

## **I(A). VENDOR MANAGEMENT**

**GOAL:** To provide on site technical assistance to 50% of the Program's authorized vendors.

**METHODOLOGY:** The WV WIC Program's Regional Authorization Project will conduct site visits for four (4) of the State's eight (8) WIC regions during each fiscal year. Site visits will also be made to additional vendors throughout the state as specific problems or technical inadequacies are identified.

**EVALUATION:** The WV WIC Program's Regional Authorization Project results in our making on site visits to every active vendor at least once every two years. Visits for routine monitoring purposes will also be made as needed. While it might be possible that the four (4) regions visited during a particular fiscal year may not meet the 50% goal the number of vendors visited during the preceding year or following fiscal year will exceed this goal.

**STATUS:** **This is an on-going goal from 2005 and will be carried on again in 2006.** During federal Fiscal Year 2005, all vendors in four of the eight WIC regions were visited prior to re-authorization. This number of visits was 230 of the 438 vendors on the program. In addition, 254 vendors received routine monitoring visits. The goal of providing on site monitoring to 50% of the Program's authorized vendors was exceeded.

## **I(B). VENDOR MANAGEMENT**

**GOAL:** To investigate 5% of the Program's authorized vendors for compliance with federal regulations.

**METHODOLOGY:** The investigator, under the direction of the unit supervisor, manually selects vendors for "compliance buys" based upon participant and local WIC office complaints and high risk reports generated from the computer system. All complaints and/or reports are evaluated according to the severity of the possible infractions to the program. By completing these investigations we hope to establish completion of our 5% goal of investigating vendors. Past documentation has supported this method as an acceptable method to reach our goal due to the numbers of complaints and computer "hits" on the high risk report.

**EVALUATION:** The evaluation process will consist of monitoring our "compliance buys" sales during the year in order to keep up or maintain the 5% requirement. Calculations will be completed from both manual reports and computer generated reports and measured against the current number of authorized vendors.

**STATUS:** **This goal is an on-going goal, and will be carried on again in 2006.** Our records indicate that we have completed 26 investigations to date during Fiscal Year 2005. The investigations were conducted due to designations as high risk vendors, as a result of participant complaints, or random buys. We had 447 vendors at the beginning of fiscal year 2005. Therefore, we have exceeded our 5% goal.

## **I(C). VENDOR MANAGEMENT**

**GOAL:** Provide excellent, consistent and accessible technical training to all WIC vendors within a two year cycle.

**METHODOLOGY:** Hold training sessions in each of the eight WIC local agency regions within a two year cycle and monthly training sessions at the State WIC Office using a detailed power point presentation, training videos and printed materials.

**EVALUATION:** The evaluation of the effectiveness of the training is completed by the use of evaluation forms at the end of each training session. The evaluation form allows for 5 responses. 1 represents Poor, 2 represents Fair, 3 represents Good, 4 represents Average and 5 represents Excellent. The Evaluation Form also allows space for comments

**STATUS:** **This is an ongoing goal and will be carried on again in 2006**

The trainer received in average of 4.5 in overall presentation, on a scale of 1 to 5. The comments received were both favorable and instructive in regards to thoroughness of information given and ability of the trainer to respond to any question posed by the vendor audience. Interactive training is an ongoing process to assure vendors receive this type of training once in a two year cycle. Regional training has proven to be very helpful and popular with the vendors as the trainer provides several training opportunities at different sites within their regional area. We will continue to provide interactive training on a monthly and quarter calendar period to meet the training needs of our vendor population. Evaluation forms will be continued being used and will be helpful in determining if changes in the training presentation needs to be made.

## **I(D). VENDOR MANAGEMENT**

**GOAL:** Develop on-line internet training modules for WV WIC authorized vendors to afford vendors another method of receiving their yearly training.

**METHODOLOGY:** Utilize the Department of Health and Human Resource's WebCt contract for purposes of WIC. WebCT is a computer program specifically designed for instructors to deliver lessons, tests, assignments, and as a way to communicate to their respective students.

The Department of Health and Human Resources bought into the system approximately two years ago, and have developed approximately 30 WebCT training courses as to date. WIC became involved with this project on May 20, 2004, after we attended an off-site training course with the department, and an educator from an area college, in order to demonstrate the system and provide training for course development. Prior to this date, space was allotted on the server for the WIC program in order to begin developing a course during the May 20<sup>th</sup> training. .

