attached DPHSS Organization structure). As such the Director of DPHSS shall be the authorized signatory of the Guam WIC Program.
- C. The Guam WIC Program follows a service delivery model of a state agency running its own WIC clinic as depicted below. There is no local agency.



- D. The Bureau of Nutrition Services, is headed by the Health Services Administrator responsible for the effective and efficient administration of the WIC Program in accordance with the requirements set forth in 7 CFR 246.3.
 - 1. The Health Services Administrator is the Guam WIC Program State Director who oversees the Guam WIC operations, program services, and activities and serve as the main point of contact with the USDA Food Nutrition Services Western Region Office.

ORGANIZATIONAL STRUCTURE AND FUNCTION

The Guam WIC Program is organized into three sections: (1) Quality Assurance /Civil Rights (2) Administrative Services and (3) Nutrition Services. *See attachments*

A. Quality Assurance /Civil Rights

Monitors clinical operations, vendor management, and food delivery systems to ensure compliance with federal, state, and local regulations, policies, and procedures. Ensure that WIC clients receive nutrition care according to established standards and that their civil rights have not been violated. Advises the Health Services Administrator/WIC Director of ways to improve general operations and WIC staff compliance.

B. Administrative Services

The purpose of this section is to ensure that all administrative aspects of the WIC Program function in accordance with federal grant requirements, program, department, and government of Guam policies and procedures. It has four (4) major program components with the following function (See *Attachment*).

Administrative Section	Function
1. Administrative Support	The staff members in this component perform administrative support functions that affect the general operation of the program (e.g. payroll, procurement, clerical support services, mail/supply/forms pick-up and distribution, inventory, etc.).
2. Financial Management	Maintains the financial management system, and provides accurate, current, and complete disclosure of the financial status of the BNS-WIC Program. Responsible for the budget preparation, and preparation & submittal of monthly/annual federal financial reports, processing of procurement in accordance with local and federal procurement standards, and the preparation of financial documents.
3. Vendor Monitoring/ Food Delivery Systems	The Vendor Management Section of the Guam WIC Program is responsible for overseeing all functions associated with vendor selection and authorization, routine monitoring, training, compliance investigations, vendor sanctions, appeals, and administrative hearings of approved vendors in the retail food delivery system.

	<p>This section provides guidelines and procedures to be followed to carry out all Vendor Management functions.</p>
4. Information Systems/ADP Support	<p>Responsible for ensuring all activities associated with automated data processing, collection, integrity, manipulation, reporting, and security of computer hardware/software for the Guam WIC Program. This unit provides installation and technical support of all system hardware and software, as well as training to end-users.</p>

C. Nutrition Services

The Nutrition Services provides the full range of activities performed by a variety of staff to operate a WIC Program such as participant assessment and screening, nutrition education and counseling, breastfeeding and health promotion, food package prescriptions, and health care referrals.

The Guam WIC program follows the Value Enhanced Nutrition Assessment (VENA) in the provision of services and utilizes Participant Centered (PCE) skills and techniques. The Nutrition Services section has currently four (4) clinics strategically located in the North, South, and Central areas on the island. While each clinic serves different villages, clients can visit any WIC clinic at their convenience and will be accommodated, walk-ins are also welcome. There are two main clinics located in Tiyan and in the Northern Regional Community Health Center in Dededo and two satellite clinics, one in the Southern Regional Community Health Center in Inarajan and one in Sta. Rita. The Nutrition Services also has an Outreach Program and Breastfeeding Peer Counseling program (*see appendix for functional chart*). The clinics are State-run and are overseen by the WIC Nutrition Services Coordinator also known as Public Health Nutrition Specialist. The following are the clinics locations and hours of service:

A. Main Clinics

- Dededo Clinic – located at the Northern Region Community Health Center at 20 West Santa Monica Avenue Dededo. Tel.(671)6357471/2 Fax (671) 635-7476 The clinic hours are Monday through Saturday 8:00 -5:00 pm.
- Tiyan Clinic – located in the central region of the island at 15-6100 Mariner Avenue Barrigada. Tel (671) 475-0295/6 Fax: (671) 477-7945/49. Clinic hours are Monday through Saturday 8:00 – 5:00 pm

B. Satellite Clinic

- Santa Rita – located in the southwestern region of the island. The office address is PC Christopher J.R Wesley Street, Santa Rita. Tel (671) 5653537 Fax (671) 5653536. Clinic hours are Monday, Wednesday, and Friday 8:30 am – 4:30 pm.
- Inarajan Clinic -located at the Southern Region Community Health Center 162 Apman Drive Inarajan. Tel No. 671-8287550. Clinic hours are Tuesdays and Thursdays 8:30 am – 4:30 pm.

REFERENCES

SUPERSEDES:

A. Title; Policy No.; Effective date/signature date; Approving individual's name

ATTACHMENTS:



FY2024 Functional
Chart v4.cvt.pdf



FY25 WIC
ORGANIZATIONAL C

Department of Public Health and Social Services Bureau of Nutrition Services-Guam WIC Program		
TITLE: Staffing	POLICY NO.: OM-02	Page 1 of 3
APPROVED BY: THERESA C. ARRIOLA, MBA DPHSS Acting Director	DATE OF ORIGINAL APPROVAL: 6/22/23	DATE REVISED/REVIEWED:
Endorsed By: Deputy Director Peter John Camacho, MPH Chief Public Health Officer: Catherine P. Angcao, SOC, CPC, CPMA Guam WIC Director: Cydsele Toledo, MHA	7/26/24	

PURPOSE

To establish guidelines for the recruitment and staffing of the state agency and WIC clinics in accordance with 7 CFR 246.3 (e).

