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**POLICY AND PROCEDURE MANUAL**

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3. CLINIC OPERATIONS.

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3.00 Clinic Operations.

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A. POLICY

The PA WIC Program shall provide clinic services at locations and times convenient to those it serves, in coordination with other services, in a timely and efficient manner and in a healthy environment.

B. PROCEDURE

1. Participant Service Locations

a. Service Areas

The State agency (SA) has divided the state's 67 counties into 24 service areas. Each service area will be assigned a Project Officer responsible for oversight of grantee contract deliverables and financial management.

b. Local Agencies

The SA will research providers with infrastructure, resources, and expertise capable of providing WIC services and define service areas appropriately.

2. Clinic Sites

a. Selecting Clinic Sites:

- (1) A clinic shall be located in an area with a high concentration of WIC participants or in an area of highest need where potentially eligible WIC population reside;
- (2) A clinic shall be readily accessible to the general population via public and private transportation;
- (3) Sufficient parking facilities shall be available for applicants, participants and staff. Special parking shall be designated for persons with disabilities;
- (4) Clinics shall be co-located with or near other human service agencies to encourage holistic services;
- (5) Clinics must:
  - (a) Have sufficient exterior lighting to allow ease of identification and security for the premises, as well as prevent accidents during evening hours;
  - (b) Be clean, orderly, and well maintained in appearance in all public and staff areas;
  - (c) Have signage that facilitates participant orientation and movement both inside and outside;
  - (d) Be physically and organizationally laid out to be conducive to efficient operation;
  - (e) Assure participant privacy and respect the dignity of those served during examination and consultation;
  - (f) Make provisions for the safety and comfort of those served, including those with disabilities;
  - (g) Define and maintain procedures to be taken in the event of a fire, external or internal emergency or disaster;
  - (h) Provide sufficient space for appropriate and convenient placement of equipment;
  - (i) Provide structurally sound physical facilities that are sufficient in size to provide the required range of services to participants;
  - (j) Have at least one accessible rest room that offers a working toilet, wash basin with hot and cold running water, as well as a structurally sound and maintained baby changing station;
  - (k) Have a general storage area sufficient to allow for orderly storage and maintenance of equipment and secure storage of clinic and participant records;

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- (l) Provide appropriate security to protect participants, medical supplies, as well as audiovisual and computer equipment;
- (m) Be accessible to persons with disabilities and comply with the Americans with Disabilities Act (ADA). Any site that does not comply with ADA must define alternative arrangements in writing detailing how services will be provided and maintain this information at the administrative office.

b. Types

- (1) Primary sites provide all WIC services and are open at least four days a week.
- (2) Satellites clinics operate three or fewer days a week.

c. Requirements

- (1) Local Agency's (LA) shall submit to their Project Officer, Alternate Project Officer, the Public Health Program Manager of Quality Assurance, the WIC Business Analyst II and the Administrative Officer (Please refer to P&P 1.01 Attachment 1) the following for review and approval at least 75 days before establishing, closing or relocating clinic sites:
  - (a) Civil Rights Impact Analysis (CRIA) Form is required only for clinic closings and relocations. (P&P 1.10)
  - (b) Written justification summarizing the rationale for any clinic action, including but not limited to opening, closing, or relocations;
  - (c) A Clinic Input Document (Attachment 1b);
  - (d) A copy of clinic lease(s) and/or sub-leases(s) allowing a minimum of 75 day notice for termination to allow adequate time for relocation of utilities automated equipment; and
  - (e) A Data Equipment request, if applicable. (P&P 1.08)
  - (f) A Transfer Equipment request, if applicable. (P&P 1.08)
  - (g) A Civil Rights Questionnaire, if applicable. (P&P 1.10)

The SA staff will review all materials, follow-up on any incomplete documents with LA personnel Project Officers will notify the LA grantee of all decisions via email, including notifying the grantee of the clinic number for a new clinic.

