REPORT OF THE DEPARTMENTS OF
CORRECTIONS, YOUTH SERVICES,
SOCIAL SERVICES, HEALTH,
MEDICAL ASSISTANCE SERVICES,
AND THE DEPARTMENT FOR CHILDREN

To Study The Need For And Extension Of Women, Infants And Children (WIC) Programs And Other Services To Incarcerated Women

TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA

HOUSE DOCUMENT NO. 35

COMMONWEALTH OF VIRGINIA
RICHMOND
1991

PREFACE

Authority

House Joint Resolution 209 requests the Departments of Corrections, Social Services, Medical Assistance Services, Health and the Department for Children to jointly study the need for and to develop regulations to extend the Women, Infants and Children (WIC) programs and maternity case management services to incarcerated women in state, local and regional correctional institutions in Virginia.

Staff Assigned

The Department of Health, as the lead agency for the HJR-209 study, designated the director of its Division of Public Health Nutrition, Paul Matthias, as the principal staff member responsible for the development of this report. Other staff who were involved were:

Department for Children	-	Wenda Singer
Department of Corrections	-	D.A. Friend, T. Hope Herring, Wendy S. Hobbs, Lavinia Johnson, Forrest Powell
Department of Health	-	Molly Carpenter, Jeanie Goldberg, Debora Johnson, Jennifer Neville
Department of Youth and Family Services	-	Betty Hill-Farley, James G. Poulos, Patricia Reams

The contributions of all of these individuals are gratefully acknowledged.

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Background

On November 10, 1989, President Bush signed the legislation that gave states the option to provide benefits of the Special Supplemental Food Program for Women, Infants and Children (WIC) to incarcerated women who meet the Program's qualifications. Based on her concern for the health and well being of the children of these mothers, Delegate Gladys Keating (D-Franconia) introduced House Joint Resolution 209 (see Attachment 1).

HJR-209 requests the Departments of Corrections, Youth and Family Services, Social Services, Medical Assistance Services, Health and the Department for Children to jointly study the need for and to develop regulations to extend the WIC Program and maternity case management services to incarcerated women in state, local and regional correctional institutions in Virginia.

Study Process

The Virginia Department of Health, which administers the WIC Program, was designated as the lead agency for the HJR-209 study. In a cooperative effort with the other previously referenced agencies and with other interested parties, a study committee was established to respond to the HJR-209 mandate. The committee and its subcommittees met six times from June through October, 1990 to address the issues relevant to the legislation.

The principal research tool utilized by the committee was a survey form developed jointly by staff from the Departments of Corrections, Youth and Family Services, and Health. A second research initiative involved a detailed nutrient analysis of the planned menus for pregnant women incarcerated in both adult and youth correctional facilities.

Data from both of these initiatives were reviewed by members of the study committee and were the primary basis upon which the committee built its recommendations.

Study Findings

The HJR-209 survey form was sent by the Virginia Department of Corrections (VDC) to the Virginia Correctional Center for Women, 97 jails and 46 youth facilities and homes. The responses were compiled by VDOC staff with the results summarized as follows (see Attachment 2 for more details):

1. Most facilities have small female populations. 47.9% have female populations of 6 or less. Exceptions are the Virginia Correctional Center for Women with 610, Richmond City Jail with 135, Fairfax County Jail with 106 and Bon Air School for Girls with 80 females.

2. Most facilities do not test for pregnancy as a routine, but test according to last menstrual period, other symptoms or at the female's request.

3. Most facilities report 0-5 pregnant females in a 12 month period. Exceptions were Arlington County Jail, Virginia Correctional Center for Women, Newport News City Jail, Chesterfield County Jail, and the Fairfax County Jail with a range of 18-37 pregnant females.

4. The majority of facilities are unable to provide definitive data on birth outcomes. Of 416 pregnancies during the preceding twelve months in 67 facilities, the outcomes of 321 (77.2%) were reported as unknown because of the women being released or transferred prior to delivery. Of the remaining 95 women, 69 (72.6%) were reported as having normal births, with 12 (12.6%) having miscarriages, 9 (9.5%) having newborns showing the effect of alcohol or drug exposure, 3 (3.2%) having premature births and 2 (2.1%) having stillbirths. The size of this sample of known outcomes prevents definitive conclusions about the risks of poor pregnancy outcome by incarcerated women.

5. Most facilities house pregnant females for 3 months or less, with only 2 adult and 2 youth facilities reporting an average stay of 8 months or more.

