

Guide for Data Sharing Between the Arizona Head Start Association and the Arizona WIC Program

Contents

- Introduction 2
- Background 2
- Overview 2
- Definitions 2
- Section A- Data Sharing Procedure for Arizona WIC Staff 3
- The Head Start and WIC Referral Form- WIC Completion 3
- Methods of Receiving an Information Request from Head Start 3
- Method 1: Referral Form received via fax. Client is not present, but participating in the WIC Program..... 4
- Method 2: Referral Form received via fax. Client is not present, and client is NOT participating in the WIC Program..... 4
- Method 3: Client presents in clinic with Referral Form..... 4
- Referral from Head Start to WIC..... 5
- Collaboration..... 5
- Section B- Data Sharing Procedure for Head Start Staff 6
- Guidelines Overview 6
- The Head Start and WIC Referral Form- Head Start Completion..... 6
- Methods of Receiving an Information Request from Head Start 6
- Method 1: Referral Form received via fax. Client is not present, but participating in Head Start..... 7
- Method 2: Referral Form received via fax. Client is not present, and client is NOT participating in Head Start. 7
- Method 3: Client presents at site with Referral Form. 7
- Referral from WIC to Head Start..... 7
- Attachment A- Memorandum of Understanding for Data Sharing Between Arizona Department of Health Services, Women, Infants, and Children (WIC) and Arizona Head Start Association, Inc. (AHS) 9
- Attachment B- The Head Start and WIC Referral Form 20
- Attachment C- Head Start Acceptance Guidelines Table..... 25

Introduction

Background

A Memorandum of Understanding (MOU) between the Arizona Department of Health Services, Women, Infants, and Children (WIC) Program and the Arizona Head Start Association, Inc. (AHSa) has been developed to ensure coordination of services and confidentiality of data while streamlining administrative procedures for staff, participants, and applications for services of both the Arizona WIC and Head Start Programs. As a result, a referral form to streamline the data sharing process has been developed. The Head Start and WIC Referral Form (Referral Form) can be found in Attachment B of this document.

The MOU has eliminated the need for a release of information to be completed between the Arizona WIC and Head Start Programs in Arizona. WIC staff shall inform participants that personal information may be shared with Head Start during WIC certification.

Please refer to the Memorandum of Understanding for Data Sharing Between Arizona Department of Health Services, Women, Infants, and Children (WIC) and Arizona Head Start Association, Inc. (AHSa) in Attachment A for further information regarding data sharing and details of the memorandum.

Overview

This guide has been developed to assist local agencies with referrals between WIC and Head Start. The guide is separated into two main sections. Section A defines the procedures for Arizona WIC staff to reference and Section B defines procedures for Head Start staff to reference. Each agency is encouraged to coordinate, at the local level, their preferred method of data sharing and participant referrals between WIC and Head Start.

Definitions

This section includes definitions of words commonly used throughout the Guide for Data Sharing Between the Arizona Head Start Association and the Arizona WIC Program.

Local Agencies

Contractors that provide WIC services at the local level.

Sites

Locations that administer the Head Start program at the local level.

Authorized Representative

The person, other than the WIC participant, who has the authority to sign for the participants in an economic unit (household), who is responsible for following the WIC regulations, and may pick up and redeem WIC food benefits for authorized WIC foods.

Section A- Data Sharing Procedure for Arizona WIC Staff

The Head Start and WIC Referral Form- WIC Completion

The Head Start and WIC Referral Form (Referral Form) shall be completed by the local agency WIC staff when Head Start sites request information from WIC. Please see Attachment B for the Referral Form.

The Referral Form includes the following information for WIC staff to complete:

1. A checkbox to indicate if the child is currently participating in Head Start.
 - a. Please mark this field if the client is currently enrolled in the Head Start program to signal the Head Start site that the client is not a new enrollee.
2. A checkbox to indicate if the child is not currently participating in Head Start.
 - a. Please mark this field if the client is being referred to Head Start and needs this information to complete the enrollment process.
3. Child's Full Name
 - a. Please list first name, middle initial (if applicable), and last name.
4. Child's Date of Birth (DOB)
5. Authorized Representative's Full Name
 - a. Please list first name, middle initial (if applicable), and last name.
 - b. Please list the Authorized Representative's relationship to the child next to the name (in parentheses).
 - i. For example: Parent, Foster Parent, Legal Guardian, etc.
 - ii. **Note:** This field differs between the WIC and Head Start Referral Forms. The Head Start form will have Staff's Full Name in this field instead.
6. Phone Number
 - a. Please provide the phone number of the Authorized Representative.
7. Date of Referral
8. Height
9. Weight
10. Hemoglobin (Hgb)
11. Date Taken
 - a. Please list the date that the anthropometric and biochemical data were completed.
 - b. If the dates are different, please note the date taken next to each data point documented on the form.
12. WIC Clinic Contact Information
 - a. Please place clinic stamp in the box in the event that the clinic needs to be contacted.

