



Western MCH Nutrition Leadership Network

Navigating Systems Change to Strengthen MCH Nutrition Impact: What you Need to Know Now about the Farm Bill, Nutrition Assistance Programs and PSE

Abstracts

**February 21st and 22nd, 2019
Crowne Plaza Hotel, Redondo Beach, California**

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Wyoming Breastfeeding Support in the Workplace Policy	
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Breastfeeding Support in the Workplace Policy Status

Efforts have been ongoing since 2008 to implement a comprehensive Breastfeeding Support in the Workplace policy within the Wyoming Department of Health. Although there have been significant changes made within our Public Health Division to provide an appropriate place to express milk in the workplace, we have been unable to implement a policy for breastfeeding mothers to bring their infants to work for the first six months in order to breastfeed on site.

The attached draft policy has been through the approval process within our Division, the Department's Human Resources Office, the Attorney General's Office, and the State's Risk Management Office, yet there is reluctance from Senior Leadership to move forward with the policy as either a pilot within the Public Health Division or the Health Department as a whole.

The Wyoming Health Department's leadership is changing effective March 1, 2019, as the result of a new Governor. We plan to continue to encourage Senior Leadership to champion the policy for implementation as soon as possible.

Breastfeeding Friendly Washington Program (BFWA) and Local State Physical Activity and Nutrition (LSPAN) grant

People involved in project and their organizational affiliation: CDC/DNPAO, Washington State Department of Health Breastfeeding Workgroup, Washington State Women Infant and Children program, The Breastfeeding Coalition of Washington, The Midwives' Association of Washington State, Washington State Hospital Association, The Washington State Perinatal Advisory Board, and local health clinics/hospitals/midwives.

Background/Introduction: Improving breastfeeding practices in hospitals increases the likelihood that women will continue to breastfeed after they are discharged. Breastfeeding Friendly Washington (BFWA) grew out of a need to ensure that breastfeeding families get support to continue breastfeeding. This need is also reflected in the fact that BFWA is more affordable for hospitals than Baby-Friendly Hospital Initiative© (BFHI), which increases the chance that hospitals and birthing centers will have the opportunity to work toward reaching the Ten Steps to Breastfeeding Success and that increases the chance of a baby being born in a facility that has adopted this best practice. In addition, the Breastfeeding Friendly Washington Clinic program supports consistent level of care in the out-patient setting and requires clinics and hospitals to network together. In addition, as a grantee for the CDC-RFA-DP18-1807: State Physical Activity and Nutrition grant DOH has identified four counties to award \$60,000 each year to working on various initiatives including breastfeeding.

Project Goals: The ultimate goals of Breastfeeding Friendly Washington are to improve duration of breastfeeding among Washington's mothers and infants, and to reduce disparities in breastfeeding rates. Currently, the program is taking place in hospitals, birthing centers and clinics.

To decrease disparities among breastfeeding families and differences in participation among hospitals, BFWA attempts to even the playing field for under-resourced hospitals, so they can get the technical assistance they need to improve breastfeeding support. BFWA is based on the same guidance as the BFHI, but has no fees associated with applying. Fees associated with BFHI can create financial barriers for some hospitals and birth centers, for example, birthing centers in rural communities or hospitals with a high percentage of Medicaid patients.

The LSPAN grantees will work to increase their breastfeeding rates on the local level, increase their collaboration with their local BF coalitions, increase maternity-care practices that support breastfeeding in their hospitals/clinics, and increase support in worksite settings.

Methods:

- Program based off: state need assessment (mPINC data), stakeholdering, and collaboration with various partners to develop and disseminate the program.
- Technical assistance is key, as hospitals/clinics need help: pulling data, learning how to implement the 10 Steps, writing policy, connecting with the community, and identifying resources.

Results/Summary/Discussion: BFWA continues to reach toward its goal of improving the duration of breastfeeding and has been able to make the World Health Organization's Ten Steps more accessible to hospitals. The program has engaged hospitals that have lower self-reported MPINC scores and has been able to provide training in collaboration with WIC to hospitals that serve higher percentage of Medicaid, rural geography, and lower-income patients. Additional funding has been identified to bring training into hospitals who continue to struggle with breastfeeding initiation, formula supplementation and low skin-to-skin rates. As of February 2019: 32 hospitals (2 pending), 8 birth centers, and 12 clinics have been recognized as Breastfeeding Friendly. Since the launch of BFWA, there has been an increase of breastfeeding rates over all, and the gap between racial disparities is closing- especially in one of our priority counties.