POLICY

- A. The Guam WIC Program shall ensure that sufficient staff is available to administer an efficient and effective program including, but not limited to, the functions of nutrition education, breastfeeding promotion and support, certification, food delivery, fiscal reporting, monitoring, and training in compliance with 7 CFR 246.3(e).
- B. The state agency must have the following staff as a minimum based on the staffing ratio outlined in 7 CFR 246.3.(e)
 - 1. A full-time administrator (WIC Director) when the monthly participation level exceeds 1,500, or a half-time or equivalent administrator when the monthly participation exceeds 500.
 - 2. One full-time Program Specialist / Program Coordinator IV for every 10,000 participants above 1,500, but the State agency need not employ more than eight Program specialists unless the State agency considers it necessary.
 - i. Program specialists should be utilized for providing fiscal management and technical assistance, monitoring vendors, reviewing local agencies, training, and nutritional services, or other Program duties as assigned by the WIC Director.
 - 3. One full-time Public Health Nutrition Specialist (PHNS) when the monthly participation is above 1,500, or a half-time or equivalent nutritionist when the monthly participation exceeds 500.
 - i. The PHNS shall be named State WIC Nutrition Coordinator and shall meet State personnel standards and qualifications in paragraphs (e)(3) (i), (ii), (iii), (iv), or (v) of the 7 CFR 246.3 and have the qualifications in paragraph (e)(3)(vi) of this section. An Exception to these qualifications may be requested from the Food Nutrition Services (FNS) US Dept. of Agriculture Western Region Office.
 - 4. A designated breastfeeding promotion coordinator, to coordinate breastfeeding promotion efforts identified in the state plan in accordance with the requirement

of § 246.4(a)(9) of this part. The person to whom the state agency assigns this responsibility may perform other duties as well.

5. A staff person designated for food delivery system management. The person to whom the State agency assigns this responsibility may perform other duties as well.

C. The WIC Director shall conduct a job analysis, estimating the average percentage of State staff time devoted to fulfilling the different functions, ensuring it adds up to 100%. The job analysis will serve as a management information tool to manage staffing operations and provide guidance on what task will be detailed to whom when a vacancy arises. State staff shall be cross-trained as appropriate.

1. Certification, including nutrition risk determination
2. Breastfeeding training/promotion and support
3. Nutrition education
4. State Food List
5. Monitoring of local agencies
6. Fiscal Reporting (Management Analyst II Task)
7. Food Delivery System Management
8. Vendor management, including vendor training
9. Staff Training and Continuing Education
10. (MIS/EBT) system development and maintenance
11. Civil rights
12. Coordination with and referrals to other assistance programs and social service agencies
13. Others

D. Guam WIC Program shall assess the staffing needs of the clinic annually based on the number of clients and their risk codes, the number of WIC clinic sites, and participation distribution of the previous fiscal year.

1. The Public Health Nutrition Specialist will use the Participant Staff Ratio Table to determine the clinic staff needs and make recommendations to the WIC Director (refer to attached table)
2. The PHNS will review the number of low, medium, and high-risk clients to inform the need for Nutritionist I and II and CN II

E. The state agency shall enforce hiring practices that comply with the nondiscrimination criteria outlined in § 246.8. The hiring of minority staff is encouraged.

ATTACHMENTS

1. Participant Staff Ratio Standards

# of Clients	Community Program Aide I, II	Nutrition Assistant I,	Nutrition Assistant II or CN II	Community Nutritionist II	Health Educators
0-500	1	1		1	
501-1000		2			
1001-1500		3			
1501-2000	2	4			
2001-2500		5	1		
2501-3000		6			1
3001-3500	3	7		2	
3501-4000		8			
4001-4500		9			
4501-5000	4	10	2		
5001-5500		11			
5501-6000		12		3	2
6001-6500	5	13			
6501-7000		14			
7001-7500		15	3		
7501-8000	6	16			
8001-8500		17		4	
8501-9000		18			3
9001-9500	7	19			
9501-10000		20	4		

REFERENCES

7 CFR 246.3(e).

ATTACHMENTS:



FY24 WIC
ORGANIZATIONAL C

Department of Public Health and Social Services Bureau of Nutrition Services-Guam WIC Program		
TITLE: WIC Program Mission, Vision, Strategic Goals and Objectives FY 2024 – FY2026	POLICY NO.: OM- 03	Page 1 of 7
APPROVED BY:  <i>7/25/24</i> THERESA C. ARRIOLA, MBA DPHSS Acting Director	DATE OF ORIGINAL APPROVAL: 7/28/2023	DATE REVISED/REVIEWED:
Endorsed By: Deputy Director: Peter John Camacho, MPH <i>7/25/24</i> Chief Public Health Officer: Catherine P. Angcao, COC, CPC, CPMA <i>7/25/24</i> Guam WIC Program Director: Cydsel Toledo, MHA <i>7/25/24</i>		

PROGRAM OVERVIEW

The Special Supplemental Nutrition Program for Women, Infants, and Children known as the WIC Program is administered by the Guam Department of Public Health and Social Services (DPHSS), within the Division of Public Health Bureau of Nutrition Services. The Guam WIC Program provides nutrition and breastfeeding education, nutritious supplemental foods, and improved access to regular health care and social services for low and moderate-income women and young children with or at risk of developing nutrition-related health problems.

PROGRAM MISSION

"The mission of the WIC Program is to safeguard the health of low-income women, infants, and children up to age 5 who are at nutrition risk by providing nutritious foods to supplement diets, information on healthy eating, and referrals to health care" (USDA Food and Nutrition Services, 2022). The WIC Program is based on the premise that many low-income people are at risk of poor nutrition and health outcomes because of insufficient nutrition during the critical growth and developmental periods of pregnancy, infancy, and early childhood (Institute of Medicine, 1996).

VISION

The Department of Public Health and Social Services envisions the Bureau of Nutrition Services to be the national leader in promoting nutrition education, breastfeeding promotion, and healthy food choices and to have a major impact on improving the health outcomes of our WIC-eligible population and the island community.