Methods of Receiving an Information Request from Head Start

Head Start sites shall request client information through the use of the Referral Form (see Attachment B). There are three methods of obtaining a Referral Form from Head Start. These include:

1. Referral Form received via fax. Client is not present, but participating in the WIC Program.
2. Referral Form received via fax. Client is not present, and client is NOT participating in the WIC Program.
3. Client presents in the clinic with the Referral Form.

Method 1: Referral Form received via fax. Client is not present, but participating in the WIC Program.

If the Referral Form is received by fax and the client is not present, determine if the client is currently participating in the WIC Program. If the client is currently participating in WIC,

1. The form may be faxed with a cover page from the local agency to the Head Start site with the information requested.
2. Identify if the client is due for WIC services within two (2) weeks.
 - a. If the client does not have an upcoming visit, the most recent anthropometric and biochemical data in the medical record shall be documented on the form and faxed back to the Head Start site.
 - b. If the client is due for WIC services within two (2) weeks where anthropometrics may be taken, WIC local agency staff may determine a method to ensure the form is completed at the appointment with current anthropometric and/or biochemical data or may provide the most current data available. Please refer to Attachment C- Head Start Acceptance Guidelines Table for acceptance guidelines at your local Head Start site. This information shall be sent back to the Head Start site or provided to the participant to take to Head Start. The form may be faxed with a cover page from the local agency to the Head Start site with the information requested, or the form may be provided to the client to take with them to their local Head Start site.
3. Staff shall document in the Note field that the Head Start Referral Form was completed.
 - a. If faxed to Head Start, record the date it was sent in the Note and the name of the intended receiving personnel from Head Start, if applicable.
 - b. If provided to the Authorized Representative at the WIC visit, record the name of the authorized representative to whom the referral was provided in the Note.
4. Staff shall add Head Start in the Referral screen in the Care Plan section of HANDS and mark as "participating."

NOTE: Best practice is to return the information requested on the referral form as soon as possible to the Head Start site.

Method 2: Referral Form received via fax. Client is not present, and client is NOT participating in the WIC Program.

If the Head Start Referral Form is received by fax, the client is not present, and the client is not currently participating in the WIC Program,

1. The local agency shall determine a method to notify the Head Start site within two (2) weeks regarding the client's participation status and the information requested will not be supplied by WIC.

Method 3: Client presents in clinic with Referral Form.

If the client presents in the clinic with the Referral Form to be completed, determine if the client needs to be seen for WIC services.

1. If the client is due for WIC services, take anthropometric and/or biochemical data as usual and complete the form with the current data. Give the form back to the client to bring back to their Head Start site.

2. If the client is due for services that do not include anthropometric or biochemical data or is not due for services, the most recent anthropometric and biochemical data in the medical record shall be documented on the form and provided to the client to bring back to their Head Start site.
3. Staff shall document in the Note that the Head Start referral form was completed. The Note shall include the method by which the referral was provided (i.e., fax, in person).
 - a. If faxed to Head Start, record the date it was sent in the Note and the name of the intended receiving personnel from Head Start, if applicable.
 - b. If provided to the Authorized Representative at the WIC visit, record the name of the authorized representative to whom the referral was provided in the Note.
4. Staff shall add Head Start in the Referral screen in the Care Plan section of HANDS and mark as “participating.”

NOTE: If electronic sharing of this form is desired, the file must be encrypted. Local agency WIC staff shall coordinate with the local Head Start site as to the preferred method of data sharing.

Referral from Head Start to WIC

If the Referral Form is received from Head Start as a referral to WIC with completed anthropometric and/or biochemical data, please refer to Chapter 2 of the Arizona WIC Policy and Procedure Manual, Section G Health and Nutrition Assessment for acceptance criteria and documentation guidelines in HANDS. Staff will document in the Note that medical data was obtained from the Referral Form. For reference, the Note shall include the name of the Head Start staff member who completed the Referral Form. Once anthropometric and biochemical data has been recorded and the Note completed, the form may be shredded.

Collaboration

Each WIC local agency shall contact their local Head Start grantees or delegates and supply the local Head Start sites with information about the local agency WIC services, eligibility criteria, contact information, and location of local agency clinics. Each WIC local agency is recommended to have representation at the local Child-Parent Centers or Head Start Advisory Meetings to provide updates, answer questions, and learn about concerns that may be affecting participation in the Arizona WIC Program. Nutrition education and promotional outreach materials may be shared between Head Start and WIC and posted in WIC clinics.

Section B- Data Sharing Procedure for Head Start Staff

Guidelines Overview

Head Start offices have different guidelines for requiring anthropometric and biochemical data values. Each Head Start office is encouraged to contact their local WIC clinic to learn about their hours of operation, enrollment procedures and requirements, contact information, and locations of all clinics in the area.