Title: Integrating WIC with Early Childhood Systems of Developmental Care

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Background: Developmental disabilities affect up to one in six U.S. children. For these children, early access to community-based diagnosis and therapy is key to maximizing long-term development and functioning. The WIC Program is an important resource for low-income families in early childhood. WIC serves over half of all infants born in the U.S. WIC staff often live in the same communities as WIC families, are often of similar demographic backgrounds, and have long-term relationships with WIC families. Thus, WIC staff may serve as a trusted source of information and referrals for children who are underserved in developmental care.

However, WIC is not optimally integrated into systems of developmental care. Although in a recent survey we conducted in Oregon, nearly four in 10 WIC staff reported parent inquiries about their child's development at least once per week, WIC staff also reported poor connection with their county Early Intervention/Early Childhood Special Education (EI/ECSE) office, and even less connection with pediatric primary care.

Objectives: We propose to build a three-pronged intervention focused on creating a closed-looped, direct referral process between WIC and EI. 1) We will develop a streamlined process and form for Oregon WIC staff to refer families directly to EI/ECSE, 2) We will make the referral closed-loop meaning WIC will receive assessment and service information back from EI to improve continuity of care, 3) Oregon WIC staff will be trained in developmental promotion and in early signs of developmental disabilities in a brief on-site training.

Methods: We will conduct a pilot clustered interventional trial with two arms. The immediate intervention arm will receive the intervention package, which includes WIC staff training and the streamlined referral process. The delayed intervention group will continue usual WIC care and will receive the intervention at the end of the study. As this is a pilot trial, primary outcomes of interest are feasibility, acceptability, preliminary efficacy, mechanism of action, and protocol fidelity. Feasibility, acceptability, and mechanism are assessed through qualitative interviews with stakeholders, including WIC participant families, WIC staff, EI/ECSE staff, and primary care providers. Intervention fidelity is assessed through process measures. Preliminary efficacy outcomes (number of EI/ECSE referrals, percent of referred children evaluated in EI/ECSE, percent referred children found eligible for services) will be assessed via a query of the Oregon EI/ECSE database (ecWeb).

Results: Preliminary results should be available in Fall 2020.

Discussion: The creation and evaluation of a closed-loop referral system between WIC and EI should increase the number of children with a potential developmental delay who are identified and connected to EI services at an early age. In addition, a successful close-loop referral system with EI could easily translate in to other initiatives with programs and providers in the Early Learning and Health Care systems to support continuity of care for shared families.

Nevada WIC has EBT and also goes Paperless!!

People involved in the project:

Michelle Walker: WIC Program Manager
Mary Pennington: Nevada WIC Operations Coordinator
Kirsten Hevener: Business Process Analyst II
Lara Evans: Health Program Specialist I
Blanca Ayala: Health Program Specialist I
Adrienne De Luchi: Health Program Specialist I
CDP Inc.: Implementation Contractor
Lyn Van- Raden: Quality Assurance Contractor
Washoe County Health District, WIC program- UAT testing partner
 Erin Dixon: Public Health Supervisor
 Sunita Monga: Community Health Nutritionist
 Janet Piette: Community Health Nutritionist

Introduction & Background: Nevada WIC has successfully provided EBT benefits to participants since 2001 and the next horizon was to have an integrated system for eligibility and benefits.

Project Goals: To develop and implement a paperless eligibility and benefits system that would provide a seamless, streamlined system to improve consistency of reporting, help clients transfer effortlessly between agencies in Nevada, improve information gathering, provide consistent targeted education, referrals and documentation.

Methods: The Mountain Plains States Consortium was using the paperless system and Nevada WIC moved into an existing system that was tested and proven. The system was adapted for Nevada agencies.

- + Seeking Federal approval
- + Procuring vendors
- + User Acceptance Testing (UAT): Jan 2017
- + Pilot rollout started : Carson City July 2017 and completed September 2017
- + Local agency rollout: Oct 2017- February 2018
- + Developing training for vendors, clinic staff and participants
- + Providing local agency support during roll out

Results/Summary/ Discussion:

Nevada WIC has successfully transitioned and is now able to provide eligibility and benefits with a streamlined system that has resulted in higher efficiency. It has helped reduce costs on resources (paper charts & staff time to maintain records), improved client experience with ease of transfers for both participant and local agencies, centralized and improved consistency of reporting.