We anticipate that we will complete the development of the cashier training the first part of the 2005 fiscal year, and then develop the bookkeeper module in the last part of the year. We anticipate going "live" in 2006. We will then determine which vendors will utilize the on-line training. If a computer is unavailable to a vendor, then the vendor will continue to meet the yearly training requirements via our videotapes. We will also develop a pre-survey questionnaire so we can determine the working background (WIC experience) of each student prior to completing the training.

**EVALUATION:** The evaluation component is already built into WebCT by the Department. The student will be required to complete questions like "Was the course content clearly organized and presented in a logical flow? How would you rate the pace of this course? How much of this material is new to you? How would you rate the length of this course? A statistical analysis from these responses will determine if the modules need to be modified.

**STATUS:** Develop of training module on WebCT has been started. Development not completed due to new Vendor regulations. Vendors will continue to rely on the vendor training videos in order to complete their annual training requirement.

Goal is on-going for FY 2006.

## **I(E). VENDOR MANAGEMENT**

**GOAL:** Provide annual training to all authorized vendors in order to comply with new Federal USDA mandates.

**METHODOLOGY:** USDA's Fiscal Year 2002 Final Food Delivery regulations mandate that all WIC vendors receive annual training. This mandate does not require that the training be face-to-face. In order to comply with this regulation, we will be using our new vendor training instructional tapes. We will also be using written training modules in order to cover the areas of instruction not on the tapes. We will determine when vendors will need to complete their annual training by looking at their two year contract period via our two year re-authorization schedule. The vendors in each region will receive a certified letter halfway through their two year contract, indicating that it's time for their annual training. The vendor will sign an acknowledgment form that the training was completed, and will also send state supplied written evaluation forms from each attendee back to the State Office.

**EVALUATION:** Evaluation of this goal has been completed.

**STATUS:** **This goal has been accomplished and therefore dropped. The presentation of annual training will continue.**

**I(F). VENDOR MANAGEMENT**

**GOAL:** To have appropriate vendor staff trained to access **STARS** (Food Stamp Program Store Tracking and Redemption Subsystem).

**METHODOLOGY:** Contact with MARO to schedule training and receive permission to access information contained in **STARS** data system:

**EVALUATION:** User accounts and passwords assigned for Jesse Moore and Betsy Chapman in June 2005.

**STATUS:** This will continue as an ongoing goal for Fiscal Year 2006 as training will be provided at the regional meeting in July 2005. It is anticipated that additional training and technical assistance will be needed.

## **II. (A). NUTRITION SERVICES**

**GOAL:** Improve the quality of life and wellness (body, mind, and spirit) of WIC participants and WIC employees through innovative promotion of healthy lifestyle behaviors.

**METHODOLOGY:** Support WIC staff members as role models for healthy behaviors. Provide participants access to education tools, information and support for behavior change. Collaborate with like minded, creative partners with similar goals. Plan strategic interventions that focus on constant communication, messages and strategies among partners.

**EVALUATION:** Use baseline data on weight status for children and women. Pre and post surveys on fruit and vegetable consumption.

**STATUS:** With using Motivational Interviewing techniques learned in FY 04 and 05, a revision of the nutritionist monitoring and feedback tool has been completed in order to evaluate individual skills and feedback in order to effectively reach this goal.

In August 2005, nutritionist will learn strategies for enhancing a client's readiness to adopt a healthier lifestyle.

This goal is on-going.

## II(B). NUTRITION SERVICES

**Goal:** Provide additional funds to local agencies that will allow breastfeeding peer counselors to visit local hospitals and physician practices in order to keep mother's breastfeeding longer.

**Methodology:**

1. Provide additional funding from State WIC Office to local WIC agencies specifically for breastfeeding peer counselors by January 2005, so that increased peer counselor services in the hospitals and physician practices can be provided in all areas.
2. Promote the importance of breastfeeding to health care professionals through posters, banners, displays, and the distribution of *Medications and Mother's Milk* books.
3. Provide training opportunities for staff and peer counselors in updated breastfeeding promotion, support, and management skills throughout the year.
4. Provide one-on-one contacts for breastfeeding counseling.
5. Promote the importance of breastfeeding to the public through:
  - World Breastfeeding Week (Month) activities in August
  - Recognition and certification to all breastfeeding WIC participants in August.
  - Network with Immunization Program through letters to new parents.

**Evaluation:** Measure rates of breastfeeding initiation and duration among the WV WIC Population using computer – generated reports.