FY 2024 - FY 2026 GOALS AND OBJECTIVES

The Guam Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Program Goals and Objectives were developed with the input of the State Agency staff, clinic supervisors, and representative staff from the different clinics. The following goals were developed based on findings from the 2022 Organization and Management and Nutrition Services Management Evaluations, clinic reviews, and satisfaction surveys, that provided an opportunity to improve our operations and services and set new strategic goals for FY 2024 through FY 2026. Four priority areas were identified that encompass the areas within the Guam WIC program that can be improved for the benefit of current and future WIC participants and WIC staff. These four goals/priority areas are as follows:

1. Increase participation rate and client satisfaction.
2. Staffing.
3. Utilizing technology to improve service delivery
4. Improving health outcomes and breastfeeding rates.

Goal #1: To increase WIC enrollees and retention of participants by 3% each year.

Objective 1: To enroll at least 15 new WIC-eligible clients per month through outreach activities.

Action Steps:

1. Health Educator II shall analyze the current status of enrollment and participation rate of WIC clients according to geographic location in our Health and Nutrition Delivery System (HANDS) and reference the Affirmative Action Plan data trends.
2. Enhance and prioritize partnerships with various agencies that project a higher percentage of categorically eligible clients.
 - a. Health Educator shall review and update as necessary existing MOUs with hospitals, birthing centers, and other agencies.
 - b. DPHSS leadership through the WIC Director shall create new MOUs or partnerships with OBGYN and pediatric physicians.
 - c. Health Educator shall determine the point of contact and set appointments with target agencies.
3. Health Educators shall create an outreach plan for FY 2024 identifying specific activities to be accomplished with the new and existing partner/s considering the eligibility and enrollment trends in the Affirmative Action Plan.
4. Health Educators shall increase WIC visibility through social media, prints, and TV or radio broadcasts to acquire more presence creating awareness in the community.
5. Clinic staff shall encourage clients to refer their WIC-eligible friends and relatives to apply for the WIC program.

Objective 2: To improve and increase engagement of existing WIC clients/enrollees as evidenced by increased participation rate and redemption of WIC food package benefits by 2%.

Action Steps:

1. Clinical staff shall be trained (included in the in-service trainings) to provide client-centered services, and customer service for improved customer experience.
2. Conduct annual client satisfaction surveys to assess clients' views of the WIC Program and make changes to improve WIC services based on clients' responses as appropriate.
3. Nutrition Assistants shall follow up with missed appointments to increase monthly participation. All clinics are to print out weekly reports (missed appointment risking benefit loss) and follow up with clients who are enrolled but have not received their monthly benefits.
 - a. Staff will follow up with missed appointments every 3 days instead of weekly basis.

4. Nutrition Assistant II will mentor each clinic staff every 6 months to address areas to improve counseling skills and customer service.
5. Financial section staff shall monitor the food benefit redemption rate and report to the WIC Director and the Public Health Nutrition Specialist (PHNS) if the target is not met quarterly.

Objective 3: To improve the clinic environment to be more appealing, welcoming, child-friendly, clean, and safe.

Action Steps:

1. The Clinic Supervisor and PHNS shall conduct a clinic site assessment (environment) at least once a year using a health and safety checklist.
2. Clinic supervisors shall discuss with PHNS the findings and report to the WIC Director and address areas of improvement.
3. Clinic layout shall be assessed and reconfigured for a more efficient workflow.
4. Improve visual WIC signage outside the clinics by adding appealing WIC signage for all clinics.
5. The WIC Director shall include in the annual budget the upkeep of the WIC clinics.
6. The WIC Director shall look into the possibility of moving the Tiyan clinic to another clinic location by FY 2026.

Objective 4: To accommodate more scheduled and walk-in clients per day in each clinic.

Action Steps:

1. Increase workforce capacity by filling vacant clinic positions in a timely manner.
2. WIC personnel staff shall utilize other avenues to post vacancies and recruit clinical staff.
3. WIC personnel staff shall work with DPHSS HR and DOA HR to fast-track the recruitment and selection process.
4. The WIC Director in collaboration with PHNS and finance staff shall look at staffing patterns, caseload, client data, and budget when making decisions in regards to adding or recruiting more clinic and admin staff.
5. Increase the efficiency of clinic staff through supervision and training.
6. Schedule follow-ups of medium and low-risk participants on a quarterly basis to open and accommodate more clinic appointments.
7. Will train and assist our non-certified Nutrition Assistants to be certified as Competent Professional Authority (CPA).

Objective 5: Guam WIC shall opt into ARPA physical presence waiver and remote issuance benefits to increase service access.

Action Steps:

1. Guam WIC will opt into ARPA physical presence and remote benefit issuance waiver
2. A policy and procedure for the new remote issuance of benefits and initial certification shall be developed.

3. PHNS shall train staff on the new policy and procedure.
4. HANDS shall be configured to capture/document whether the participant was seen remotely.

Goal #2: To ensure all clinic and administrative areas are sufficiently (90- 100%) staffed with competent employees to effectively administer an effective program by FY 2025.

Objective 1. Guam WIC will actively recruit and monitor position vacancies.

Action Steps:

1. Guam WIC shall actively recruit and will use other avenues to post vacancies.
2. The WIC Director will meet with the DPHSS Chief Public Health Officer, DPHSS Director and DPHSS HR to discuss the WIC vacant position recruitment challenges and how to accelerate recruitment and selection through Limited Term Appointment (LTA) recruitment process initially and transition this LTA position to permanent position or other means.
3. An Administrative Assistant (AA) shall be designated to handle personnel matters, such as but not limited to recruitment, and shall monitor the recruitment process. The AA shall work in collaboration with the DPHSS personnel office.
4. A recruitment spreadsheet with an action plan for recruitment will be created to keep track of timelines for each vacant position.
5. Shall utilize limited-term appointments to fast-track track recruitment process as appropriate.
6. Convert the Breastfeeding Peer Counselor Position from a limited-time announcement into a continuous announcement.

Objective 2. WIC Director shall conduct a job analysis and assess how much time is needed for each administrative position on the organizational chart and use it as management information tool to manage staffing operations, and provide guidance on what task will be detailed to whom when vacancy arises.

Objective 3. Guam WIC will offer cross-training of administrative and clinic staff to ensure there is always an alternate staff who can take over some critical functions.