Utah WIC Transition to Electronic Benefits

People Involved in the Project and Their Organizational Affiliation

Cindy Fuller, Etegrity LLC Penny Tisdale, Etegrity LLC

Utah State WIC Office Staff: Chris Furner, Phyllis Crowley, Rick Wardle, Danielle Conlon, Christina Perry, Mark Nielsen, Angela Sorrells, John Radmall, Cheryll Coffman, Lily Zavala, Nicole Reames, Jessica Perkins, DeeAnne McGuire, Karen Smith, Arie Van De Graff

Background/Introduction

Utah WIC is in the process of completing a multi-year effort to implement electronic benefits that will replace voucher benefits with an EBT card. Utah is a Mountain Plains Coalition States (MPSC) member state. Utah public health services are organized into 13 health departments, and Utah WIC has 50 operating WIC clinics with over 44,000 participants. Utah's WIC vendors requested the eWIC system be offline, utilizing smartcard technology.

Project Goals

With the assistance of Cindy Fuller and Penny Tisdale of Etegrity LLC, Utah WIC aims to pilot the EBT system in December of 2019 and complete statewide rollout in May of 2020.

Methods

1. Obtain USDA/FNS approval and receiving funding;
2. Initiate and execute appropriate contracts;
3. Initiate and complete procurement, configuration, installation of equipment and supplies;
4. Update legal agreements, policy, and procedures; update the state plan;
5. Create an Authorized Product List (APL) file using UPC manager to load into MIS Host;
6. Ensure vendor eWIC readiness through vendor training and store electronic cash register and point of sale (ECR/POS) system eWIC test and certification;
7. Ensure clinic and state office readiness through eWIC policy and MIS training, card terminal installation, distribution of card inventory;
8. Perform data migration, interface, user acceptance and MIS certification testing;
9. Complete eWIC pilot deployment;
10. Complete eWIC state-wide roll-out;
11. Complete eWIC Project Evaluation and Closeout.

Results/Summary/Discussion

The State WIC Office will continue to work on the EBT Processor, WIC Shopper App, development of training materials for clinics/vendors, creation of test scripts and testing in the MPSC MIS system (VISION), vendor system certification and testing, implementing the UPC database, clinic card reader equipment purchase and install, pilot testing, and statewide rollout.

Building and Branding a Portfolio of Healthy Eating and Active Play Trainings in Early Learning

Core Project Team: Chris Mornick, MPH, RD, Washington State Department of Health (WA DOH); Amy Ellings, WA DOH; Jessica Marcinkevage, WA DOH; Adrienne Dorf, Washington Department of Children, Youth and Families; Victoria Bradford, Center for Public Health Nutrition at the University of Washington (UW CPHN).

Supporting Organizations: Washington Department of Children, Youth and Families (DCYF); Office of the Superintendent of Public Instruction (OSPI); Washington State Department of Agriculture (WSDA); Child Care Aware of Washington; Washington Childhood Obesity Prevention Coalition.

Background/Introduction: WA DOH has developed and maintained five free, state-accredited modules on nutrition, healthy eating, active play, screen time and breastfeeding that have been taken over 26,000 times since 2011. In 2018, we developed and delivered three in-person trainings to Quality Rating and Improvement System (QRIS) coaches connecting QRIS criteria with nutrition and active play best practices. Building off the success of these trainings, WA DOH plans to create a uniquely branded, comprehensive training portfolio for healthy eating and active play in early learning settings.

Methods: WA DOH used a number of resources (e.g. statewide survey results on nutrition and physical activity in early learning, updated state licensing standards, feedback from existing trainings) to identify opportunities for trainings. We approached state agencies and early learning organizations and discussed collaborating on training projects that would increase the scope and reach of existing work. We also contracted with UW CPHN to develop a title and brand that would identify all of the trainings as part of a comprehensive body of work on healthy eating and active play in early learning.

Results/Summary/Discussion:

Currently, we are selecting a new online platform to host all new and existing trainings, as well as working to design a brand. Since new licensing standards require facilities to follow CACFP standards, we partnered with OSPI and WSDA on a training project for CACFP specialists and providers connecting Farm2ECE with both CACFP and QRIS requirements. Through a partnership with DCYF, we plan to develop advanced trainings for early learning administrators on creating breastfeeding-friendly and healthy eating-friendly facilities. We also plan to create an online version of our QRIS trainings for both coaches and providers. Collectively, these trainings will provide resources for providers, administrators, coaches and others to improve healthy eating and active play environments, and to use these changes to meet CACFP and QRIS criteria, as well as new licensing standards.