Measure participant participation during hospital visits.

Measure participant satisfaction on Documentation of Birth Forms.

**Status:** By providing additional funds, WIC breastfeeding peer counselors were able to visit area hospitals. These hospital visits helped play a major role in our initiative rate (January 2005-June 2005) of 42.3%, and our six month duration rate of 24.8%.

Goal is complete

### III(A). INFORMATION SYSTEM

- GOAL:** Replacement of computer equipment in accordance with state agency five-year plan.
- METHODOLOGY:** Current state MIS standards require that a program's computer equipment remain under a three-year-warranty at all times. The STORC application is a LAN-based system within each clinic site. Each clinic site works independently and does not rely on phone connectivity to enable staff to consistently serve clients. It does however, rely on operational equipment within the clinic site. The replacement will commence as funding permits in FY 2002. Equipment no longer covered under warranty will be the first priority to be replaced.
- EVALUATION:** The replacement of the equipment is critical to provide uninterrupted service to our WIC clients resulting in a marked improvement in speed of the STORC application and failure rate should be lowered. The five-year computer equipment replacement plan was submitted to the regional office in July 2001 for their approval. During this FY, funding permitting, the state agency will be replacing the equipment which is listed on the plan for this FY
- STATUS:** Servers and Routers were replaced in the field according to the five year replacement plan.
- This goal is **on-going**.

### **III(B). INFORMATION SYSTEM**

**GOAL:** To develop, install a Statewide WAN (Wide Area Network) connecting the State WV WIC office directly with the local agencies.

**METHODOLOGY:** WV WIC networking personnel will work with WV DHHR/MIS & Cisco Router Company (State secured router provider) staff to develop use of 56 KBS lines already installed and active in each of the permanent WIC Sites. WV WIC will secure a contractor to install and connect routing equipment (must be Cisco). Hardware and Software upgrades will be necessary to complete this project.

**EVALUATION:** Interconnecting each site will allow the state WV WIC Program to connect and correct problems more efficiently and timely. Will also allow for a statewide E-Mail Connectivity.

**STATUS:** The WV WIC WAN infrastructure currently consists of thirty one ISDN, twelve 56k Frame-Relay, and seven Broadband (DSL/Cable modem) connections.  
We have just replaced routers in the field offices and soon these lines will be switched to broadband connections. These connections offer better speed at a lower month rate.

**On going.**

### III(C). INFORMATION SYSTEM

**GOAL:** Implementation of the CDC Peds and PNSS Surveillance new data fields and definitions, design and implementation of the Income Calculator, feasibility and implementation of Automated Growth Charts.

**METHODOLOGY:** WV WIC MIS Staff will be reviewing system implications for the above revisions, developing a time frame for all revisions and making the necessary coding changes needed. Policy changes and training will need to be completed, prior to code being implemented. Not all revisions will be implemented at the same time.

**EVALUATION:** All system changes will be tested and discussed with other state WIC office Staff prior to implementation. Once approved and completed, code will be sent to sites for pilot testing prior to full implementation. Time frame for these enhancements/modifications will be as follows:

CDC Peds and PNSS Surveillance new Elements - Fall 2003  
Income Calculator - Fall 2003  
Growth Charts - Summer 2004

**STATUS:** Automated Growth Charts has been dropped at this time.

Due to delays beyond programming controls, this goal is going to be continued into FY2006.

New deadlines are as follows:

- CDC Peds and PNSS Surveillance new Elements – Winter 2006
- Income Calculator- Winter 2006

This goal is **on going**.

#### **IV. (A). ORGANIZATION AND MANAGEMENT**

**GOAL:** Develop state intranet site in order to improve communication between the state office staff and local directors.

**METHODOLOGY:** Space has been created for WIC on the WV Department of Health and Human Services server for the development of a WIC intranet site. Currently we have two items posted; the due dates of required local agency reports and a directory of the State and local WIC offices. In Fiscal Year 2005, time will be spent on creating the template and in future development of the site.