- (2) Grantees shall review the LA Clinic Directory quarterly on MIS for accuracy and submit a Clinic Input Document to correct any inaccuracies.
- (3) LA grantees must notify their Project Officer in writing within 72 hours of any change in contact person, clinic type, or telephone number. This information must be submitted on a Clinic Input Document (Attachment 1b)
- (4) Create and maintain a complete and secure filing system concerning Program operations (see Attachment 2);
- (5) Comply with record retention and disposal guidelines (see Attachment 3);
- (6) LA's must enforce a strict tobacco-free environment for participants and staff in all clinic sites receiving WIC funds and publically announce this policy. The use of any tobacco product or electronic cigarette, in any form, shall be prohibited. Announcement may be accomplished via tobacco-free signs, absence of ash trays and/or posting of policy statements. Shared common areas must enforce the tobacco-free policy. In the case of satellite clinics, the tobacco-free policy must be effective during clinic hours.

- (a) "Tobacco Product" includes:

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1. Any product containing, made, or derived from tobacco or nicotine that is intended for human consumption, whether smoked, heated, chewed, absorbed, dissolved, inhaled, snorted, sniffed, or ingested by any other means, including but not limited to cigarettes, cigars, little cigars, chewing tobacco, pipe tobacco, snuff; and
2. Any electronic device that delivers nicotine or other substances to the person inhaling the device, including, but not limited to an electronic cigarette, cigar, pipe, or hookah.
3. Notwithstanding any provision of subsections (a) and (b) to the contrary, "tobacco product" includes any component, part, or accessory of a tobacco product, whether or not sold separately. "Tobacco product" does not include any product that has been approved by the United States Food and Drug Administration for sale as a tobacco cessation product or for other therapeutic purposes where such product is marketed and sold for such an approved purpose.

3. Coordination with Other Social Service Agencies

LA participant services include holistic assessment and identification of participant needs, and referral to providers capable of addressing those needs. Grantees shall consider locating sites near agencies that provide the following services:

- a. Nutrition Support Services
- b. Housing Services
- c. Utility Services
- d. Education Services
- e. Medical Services
- f. Domestic Services
- g. Behavioral / Mental Health Services
- h. Any Other Services

4. Reception and Phone Conduct

- a. LA staff shall be courteous to participants at all times;
- b. LA staff shall be responsible for assuring that incoming calls are answered in person with no more than 10% of calls going to voicemail;
- c. Callers leaving messages on voicemail shall be contacted and assisted appropriately within one business day;
- d. LA staff shall assure that all participants requesting and/or requiring an accommodation will be afforded such accommodation at the time of service delivery; and
- e. LA must provide voicemail messaging for calls received after clinic hours.

5. Clinic Schedules

- a. LAs shall establish clinic hours to meet the needs of the participants they serve, including evening and weekend hours;
- b. Each LA WIC director should consider methodology to support "walk-in" appointments or a "make-up" appointment schedule to service participants who miss appointments or those with transportation concerns limiting their ability to physically get to the clinic;
- c. Participant appointments must provide adequate time to perform all required clinical assessments, as well as administrative tasks, including issuance of food instruments.

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6. Voter Registration

All applicants and/or endorsers that will be at least 18 years of age on the day of the next election shall be given the opportunity to register to vote when applying for benefits, at each certification and recertification, and when changing their physical address.

a. LA staff providing voter registration services are prohibited by the National Voter Registration Act of 1993 and the Voter Registration Act of Pennsylvania (25 Pa.C.S.A. § 1325) from:

- (1) Seeking to influence an individual's political preference or party registration;
- (2) Displaying any such political preference or party allegiance;
- (3) Making any statement to an individual or taking any action to discourage the individual from registering to vote; or
- (4) Making any statement to an individual or taking any action that leads the individual to believe that a decision to register or not to register has any bearing on the receipt of WIC benefits.

b. As part of the WIC application process, all LA staff shall:

- (1) Ask each applicant/endorser if she/he would like to apply to register to vote.
  - (a) For address changes that are reported over the phone, staff may document the newly reported address in Comments or enter the new address in the mailing address fields of the MIS. No changes shall be made to the physical address until the participant's appointment when they can provide proof of residency and answer the 'Motor Voter' questions in person.
- (2) Request the applicant/endorser, including those who may already be registered to vote, complete the Voter Registration Declaration Form (Attachment 4a & 4b). Staff shall initial the Voter Registration Declaration Form and file it in the individual's chart.
- (3) Notify the applicant/endorser that their decision to apply to register or decline to register to vote will not impact their WIC eligibility or benefits.
- (4) If an applicant/endorser refuses to complete the Voter Registration Declaration Form, staff shall:
  - (a) Document the date and indicate that the applicant/endorser refused to sign, and
  - (b) Provide the applicant/endorser with a Voter Registration Application.
- (5) Provide any applicant/endorser who chooses to apply to register to vote with a Voter Registration Application.
- (6) Assist applicants/endorsers with completion of the Voter Registration Application, unless such assistance is refused.
  - (a) If assistance is provided, indicate that assistance was given by entering "E" in Box 10 of the Voter Registration Application.
- (7) Transmit all completed Voter Registration Applications to the appropriate county voter registration office within 10 days of receipt or within 5 days of receipt during the last 5 days before a voter registration deadline.
- (8) No information regarding an individual's decision to register to vote shall be disclosed to the public nor used for any purpose other than voter registration.

c. Each LA shall designate a Voter Registration Site Coordinator who is responsible for ensuring that all staff within their agency understands how to carry out the agency's voter registration program. The Site Coordinator's responsibilities include, but are not limited to:

- (1) Training all agency staff on a semi-annual basis to perform voter registration duties;

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- (2) Ensuring timely delivery of all completed Voter Registration Applications to the appropriate county voter registration office; and

Ordering and maintaining an adequate supply of Voter Registration Applications from the Department of State using the Voter Registration Material Request Form (Attachment 5).

#### 7. Immunization Screening and Referral

LA staff shall require all certification staff to screen the immunization status of all infants and children 24 months of age and under at each certification/ recertification visit, including newborns and breastfeeding infant participants not receiving food benefits by:

- a. Informing the caregiver when making an appointment for any child age 24 months or younger that an immunization record for the child should be brought to the WIC appointment despite their food benefit status but is not required.
- b. Reviewing the written immunization record of the child at each certification/ recertification to evaluate compliance with recommended immunization schedules.  
**Note: Memory recall by the caregiver is not acceptable in place of the written record.**
- c. Entering immunization data into MIS.
- d. Provide referral for immunization services, ideally to the child's usual source of medical care, and
- e. If the parent/caretaker failed to bring the immunization record, encourage them to bring the documents to the next certification visit.

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#### Attachments:

- 1a. [Clinic Input Document Guidance](#)
- 1b. [Clinic Input Document](#)
2. [Local Agency Filing System](#)
3. [Local Agency Filing Retention](#)
- 4a. [Voter Registration Declaration Form \(English\)](#)
- 4b. [Voter Registration Declaration Form \(Spanish\)](#)
5. [Voter Registration Material Request Form](#)

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#### Reference(s):

1. SFP 01-111, Immunization Screening and Referral in WIC, August 31, 2001
2. Update on Immunization Issues, SFP 20-105, July 3, 2002.
3. FNS Instruction 800-1, March 3, 1990.
4. OMB Circular A-102, Attachment C and OMB 2 CFR, Part 215
5. WIC Regulations: 7 CFR Part 246.25(a).
6. P&P 1.08 Information System Management
7. USDA Memo 99-026.
8. Federal Register, November 18, 1998, page 63970.

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#### Policy and Procedure Status:

1. This P&P supersedes P&P Number 3.00, dated June 30, 2017.