The Head Start and WIC Referral Form- Head Start Completion

The Head Start and WIC Referral Form (Referral Form) shall be completed by the Head Start site staff when WIC requests information from Head Start. Please see Attachment B for the Referral Form. The Referral Form includes the following information for Head Start staff to complete:

1. A checkbox to indicate if the child is currently participating in WIC.
 - a. Please mark this field if the client is currently enrolled in the WIC Program to signal the Head Start site that the client is currently participating.
2. A checkbox to indicate if the child is not currently participating in the WIC Program.
 - a. Please mark this field if the client is not currently enrolled in the WIC Program and WIC staff is requesting this information to complete the certification process.
 - b. If WIC staff is requesting information to complete enrollment process, please fill out the Referral Form to provide to the WIC clinic.
3. Child's Full Name
 - a. Please list first name, middle initial (if applicable), and last name.
4. Child's Date of Birth (DOB)
5. Staff Member's Full Name
 - a. Please list first name, middle initial (if applicable), and last name.
 - i. **Note:** This field differs between the WIC and Head Start Referral Forms. The WIC Program's form will have Authorized Representative's Full Name in this field instead.
6. Phone Number
 - a. Please provide the phone number of the caregiver or parent of the participant.
7. Date of Referral
8. Height
9. Weight
10. Hemoglobin (Hgb)
11. Date Taken
 - a. Please list the date that the anthropometric and biochemical data were completed.
 - b. If the dates are different, please note the date taken next to each data point documented on the form.
12. Head Start Contact Information
 - a. Please place site stamp in the box in the event that the site needs to be contacted.

Methods of Receiving an Information Request from Head Start

WIC shall request client information through the use of the Referral Form (see Attachment B). There are three methods of obtaining a Referral Form from WIC. These include:

1. Referral Form received via fax. Client is not present, but participating in Head Start.
2. Referral Form received via fax. Client is not present, and client is NOT participating in Head Start.
3. Client presents at the site with the Referral Form.

Method 1: Referral Form received via fax. Client is not present, but participating in Head Start.

If the Referral Form is received by fax and the client is not present, determine if the client is currently participating in Head Start. If the client is currently participating in Head Start,

1. The form may be faxed with a cover page from the local agency to the WIC clinic with the information requested within two (2) weeks of receiving the request for information.
2. Staff shall document that the Head Start and WIC Referral Form was completed and noted in the Head Start Program database.

NOTE: Best practice is to return the information requested on the referral form as soon as possible to the WIC local agency clinic.

Method 2: Referral Form received via fax. Client is not present, and client is NOT participating in Head Start.

If the Referral Form is received by fax, the client is not present, and the client is not currently participating in Head Start,

1. The site shall determine a method to notify the WIC clinic within two (2) weeks regarding the client's participation status and the information requested will not be supplied by the Head Start site.

Method 3: Client presents at site with Referral Form.

If the client presents at the site with the Referral Form to be completed,

1. If the client is due for services requiring biochemical and/or anthropometric data, take anthropometric and/or biochemical data and complete the form with the current data. Give the form back to the client to bring back to the WIC clinic or fax it to the WIC clinic.
2. If the client is not due for services, the most recent anthropometric and biochemical data in the medical record shall be documented on the form and provided to the client to bring back to the WIC clinic.
3. Staff shall document that the Head Start and WIC Referral Form was completed in the Head Start Program database.

Referral from WIC to Head Start

If the Referral Form is received by Head Start staff with completed anthropometric and/or biochemical data provided by the WIC clinic staff, please refer to your site's policy regarding acceptance procedures. Please see Attachment C for specific guidelines per Grantee or Delegate program requirements. General guidelines are as follows:

1. Biochemical data is to be accepted within 90 days. If the hemoglobin (Hgb) value is less than one (1) year old, this value may be accepted.

2. A Hgb test is required yearly.
3. Anthropometric data may be accepted 14-45 days from when it was taken.
4. Anthropometric data is required twice per year.

NOTE: If electronic sharing of this form is desired, the file must be encrypted. Local agency WIC staff shall coordinate with the local Head Start sites as to a preferred method of data sharing.

**Attachment A- Memorandum of Understanding for Data Sharing Between
Arizona Department of Health Services, Women, Infants, and Children (WIC)
and Arizona Head Start Association, Inc. (AHSA)**

C-22-16-025-3-00

MEMORANDUM OF UNDERSTANDING

For Data Sharing

BETWEEN

Arizona Department of Health Services, Women, Infants, and Children (WIC)

AND

Arizona Head Start Association, Inc. (AHSA)

DEFINITIONS. Capitalized terms used herein shall have the meanings set forth in this Section [1].

