

---

**SECTION: ADMINISTRATIVE POLICIES AND PRACTICES**

**SUBJECT: Program Integrity: Service/Information Provided by the Local Agency at the Time of Certification**

**ITEM: Employee Security Affidavit and User Identification (Logon ID)**

---

## **Purpose**

To ensure the security and integrity of the WIC Management Information System (WIC MIS).

## **Policy**

The local agency is required to have all individuals, regardless of their duties, who have access to the WIC MIS read and sign an Employee Security Affidavit (ESA) (DHS 4467). The WIC MIS logon IDs serve as the staff member's signature or "fingerprint" on all activity conducted while in WIC MIS therefore each staff member whose duties require WIC MIS access shall have a unique logon ID.

## **Authority**

7 CFR 246.6 (e), 246.7 (i) (9)

## **Required Procedures**

- I. All local agency employees with WIC MIS access shall read and sign an ESA form and comply with the following:
  - A. be responsible for all information entered and functions performed;
  - B. exercise all security requirements specified in WPM 120-10 *Access to and Security of Confidential Information* to protect integrity and confidentiality;
  - C. not share their Logon ID and password with any individual, including applicants, participants and other WIC staff;
  - D. not create a generic WIC MIS Logon ID;
  - E. take all precautions and efforts necessary to protect the visual observation of their Logon ID and password when they enter it into the WIC MIS;

- F. logon to only one terminal at a time with a valid WIC MIS Logon ID; and,
  - G. understand that appropriate action (as determined by the State Agency or local agency) may be taken against them if they do not comply with the security requirements of this policy.
- II. The local agency supervisor is responsible for:
- A. ensuring that the ESA form is not changed, altered, or tailored;
  - B. ensuring that each ESA contains all required information;
  - C. having a signed ESA for each local agency employee, volunteer, student, or anyone else who has any access to WIC MIS;
  - D. maintaining a file of all signed affidavits at the agency's main site;
  - E. having all signed affidavits available for federal or state audit purposes;
  - F. completing a new ESA for each local agency employee, volunteer or student once every three years;
  - G. retaining affidavits for three years from date of employee's signature; and
  - H. having a new ESA filled out and added to the agency's file if:
    - 1. a logon ID changes (e.g. due to a name change)
    - 2. an employee is new to your agency, even if they come to you from another California WIC agency; or
    - 3. an employee leaves your agency and is rehired.
- III. The local agency shall ensure that no generic logon ID's are in use and conduct regular reviews and maintenance of the WIC MIS logon ID's for the agency. The supervisor shall:
- A. review the agency's WIC MIS logon ID Maintenance Report and delete any logon IDs of former employees and any other unnecessary logon IDs;
  - B. review the Local Logon ID maintenance process to add, change, delete or reset staff used or logon IDs and passwords (WIC MIS Local Administration Manual, Chapter 25, Security Logon Maintenance);
  - C. Chapter 25, Security Logon Maintenance);

- D. perform logon ID functional security within the agency (WIC MIS Local Administration Manual, Chapter 25, Security Logon Maintenance); and
- E. remind staff of security requirement on a regular basis (at least annually). And document in Staff Training Log.

**NOTE:** Should you experience any problems with the above functions, please contact the WIC MIS Help Desk at 1-800-224-7472.

## EMPLOYEE SECURITY AFFIDAVIT WIC MANAGEMENT INFORMATION SYSTEM (WIC MIS)

I have read the WIC Program Manual, Policy WPM Section 140-20, titled "Employee Security Affidavit (ESA) and User Identification (Logon ID)" and I will comply with the security requirements as stated. In addition:

1. I understand that each time I enter my Logon ID and password on a WIC MIS terminal, I am responsible for all information entered (i.e. documentation of the nutrition risks identified, WIC food package prescribed, and/or nutrition education provided) for the entire period I am logged on; and that my Logon ID serves as my personal signature on all activity conducted while in WIC MIS;
2. I will exercise all security requirements specified in WPM Section 140-20 to preserve data integrity and confidentiality;
3. I am aware that my WIC MIS Logon ID and password is confidential data and I will treat them as such;
4. I will not share my Logon ID or password with any other individual, including applicants, participants, and other WIC staff;
5. I will take all precautions and efforts necessary to protect the visual observation of my Logon ID and password;
6. I will Logon to only one terminal at a time with a valid WIC MIS Logon ID;
7. Complete a new ESA for all individuals who have access to WIC MIS once every three years; and
8. I understand that appropriate disciplinary action (as determined by the State or local agency) may be taken against me if I do not comply with the security requirements of WPM Section 140-20.

User employee name (print full name)	Title	
User/employee signature	Date	
Supervisor name (print full name)	Title	
Supervisor signature	Date	
Local agency name	Agency Number	
Local agency (physical) address (number, street)	City	ZIP code

# WIC MIS Logon ID Maintenance Request Form '100'

## Staff Information

Name: \_\_\_\_\_ Last 4 Digits of SSN: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_ email: \_\_\_\_\_ Agency #: \_\_\_\_\_

Current Local Agency User ID: \_\_\_\_\_

**Send Completed Requests to your Contract Manager**

## Type of Request (choose only one)

**Add** (new logon ID)    **Change** (add/delete functional authority levels)    **Delete** (logon ID)

Document reason for request (e.g. position or duty change):

\_\_\_\_\_

\_\_\_\_\_

## WIC MIS Region

Production (CIWIC)    Acceptance (CIWICA)    Training (CIWICT)    ITSD Staff

## Functional Authority Request (choose only one)

Add Authority Level(s)    Delete Authority Level(s)

**Choose all that apply to either add or delete**

## Authorization

- |  |   |
|--|---|
| <input type="checkbox"/> LOGON ID MAINTENANCE        | <input type="checkbox"/> PREPARE PACKAGES TO PRINT      |
| <input type="checkbox"/> LOCAL ADMINISTRATION        | <input type="checkbox"/> PRINT FOOD INSTRUMENT          |
| <input type="checkbox"/> LOCAL ADMINISTRATION BROWSE | <input type="checkbox"/> CHANGE ISSUED FOOD PACKAGE     |
| <input type="checkbox"/> LOCAL CHECKSTOCK INVENTORY  | <input type="checkbox"/> FOOD PRESCRIPTION - EXCEPTIONS |
| <input type="checkbox"/> VOID CHECKSTOCK/FI          | <input type="checkbox"/> IMMUNIZATION                   |
| <input type="checkbox"/> COMPETENT PROF AUTHORITY    | <input type="checkbox"/> DAILY/MONTHLY SCHEDULES        |
|  | <input type="checkbox"/> UNLOCK                         |

**Original signatures only.** All requests must have **LOS, IU** and **ITSD-TSU** signatures.

1. **Contract Manager's** Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. **LOS Chief's** Signature: \_\_\_\_\_ Date: \_\_\_\_\_

3. **IU Chief's** Signature: \_\_\_\_\_ Date: \_\_\_\_\_

4. **ITSD-TSU Chief's** Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Logon ID Create/Update Documentation

Name and section of person creating or updating the State Logon ID: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date local agency Staff and Contract Manager notified via email   Date: \_\_\_\_\_