

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF HEALTH

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IN RE: PA WIC ADVISORY

BOARD MEETINGS,

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WIC PROGRAM

HEARING TRANSCRIPT

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BEFORE: DR. DEBRA BOGEN, Chair
Sally Zubairu-Cofield, Member
Kelly Kane, Member
Lisa Sanchez, Member
Miriam Seidel, Member
Britney Zwergel, Vice Chair, Member
Katja Pigur, Member
Gerria Coffee, Member
Essence Cohen-Fields, Member

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Raeni Yock, Member

Bobbie Johnson, Member

Charlotte Dorsey, Board Secretary, Member

Cathy Moffitt, Member

Theodore Deitman, Member

Michael Howells, Member

Dr. Amaka Nnamani, Member

HEARING: Tuesday, October 22, 2024

1:02 p.m.

LOCATION: Microsoft Teams

Reporter: Morgan Rhodes

A P P E A R A N C E S

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OTHERS IN ATTENDANCE:

Heather Baker, Sean Burrows, Tiffany Carper, Chandra
Daye, Cynthia Findley, Robyn Gordon, Tiffany
Heckard, Kathleen Jenkins, Tracy Kelly, Marie Ford,
Melissa Bishop, Melissa Maust, Radha Pennotti,
Carrie Powell, Ryan Prater, Shannon Hayward, Mark
Shirk, Danielle Stimely, Sue Mahakey, Brian Whorl,
Tracey Ziegler Michelsen
Edward Dilenno, Board Counsel
Nicholas Kiger, Board Counsel

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NONE OFFERED

P R O C E E D I N G S

CHAIR: Good afternoon, everyone, and welcome. I'm officially calling this meeting to order. This is the Women, Infants and Children State Advisory Board meeting being held at 1:00 on October 22nd, 2024.

My name is Dr. Debra Bogen, and I am the Secretary of Health for the Pennsylvania Department of Health. I'm also the chair of this Board.

Just a few preliminary things. One, this meeting is being recorded. By staying on, you are consenting to being recorded. And also this meeting is being transcribed by a stenographer.

There are also a few procedural matters we need to go through next. First is the roll call. After I read your name and roll, please acknowledge that you are present. Kelly Kane, medical professional.

Is Kelly on? It doesn't look like it.

Lisa Sanchez, medical professional. Miriam Seidel, food and security advocate.

MS. SEIDEL: Present.

1 CHAIR: Thank you, Miriam, welcome.
2 Britney Zwergel, food and security advocate.

3 MS. ZWERGEL: Present.

4 CHAIR: Thank you. Dr. Pigur,
5 Maternal Child Health Advocate.

6 DR. PIGUR: Present.

7 CHAIR: Did I say your name wrong
8 again?

9 DR. PIGUR: That's okay, Katja Pigur.

10 CHAIR: Thank you. Gerria Coffee,
11 Maternal Child Health Advocate. Essence Cohen-
12 Fields, current or former WIC participant.

13 MS. COHEN: Present.

14 CHAIR: Thank you, Essence. Raeni
15 Yock, current or former WIC participant. Bobbie
16 Johnson, current or former WIC participant.
17 Charlotte Dorsey, WIC local agency rep.

18 MS. DORSEY: Present.

19 CHAIR: Thank you. Kathy Moffitt,
20 WIC local agency rep.

21 MS. MOFFITT: Present.

22 CHAIR: Theodore Dietman, WIC local
23 agency rep.

24 MR. DEITMAN: Present.

25 CHAIR: Thank you. Michael Howells,

1 WIC authorized vendor or food merchant.

2 MR. HOWELLS: Here. Good afternoon.

3 CHAIR: Thank you. Alex Baloga, WIC
4 authorized vendor or food merchant. Amaka Nnanami,
5 designated breastfeeding expert. Has any - Mark,
6 did you or anyone else notice, did anyone else join
7 that I had already called?