1. **"Authorized Employees"** means AHSA's employees who have a need to know or otherwise access Highly-Sensitive Personal Information or Personally Identifying Information to enable AHSA to perform its obligations under this MOU.
2. **"Authorized Persons"** means (i) Authorized Employees; and (ii) AHSA's [contractors,] [agents,] [outsourcers] [and] [auditors] [as each is specified on Exhibit [EXHIBIT NUMBER] to this MOU] who have a need to know or otherwise access Highly-Sensitive Personal Information or Personally Identifying Information to enable AHSA to perform its obligations under this MOU, and who are bound in writing by confidentiality obligations sufficient to protect Personal Information in accordance with the terms and conditions of this MOU.]
3. **"Highly-Sensitive Personal Information"** means an (i) individual's government-issued identification number (including social security number, driver's license number or state-issued identified number); (ii) financial account number, credit card number, debit card number, credit report information, with or without any required security code, access code, personal identification number or password, that would permit access to an individual's financial account; or (iii) biometric or health data.
4. **"Personally Identifying Information"** means information provided to AHSA by or at the direction of ADHS WIC, or to which access was provided to AHSA by or at the direction of ADHS WIC, in the course of AHSA's performance under this MOU that: (i) identifies or can be used to identify an individual (including, without limitation, names, signatures, addresses, telephone numbers, e-mail addresses and other unique identifiers); or (ii) can be used to authenticate an individual (including, without limitation, employee identification numbers, government-issued identification numbers, passwords or PINs, financial account numbers, credit report information, biometric or health data, answers to security questions and other personal identifiers), in case of both sub-clauses (i) and (ii), including, without limitation, all Highly-Sensitive Personal Information. ADHS WIC's business contact information is not by itself deemed to be Personal Information.
5. **"Security Breach"** means [(i)] any act or omission that [materially] compromises either the security, confidentiality or integrity of Personal Information or the physical, technical, administrative or organizational safeguards put in place by AHSA [(or any Authorized Persons)] that relate to the protection of the security, confidentiality or integrity of Personal Information[, or (ii) receipt of a complaint in relation to the privacy practices of AHSA [(or any Authorized Persons)] or a breach or alleged breach of this MOU relating to such privacy practices].

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1. Term of the Agreement:

The Term of this MOU shall commence upon signature of both parties and shall continue for a period of three (3) years thereafter, unless terminated, canceled or extended as otherwise provided herein.

2. Contract Extension:

By mutual written contract amendment, this MOU may be extended for two (2) years. The total MOU term, including extension, shall not exceed a total of five (5) years from the effective date of the MOU.

3. Termination:

3.1. This MOU remains in effect until terminated in accordance with Provision One (1) of this section, or as otherwise provided below:

3.1.1. Termination without Cause

Both the ADHS and the AHSA may terminate this MOU at any time with thirty (30) calendar day notice, in writing specifying the termination date. Such notices shall be given by personal delivery or by certified mail, return receipt requested.

3.1.2. Termination for Default

The ADHS reserves the right to terminate the MOU in whole or in part due to the failure of the AHSA to comply with any material obligation, term or condition of the MOU, to acquire and maintain all required bonds, licenses and permits, or to make satisfactory progress in performing the MOU. The AHSA should receive written notice detailing the area of non-performance and have thirty (30) days to correct non-performance prior to termination for default;

3.1.3. Cancellation for Conflict of Interest

Pursuant to A.R.S. § 38-511, the ADHS may cancel this MOU within three (3) years after MOU execution without penalty or further obligation if any person significantly involved in initiating, negotiating, securing, drafting or creating the MOU on behalf of ADHS is, or becomes at any time while the MOU or an extension of the MOU are in effect, an employee of or a consultant to any other party to this MOU with respect to the subject matter of the MOU. The cancellation shall be effective when the AHSA receives written notice of the cancellation, unless the notice specifies a later time. If the AHSA is a political subdivision of the ADHS, it may also cancel this MOU as provided in A.R.S. § 38-511; or

3.1.4. Mutual Termination

This MOU may be terminated by mutual written agreement of the parties specifying the termination date and the terms for disposition of property and, as necessary, submission of required deliverables therein.

4. Utilization of Confidential Information:

- 4.1. AHSA agrees to monitor Authorized Persons use of ADHS WIC personally identifying data and not to use or disclose confidential medical information, Personally Identifying Information or Highly-Sensitive Personal Information other than as permitted by this MOU or as required by law,
- 4.2. AHSA agrees to use appropriate safeguards to prevent a Security Breach, such as, but not limited to, the disclosure of confidential medical information, Personally Identifying Information or Highly-Sensitive Personal Information other than as provided by this MOU,
- 4.3. AHSA agrees to mitigate, to the extent practicable, any harmful effect that is known to AHSA from a use or disclosure of confidential medical information, Highly-Sensitive Personal Information, or Personally Identifying Information other than as provided by this MOU,
- 4.4. AHSA agrees to report to the ADHS any Security Breach, including the use or disclosure of confidential medical information, Personally Identifying Information or Highly-Sensitive Personal Information not provided in this MOU of which it becomes aware, and
- 4.5. AHSA agrees to ensure that any Authorized Persons, including any agent, or subcontractor to AHSA, to whom AHSA provides confidential medical information, Personally Identifying Information or Highly-Sensitive Personal Information received from the ADHS or created or received by AHSA on behalf of the ADHS, agrees to the same restrictions and conditions that apply through this MOU to AHSA with respect to such information.