Responsive Parenting in WIC

Robin Stanton, MA, RDN, LD Nutrition Consultant, Maternal and Child Health Program and WIC Program, Center for Health Promotion and Disease Prevention, Public Health Division, Oregon Health Authority

Background

A need to support local WIC staff knowledge and practices related to parenting, child development and responsive feeding was identified. This staff training initiative is part of a larger effort under RENEW – Revitalize Nutrition Education in WIC—which builds on prior learning for WIC CPAs (competent professional authority). WIC CPAs are required to complete the modules Understanding Baby Behaviors, Understanding Toddler Behaviors and Adverse Childhood Experiences. In addition, VROOM is a brain-building tool (app and tip cards) for parents that CPAs can use to connect parents and brain development to meal, snack and play time.

Project Goal

To create and provide a continuous learning component related to parenting, child development and responsive feeding for WIC CPAs which builds on prior learning and tools in the WIC program.

Methods

- In 2017 a small team formed to identify training needs based on key concept mapping after literature review (e.g. *Feeding Guidelines for Infants and Young Toddlers: A Responsive Parenting Approach—Healthy Eating Research*). Current training modules were reviewed to identify foundational concepts as well as concepts not covered.
- June 2018 a CPA in-service was developed based on key concepts identified; in-service provided the foundation for the face-to-face training.
- September 2018 a face-to-face training for CPAs was conducted

Results

- Decision made to develop an online module based on Responsive Parenting in-service; will make updates and develop post-test for module. Course objectives are:
 - Explore parenting styles within attachment and social ecological theories
 - Recognized the importance of responsive parenting for the healthy development of children
 - Integrate knowledge from prior learning to appropriately respond to families
 - Increase awareness of parenting styles as they relate to nutrition focused counseling
- Module will undergo testing and revision before being rolled out to WIC Training Supervisors

Summary Taking the time to review key literature and key concepts was a lengthy but worthwhile effort to hone in on concepts that build on required training and provides new information for WIC staff. This training will enable CPAs to address parenting in the context of responsive feeding and to help them provide counseling that incorporates child development and behavior.

Montana WIC Outreach Project

Team: Lacy Little, RD, LN, CLC (WIC Lead Nutritionist); Kevin Moore (WIC Vendor Manager); Montana WIC Team; and Asher Agency (Contractor)

Introduction: The Montana WIC Program has seen a decline in participation. We have tried to address this issue in multiple ways, one of which is by increasing outreach efforts. In 2018, our outreach campaign included videos and materials that were geographically and culturally sensitive to the Montana population. To do this, we built our own library of Montana specific videos, photographs, and testimonials, that feature real Montana WIC participants and grocery stores. The collection includes materials specific to the different Montana cultures.

Goals:

- Collect testimonials from current participants for future outreach slogans
 - 1 Long format video (participant training video)
 - Various 6, 15, and 30 second spots cut from the long format video
 - 1-2, 30 second radio spots
 - Create thumb drives of materials and distribute to local agencies
- Collect pictures that are specific to Montana's population (i.e. stores, participants, children) and Montana landscape
- Local agencies will use the material for local outreach efforts
- Outreach efforts are being documented in more detail at both state and local levels

Methods: Between April 30, 2018, and May 3, 2018, Asher Agency staff visited Montana and traveled to different areas of the state with a 10-person film crew. The production crew included a lights manager, cameraman, drone pilot, stylist, audio manager, and a photographer.

The locations included two Native American Reservations (Rocky Boy and Confederated Salish and Kootenai), and two local agencies (one medium size and one small size). While on-site, participants, their families, and our local staff were interviewed for the videos.

This was a 3-day time period and the estimated budget was \$60-80K. We spent \$50K in total. The cost savings was due to another project shoot that was done at the same time.

Results: We ended up with around 1,000 pictures in our library and a new participant training video. It is too early to tell how our new outreach pictures and video's have aided in slowing down our decline in participation. However, we have heard very positive feedback all over Montana.

Summary: Outreach is a great way to inform people about the WIC program. People relate well with like characteristics, so using Montana specific materials relates better with Montanans. We have used these materials for billboards, videos in waiting rooms (i.e. doctors' offices, health departments), and any other outreach materials. We will continue to use these materials in future projects and in other areas of our program, for example, with education materials.