6. Generally, facilities do not have nutrition education programs at the facilities, although 33.3% report having one. However, pregnant females do receive nutrition education through consultations with medical personnel who provide prenatal care outside the facility.

7. Most facilities report that pregnant females receive a special diet as indicated by medical or nutritionist personnel. Only 1 facility reports that pregnant women do not receive a different diet. 61.1% of facilities report that pregnant women receive more milk, 24.7% report more snacks, and 43 facilities report a combination.

8. Facilities usually do not have difficulty providing prenatal care; but those facilities identifying problems indicate difficulties in scheduling appointments, and determining which provider is responsible, particularly for youth.

9. Routine prenatal care is more often provided by the local Department of Health, local hospitals, and facility personnel. However, 10 adult facilities and 13 youth facilities gave more than one response, revealing that all choices given (local or state hospital, health department, private practitioners, and facility medical personnel) are used.

10. Most facilities do not have space to store food separately unless storage units are provided. If units are provided, most report having sufficient space, but approximately 33% would not have space if storage units were provided.

The nutrient data analysis (see Attachment 3) indicates that incarcerated pregnant women consume more than the Recommended Dietary Allowance (RDA) of most nutrients. Some menus were slightly low in potassium, calcium and iron. There do not appear to be any standardized prenatal diets in use in correctional facilities across the state.

Recommendations

Based on these findings the HJR-209 study committee concludes that the availability of nutritious food for pregnant incarcerated women is not a major problem in most of Virginia's correctional institutions. It does recognize, however, that certain steps need to be taken to ensure that all such individuals consistently receive a proper diet and that, where appropriate, WIC Program and maternity case management services be made available to enhance the correctional system's existing capabilities.

Toward this end the study committee proposes the adoption of the accompanying interagency agreement (see Attachment 4) which responds to the HJR-209 call for regulations to extend WIC and maternity case management services to incarcerated women. This agreement does the following:

A. Calls on VDC, VDYFS and VDH to jointly develop standardized prenatal diets.

B. Encourages all correctional institutions to use these diets.

C. Directs VDSS and VDH to jointly develop a referral system so that infants born to incarcerated women can be certified for the WIC Program within one week after birth. It also directs VDC, VDFYS and VDH to develop a similar referral system for risk assessment, WIC Program and other appropriate services such as Baby Care for pregnant women who are released before they deliver and to develop a system to track birth outcomes of women who have been incarcerated during their pregnancies.

D. Sets forth the conditions under which incarcerated pregnant women may participate in the WIC Program if the correctional institution needs to supplement its existing resources.

E. Stipulates that such participation is subject to the availability of WIC caseload slots, the WIC priority system and waiting lists.

F. Directs VDH to report annually on the number of incarcerated women who apply for and receive WIC Program benefits.

G. Encourages all correctional institutions and local health departments to provide risk appropriate, coordinated health care for incarcerated pregnant women through the provision of maternity case management services.

It should be noted that while VDC maintains close liaison with local and regional jails throughout the Commonwealth and certifies such for safe operation in accordance with standards promulgated by the Board of Corrections, VDC exerts no direct control over the regular operation of these facilities and can only recommend diets, not require them.

It should also be noted that the interagency agreement requires an amendment to the FY 1991 WIC State Plan which must be approved by the State Board of Health and the United States Department of Agriculture.

HP4194500

1990 SESSION
ENGROSSED

HOUSE JOINT RESOLUTION NO. 209

House Amendments [ ] - February 1, 1990

Requesting the Departments of Corrections, [Youth Services,] Social Services, Medical Assistance Services, Health and the Department for Children to jointly study the need for and to develop regulations to extend the Women, Infants and Children (WIC) programs and maternity case management services to incarcerated women in state, local and regional correctional institutions in Virginia.

Patrons--Keating, Stieffen, Harris, R.E., Woods, Van Yahres, Brickley, Stump, Woodrum, Cohen, Hall, Howell, Hawkins, Mayer, Dillard, Diamonstein, Orebaugh, Melvin, Van Landingham, Marshall, Putney, Cox, Stafford, Plum, Munford, Jones, J.C., Parker, Byrne, Almand, Marks, Tata and Callahan; Senators: Lambert, Waddell, Michie, Miller, E.F., Saslaw, Nolen, Marye, Colgan, Gray, Cross, Schewel, Calhoun, DuVal, Gartlan and Joannou

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Referred to the Committee on Health, Welfare and Institutions

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WHEREAS, reducing the infant mortality rate and improving infant health is a high priority of the Commonwealth; and