5. Non-Discrimination:

The Parties shall comply with Executive Order 75-5 as modified by Executive Order 2009-09, which mandates that all persons, regardless of race, color, religion, sex, age, national origin or political affiliation, shall have equal access to employment opportunities, and all other applicable State and Federal employment laws, rules, and regulations, including the Americans with Disabilities Act. The Parties shall take affirmative action to ensure that applicants for employment and employees are not discriminated against due to race, creed, color, religion, sex, national origin or disability.

6. Records and Right of Inspection:

Under A.R.S. § 35-214 and § 35-215, the AHSA shall retain all data and other records ("records") relating to the MOU for a period of five (5) years after the completion of the MOU. All records shall be subject to inspection and audit by ADHS at reasonable times. AHSA shall provide ADHS the right of access to its facilities, servers, at all reasonable times, in order to monitor and evaluate performance, compliance, and/or quality assurance under this MOU.

7. Arbitration:

The parties to this MOU agree to resolve all disputes arising out of or relating to this MOU, after exhausting applicable administrative review, through arbitration to the extent required by A.R.S. §12-1518.

8. Amendment or Modifications:

No amendment or modifications to this MOU, including any amendment or modification of this paragraph, shall be effective unless the same is in writing signed by the Parties.

9. Arizona Law:

The law of Arizona applies to this MOU including, where applicable, the Uniform Commercial Code as adopted by the State of Arizona.

10. Relationship of Parties:

The AHSA under this MOU is an independent AHSA. Neither party to this MOU shall be deemed to be the employee or agent of the other party to the MOU.

11. Severability:

The Provisions of this MOU are severable. Any term or condition deemed illegal or invalid shall not affect any other term or condition of the MOU.

12. No Parole Evidence:

This MOU is intended by the parties as a final and complete expression of their agreement. No course of prior dealings between the parties and no usage of the trade shall supplement or explain any terms used in this document.

13. No Waiver:

Either Party's failure to insist on strict performance of any term or condition of the MOU shall not be deemed a waiver of that term or condition even if the party accepting or acquiescing in the nonconforming performance knows of the nature of the performance and fails to object to it.

14. Headings:

Headings are for organizational purposes only and shall not be interpreted as having legal significance or meaning.

15. Advertising and Promotion of Contract:

The AHSA shall not advertise, publish, or re-release any information for commercial benefit concerning this MOU without the prior written approval of an ADHS Procurement Officer and the ADHS Human Subject Review Board (HSRB).

16. Non-disclosure of data:

AHSA shall not disclose, in whole or in part, the data described in this MOU to any individual or agency not specifically authorized by this MOU. AHSA shall not disclose directly to, or use for the benefit of, any third party confidential information, knowledge or data acquired by virtue of its relationship with the other party named in this MOU, without the prior written approval of the other Party. It is understood and agreed by the Parties that the obligations of this paragraph shall survive the expiration of termination of this MOU.

17. Data Use and Ownership:

- 17.1. AHSA may request data use approval from ADHS for development of papers or reports. Such papers or reports must have the specific written approval of the ADHS Human Subject Review Board (HSRB) before such products are submitted for presentation or publication.
 - 17.2. ADHS shall be cited as the source of the data in all tables, reports, presentations, and scientific papers, and AHSA or its corresponding authors shall be cited as the source of interpretations, calculations, and/or manipulations of the data.
 - 17.3. AHSA shall furnish a copy of a proposed publication or presentation or request approval to the ADHS HSRB for review and comment.
-

SCOPE OF WORK:

This Memorandum of Understanding (MOU) is between the Arizona Head Start Association and its' member agencies and the Arizona Department of Health Services, Women, Infants and Children Division (WIC).

1. Authority:

HEAD START

This Agreement is made under the Authority of the Economy Act, approved June 30, 1932, as amended (31 U.S.C. 1535).

WIC

The WIC Program is authorized by Section 17 of the Child Nutrition Act of 1966 (42 U.S.C. 1786), as amended. The WIC Program is one of several programs administrated by the Food and Nutrition Service that serves low- income women and children.

This agreement is entered into pursuant to the authority of 7 CFR 246.26 (d) of the Federal Regulations, USDA Food and Nutrition Service Instruction 800-1, and USDA WIC Final Policy Memorandum #2001-01.