Action Steps:

1. Guam WIC Functional areas overview such as Vendor Management will be included in the In-service training at least annually.
2. All Administrative Assistants will be trained on procurement, personnel, and financial processes of Gov. Guam.
3. Clinic Staff shall be provided with In-service training and meet program requirements.

Objective 4. Guam WIC shall have at least one CLC and IBCLC by the year 2026

Action steps:

1. The Guam WIC Breastfeeding Coordinator will conduct in-service training and mentorship. Train staff on Breastfeeding Curriculum Level 1-4 as appropriate.
2. Prioritize funding for CLC training (in-person or virtually)
3. Identify staff interested in becoming CLC and or IBCLC

4. Bring in a breastfeeding expert to conduct breastfeeding training for clinic staff.

Objective 5. Guam WIC shall be provided with the necessary and required trainings to keep staff competent and current

Action Steps:

1. The PHNS shall conduct monthly In-Services training to a staff
2. Staff shall attend customer service training, disaster plan training and Civil rights annually.

Goal #3: To leverage technology thereby improving access to services and streamlining and WIC processes by the end of FY 2026.

Objective 1. Guam WIC shall improve the WIC website by making it more interactive and user-friendly by FY 2025. The Guam WIC website will have a staff/employee portal to house policies and procedures and training materials for staff.

Action Steps:

1. Secure Infrastructure or Operational Adjustment grant funding
2. Contract vendor to manage website
3. Health Educators/Outreach Staff and Public Health Nutrition Specialist shall collaborate with Vendor what information needs to be in the website.

Objective 2. Maximize the use of the Health and Nutrition Delivery System (HANDS) 2.0. and launched participant portal in 2024.

Action Steps:

1. Train staff in the use of HANDS 2.0
2. Identify super user staff to be trained off-island.
3. Launched and utilized participant portal in 2024.
4. Disseminate information to participants how to use the participant portal

Objective 3. Maximize technology to provide remote issuance benefits and certifications.

Action Steps:

1. Guam WIC will opt into ARPA physical presence waiver and remote issuance benefits.
2. A policy and procedure for the new remote issuance of benefit and initial certification shall be developed.
3. Will allocate funds to upgrade computers and internet connection.

Goal #4: To improve the health and wellbeing of women infants and children through nutrition education and breastfeeding promotion as evidenced by reduction of less than ideal maternal weight gain, and increase the number of nursing mothers and breastfeeding duration rates by 3 % from baseline annually.

Objective 1. To increase the number of breastfeeding mothers and 3-month duration of breastfeeding by 3% annually.

Action Steps:

1. Collaborate with hospitals and birthing centers to promote exclusive breastfeeding and “no formula” for the first 30-day post-partum as recommended by the USDA.
2. Work and collaborate with OBGYN and pediatricians in promoting breastfeeding.
3. Health Educator shall conduct classes for pregnant and breastfeeding mothers.
4. Health Educator shall provide breast feeding education for pregnant and postpartum women increasing breastfeeding knowledge particularly breast milk supply and how much milk babies need.
5. Health Educator shall coach and increase participants skills in reading babies' feeding cues, proper latching and positioning and expressing breastmilk.
6. Breastfeeding Peer Counselors shall provide supportive breast-feeding counselling and education within their scope of practice and refer complex breastfeeding issues to the Designated Breastfeeding Expert (DBE)
7. Breast feeding Peer Counselors shall identify family members who can assist and support participant to successfully breastfeed.
8. Include breastfeeding promotion in outreach activities of health educators. (benefits + food package) in their program promotions and presentations.

Objective 2. To reduce the number of less than ideal maternal weight gain by 2%

Action Steps:

1. Clinic staff shall identify high risk clients and provide counseling and regular follow up.
2. Clinic staff shall keep tract of WIC food benefit redemption of among pregnant, breastfeeding and postpartum women.
3. Health Educators shall provide food demonstration classes for clients.
4. Clinic staff shall refer high risk clients as appropriate to other health services to improve outcomes.

Objective 3. To implement the most updated/revised nutrition risk criteria once received

Action Steps:

1. The Public Health Nutrition Specialist shall look out for updated nutrition risk criteria as disseminated in Partner web.
2. PHNS shall train clinic staff on the new Nutrition Risk Criteria
3. PHNS shall adopt and implement the new Nutrition Risk Criteria.

ASSESSMENT OF FY2024 GOALS AND OBJECTIVES

Goals	Assessment
1. To increase WIC enrollees and retention of participants by 3% each year.	The participation rate exceeded the goal of a 3% increase annually. A 12% increase in the participation rate was seen in FY 2024.
2. To ensure all clinic and administrative areas are sufficiently (90- 100%) staffed by FY 2025.	Only 76% of our clinic staffing pattern and 71% of administrative staff are filled. There were 4 staff who resigned during this period. Guam WIC is still actively recruiting.
3. Utilizing technology to improve service delivery	Guam WIC secured a grant funding to improve and modernize our Website, contribute to the HANDS 2.0 upgrade, and improve vendor monitoring activities by providing our Program Coordinators tablets to use during vendor monitoring. All the objectives in this area were have neem achieved. All functionalities of the HANDS were fully utilized and maximized improving our services, such as clinic reminders and reports to track clients with missed appointments. The HANDS 2.0 is in the testing phase this August with the roll-out scheduled for the summer of 2025.
4. Improving health outcomes and breastfeeding rates	Our breastfed infant rates improved by 1% (40%) as of June 2024 compared to FY2023 data of 39%. The percentage of nursing mothers also increased from 60% to 62% as of April 2024.