**EVALUATION:** Completion of site.

**STATUS:** The West Virginia WIC Intranet site is up and running and the following information is now easily accessible to WIC employees:

[Performance Measure Due Dates](#)

[WIC Phone Directory](#)

[Press Releases](#)

[Warehouse Ordering Forms](#)

[Bureau for Children and Families Video Conference Sites](#)

[Instructions for Scheduling Video Conference Units](#)

[Legislature Contact Form](#)

[Legislature Meeting/Subcommittee Report Form](#)

[The Ten Commandments of Communicating with People with Disabilities](#)

[What is 211?](#)

[WIC Talking Points](#)

[Flow Sheet for 2004 Reading Project](#)

[Local Press Releases](#)

[Local Ads](#)

[General Mills WIC Clinic Materials Order Form](#)

[Quarterly Outreach Meetings](#)

[West Virginia Division of Highways](#)

Contacts for requesting green state agency signs in communities

[Children's Specialty Care Phone List](#)

The WV WIC intranet will continue to be developed in FY 2006.

## **V. NUTRITION SERVICES AND ADMINISTRATION**

**GOAL:                    No Goals in 2005**

## **VI. FOOD FUNDS MANAGEMENT**

**GOALS:** No goals set for 2005.

## **VII(A). CASELOAD MANAGEMENT**

**GOAL:** Target specific populations or population segments for WIC outreach including early prenatal, working families, and families with children 3-4 years of age.

**METHODOLOGY:** Through the use of Geographic Information System software and current enrollment data, identify areas of under served populations. Use of this analysis to target outreach efforts for general population in these areas as well as within partnerships with providers networks which offer services to these populations.

**EVALUATION:** Use of STORC data to determine enrollment figures and enrollment trends, statewide as well as at the local and community level.

**STATUS:** We are no longer using the GIS System to target eligible, but not participating, families. Currently we are using Census Data, data provided by the Regional Office, and statistics from other programs, such as CHIP. We will continue to use all available information in order to accurately access our target populations as the data becomes available.

We are dropping this goal, due to the methodology being outdated. The importance of targeting specific populations remains a high priority.

## **VII(B). CASELOAD MANAGEMENT**

**GOAL:** Increase the number of children on WIC between the ages of 3-5 by 3%.

**METHODOLOGY:** We are currently in the process of introducing a new statewide social marketing and reading project at the end of fiscal year 2003.

The new campaign called “WIC HELPS YOU HELP YOUR FAMILY”, and the reading readiness project targets the 3 to 5 age group by implementing the following;

★ A picture of a toddler, rather than just an infant, will be seen on every poster, brochure, display board and grocery cart ad in the state. Every poster, brochure, and newspaper ad will display the words, “WIC is available to pregnant woman, postpartum women, infants and children up to the age of five”.

★ Every child between the age of three and five on WIC during fiscal year 2004 will receive an age appropriate reading book, with an emphasis on food, on or around their birthday.

★ Local agencies will be increasing their involvement with parents, and caretakers of three to five year old children by promoting the reading readiness programs in their local daycare centers.

**EVALUATION:** STORC report will be generated again in July 2004 in order to evaluate our efforts.

Our baseline figures, generated July 11, 2003, indicates that we have 12,175 3-5 year olds in the WIC Program.

**STATUS:** Total number of 3-5 year-olds on the program remain around 12,000. Goal is complete.

## **VII (C). CASELOAD MANAGEMENT**

**GOAL:** Promote WIC in faith based organizations.

**METHODOLOGY:** As part of the federal initiatives for fiscal year 2004, the West Virginia WIC program will promote WIC in faith based organizations.

WV WIC recently participated in a roundtable with the CHIP (Children's Health Insurance Program) in order to find ways to work with faith based organizations. Through this association, WIC has determined that getting churches or other faith-based organizations to participate is a lot harder than it seems.

Based upon the outcome of the CHIP meeting, we feel the best way to work with these organizations, is to go through area Christian schools for children under the age of five, and day care programs in local churches and promote our reading readiness project, rather than attempting to gather the congregation or the ministers, like CHIP is doing, for a information or health fair.

The local agencies will include their local churches in their yearly outreach plan in order to achieve this goal. The local agencies will be responsible to attempt at least one visit per Christian school and each church with a day care program during fiscal year 2004, by either reading to the children and providing outreach material to their parent(s), or by speaking with parents in the local church about the importance of early reading.

**EVALUATION:** Evaluation will be completed after the end of the fiscal year 2004 by reviewing the agencies outreach report.

**STATUS:** The local agencies continue to do well in their faith-based initiatives. Information on their faith-based events is submitted quarterly to the Regional Office.

In FY 2005, we started working with the SHARE food program, which primarily operates out of churches. The regional manager has indicated to us that the enrollment of participants has increased dramatically due to WIC's involvement in this program.