WHEREAS, the Department of Health provides programs such as early identification and management of at-risk pregnancies and provides supplemental food through the federally funded Women, Infants and Children program of the U.S. Department of Agriculture; and

WHEREAS, such programs have proven to be low cost, effective methods of promoting healthy pregnancies and infants; and

WHEREAS, the United States Congress recently enacted [~~legislation, House Resolution 24~~ § 123 of U.S. Public Law 101-147] , which extends the WIC program to incarcerated women at the option of the state; and

WHEREAS, the number of incarcerated women in state and local correctional facilities is increasing, and these women would benefit from WIC supplemental food programs and maternity case management services; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Departments of Corrections, [Youth Services,] Social Services, Medical Assistance Services, Health and the Department for Children be requested to jointly study the need for and to develop regulations to extend the Women, Infants and Children (WIC) programs and maternity case management services to incarcerated women in state, local and regional correctional institutions in Virginia.

The Departments shall complete their work in time to submit jointly their findings and recommendations to the Governor and the 1991 General Assembly pursuant to the procedures of the Division of Legislative Automated Services for the processing of legislative documents.

Official Use By Clerks

Agreed to By The House of Delegates	**Agreed to By The Senate**
without amendment ☐	without amendment ☐
with amendment ☐	with amendment ☐
substitute ☐	substitute ☐
substitute w/amdt ☐	substitute w/amdt ☐
Date: _____	Date: _____
_____	_____
Clerk of the House of Delegates	Clerk of the Senate

Attachment 2

HOUSE JOINT RESOLUTION 209 SURVEY

House Joint Resolution 209 Survey August, 1990

The HJR-209 survey was sent to 97 jails, the Virginia Correctional Center for Women and 46 youth facilities and homes. Of the surveys, 79 were returned from 48 jails and 31 youth facilities. Statistics on population were taken from the Tuesday Report of August 7, 1990 and the Community Residential Care Program Population report of June 1990.

This analysis, performed by the Department of Corrections, summarizes frequencies following each question from the survey.

Region I (Western Region) has the highest percentage of returns at 27.8% and region IV (Eastern Region) has the lowest at 20.3%.

- Of the adult and youth facilities responding 47.9% have a female population of 6 or less.
- Of adult and youth facilities responding 6% have a female population between 106 and 610.
- For adult facilities the largest female populations are from the Virginia Correctional Center for Women at 610, the Richmond City jail with 135 females and Fairfax County jail with a female population of 106.
- With the exception of Bon Air School for Girls which has a female population of 81 and 2 other youth facilities with female populations of 5 and 6, the female populations for youth facilities are not available.

Are women routinely tested for pregnancy upon reception at your facility?

- For adult facilities, of 49 responding to this question 81.6% do not routinely test for pregnancy, and for the 29 youth facilities responding, 65.5% do not routinely
- Overall, 75.3% of youth and adult facilities do not routinely test for pregnancy, though 6.9% do test as a routine
- Comments indicate that tests are done if the female has symptoms, requests testing, or if the last menstrual period indicates the possibility of pregnancy.

In the past 12 months how many women housed in your facility were pregnant? (Exclude those who were known to have abortions)

- 73.1% of all facilities and homes responding report 0-5 pregnant females in a 12 month period with very little difference between youth and adult facilities. 73.3% of youth facilities report 0-5 pregnant females and 71.3% of adult facilities indicate the same range.

- 8% of all faclilites responding report 18-37 pregnant females in a 12 month period.

  The facilities are:

  Arlington County Jail- 18 pregnant females
  Virginia Correctional Center for Women- 18 pregnant females
  Newport News City Jail- 20 pregnant females
  Chesterfield County Jail- 30 pregnant females
  Fairfax County Jail- 37 pregnant females

For the women identified in question 3, how many pregnancies resulted in miscarriage?

- Of 79 facilities responding, 87.2% have no information. 9 report 1 miscarriage and 2.6% report 2 miscarriages in 12 months.

- For adult facilities 87.8% have no information. 10.2% report 1 miscarriage.

- Similarly, for youth facilities and homes 86.7% have no information, and 10.4% report 1 miscarriage.

For the women identified in question 3, how many pregnancies resulted in stillbirths?

- Of 79 facilities responding, 96.2% have no information and 2.6% or 2 facilities report 1 stillbirth.

- For adult facilities 98% of 48 replying have no information, and 2% report 1 stillbirth.

- Of 30 youth facilities responding to this question, 96.7% have no information to report, and 3.3% or 1 facility reports 1 stillbirth.

For the women identified in question 3, how many pregnancies resulted in premature birth?