California's 2018 Breastfeeding Month Campaign addressing Lactation Accommodation

People involved: CA Breastfeeding Coalition (CBC): Ifeyinwa Asiodu, Robbie Gonzalez-Dow, Diana Rumbo; CDPH, MCAH: Suzanne Haydu, Gina Gordon, Carina Saraiva, Stefanie Lee, Erica Root CDPH, WIC: Laura Osborne; CA WIC Association: Karen Farley, Sarah Diaz; CDPH, NEOP: Linda Cowling.

Background/Introduction: The CDPH launched California's 2018 Breastfeeding Month Campaign in July 2018 via webinar and posted Tweets and Facebook messages during World Breastfeeding Week.

Project Goals: Beginning early in 2018, California Children’s Healthy Weight CoIIN identified it’s purpose to build capacity to support workplace and school lactation accommodation and reduce infant feeding disparities in California. The plan included implementing a California's 2018 Breastfeeding Month Campaign (the month of August 2018) beginning with a SOCIAL MEDIA SKILL BUILDING WORKSHOP to address survey results of local coalition members’ social media knowledge & practice (most reporting only basic expertise).

Methods: 1) Develop Tweets and Facebook posts; 2) Develop an infographic on California lactation accommodation, 3) Develop a factsheet on the rights of California parents regarding lactation accommodation for employees and employers, 4) Translated materials into Spanish, 5) made materials compliant with Americans with Disabilities Act (ADA) regulations, 6) Initiate CDPH Social Marketing campaign, 7) Expanded to address Black Breastfeeding Week.

Results: Workshop Webinar: 204 registrants/about 134 attendees; there were some audio distortions, yet attendees found training helpful. The California Breastfeeding Month Web page went live for the workshop:

<https://www.cdph.ca.gov/Programs/CFH/DMCAH/breastfeeding/pages/world-Breastfeeding-Week.aspx>. Materials had to have Spanish translations updated after going live (virtually a large focus group). CBC had 322,076 individual Facebook views for week. Attendees like resources they can use and want CEUs. More views for those with image and infographic. OPA reported excellent stats for social media:

Facebook	# of
Reach	5,950
Likes	79
Shares	54
Clicks (on photos of link to website)	163
Twitter	# of
Impressions	13,823
Likes	30
Retweets	21

World Breastfeeding Week web page (CDPH)		
Date	Visits	Views
Aug 1-7. '18	274	442
Aug 1-31, '18	670	984
Web Documents Downloaded		
Document	Date	Downloads
Know Your BF Rights	Aug 1-7. '18	397
Know Your BF Rights	Aug 1-31, '18	704
Infographic	Aug 1-7. '18	168
Infographic	Aug 1-31, '18	480
Social Media Posts	Aug 1-7. '18	100
Social Media Posts	Aug 1-31, '18	168

Summary/Discussion: CDPH’s first social media campaign was a success, but the CoIIN team will try to do better in 2019. The CoIIN team will develop guidance to prevent audio distortions in 2019 Webinars. 2018 materials will be repackaged and used again in 2019. The fact sheets will be redesigned by a graphic artist. Messaging will address new lactation accommodation laws, such as AB1976 which requires employers to make reasonable efforts to provide a room or location (that is not a bathroom, deleting “toilet stall” and inserting “bathroom”) for lactation. We will add our own hashtag for tracking purposes.

Appendix

Policy Title:	Breastfeeding Support in the Workplace
Policy Number:	DO-_____
Effective Date:	
Revision Date:	N/A
Approval:	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border-top: 1px solid black; width: 60%;"></div> <div style="border-top: 1px solid black; width: 20%;"></div> </div> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 5px;"> Thomas O. Forslund, Director Date </div>

Purpose

The Wyoming Department of Health (WDH) is committed to demonstrating that employees are the department's most valuable asset. This commitment includes providing a workplace environment conducive to attracting and retaining qualified and experienced employees, by implementing policy that promotes workplace efficiency and employee health, including successful breastfeeding. To accomplish this, the WDH will provide lactation accommodation in the workplace for parents returning to work with breastfeeding infant(s). Additionally, the WDH is committed to upholding the requirements of Section 7 of the Fair Labor Standards Act (P.L. 111-148), which provides breastfeeding parents continuous access to a clean, private, and secure place to breastfeed or express breastmilk.