ASSESSMENT OF FY2023 GOALS AND OBJECTIVES

Organization and Management (Staffing)

At the beginning of FY 2023, there were 12 vacant positions. Guam WIC filled eight (8) of 12 vacant positions corresponding to 66%. These are the WIC Program Director, one Administrative Assistant, four Nutrition Assistants, one Community Nutritionist II, and a Breast-Feeding Peer Coordinator (Community Program Aide). However, two new positions were opened (Administrative Officer and Program Coordinator II) and 1 staff retired (Program Coordinator IV). Currently, 7 vacant positions are being recruited,

Nutrition Services and Breastfeeding Services

The Nutrition Services completed its training goals, however, specialty certifications such as Certified Lactation Counselor (CLC) and International Board-Certified Lactation Consultant (IBCLC) have not been realized. The other goals for FY2023 were also realized such as recruitment of a breastfeeding peer counselor, meeting the required training, and providing educational opportunities.

The participation rates have increased by 11% from 5,551 in October 2022 to 6,253 as of June 2023, an increase of 702 participants from baseline. The breastfed infant rates have increased from ~~41% 38%~~ in FY 2022 to ~~42% 39%~~ in FY 2023 and nursing mothers also increase from 60% to 62% in FY2023.

Department of Public Health and Social Services Bureau of Nutrition Services-Guam WIC Program		
TITLE: Natural Disaster: Continuity of Operations Plan	POLICY NO.: OM-04	Page 1 of 4
APPROVED BY: <i>Cydsel</i> Cydsel Victoria Toledo, MD, MHA BNS Administrator/Guam WIC Program Director	DATE OF ORIGINAL APPROVAL: 4/16/24	DATE REVISED/REVIEWED: 9/3/24
Endorsed By: Michael Gallo Program Coordinator IV Godfrey Wong, RD, Acting Public Health Nutrition Specialist		<i>Michael Gallo</i>

PURPOSE

To establish a general guideline of the approach taken by the Bureau of Nutrition Services Guam WIC Program in response to a natural disaster and ensure continuity of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) services.

POLICY

- A. The Bureau of Nutrition Services Guam WIC Program follows the USDA Guide to Coordinating WIC Services When Regular Operations Are Disrupted (USDA Food Nutrition Services, 2021) and the WIC During Disaster Factsheet (USDA Food and Nutrition Services, 2020) during disasters for its continuity of operations plan.
 - 1. WIC's role in responding to disasters is minimal, as the program is neither designed nor funded to meet the basic nutritional needs of disaster survivors who would not be eligible to receive WIC benefits.
 - 2. WIC should not be considered a first-line defense to respond to disaster victims' nutritional needs, including providing infant formula.
 - 3. The Guam WIC program shall operate within its current program context and funding level even in disaster circumstances.
- B. Guam WIC shall contribute to disaster relief efforts by ensuring continuity of operations and minimizing disruptions to WIC operations. It shall ensure that eligible, nutritionally at-risk women, infants, and children continue to receive benefits providing flexibilities concerning physical presence, certification periods, and automatic issuance of benefit/EBT cards.
 - 1. Services shall be provided remotely as appropriate and waived physical presence.
 - 2. It shall extend the certification period for breastfeeding women, infants, and children, up to 30 days, to accommodate difficulty in scheduling appointments.
 - 3. Benefits will be automatically issued to all eligible clients during the disaster month/period.
 - 4. WIC participants will have the option to designate a proxy to redeem WIC benefits on their behalf.
 - 5. Disaster-related evacuees seeking WIC benefits will be considered special nutritional risk applicants and certification processing shall be expedited.
 - 6. Outreach staff (Health Educators) shall notify all WIC participants and the public of any alternate plan of operation through the ezWIC App and post public notification on the DPHSS website and Guam WIC Facebook page.

7. Vendor Coordinator shall communicate information to all authorized vendors through WIC Alert mass email.
- C. Guam WIC maintains a backup system in the event of a power or other technology outage to access program records and provide alternate locations for certifications and benefit issuance for circumstances where the conventional location is not accessible.
 1. Guam WIC Program utilizes the Health and Nutrition Delivery System (HANDS) and is part of the HANDS Consortium led by the Arizona Department of Health that shall maintain an MIS system data security by locating the main server for Guam WIC client processing off-site in Tucson, Arizona, which in turn, has a mirrored server which runs in real-time located in Phoenix, Arizona (see *HANDS Disaster Plan*).
 2. Guam WIC shall have an additional GUAM MIS network redundancy off-site from the WIC premises located at the Guam Department of Administration in Hagatna, which serves as a second additional backup to the network. Guam WIC also has an on-site backup email server at its Administrative Facility in Tiyan.
- D. Guam WIC program shall implement its protocols for delivering WIC services during natural or manmade disasters in conjunction with the Division of Public Health's Typhoon Emergency Operational Plan and the Guam Department of Public Health Continuity of Operations Plan (COOP).
 1. The Health Services Administrator/Guam WIC State Director shall coordinate disaster planning with the Division of Public Health and may delegate the Program Specialist /Program Coordinator IV to be the Emergency Support Function Coordinator (ESF) or "continuity staff" for the WIC program.
 2. All WIC Clinic and administrative employees shall follow the Department of Public Health and Social Services disaster plan procedures and the Typhoon/Tropical Storm Conditions of Readiness.
 3. The designated continuity WIC staff is required to attend the annual COOP refresher training provided by the DPHSS Public Health Emergency Preparedness (PHEP) program.
- E. All Guam WIC program staff must complete the National Incident Management Systems (NIMS) Incident Command System (ICS) training course ICS-100, ISC-200, and ICS-700 of the Federal Emergency Management Agency (FEMA) online within 6 months of employment.
 1. WIC Clinic Supervisors and Admin Staff who have primary responsibility for emergency management shall complete additional courses ICS-300 and ICS-800 as appropriate.