- Of 79 facilities responding to this question, 96.2% have no information, and only 3 facilities report 1 premature birth.

- Of 49 adult facilities responding, 98% have no information, and 1 facility reports 1 premature birth.

- Of 30 youth facilities responding 93.3% have no information and 2 youth facilities report 1 premature birth.

For women identified in question 3, how many resulted in low birth weight?

- Of the 79 facilities responding 100% have no information.

For women identified in question 3, how many resulted in a newborn showing the effect of alcohol or drug exposure?

- Of 79 facilities responding 98.7% have no information; however, 1 facility, the Petersburg City jail reports 9 cases. The other 98% of adult facilities have no information.

- Of 30 youth facilities responding to this question, 100% have no information.

For women identified in question 3, how many resulted in normal births?

- Of 79 facilities responding, 78.2% have no information. 9% report 1 normal birth, 6.4% report 2, and 1 facility reports 13 normal births.

- Of 49 adult facilities responding 77.6 % have no information and 8.2% report 2 normal births. Similarly, of 30 youth facilities responding 76.7% have no information, 5 facilities report 1 normal birth and 1 facility or 3.3% reports 4 normal births.

Overall, 66.7% of the facilities responding indicate that pregnant females are either released on bond, discharged, or sent to the Virginia Correctional Center for Women; and as a result, the outcomes of the pregnancies are not known. For 6.5% or 5 of the facilities responding, it is reported that from 17-30 pregnant females per facility were released before delivery in a 12 month period.

What is the average amount of time that pregnant women spend in your facility?

- Of 79 facilities responding 67.5% indicate that the average time spent for pregnant females is 3 months or less, 13% report an average time of 6 months, and only 1 facility reports an average time of 24 months.

- For adult facilities 58.3% report an average length of sta of 3 months or less, with 2 facilities or 4.2% reporting a. average stay of 8 months. Ten facilities, or 20.4% report an average of 6 months.

- Of 30 youth facilities responding, 83.4% report an average length of 3 months or less, with 1 facility or home reporting an average of 9 months and 1 facility reporting an average of 12 months.

Do you have an active nutritional education program for pregnant females?

- Of 76 facilities responding 66.3% do not have an active nutritional education program at the facility; although 33.3% or 25 facilities do report having nutritional education at the facility.

- Of 48 adult facilities responding, 62.5% do not have a nutritional education program at the facility, however, 37.5% report having one.

- The Virginia Correctional Center for Women indicates that pregnant inmates receive nutritional education at the Medical College of Virginia hospital, where they are transported regularly for prenatal care. Other facilities indicate that pregnant inmates receive nutritional education outside the facility, where they receive prenatal services.

- For 28 youth facilities responding 25% report a nutritional education program at the facility, but 71.4% do not. Out of 20 facilities which do not have a program, 12 indicate that their pregnant youths receive nutritional education through medical personnel at hospitals, private practitioners, and the Department of Health or the Women, Infants and Children Program.

If active select the one most frequently used form of nutritional education in your facility.

- For 31 facilities responding, 66.7% state that consultation with medical personnel is the most frequent form of nutrition education. However, only 3 youth facilities provided responses to this question.

If active, select the second most frequently used form of nutritional education in your facility.

- For 19 youth and adult facilities responding to this question 22.2% select medical personnel with reading material as the second most frequent and 22.2% select nutritional personnel with reading material as second most frequent form of nutritional education.

Pregnant women receive a special diet:

- Of 72 adult and youth facilities responding, 78.9% or 57 report that pregnant females receive a special diet as indicated by medical/nutritionist personnel, and 19.7% report that they always receive special diets. Only 1 facility reports no difference in diet for pregnant females.

- For adults 73.9% or 34 and 88.5% or 23 youth facilities indicate that special diets are provided if indicated by medical or nutritionist personnel.

Does your Facility Director/Administrator/Sheriff have authority to provide special diets for pregnant women independent of medical or nutritionist personnel?

- Of 71 facilities and homes responding, 67.1% report that the facility director does have the authority to indicate a special diet for pregnant females independent of medical or nutritionist personnel, while 32.9% report that they do not have this authority.

- Separately, of 46 adult facilities responding, 69.6% report that facility directors do have the authority, while 64% of 25 youth facilities responding report that they have the authority.

In the past 12 months have you had problems providing prenatal care for pregnant women?

- For 70 adult and youth facilities responding, 76.8% do not have problems providing prenatal care, however, 23.2% do experience problems.