General Procedures

Employees who wish to participate in the Breastfeeding Support in the Workplace Program will complete an application. On a case-by-case basis, WDH supervisors and managers will make a reasonable effort to work with employees who bring infants to work to breastfeed. Employees may use their approved break times for breastfeeding their infant(s). This application will be reviewed by the immediate supervisor, and approved by the Division Administrator and Human Resources. Requirements of the Breastfeeding Support in the Workplace policy include:

1. Reasonable flexibility in the work schedule for lactation breaks, not to exceed normal lunch and break time. If this time period is exceeded, sick leave, annual leave, or compensatory time may be used with supervisor approval according to established time off procedures.
2. A lactation area for employees who would prefer a more private place to breastfeed infant(s) will be provided. As stated in the United State Department of Labor Break Time for Nursing Mothers under the FLSA guidance, lactation areas are a place, other than a bathroom, that is shielded from view and free from intrusion. It is recommended that lactation areas also include the following, when possible: a comfortable chair; access to a hospital-grade breast pump; an electrical outlet; a table; a refrigerator or

- access to a refrigerator to store breastmilk; a sink for washing hands and breast pump and/or hand sanitizer.
3. WDH will clearly communicate to the department its support of employees who breastfeed, and make available information on the benefits of breastfeeding.
 4. An employee requesting to bring infant(s) to the workplace will be required to sign a waiver of liability, indemnification, and medical release (see Attachment A).
 - a. Employees who work in laboratories or with environmental toxins, contaminants, chemicals, or substances that may be harmful to infant health shall be ineligible for the Breastfeeding Support in the Workplace program.
 5. Employee eligibility to bring breastfed infants to work shall be terminated when:
 - a. The infant is no longer breastfeeding or turns 180 days old, OR
 - b. The parent is no longer a WDH employee, OR
 - c. A decision has been made pursuant to the complaint process.
 - d. Employees may continue to express breastmilk in the workplace beyond the 180 days in accordance with federal law.
 6. Any complaints about Breastfeeding Support in the Workplace shall be made first to the immediate supervisor, or further up the chain of command as needed, then to the Human Resources Division. Human Resources will investigate the complaint, and resolve the issue up to and including revoking the parental eligibility to bring the infant to work. Human Resources will notify the parent in writing of the ruling for termination of Breastfeeding Support in the Workplace eligibility.
 7. WDH has the right to terminate the Breastfeeding Support in the Workplace Program in part or in its entirety with or without cause.
 8. Harassment or discrimination of breastfeeding women in the workplace shall be prohibited. Any incident of harassment shall be addressed in accordance with WDH policies for discrimination and harassment.

WDH Responsibilities

1. Communicate commitment to breastfeeding support to all WDH staff.
2. Provide support and coordination in identifying appropriate work space.
3. Periodically monitor implementation.
4. Prohibit harassment of breastfeeding parents at the worksite.
5. Resolve any reports of harassment by Division Administrators with guidance from Human Resources.
6. Assure fair application of policy.
7. Work with Employee Group Insurance, when possible, to provide breast pump kits and personal use electric breast pumps to employees expressing breastmilk.

Human Resources Division Responsibilities

1. Provide training to all WDH staff on the Breastfeeding Support in the Workplace Policy and guidance to supervisors over lactation accommodation conflicts. Training will be incorporated into New Employee Orientation, and will be offered via WyTRAIN for existing employees.

2. Serve as mediator for worksite issues, complaints, or conflicts over Breastfeeding Support in the Workplace program.
3. Keep employee's Division Administrator and Community and Public Health Section Chiefs informed of Breastfeeding Support in the Workplace issues.
4. Resolve any issues of discrimination or harassment surrounding Breastfeeding Support in the Workplace Program.

Public Health Division Responsibilities

1. Provide an administrative home for the Breastfeeding Support in the Workplace Program, including design, development, promotion, and administration with guidance from the Breastfeeding Support in the Workplace Committee.
2. Provide technical assistance and support for Breastfeeding Support in the Workplace Program, in conjunction with the WIC Unit and the Maternal and Child Health Unit.
3. Identify and designate appropriate physical space for breastmilk expression within or close to workplace.
 - a. Ensure that the lactation spaces are used solely for the purposes of breastmilk expression. Lactation spaces are not intended as storage or meeting spaces.
4. Make available through appropriate means information on breastfeeding, including resources for supporting successful breastfeeding. May include posters, fliers, or newsletters.
5. Promote flexible scheduling and breaks within allowable parameters to allow adequate time for employees that breastfeed to either express breastmilk, and breastfeed their infants at the work site.
6. Assist with provision of hospital-grade electric breast pumps and lactation accommodation issues.
7. Assist Human Resources with provision of breastfeeding information and community resources.
8. Assist Human Resources with provision of Breastfeeding Support in the Workplace training.
9. Monitor implementation of Breastfeeding Support in the Workplace procedures in the Department.