2. Purpose:

The purpose of this memorandum between the Arizona Head Start Association and Women, Infants and Children Division (WIC) is to ensure coordination of services and confidentiality of data to improve health outcomes and access to WIC services among at-risk children at local WIC and Head Start offices throughout Arizona. It also serves to streamline administrative procedures for staff, participants and applicants of both the WIC and Head Start programs. The WIC and Head Start programs at the state and local level will partner to meet this goal. These agencies will work together to promote and support State, regional and local efforts to improve program coordination and services delivery for low-income children and their families who are eligible to participate in the Head Start Program and the Special Supplemental Food Program for Women, Infants, and Children (WIC)

This MOU:

- 2.1. Provides a definition of the roles of state agencies, local Head Start agencies, local health departments and local WIC agency staff in referral, screening and follow-up.
- 2.2. Provides for data sharing of hemoglobin values and WIC eligibility data.
- 2.3. Prevents disclosure of confidential client information to other entities.

Head Start agrees to:

- 2.4. Provide WIC with Head Start-enrolled child information to include:
 - 2.4.1. First Name
 - 2.4.2. Last Name
 - 2.4.3. Middle initial (when available)
 - 2.4.4. Date of Birth
 - 2.4.5. Address (In the case a. through d. are not sufficient identifiers)

- 2.5. Provide WIC at least one (1) to two (2) weeks' notice to respond following receipt of child identification information depending on the length of the list.
 - 2.6. Work cooperatively to resolve questions and concerns about the identification of children, incomplete or inaccurate information.
 - 2.7. Communicate between WIC and Head Start grantees to best support information sharing meeting confidentiality requirements of the population served including the establishment of local liaisons and methodologies to fulfill MOU requirements.
 - 2.8. Collaborate based on guidelines outlined in Attachment A
 - 2.9. Restrict the use or disclosure of information received pursuant to this Memorandum of Understanding to any third party unless there is a separate Release of Information obtained from the client/ parent/ guardian.
-
- 2.10. At the State level, provide a copy of this agreement to local Head Start grantees via the Arizona Head Start Association Website, the Arizona Head Start Collaboration Office, and hard copy available upon request.

WIC agrees to:

- 2.11. Inform clients that personal information about WIC recipients may be shared with Head Start.
- 2.12. Share data related to Head Start-enrolled children's hemoglobin and WIC eligibility data.
- 2.13. Share data in a confidential, secure manner. If electronic protected health information (ePHI) is shared, it must be encrypted prior to transmission.
- 2.14. Restrict the use or disclosure of information received pursuant to this Memorandum of Understanding to any third party unless there is a separate Release of Information obtained from the client/ Authorized Person.
- 2.15. Communication will be designed locally between WIC and Head Start grantees to best support information sharing, meeting confidentiality requirements of the population served, including the establishment of local liaisons and methodologies to fulfill MOU requirements.
- 2.16. Collaborate based on guidelines outlined in Attachment A.
- 2.17. At the State level, provide a copy of this agreement to local agencies.

The parties to this agreement each acknowledge that the other possesses and will continue to possess confidential information that has been developed or received by it. The use or disclosure of information concerning services, applicants or recipients obtained in connection with performance of this agreement shall be restricted to purposes directly connected with the administration of the programs implemented by this agreement.

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This agreement shall take effect upon the signatures of the approving officials of the respective agencies. This agreement may be amended by mutual agreement at any time or terminated with sixty days written notice. This agreement shall remain in effect unless terminated or amended.

3. Signatures:

FOR: Head Start Grantees/Delegates Program for Statewide WIC

ANDREA MARTINEZ
VP
EARLY
CHILDHOOD
DEVELOPMENT

Magdalena Verdugo, VP Education
Chicanos Por La Causa
Early Childhood Development

2-15-14

Date

Jesse Rodriguez, Director of Head Start
Northern Arizona Council of
Governments (NACOG)

11-19-15

Date

Erin Lyons, Chief Executive Officer
Child Parent Centers, Inc. (CPC)

11-12-14

Date

Melanie O'Neil, CEO
Pinal Gila Community Child Services,
Inc. (PGCCS)

11-19-15

Date

Deb Haney, Head Start Director
Western Arizona Council of Governments
(WACOG)

11-19-15

Date

Lisa Ricci, Director of Administration
Crisis Nursery

12/9/15

Date

Mindy Zapata, Head Start Director
Southwest Human Development Head Start

11-19-15

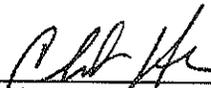
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Larry Campbell, Head Start Director
Catholic Charities Westside Head Start

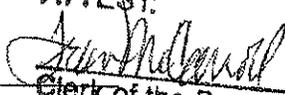
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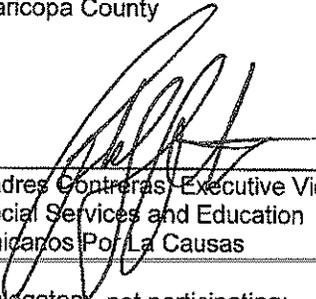
Date

HU550033


Board of Supervisor
Maricopa County

JAN 21 2016
Date 01/15/16

ATTEST:

Clerk of the Board

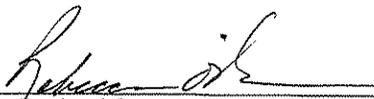

Andres Contreras, Executive Vice President
Social Services and Education
Chicanos Por La Causas