- Of 46 adult facilities responding, 86.7% do not have problems, but of 24 youth facilities responding, only 58.3% do not have problems, while 41.7% have them.

- Problems in providing prenatal care include those which are related to keeping of appointments for pregnant women who are transferred among facilities in order to face charges in more than one jurisdiction. Responses from facilities housing youthful offenders indicate that social workers or other responsible parties may not keep appointments or there may be difficulty agreeing on the parties responsibile for care or for transporting youths. For adults, scheduling with hospitals such as Medical College of Virginia can be a problem due to the number of patients.

Routine prenatal care is provided by:

- For 72 facilities and homes responding, 50% indicate the Department of Health as a primary provider of prenatal care, with 26.1% reporting facility medical personnel and 21.7% indicating private practitioners as primary providers.

- Separately, of 23 youth facilities and homes responding, 43.5% indicate the local Department of Health, 30.8% the local hospital, and 19.2% indicate private practitioners as providers of prenatal care.

- 10 adult facilities and 13 youth facilities have more than one response revealing that all choices given (local or state hospital, health department, private practitioners, and facility medical personnel) are used.

Since the supplemental food program for pregnant women requires separate storage, does your facility have space to store supplemental foods separately from institutional foods?

If storage units were provided for supplemental foods, would your facility be able to store them?

- Of 73 facilities responding, 54.2% do not have space to store foods separately, however, if storage units were added, 77.1% indicate they would have space to store food separately.

- For youth facilities, 68% report space to store foods separately without storage units, but if storage units were added, 88% would have space.

- For adult facilities, only 33.3% have space to store foods separately, but if storage units were added, 71.7% report that they would have space.

When a woman is pregnant, do you routinely provide her with: Since facilities could select more than one choice, responses are divided into primary and secondary food supplements.

- For 73 facilities responding 61.1% provide more milk, and 24.75 report no difference in diet unless recommended by a doctor.

- For 43 facilities providing more than one response, 65.1% report that pregnant women receive more snacks. Only 1 facility reports that there is no difference in diet.

Rank order (1st, 2nd, 3rd) which occurs most often. In the past 12 months infants born while mothers were held in your facility were most likely to: Go home with mother; be placed with family; be placed with Social Services

- Because of the manner in which this question is stated, and because of the small number of responses and discrepancies in responses; data obtained does not provide useful information, and does not permit drawing any conclusions about where infants are placed after delivery.

- As indicated previously, many of the pregnant females are no longer assigned to the facility or home at the time of delivery, and therefore the facilities have little knowledge of what takes place.

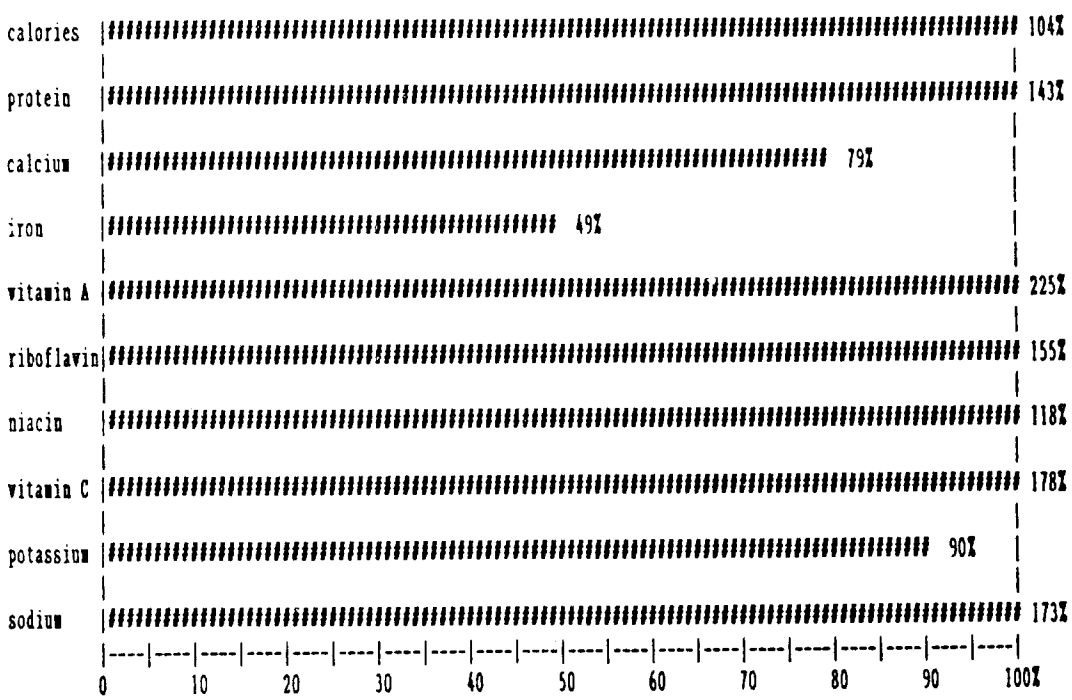
- Based on information obtained at the central office of the Department of Corrections; social workers at the Medical College of Virginia make arrangements for placement of infants if possible, where the mother prefers, if the mother is in the custody of the Virginia Correctional Center for Women.