DEFINITIONS

Categories of Weather Disturbance	Maximum Surface Winds
Tropical Depression	Max. 38mph
Tropical Storm	Max. 39-73 mph
Typhoon	Max. 74-149 mph
Super Typhoon	Max. 150 mph or more

Typhoon Conditions: Condition of Readiness	
COR IV	Considered the normal weather conditions. A typhoon can hit the island within 72 hours
COR III	A typhoon can hit the island within 48 hours
COR II	A Typhoon can hit the island within 24 hours
COR I	A typhoon can hit the island within 12 hours. Only emergency traffic should be on the road

RESPONSIBILITIES

WIC Facility Staff	An Administrative Aide, Administrative Assistant, or Computer Operator who is designated as maintenance staff and performs routine checks of generators, and vehicles, and routine minor clinic and office maintenance (replaces light bulbs, and minor repairs). Ensure vehicles and generators are filled with gas/diesel fuel, and the clinic facility is secured during typhoons.
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PROCEDURE

A. Typhoon/Tropical Storm Condition of Readiness

1. COR III

- a. Once COR III is announced the DPHSS ESF coordinator attends the heavy weather briefing at the Guam Homeland Security Guam Civil Defense (GHS/GCD) and shall provide updates to the Chief Public Health Officer and the Bureau Administrators through the designated Division of Public Health mobile communication channel or email.
- b. The Guam WIC State Director will brief the WIC clinic supervisors and administrative staff to update the recall list of staff.
- c. All WIC employees shall be on alert, and on standby status awaiting instructions from their supervisor.
- d. Designated WIC facility staff shall ensure that all WIC vehicles are filled up with gas and properly secured.
- e. Facility Generators are checked and filled up with diesel fuel.
- f. MIS shall ensure all laptops and mobile equipment are fully charged and can be utilized to provide certification and benefit issuance in the event of a power outage.
- g. If COR II is anticipated to be announced overnight the following will be done:
 - i. At the end of business hours all shutters shall be closed by the designated facility staff if COR II is anticipated to be announced overnight.
 - ii. MIS shall ensure that staff secure all computers and equipment, and ensure that they are wrapped with a waterproof cover or plastic at the end of the business day.
 - iii. Clinic Supervisors shall print out 2 weeks of appointment schedule in advance at the end of the business day.

2. COR II

- a. Once COR II is announced during office hours, all regular work operations shall cease.
- b. Before leaving the building, staff shall
 - i. Secure all documents, office supplies, and equipment, and place them away from windows and off the floor.
 - ii. Secure all windows and doors.
 - iii. Remove and secure all loose objects in the area (plants, trash cans, etc.)
 - iv. Designated facility staff, administrative aid staff, and MIS shall be responsible for securing typhoon shutters.
 - v. MIS shall ensure that staff secure all computers and equipment, wrapped with waterproof cover or plastic.

3. COR I

- a. Everyone must shelter in place
- b. All safety precautions should be followed accordingly
- c. Staff are advised to turn on the radio for the latest update and be on alert for incoming text messages and guidance from the Guam WIC State Director or their supervisor.

4. COR IV – All Clear

- a. All clear will be announced by the Governor and by the Civil Defense through the media.
- b. The WIC program Director, PHNS, PCIV, MIS, and all supervisors must perform damage assessments of their respective area(s) and make a written report to the WIC Administrator/Guam WIC State Director.
- c. All employees shall report to work at the usual time and assist with the cleanup of the facilities if needed unless informed or instructed otherwise by the supervisor or Guam WIC State Director.
- d. WIC clinic shall implement post-disaster food delivery/benefit issuance procedures as appropriate.

REFERENCES

USDA Food and Nutrition Services. (2020). *WIC During Disaster Factsheet*.

USDA Food Nutrition Services. (2021). *Guide to coordinating WIC services when regular operations are disrupted*. Retrieved from
[file:///C:/Users/cydsel.v.toledo/Desktop/disaster-guidance-for-wic-usda-wic-disaster-guidance-2017%20\(1\).pdf](file:///C:/Users/cydsel.v.toledo/Desktop/disaster-guidance-for-wic-usda-wic-disaster-guidance-2017%20(1).pdf)

SUPERSEDES:

- A. Section II. Page II-OM -12 Disaster Planning FY 2023 State Plan.



ATTACHMENTS: <wic-disaster-guide-2022.pdf>

<WIC During Disaster Factsheet 2020.pdf>

Department of Public Health and Social Services Bureau of Nutrition Services-Guam WIC Program		
TITLE: Policy and Procedure Development, Revision, Approval and Distribution	POLICY NO.: GA-01	Page 1 of 3
APPROVED BY: Arthur U. San Agustin, DPHSS Director	DATE OF ORIGINAL APPROVAL: <i>12/06/22</i>	DATE REVISED/REVIEWED:
Endorsed By: Deputy Director: Laurent Duenas, BSN, MHA Chief Public Health Officer: Zennia Pecina, MSN, RN Guam WIC Director: Cydse Toledo, MD, MHA	<i>PPWU 12/05/22</i> <i>excluso 12/5/22</i>	

PURPOSE

To provide a systematic procedure for developing, approving, updating, and dissemination of policy and procedures of the Bureau of Nutrition Services Special Supplemental Nutrition Program for Women Infant and Children (WIC) staff.

POLICY

- A. The Bureau of Nutrition Services Special Supplemental Nutrition Program for Women, Infants and Children (WIC Program) shall maintain an up-to -date policy and procedure manual that contains information relative to policies, standard procedures, regulation requirements and other areas relative to overall philosophy and operation of the WIC program.
- B. The procedure manual shall be made accessible to all staff:
 1. An electronic copy shall be filed in the policy repository and categorized according to the functional area and or policy codes.
 2. A hard copy of the policy and procedure manual in a binder shall also be placed in each of the WIC clinic site.
- C. The Quality Assurance staff will be designated as the policy manager and be the resident expert for the policy management cycle; maintain policies and procedures within the Bureau, checking all policies follow the format and assigns codes to new and or updated policies and disseminate policies.
- D. The WIC Director or Public Health Nutrition Specialist shall convene a policy committee as needed to develop, and or update policies and procedures in compliance with local and federal statute or in response to Food Nutrition Services Western Region Office Management Evaluation findings as appropriate.
- E. Guam WIC Staff shall be trained on newly disseminated Policy and Procedures as appropriate. Policy and procedure training shall be included in the monthly In-service trainings as appropriate. *(Reference In-service Training Policy for documentation procedure)*

DEFINITIONS

Plan: A written direction that is action oriented and related to a specific project or defined goal. A plan may include the steps to be taken to achieve stated goals, a timeline, priorities, the resources needed to achieve the plan. The persons responsible for implementing the identified steps.