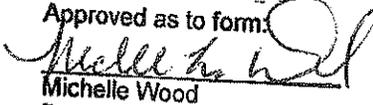
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Date

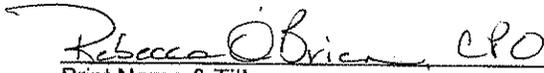
Delegates: not participating:

- City of Phoenix Human Services Head Start
- Booker T. Washington Child Development Center, Inc.
- Deer Valley Head Start
- Fowler Head Start
- Golden Gate Head Start
- Greater Phoenix Urban League Head Start
- Murphy Head Start
- Roosevelt School District Head Start
- Wilson Head Start

FOR: Arizona Department of Health Services


Authorized Signature

Approved as to form:

Michelle Wood
Deputy County Attorney 1-20-2016


Print Name & Title

2/27/16
Date

HU550033

Attachment A Guidelines for

Collaboration

AREAS OF STATE AND LOCAL COLLABORATION

Both Head Start and the WIC Program are encouraged to work together at the State and local level to better meet the needs of low-income children and their families. Areas for targeting collaborative efforts include:

1. Nutrition Services

WIC and Head Start are encouraged to promote the exchange of information about each program's procedures and standards for providing nutrition services to low-income children and their families. In order to accomplish this, both programs are encouraged to identify areas of commonality, such as nutrition assessment and education; gaps in services; and practices that have found to be most effective for each program. For example, both WIC and Head Start require a nutrition assessment which includes height, weight, anthropometric, and dietary information. State and local agencies are encouraged to identify ways to minimize duplication of effort in obtaining this information from persons enrolled in both programs.

2. Nutrition Education

WIC and Head Start are encouraged to exchange educational approaches and materials for children by inviting representatives from the respective programs to attend local, State, regional and national meetings. In addition, Head Start is encouraged to invite a WIC representative to serve on the Head Start Policy Council and Health and Nutrition Advisory Committee. Head Start is encouraged to work with dietetic interns from the Maricopa County Department of Public Health Dietetic Internship. These interns can support efforts to streamline nutrition services and nutrition education. To the extent available, WIC State and local agencies are encouraged to provide Head Start with WIC nutrition education materials. When appropriate, both programs are encouraged to provide nutrition education contacts for WIC and/or Head Start participants.

3. Shared Information

WIC and Head Start are encouraged to share statistical, medical and eligibility information regarding participants to the extent that confidentiality policies permit. In addition, both programs are encouraged to share information for community needs assessment. If opportunity allows, WIC and Head Start may consider co-sponsoring community resource fairs and community information sessions. The programs are urged to welcome and encourage contributions to WIC and Head Start bulletins and newsletters. Also, Head Start is encouraged to provide WIC with Head Start menus for the purpose of developing WIC nutrition education lessons.

4. Display of Information

WIC and Head Start are encouraged to obtain and display information on each other's programs (bilingual brochures, posters, etc.) for the purpose of referring potentially eligible participants; and to inform participants about program locations and services. For informational purposes, the Head Start Program is encouraged to periodically invite a WIC representative to be a guest speaker at the Head Start Parent Involvement Day.

5. Other Health Care Services and Referrals

WIC and Head Start are encouraged to identify other health care services and referrals available to program participants, such as EPSDT/Medicaid. Whenever possible, the programs may consider using a joint application form, such as the "Model Application Form," in an effort to improve efficiency, time, and cost-effectiveness. The programs are also encouraged to work together to coordinate services and referrals to avoid overlap and prevent gaps in service.

Attachment B- The Head Start and WIC Referral Form



WIC Referral to Head Start

Currently Participating in Head Start

Not Participating in Head Start

Child's Full Name

Child's DOB

Authorized Representative's Full Name

Phone Number

Date of Referral

Height

Hgb

Weight

Date Taken

WIC Clinic Contact Information Here:



Recomendación de WIC para Head Start

Participando en Head Start

No está participando en Head Start

Nombre completo del Niño

Fecha de nac. del Niño

Nombre completo del Representante Autorizado

Núm. de tel.

Fecha de recomendación

Altura

Hgb

Peso

Fecha en que se pesó

Información de Contacto de la Clínica de WIC:



Head Start Referral to WIC

Currently Participating in WIC

Not Participating in WIC

Child's Full Name

Child's DOB

Staff Member's Full Name

Phone Number

Date of Referral

Height

Hgb

Weight

Date Taken

Head Start Site Contact Information Here:



Recomendación para WIC de Head Start

Participando en WIC

No está participando en WIC

Nombre completo del Niño

Fecha de nac. del Niño

Nombre completo del Representante Autorizado

Núm. de tel.