Analysis of Results for Y/Family II pregnant female 15 - 18 years 7 days

	FOOD ENERGY cal	PROTEIN gm	FAT gm	CARBOHYDRATE gm	CALCIUM mg	IRON mg	VIT. A IU	RIBOFLAVIN mg	NIA. mg	VIT. C mg	POTAS. mg	SODIUM mg
FOOD RECALL	17428	762	695	2052	8869	122.38	78580	17.38	132.08	997	23729	26568
AVERAGE INTAKE/DAY	2490	109	99	293	1267	17.48	11226	2.48	18.87	142	3390	3795
RDA	16800	532			11200	252.00	35000	11.20	112.00	560	26250	15400
RECALL - RDA	628	230			-2331	-129.62	43580	6.18	20.08	437	-2521	11168
% RDA CONSUMED	103.7%	143.1%			79.1%	48.5%	224.5%	155.1%	117.9%	177.9%	90.3%	172.5%

In addition to the amount listed above, the body produces 8 to 17 mg. of niacin daily. The actual quantity of niacin produced depends on the amount of protein consumed, especially animal protein.

Percentage of RDA for 10 Nutrients:



The recommended dietary allowances (RDA) are the average daily amounts of several nutrients which the NRC deemed in 1980 to be adequate to meet the known nutritional needs of practically all healthy persons. The RDA's are stated for sex-age groups since it is known that age, sex, body size, and rate of growth affect one's need for certain nutrients.

RDA's have not been established for some nutrients including fat, carbohydrate, sodium, and potassium which are included in this evaluation. The standards used for sodium and potassium are considered to be safe and adequate daily intakes. It is generally recommended for good health that approximately 15 - 25 percent proteins, 25 - 40 percent fats and 35 - 60 percent carbohydrates should be eaten daily for adults.

The following is an approximate breakdown of your 17428 caloric intake into fats, proteins, and carbohydrates:

	CALORIES	PERCENT	RECOMMENDED
Proteins	3032	17.4	15 - 25%
Fats	6222	35.7	25 - 40%
Carbohydrates	8167	46.9	35 - 60%

Approximate breakdown of caloric intake
into fats, proteins, and carbohydrates:

```
protein     |            *
            |          -----------
fats        |                        *
            |                 ---------------
carbohydrate|                                  *
            |                        -------------------------
            |----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
            0        10        20        30        40        50        60        70        80        90       100%
```

Actual intake: * Recommended range: ---

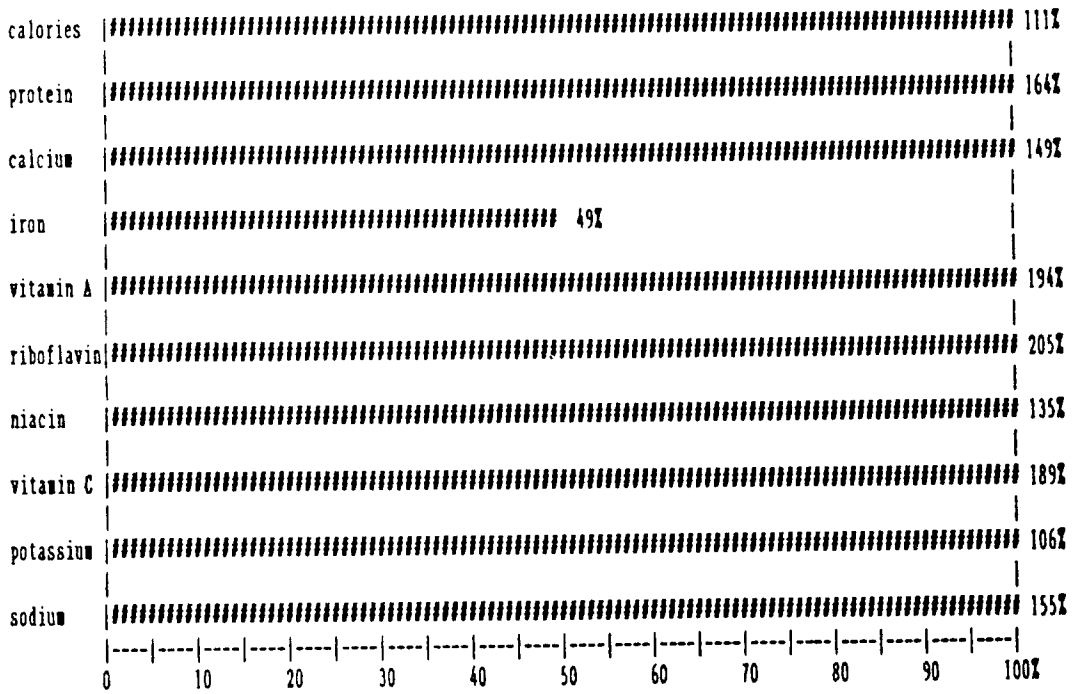
Failure to consume the RDA for one or more of the nutrients does not necessarily mean you are malnourished, but it may signal a need to evaluate your eating habits.