Policy: A written course of action or guidelines adopted by leadership and reflected in actual practice. A formal document that communicates broad principles of operation and standards on a particular subject to guide the actions and decision making of individuals which may include employees, consumers, students, visitors and contractors.

Procedure: An operational set of specific action steps and processes required to support the implementation of the policy, where needed. A "how to" description of actions to be taken.

RESPONSIBILITIES

A. WIC Director

1. Develops and oversees implementation of policy and procedures.
2. Review the policy prior to signature to ensure accuracy and content are consistent with standards and requirements of the Department of Public Health and Social Services, USDA Food Nutrition Services local and state regulations.
3. Ensure appropriate and applicable third-party standards and Guam Law are listed under the reference section in all policies.
4. Review and approve policies and ensure all employees follow all policies consistently.

B. Quality Assurance Staff / Policy Manager

1. Organizes, lists, and indexes all policies in the repository following a coding system that follows the organization structure, function and chart.
2. Maintains and distributes policies, procedures and forms; compiling policy data.
3. Keeps track of policies that are due for review and or update.
4. Convenes a team, or remind supervisors who would be responsible for the policy development, review and update of the policy.
5. Checks and reviews policy if it follows the standardized format.
6. Assigns policy codes to new and/or revised, updated policies.
7. Disseminate policies that have been approved.

C. Public Health Nutrition Specialist

1. Shall be responsible for the development and implementation of Clinic policies in collaboration with the clinic supervisors.
2. Ensure implementation of policy and procedure and monitors compliance of staff.

PROCEDURE

A. Policy Development

1. Nutrition Services Policy development shall be initiated by the clinic supervisor or the Public Health Nutrition Specialist.
2. The Director or Quality Assurance staff shall convene a team or assign a supervisor to develop policy and procedure in response to regulatory requirement and or compliance with local or federal statute.

3. The preparation of the draft shall be a collaborative process with input obtained from clinic supervisors or program coordinator IV and other staff knowledgeable about the subject matter and responsible for carrying out task address by the policy.
4. The draft shall be reviewed, discussed and finalized in a meeting.

B. Policy Approval and Dissemination

1. The Policy originator shall endorse the final policy to the Policy Manager for approval process.
2. Policy Manager shall route final policy to the certifying supervisors for endorsements and approval by the WIC Director, Chief Public Health Officer, Dept. of Public Health and Social Services Deputy Director and Director.
3. Policy Manager shall disseminate all approved policies through Guam WIC emails and post a PDF format copy in the electronic policy repository. Original Policy shall be filed in the Administrative Policy Manual at the Quality Improvement Section and Clinical Policy Manual at the Public Health Nutrition Specialist Office.

REFERENCES

SUPERSEDES:

- A. Title; Policy No.; Effective date/signature date; Approving individual's name

ATTACHMENTS:

1. Policy Template

Department of Public Health and Social Services Bureau of Nutrition Services-Guam WIC Program		
TITLE: Affirmative Action Plan	POLICY NO: GA-02	Page 1 of 4
APPROVED BY: Arthur U. San Agustin, DPHSS Director	DATE OF ORIGINAL APPROVAL: <i>12/05/22</i>	DATE REVISED/REVIEWED:
Endorsed By: Deputy Director: Laurent Duenas, BSN, MHA Chief Public Health Officer: Zennia Pecina, MSN, RN Guam WIC Director: Cydsele Toledo, MD, MHA	<i>PPW 12/05/22</i> <i>complete 12/5/22</i>	

PURPOSE

To establish a methodology in the development of the Affirmative Action Plan and provide guidelines in its regular review.

POLICY

- A. The Bureau of Nutrition Services, Special Supplemental Nutrition Program for Women, Infants and Children (WIC) shall have an Affirmative Action Plan that describes how the program will be initiated and expanded within the territory of Guam.
 - 1. The Affirmative Action Plan will show for each clinic location (geographic area it serves) an estimated eligible population (women, infants, children), the assigned caseload and the projected number of eligible people that are not served.
 - 2. The Affirmative Action Plan shall be reviewed and updated annually at the end of the FY.
- B. The Affirmative Action Plan will rank high risk populations according to greatest need of WIC services. It will include the following requirements as articulated in 7 CFR § 246.4(a) 5 and as follows:
 - 1. A list of all areas and special populations, in order based on relative need, within the jurisdiction of the State agency, the State agency's plans to initiate or expand operations under the Program in areas most in need of supplemental foods, including plans to inform nonparticipating local agencies of the availability and benefits of the Program and the availability of technical assistance in implementing the Program, and a description of how the State agency will take all reasonable actions to identify potential local agencies and encourage agencies to implement or expand operations under the Program within the following year in the neediest one-third of all areas unserved or partially served;
 - 2. An estimate of the number of potentially eligible persons in each area and a list of the areas in the Affirmative Action Plan which are currently operating the Program and their current participation, which participant priority levels as specified in § 246.7 are being reached in each of these areas, and which areas in the Affirmative Action Plan are currently operating commodity supplemental food program, (CSFP) and their current participation; and
 - 3. A list of the names and addresses of all local agencies.

DEFINITIONS

Affirmative Action Plan - A description of how the program will be initiated and expanded within the State.

Commodity Supplemental Food Program (CSFP) works to improve the health of the low-income persons at least 60 years of age by supplementing their diet with nutritious USDA foods.

HANDS – stands for Health and Nutrition Delivery System.

RESPONSIBILITIES

A. Guam WIC Director

1. Shall approve the affirmative action plan.
2. Shall utilize the affirmative action plan in making decisions regarding expansion and or closing clinics, staffing patterns and providing outreach.