Fecha de recomendación

Altura

Hgb

Peso

Fecha en que se pesó

Información de Contacto de la oficina de Head Start:



Head Start Referral to WIC

Currently Participating in WIC
Not Participating in WIC

Child's Full Name

Child's DOB

Staff Member's Full Name

Phone Number

Date of Referral

Height

Hgb

Weight

Date Taken

Head Start Contact Information Here:



WIC Referral to Head Start

Currently Participating in Head Start
Not Participating in Head Start

Child's Full Name

Child's DOB

Authorized Representative's Full Name

Phone Number

Date of Referral

Height

Hgb

Weight

Date Taken

WIC Clinic Contact Information Here:



Recomendación para WIC de Head Start

Participando en WIC
No está participando en WIC

Nombre completo del Niño

Fecha de nac. del niño

Nombre completo de la persona de Head Start

Núm. de tel.

Fecha de recomendación

Altura

Hgb

Peso

Fecha en que se pesó

Información de Contacto de la oficina de Head Start:



Recomendación de WIC para Head Start

Participando en Head Start
No está participando en Head Start

Nombre completo del Niño

Fecha de nac. del niño

Nombre completo del Representante Autorizado

Núm. de tel.

Fecha de recomendación

Altura

Hgb

Peso

Fecha en que se pesó

Información de Contacto de la Clínica de WIC:

Attachment C- Head Start Acceptance Guidelines Table

Grantee or Delegate Program Name	When is height and weight completed (within so many days of entry)?	When do you require a hemoglobin value (90 days of entry)?	How many times do you do a growth assessment ? (Once or twice a program year)?	If you do a growth assessment more than once, when are they completed?	How long is a hemoglobin value valid for (one year)?	Do you use the EPSDT for growth assessment for EHS children?	At what value do you refer child to PCP for low hemoglobin? At what value do you just provide info about anemia and iron?
CITY OF PHOENIX	90 days of entry	Do not do only (EHS)	Twice	90 days of entry and the end of April	1 year	YES	< 11.0 refer to PCP or WIC
SOUTHWEST HUMAN DEVELOPMENT	30 days of entry	90 days of entry	Once	N/A	1 year	Yes (only if done within 30 days of entry)	10.9
NORTHERN REGION OF ARIZONA COUNCIL OF GOVERNMENT	45 days of entry	45 days of entry	Twice	45 days and in January	1 year	Yes	10 or less
WESTERN REGION OF ARIZONA COUNCIL OF GOVERNMENT	45 days of entry	90 days of entry	Twice	45 days and April	2 years for normal values; 1 year for abnormal Values	No, we measure them w/in 45 days and in April	Less than 10.9 for Yuma and La Paz counties; less than 11.3 for Mohave county
CHILD CRISIS ARIZONA	90 days of entry	90 days of entry	Twice	Regularly during child staffing's	Once @ 12 months of age	Yes	Less than 11.5 we provide referral to POC and literature on anemia
MARICOPA COUNTY	14 days of entry	90 days of entry	Twice	1st- within 14 days of entry. 2nd- in January after x-mas break within 14 days	1 year	Yes, when provided	>11.0, no need to refer. If value 10.1-11.0, provide information to parent, rescreen in 6 months, if value is 10.0 or less, Refer to PCP
CATHOLIC CHARITIES	14 days of entry	90 days of entry	Twice	1 st - within 14 days of entry 2 nd - in January after x-mas break within 14 days	1 year	Yes, when provided	>11.0, no need to refer. If value 10.1-11.0, provide information to parent, rescreen in 6 months, if value is 10.0 or less, Refer to PCP

Grantee or Delegate Program Name	When is height and weight completed (within so many days of entry)?	When do you require a hemoglobin value (90 days of entry)?	How many times do you do a growth assessment ? (Once or twice a program year)?	If you do a growth assessment more than once, when are they completed?	How long is a hemoglobin value valid for (one year)?	Do you use the EPSDT for growth assessment for EHS children?	At what value do you refer child to PCP for low hemoglobin? At what value do you just provide info about anemia and iron?
PINAL GILA	45 days of entry	90 days of entry and in January (or 2 months after the 1 st for children that enrolled late)	Twice	Within 45 days of entry and in January (or 2 months after 1 st for late enrollees)	2 years	If they are completed within the time frame	If less than 11.0 we provide information and refer to WIC or PCP
CHILD PARENT CENTER	45 days of entry	90 days of entry	Twice	1 st - within 45 days 2 nd - around March	1 year	Yes, when provided	<11.0 for HGB, refer to PCP and/or WIC. Always provide information
CPLC CHICANOS POR LAS CAUSA	45 days of entry	What the EPSDT guidelines state	Once at the center, plus EPSDT from Medical provider	As needed by Medical provider, WIC, etc	What the EPSDT guidelines state	Yes	Depending on what lab place they attended and the values listed on the lab results we let the family know to take the conversation to their medical home
SALT RIVER	90 days of entry	90 days of entry	Once	N/A	1 year	Yes, when provided	< 11.0; we provide information any time a child is under 11.0