Goal is on-going.

## **VII (D). CASELOAD MANAGEMENT**

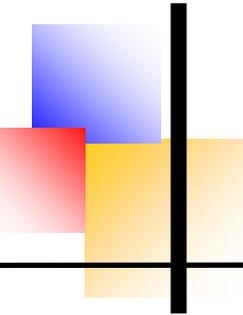
**GOAL:** Develop a Five-Year Outreach Plan.

**METHODOLOGY:** Collaborate with local agencies during the directors' meetings in FY 2005 and develop unified goals in order to construct a plan for the next five years. Discuss whether state agency would benefit more from eliminating the locals mandated outreach hours and become more goal oriented.

In addition, a new emphasis will also be placed on improving particular county sites and what agencies are doing to improve the participation in those areas.

**EVALUATION:** Completion of a written plan.

**STATUS:** Goal is complete. See next page.



# WV WIC Five Year Plan Outreach Plan (2006-2011)

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## *Building Relationships*

### Historical Data

In April of 2003, six focus groups were administered in order to understand public attitudes and opinions towards the WIC Program among households enrolled in, or eligible for WIC, and to assess and evaluate advertising concepts in order to increase WIC enrollment, and to determine the most effective messages, messengers, and communication methods in educating WIC eligibles about program specifics.

Two of the focus groups were held in Clarksburg, WV, two in Beckley, WV, and two in Charleston, WV.

A total of 60 individuals participated in these sessions-39 adult heads of household who are eligible but not currently participating and 21 adult heads-of-household who are currently enrolled in the WV WIC Program. The individuals classified as eligible are previous WIC members who discontinued enrollment.

The key findings from RMS Strategies Executive Summary May 2003 Report were:

- A majority of women know and realize the importance of nutrition during pregnancy and for young children,
- Most women first learn about the WIC Program through either the local DHHR office their doctor's office, or friends and relatives,
- Overall, both eligibles and enrollees realize the benefits of the WIC Program and are grateful for their assistance,
- Many of the women have mixed emotions when it comes to completing the food diaries or journals. Some said they were beneficial; however, most fail to see the need and admit to falsifying their diaries. Many complete their food diary the day of their appointment.
- While the enrollees enjoy the nutritional classes, many of the eligibles would like to see the classes enhanced including more practical and everyday situations.
- Although all the food vouchers are beneficial, the vouchers for formula are valued more than the vouchers they receive when their child is two years old.
- Enrollees mentioned that when new products are added to the WIC Program, they would like the store informed prior to adding the product(s) to the vouchers. They often encounter problems when a new product has not yet been keyed into the system.

- WIC stores and debit cards are two items many of the participants would like to see implemented in West Virginia.
- While WIC Directors perceive themselves as meeting the needs of women and children in their areas, most know this is not the case. Many of the clients needs fall outside the realm of WIC.
- Eligibles are less likely to enroll in WIC because they perceive vouchers as less valuable and useful after children reach the age of one, and they have transportation constraints.
- Most admit WIC does have a stigma among the general public. However, the enrollees “get over it” while the eligibles say it is embarrassing.
- Although most do not view the WIC logo favorably, they believe it to be irrelevant to families joining the program.
- According to eligibles the most effective messages are “WIC Helps You Help Your Family” and “WIC Works. Let us Help”. While enrollees believe “WIC is more than free food” is the most important message.
- Advertising Concept 2, “WIC gives you food and so much more”, which features WIC program benefits, is most likely to increase awareness among women in West Virginia about the WIC Program.
- The best way to communicate to pregnant women who are eligible for WIC is to advertise and get information inside the doctor’s office.
- Dental courses for children, child care, and fruits and vegetables are among the wish list for enrollees and eligibles.

In light of these findings, a social marketing plan was developed called “WIC Helps You Help Your Family”. In addition, on some promotional items, we also used another popular message of “WIC Give You Food and so much more”. The goal of the campaign was to advertise **all** the benefits of WIC, in order to remind participants of the program’s benefits after the draft value decreases, and to advertise the income guidelines more, in order to help reduce the embarrassment felt by participants, and to introduce new families to WIC.

### Plan:

The five-year plan (2005-2010) is to run the television commercial once again in 2006, since the commercials are still fresh, and the message has not been overused.

Also in 2006, and in subsequent years, continue to provide an adequate supply of promotional material with the income guidelines to eligible families and the community at large, in order to alleviate stigma for our families, and continue to build new relations within communities and with families by increasing the number of basic presentations that we provide in the community.