B. Public Health Nutrition Specialist (PHNS)

1. Shall collect categorically eligible population data (Women, Infants & Children) by Village served by the different clinics at the end of the FY for the affirmative action plan.
2. Shall work with the Quality Assurance in completing and analyzing the Affirmative Action plan.
3. Shall make recommendation to the WIC Director regarding staffing, outreach plan, closing and opening clinics based on the affirmative action plan as appropriate.

C. Quality Assurance

1. Shall collect data of eligible population from the Department of Public Health and Social Service Bureau of Public Welfare, Bureau of Economic Security Medicaid and or Snap Program and/or the Bureau of Maternal and Child Care.
2. Shall work with the Public Health Nutrition Specialist in developing or revising the affirmative action plan.
3. Shall analyze and trend data from the affirmative action plan and include in its quality improvement report annually.

PROCEDURE

- A. The PHNS shall run a retrospective eWIC caseload by fiscal month and category report from the data base HANDS at the beginning of the fiscal year.
- B. PHNS shall make a request to Arizona WIC to provide data of Guam WIC enrollees by villages.
- C. PHNS shall fill out the Affirmative Plan Template of the total WIC caseload assignment according to geographic area served by the clinics.
- D. The Quality Assurance shall request data of eligible infants and children from the Bureau of Public Welfare Medicaid Program.
- E. Pregnant and post-partum data will be estimated following the CDC fertility rate calculation: Women = Number of infants or live births x 1.25 (0.75 for pregnancy + 0.5 for post-partum).

- F. PHNS and the Quality Assurance staff shall collaborate and complete the Affirmative Action Plan, analyze data and come up with recommendation pertaining to outreach activities and staffing pattern as appropriate.
- G. The Quality Assurance Staff shall forward the completed and updated affirmative action plan to the PHNS and WIC Director for approval.
- H. The approved affirmative action plan shall be filed in the shared files repository under the Affirmative Action plan folder.

REFERENCES

CDC. (n.d.). *Estimating the Number of Pregnant Women in a Geographic Area*. CDC Division of Reproductive Health. Retrieved from <file:///C:/Users/cydsel.v.toledo/Desktop/pregnacyestimatobrochure508.pdf>

SUPERSEDES:

- A. Title; Policy No.; Effective date/signature date; Approving individual's name

ATTACHMENTS:

Affirmative Action Plan Template

Department of Public Health and Social Services Bureau of Nutrition Services-Guam WIC Program		
TITLE: WIC Clinic site opening closing and relocation policy	POLICY NO.: GA-03	Page 1 of 2
APPROVED BY:  Arthur U. San Agustin, DPHSS Director	DATE OF ORIGINAL APPROVAL: <i>12/06/22</i>	DATE REVISED/REVIEWED:
Endorsed By: Deputy Director: Laurent Duenas, BSN, MHA Chief Public Health Officer: Zennia Pecina, MSN, RN Guam WIC Director: Cydse Toledo, MD, MHA	<i>300 12/05/22</i> <i>arles 12/5/22</i>	

PURPOSE

To establish the requirements for opening, relocating, closing or changing clinic hours of a WIC clinic and other site utilized in support of WIC activities in compliance with 7 CFR section 246.4 (5) Affirmative Action Plan

POLICY

- A. Guam WIC program shall open relocate or close clinic sites base on its potential and current population 's relative need, affirmative action plan, or impact to current and potential participant population
- B. Guam WIC Clinic Public Health Nutrition Specialist in charge of the clinic must obtain prior written approval from the WIC Director, Chief Public Health Officer, DPHSS Deputy and DPHSS Director 90 calendar days before opening, relocating, closing of clinics and other site utilized in support of WIC activities.
 1. A justification of the need for new or relocation of existing site or closing of a clinic or changing of clinic hours shall be attached to the request.
- C. Changing of clinic hours shall only be implemented after proper justification and obtaining prior written approval at 30 calendar days from the WIC Director, Chief Public Health Officer, DPHSS Deputy and DPHSS Director.

DEFINITIONS

Site Justification – required forms to be completed when requesting opening, relocating or closing WIC clinic sites

RESPONSIBILITIES

PROCEDURE

- A. Opening or Relocating a site
 1. Public Health Nutrition Specialist with the assistance of the Quality Assurance staff submits a completed new site justification form or relocating site justification form to the Guam WIC Director for approval ninety days (90) days prior to the proposed start date of the new site. The written form must include but is not limited to the following:
 - a. Justification of the need for new or relocation of existing site;

- b. Proposed site including: address, square feet and cost associated with the lease of space;
 - c. Whether the new site will provide services to a specialized group (e.g. migrants, military).
 - d. Whether the site will be co-located with other health services
 - e. Potential eligible population that will be served.
 - f. Name and location of closest WIC clinic (miles) near the proposed site and other WIC clinics in the area.
 - g. Estimated cost associated with the site (e.g. equipment, remodeling and personnel costs); and
 - h. Other pertinent information
2. The Director will approve or disapprove of the request in writing; factors considered in the approval process include but are not limited to the following:
 - a. Whether or not another WIC clinic serves the same area;
 - b. Needs assessment and population impacted by the proposed clinic opening.

B. Closing a site or changing clinic hours

1. The Clinic must submit a completed closing or change of clinic hours WIC site justification form to the WIC Director, Chief Public Health officer, DPHSS Deputy Director and DPHSS Director within 30 days prior to the proposed date of closing of the clinic site or change of clinic hours. The form must include but not limited to the following:
 - a. Justification of the need for closing the site or changing clinic hours
 - b. Plan for serving site's current participants
 - c. Plan for notification of current participants; and
 - d. Other information
2. The Director will approve or disapprove the request in writing based on but not limited to the following factors considered:
 - a. The number of participants affected
 - b. Financial impact
 - c. Distance to the nearest WIC clinic
3. Proper procedure shall be followed if computers or devices are being disposed of, transferred or being sent to surplus due to site closure.

REFERENCES

SUPERSEDES:

- A. Title; Policy No.; Effective date/signature date; Approving individual's name

ATTACHMENTS:

1. WIC New Site Justification form
2. WIC Relocation Site Justification form
3. WIC Closing Site Justification form