Supervisor/Management Responsibilities

1. Inform employees of policy.
2. Respond to any request for workplace accommodation in a timely manner, consistent with the Breastfeeding Support in the Workplace Policy.
3. Assess and determine suitability for employee to breastfeed infant(s) at the work site. If suitable:
 - a. Agree upon a work/break schedule that allows adequate time for expressing breastmilk and breastfeeding infants at the work site.
 - b. Review available space for breastfeeding in the workplace.
 - c. Consult with Human Resources Division on any employee Breastfeeding Support in the Workplace program conflict.

4. Review Application/Individual Plan submitted by employee and submit to Division Administrator for approval or denial. Should an application be denied, employees still retain the right under FLSA to express breastmilk in the workplace. Reasons for denial for an application should be discussed with HR prior to issuing a denial, to ensure compliance with federal and state employment laws and regulations.
5. Maintain a workplace environment that communicates the WDH commitment to breastfeeding, including making available information on breastfeeding.
6. Monitor policy and procedures as implemented in work area. Inform Division Administrator of any needed revisions.

Employee Responsibilities

1. Inform supervisor of intent to apply for accommodations to breastfeed in the workplace.
2. Work with supervisor and Breastfeeding Support in the Workplace Program to facilitate lactation needs, including work schedule and breastfeeding support needs.
3. Complete and sign an individual plan including the approximate days and times the infant(s) will be present in the workplace, provision for alternate care, and the dates the parent intends to end participation in the program.
4. Complete and submit Application and Waiver to supervisor.
5. Keep infants in employee or designated workspace.
 - a. For short periods of time, such as restroom breaks, the infant may be in another employee's workspace if the arrangement is mutually agreed upon. The work environment must be safe for the infant at all times.
 - b. Each employee shall make their work station suitable for the infant(s). Each parent will provide any necessary furniture and equipment.
6. Label breastmilk stored in lactation room or breakroom refrigerator with name and date.
7. Leave lactation area, room, and equipment clean after use.
8. Use discretion as to when and where the infant's diapers are changed. Used cloth diapers must be stored in a closed container and taken home daily. Used disposable diapers must be wrapped appropriately and discarded in an appropriate container outside of office or meeting space.
9. Inform supervisor of any workplace accommodation issues or conflicts.
10. Ensure infants are vaccinated, as appropriate for age according to the recommended immunization schedule published by the US Centers for Disease Control and Prevention. Infants must be vaccinated no later than seven (7) days following the recommended ages for vaccination. Infants not vaccinated within this time frame shall be excluded until such time as they are vaccinated. Infants may be exempted from this requirement only upon provision of a written statement signed by a licensed physician stating the physical condition of the infant to be such that the vaccination(s) would seriously endanger the life or health of the infant. Vaccination records will be required as part of the program application, and records shall be stored in a locked cabinet by the employee's supervisor. The supervisor shall be responsible for ensuring vaccinations are in line with recommended vaccination schedules, and may consult with Immunization Unit staff as needed to accomplish this.

11. Employee shall not transport non-State employees, including infant(s), in State vehicles. Employee may transport infants in private vehicle for work-related travel with prior supervisor and Division Administrator approval.
12. Avoid disruptive infant or lactation impact on the work environment by removing infant(s) or making other childcare arrangements.
 - a. If the infant becomes fussy for a prolonged period of time, preventing the employee or other employees from accomplishing work, the infant must be removed from the workplace, in accordance with the State of Wyoming Personnel Policy.
13. Sick infants shall not be brought to work.
 - a. Employee should refer to “Guidelines for Exclusion of Sick Children” ([Attachment A](#)).
 - b. Employee shall make alternate childcare arrangements if the infant(s) cannot be brought to work.
 - c. Supervisors may, at their discretion, send employee and infant home if the infant is exhibiting signs of illness as outlined in Attachment A.
14. Understand that eligibility for lactation accommodation may be terminated at any time.

Approved this ___nd day of _____, 20__.

CT/LC/ct