Analysis of Results for Jalis & CDI pregnant female 19 - 22 years 7 days

	FOOD ENERGY cal	PROTEIN gm	FAT gm	CARBOHYDRATE gm	CALCIUM mg	IRON mg	VIT. A IU	RIBOFLAVIN mg	NIA. mg	VIT. C mg	POTAS. mg	SODIUM mg
FOOD RECALL	18615	851	793	2072	12512	123.39	67860	22.95	151.64	1059	27886	23860
AVERAGE INTAKE/DAY	2659	122	113	296	1787	17.63	9694	3.28	21.66	151	3984	3409
RDA	16800	518			8400	252.00	35000	11.20	112.00	560	26250	15400
RECALL - RDA	1815	333			4112	-128.61	32860	11.75	39.64	499	1636	8460
% RDA CONSUMED	110.8%	164.2%			148.9%	48.9%	193.8%	204.9%	135.3%	189.1%	106.2%	154.9%

In addition to the amount listed above, the body produces 8 to 17 mg. of niacin daily. The actual quantity of niacin produced depends on the amount of protein consumed, especially animal protein.

Percentage of RDA for 10 Nutrients:



The recommended dietary allowances (RDA) are the average daily amounts of several nutrients which the NRC deemed in 1980 to be adequate to meet the known nutritional needs of practically all healthy persons. The RDA's are stated for sex-age groups since it is known that age, sex, body size, and rate of growth affect one's need for certain nutrients.

RDA's have not been established for some nutrients including fat, carbohydrate, sodium, and potassium which are included in this evaluation. The standards used for sodium and potassium are considered to be safe and adequate daily intakes. It is generally recommended for good health that approximately 15 - 25 percent proteins, 25 - 40 percent fats and 35 - 60 percent carbohydrates should be eaten daily for adults.

The following is an approximate breakdown of your 18615 caloric intake into fats, proteins, and carbohydrates:

	CALORIES	PERCENT	RECOMMENDED
Proteins	3363	18.1	15 - 25%
Fats	7049	37.9	25 - 40%
Carbohydrates	8190	44.0	35 - 60%

Approximate breakdown of caloric intake
into fats, proteins, and carbohydrates:

```
protein     |              *
            |           -----------
fats        |                              *
            |                   ----------------
carbohydrate|                                   *
            |                           --------------------------
            |----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
            0        10        20        30        40        50        60        70        80        90       100%
```

Actual intake: * Recommended range: ---

Failure to consume the RDA for one or more of the nutrients does not necessarily mean you are malnourished, but it may signal a need to evaluate your eating habits.

INTERAGENCY AGREEMENT
AMONG
VIRGINIA DEPARTMENT OF CORRECTIONS
VIRGINIA DEPARTMENT OF YOUTH AND FAMILY SERVICES
VIRGINIA DEPARTMENT OF SOCIAL SERVICES
AND
VIRGINIA DEPARTMENT OF HEALTH
REGARDING
THE EXTENSION OF THE WOMEN, INFANTS AND CHILDREN (WIC) PROGRAM
AND
MATERNITY CASE MANAGEMENT SERVICES TO INCARCERATED WOMEN IN STATE, LOCAL AND REGIONAL CORRECTIONAL INSTITUTIONS IN VIRGINIA

I. PARTIES

This agreement is among the Virginia Department of Corrections (VDC), the Virginia Department of Youth and Family Services (VDYFS), the Virginia Department of Social Services (VDSS) and the Virginia Department of Health (VDH).

