

Unused and Returned WIC Formula: Donation Guidelines

Washington State WIC Nutrition Program
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Unused and Returned WIC Formula: Donation Guidelines

Purpose To ensure the safety and nutritional quality of formula provided through the WIC program and provide a reasonable way to minimize unnecessary waste of returned WIC formula.

Participants return formula to the clinic for a variety of reasons – changes in formula due to medical needs, tolerance, breastfeeding changes and no longer needed. With the local agency’s legal or leadership approval and guidance, returned standard formulas determined to be in good condition may be donated to a food bank/food pantry. It is an option for local agencies to donate formula; it is not a requirement.

Guidelines Staff may not give returned formula to participants.

Staff must destroy returned formula unless staff have written approval by local agency legal or leadership as meeting the agency’s donation policy criteria.

Refer to [Volume 1, Chapter 23: Returned WIC Formula](#) policy.

Prior to implementing a local agency formula donation policy, the local agency must submit a copy of the policy and leadership approval letter to the State office.

Authority

[CFR 246.12\(n\)](#)

USDA [Food Package Policy and Guidance](#) (Ch 6, para G; 3/2018)

42 U.S.C. § 1791, the [Bill Emerson Good Samaritan Food Donation Act](#)
[Revised Code of Washington \(RCW\) Chapter 69.80](#)

Chapter 246-215 Washington Administrative Code (WAC), Subpart D -
Donated Food Distributing Organizations (aka the [Washington State Retail Food Code](#)):

- a. WAC 246-215-03100
- b. WAC 246-215-03205
- c. WAC 146-215-03255

Procedure:

The Local Agency must have a formula donation policy that:

A. Adheres to:

- i. The federal [Bill Emerson Good Samaritan Food Donation Act](#).
- ii. The Revised Code of Washington (RCW) chapter 69.80.
- iii. Chapter 246-215 Washington Administrative Code (WAC), Subpart D - Donated Food Distributing Organizations (aka the [Washington State Retail Food Code](#)):
 1. WAC 246-215-03100
 2. WAC 246-215-03205
 3. WAC 146-215-03255

B. Requires staff to assess the returned formula to determine if the formula is suitable for donation or if staff needs to destroy the formula. The assessment must include:

- i. The reason for the returned formula.
 1. Return for exchange: [Use the Cascades Steps – Replace Food and Formula Benefits Handout](#).
 2. Return due to no longer needed.
- ii. Condition of the can/container. It must:
 1. Be unopened.
 2. Have original label intact.
 3. Not be damaged:
 - a. Bulging,
 - b. Leaking,
 - c. Dented,
 - d. Punctured,
 - e. Cracked,
 - f. Rusty, or
 - g. Missing the container label.
- iii. The temperature of where the formula was stored.
 1. Ask the caregiver “Have you kept this formula at room temperature in your home and not in a car or other location where temperatures can be extreme?”
 2. Formula degrades when it is stored outside of 55-75 degrees F.
 3. It is still safe to consume outside these temperatures, but the nutrition content degrades.
- iv. The expiration date.
 1. The local agency may donate the formula for use prior to the

- expiration date.
 - 2. The format used for the expiration date is *day of month/month/year*.
 - 3. The day of the month is always the first day of the month. Depending on the manufacturer, the number “1” may not be included (e.g., May2022, 1May 2022 or 05/2022).
- C. Identifies where staff will temporarily store the returned formula, for donation, in the clinic.
- i. Must be in secure location.
 - ii. Must be out of view of WIC participants.
- D. Requires staff to document the following information in the participant’s Individual Care Plan:
- i. That the caregiver returned the formula to the clinic.
 - ii. The formula name and number of cans returned.
 - iii. Reason for return.
 - iv. How caregiver stored the formula.
 - v. How staff handled the returned formula.
 - 1. Example note 1: *5 cans Similac Advance returned due to gassiness. Exchanged for Similac Sensitive. Caregiver stated formula stored in car trunk/high heat. Destroyed formula, per guidelines.*
 - 2. Example note 2: *5 cans Similac Advance returned due to gassiness. Exchanged for Similac Sensitive. The condition of the can was suitable, the caregiver stored the formula at ambient room temperature and the formula was not expired. Staff accepted the formula for donation. The clinic staff stored the formula in the designated area for donation.*
- E. Identifies that formula is not suitable for donation if:
- i. Opened or damaged.
 - ii. Stored in a location for any length of time in temperatures lower than 55 and above 75 degrees F.
 - iii. Expired.
- F. Identifies local food banks for donation of returned formula:
- i. Link to the [Washington State Department of Health Charity Food Donations Guidelines](#).
 - ii. Link to the [Washington State Department of Agriculture Map of Hunger Relief Organizations](#).
- G. Identifies local agency doesn’t allow formula to be used or given to:
- i. Participants.
 - ii. Staff, their family, and their friends.
- H. Requires staff to document returned WIC formula on a Returned WIC Formula Donation Record that includes:
- i. Instructions on how to complete the donation record form.

- ii. Instructions on where and how long to retain.
- I. Requires staff to destroy formulas not suitable for donation within one week of assessment.
 - i. Dispose in small batches to avoid large quantities of formula in the trash.
 - 1. Liquid formula: Open containers and pour contents down the drain; discard container.
 - 2. Powder formula: open contain and pour into trash; discard container.
- J. The local agency's legal authority or leadership provides a written confirmation that:
 - i. They approve the donation policy.
 - ii. The donation policy doesn't place any WIC staff in a position that may result in a liability claim.
- K. The local agency submits policy with written confirmation by legal authoring or leadership to the State office, at WAWICFoods@doh.wa.gov, and receives State office approval notice prior to use.

Note:

- Advise staff to reduce the number of returned cans:
 - Offer only one or two cans of formula to allow the caregiver to try the formula before they buy an entire month's worth.
 - Continue to talk to caregivers about how to appropriately prepare and store formula and how to identify signs of hunger and fullness in infants.
 - Remind families they don't have to purchase all the formula in their WIC benefits at one time.
 - Assess the need to modify the food prescription before issuing benefits.
- The agency may choose to use the attached sample Returned WIC Formula Donation Record form in the appendix in [Volume 1, Chapter 23: Returned WIC Formula](#).



Returned WIC Formula Donation Record

Name of organization where WIC formula was donated:

Address of organization:

Phone number of organization: ()

Formula Description	Powder	RTF	Concentrate	Amount Donated	Comments
<input type="checkbox"/> Similac Advance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Similac Soy Isomil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Similac Sensitive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Similac Total Comfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Similac for Spit-Up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Similac NeoSure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Similac Alimentum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Enfamil NeuroPro EnfaCare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Nutramigen LGG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> PediaSure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> PediaSure with Fiber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Organization representative's printed name and signature

WIC staff signature

Date organization received formula: _____ / _____ / _____
Month Day Year