In order to achieve this goal of increased presentations and more community involvement, funds will need to be appropriated during these five years for additional hours, or the hiring of community liaisons in order to achieve this five year goal.

## VII (E). CASELOAD MANAGEMENT

**GOAL:** Include all faiths in our faith-based and community-based outreach activities

**METHODOLOGY:** All faiths that provide programs for children under the age of five will be contacted this year by the local agencies in order to try and schedule a reading/nutrition education activity in their facility.

**EVALUATION:** During the first quarter 2005 outreach meeting, October 1, 2004, Local Outreach Coordinators were informed that all faiths need be included when they schedule their faith-based activities this year. The State Outreach Coordinator will monitor the quarterly outreach reports in order to assure we are meeting this goal.

**STATUS:** Each Quarter, a representative from the Southern part of the State (TSN Local WIC Agency) attends a *Diversity Workshop*, that highlights, among other things, different religions in the area, in order to increase awareness and understanding. This information has been shared and documented on their quarterly report. Local Agencies are open to all opportunities in order to reach families of all faiths. Limited opportunities exist however due to the lack of diversity among our eligible, but not participating, families.

This goal is on-going.

## VIII (A). CERTIFICATION, ELIGIBILITY AND COORDINATION OF SERVICES

**GOAL:** Distribute materials to West Virginia physicians through the State Medical Association and the West Virginia Bureau for Public Health

**METHODOLOGY:** In Fiscal Year 2004, the State WIC Program worked with the State Medical Association and the WV Bureau for Public in order to have a letter created for family doctors, pediatricians, and OB-GYN doctors in West Virginia. The letter was signed by both the president of the West Virginia Medical Association and the Acting Commissioner of the Bureau of Public Health. Lack of funds prevented us from sending out a mailing in 2004. The mailing (letter, brochure and poster) is a high priority for Fiscal year 2005.

**EVALUATION:** Completion of the mailing

**STATUS:** Physicians and medical personnel remain a top referral source for new certifications. State Office mailed packets to 847 Physicians in the State. Only 8 packets were undeliverable. We anticipate a positive response. See attached letter.

In addition;

- Several physicians received a high-quality mouse pad in FY 2005 in order to encourage referrals.
- We continue to work with Unicare of West Virginia, a company, from California, that manages WV Medicaid coverage to families, and added in FY 2005, Carelink Health insurance as well. These two companies provide WIC information to the pregnant women in which they serve, in addition to families with children under the age of five.
- Several local WIC offices held or participated in hospital health fairs and community baby showers.

**Goal is complete.**

**VIII (B) CERTIFICATION, ELIGIBILITY AND COORDINATION OF SERVICES  
(New Goal)**

**GOAL:** Decrease the number of eligible women that wait until their third or fourth trimester to receive WIC benefits.

**METHODOLOGY:** Fiscal Year 2005 indicated that out of 8,956 pregnant women, 4,773 women receive their WIC benefits in their first and second trimester. We will like to see a decrease in the number of women waiting until their third or fourth trimester to receive benefits.

In lieu of this goal, in FY 2006, we will contact locations (such as, but not limited to) drug stores, and other locations that sell pregnancy testing kits, throughout the state to see how we can work together to increase awareness about WIC, and the benefit of receiving WIC services early.

In addition, we will continue reaching out to physicians, health insurance carriers, and continue to participate in hospital health fairs and activities in order to reach our target market.

**EVALUATION:** Statistics from STORC.

## **IX(A). FOOD DELIVERY/FOOD INSTRUMENT ACCOUNTABILITY & CONTROL**

**GOAL:** To ensure the proper disposition of all food instruments generated in all clinic sites.

**METHODOLOGY:** Training will be offered to all new nutrition/clerical staff accessing the STORC system as was given to all employees before implementation of STORC at their site. This training will cover all aspects of FI generation and accountability of each FL generated.

**EVALUATION:** Monitoring of Food Delivery activities are conducted by the State Agency Monitor on an ongoing basis, as well as spot checking by Local Agency Directors and other State Agency Staff. Action Plans must be submitted to the State Agency for any sites not in compliance.

**STATUS:** This goal is complete and is dropped.

**X(A). MONITORING AND AUDITS**

**GOAL:** No goal set.

## **XI (A). CIVIL RIGHTS**

**GOAL:** No goal set