II. TERMS

This agreement is effective _____, 1991, for a period of one year. During this time VDH shall pilot the extension of WIC Program and maternity case management services for as many as fifty incarcerated pregnant women per site in up to three local health departments. Individuals whose certification period extends beyond the twelve month pilot effort may continue to receive WIC Program benefits until their certification period ends. Subsequent to the one year pilot period the parties to this agreement shall evaluate by July 1, 1992, the results of these pilot efforts in order to determine whether it is desirable to continue the same or similar initiatives thereafter.

III. AUTHORITY

Authorization for the provision of supplemental foods and nutrition education under the United States Department of Agriculture's Special Supplemental Food Program for Women, Infants and Children (WIC) to incarcerated pregnant women is contained in Section 123 of Public Law 101-147, the Child Nutrition and WIC Reauthorization Act of 1989. The provision of such benefits must be in accordance with the Code of Federal Regulations as found in 7CFR 246.7(m)(1)(i).

This agreement responds to the mandate of House Joint Resolution No. 209 which was passed by the 1990 General Assembly. HJR-209 calls for a study of the need for and the development of regulations to extend WIC Program and

maternity case management services to incarcerated women in state, local and regional correctional institutions in Virginia.

IV. PURPOSE

This document establishes the terms and conditions under which the aforementioned services may be provided to the referenced population. It is designed to assure that the provision of such services shall be in accordance with standards which promote healthy pregnancies and the best possible birth outcomes.

V. PROVISIONS

A. VDC, VDYFS and VDH shall jointly develop recommended standardized prenatal diets which are intended for use with all incarcerated pregnant women unless a physician or other health care provider prescribes a different diet.

B. All correctional institutions are encouraged to make the foods in the standardized prenatal diets available to pregnant inmates according to the amounts and frequencies specified.

C. Those correctional institutions which need to supplement existing resources in order to assure the provision of the prescribed diet may develop a memorandum of understanding with local health departments for participation in the WIC Program. Such memoranda of understanding are subject to the review and approval of the VDH and must satisfy the following conditions:

- The correctional institution and the local health department shall each designate a responsible staff member to coordinate their participation in the WIC Program.

- The eligibility of pregnant women for WIC Program benefits shall be determined by the local health department in accordance with procedures agreed to by both agencies.

- The WIC Program must benefit the eligible pregnant women in the institution, not the institution itself.

  - The institution must not accrue financial or in-kind benefit from a person's participation in WIC, e.g. by reducing its expenditures for food because some of its residents participate in WIC.

- WIC foods must not be used in communal feeding.

  - WIC authorizes a special package of foods intended to meet the individual nutritional needs of each participant based on that individual's stage of growth, development and health and nutrition status. If foods purchased with WIC funds were used in the institution's communal food service, they might reduce institutional food purchases, and would not enhance the individual WIC participant's diet to the degree intended.

- The institution must establish a methodology to account for the provision of WIC foods to eligible individuals.

- The institution must ensure that all of its WIC participants have access to WIC Program services and benefits provided by the local health department, including at least two nutrition education contacts every six months.

  - WIC nutrition education may be provided to eligible incarcerated women regardless of whether the prescribed diet is provided with the assistance of WIC funds.

D. The provision of WIC benefits and services by the local health department is subject to the availability of WIC caseload slots, the WIC priority system and waiting lists.

E. VDH shall collect data and report annually on the number of incarcerated women who apply for and receive WIC Program benefits.

F. All correctional institutions and local health departments are encouraged to ensure that all pregnant incarcerated women receive risk appropriate, coordinated health care through the provision of maternity case management services.

G. VDSS and VDH shall jointly develop and implement a system to ensure that infants born to incarcerated women shall be referred to the local health department for WIC Program certification within one week after birth. This system shall be for all infants born to incarcerated women, not just those participating in the pilot projects. Similarly, VDC, VDYFS and VDH shall jointly develop and implement a system to ensure that all pregnant women who are released from correctional facilities before they have delivered shall be referred to their local health department for WIC Program

and other appropriate services such as Baby Care. These agencies shall also cooperate in developing and implementing a system to track the birth outcomes for women who are incarcerated during all or a portion of their pregnancies.

This interagency agreement is approved by:

Director Virginia Department of Corrections	Date
Director Virginia Department of Youth and Family Services	Date
Commissioner Virginia Department of Social Services	Date
Commissioner Virginia Department of Health	Date
Secretary of Health and Human Resources	Date
Secretary of Public Safety	Date