8 DR. KANE: Hi, this is Dr. Kelly
9 Kane.

10 CHAIR: Oh, thank you, Dr. Kane.

11 DR. KANE: Thank you.

12 CHAIR: Anyone else on the Board that
13 joined after I called your name?

14 BOARD MEMBER: Dr. Bogen, someone put
15 in the chat Rainey Yock.

16 CHAIR: Okay.

17 Raeni, are you on the call, Raeni
18 Yock? I see you. Thank you, Raeni.

19 Okay. Anyone else?

20 All right, Mr. Kiger, can you please
21 confirm that we have a quorum for today's meeting?

22 MR. KIGER: We have ten, so we do
23 have a quorum, Secretary.

24 CHAIR: Thank you so much. We do
25 need a quorum for 10 of 15 voting members. So

1 everyone's presence, whether virtual or in person in
2 each meeting is very important. There must be a
3 quorum for the Board to conduct any business. So
4 thank you for being here. I appreciate it.

5 Our second order of business is to
6 approve the meeting minutes from the August and
7 September Board meetings. You were all sent the
8 meeting minutes for those two meetings held on
9 August 21st and September 10th. I hope you've had a
10 chance to review these minutes. We had a few minor
11 edits made and sent around with updated copies,
12 which hopefully you've had a chance to review. So
13 at this time, taking each meeting in turn, may I get
14 a motion to approve the meeting minutes from August
15 21st Board Meeting?

16 BOARD MEMBER: I move.

17 CHAIR: Thank you. A second.

18 BOARD MEMBER: Second.

19 CHAIR: Great. All in favor of
20 motion, say aye.

21 ALL RESPOND AYE

22 CHAIR: Thank you. Any opposed and
23 any abstentions? Okay. So it looks like the
24 majority is in favor. The minutes are approved from
25 the August meeting.

1 We're going to do the same thing.
2 We're going to - I needed a motion to approve the
3 minutes from the September 10th meeting.

4 BOARD MEMBER: So moved.

5 CHAIR: Thank you so much. A second?

6 BOARD MEMBER: I second.

7 CHAIR: Thank you. Any all in favor,
8 please say aye.

9 ALL RESPOND AYE

10 CHAIR: Great. Any opposed? And any
11 abstentions? All right. It looks like the minutes
12 from the September meeting are also approved. So
13 thank you all.

14 Again, thank you all for your
15 participation, your dedication, your commitment to
16 serving on the WIC advisory board. I always look
17 forward to these meetings and look forward to the
18 outcomes from this advisory board for the benefit of
19 the Pennsylvania WIC. I will now turn things over
20 to Mark Shirk, the Pennsylvania WIC Director of
21 Regional Territory Coordination, to walk through the
22 remaining matters.

23 Mark, thanks for taking over.

24 MR. SHIRK: Thank you, Dr. Bogen. Our
25 third order of business is to discuss a specific

1 matter in your appointment letters in reference to
2 reimbursement for the cost for attending meetings
3 and conferences for board members. I would like to
4 clarify the situation regarding reimbursement for
5 expenses related to the upcoming November NWA
6 meeting.

7 Although your appointment letters
8 state the board members are entitled to
9 reimbursement for reasonable travel, lodging, and
10 other necessary expenses incurred in the performance
11 of your duties, we have recently received
12 conflicting information from the USDA regarding
13 these guidelines. We are currently waiting for
14 further clarification and guidance from the USDA.

15 Unfortunately, due to procurement
16 timelines, reimbursement for Board members for the
17 upcoming training will not be permitted. We
18 appreciate your understanding as we navigate this
19 matter and we will keep you updated as soon as we
20 receive more information.

21 I will now turn things over to Missy
22 Maust, the education and training manager and our
23 state agency Division of Quality Assurance and
24 Program Integrity, led by Robyn Gordon, to walk
25 through the fourth order of business.

1 MS. MAUST: Thank you, Mark. Good
2 afternoon, everybody. I'm just going to be walking
3 through the PA WIC website and we'll talk also a
4 little bit about the self-checkout with the E-WIC
5 card. So I'm just going to walk you through the
6 website showing you where some resources are that
7 you may find helpful or your peers may find helpful,
8 community organizations, participants, and the
9 general public.

10 BOARD MEMBER: Missy, before you get
11 started is someone able to put a link to the website
12 in the chat so everyone can follow along here?

13 MS. MAUST: I'll do that real quick.
14 There you go.

15 All right.

16 So on this main page, obviously when
17 they come to it, it does explain who is eligible for
18 the program. It does kind of go over some income
19 guidelines if they're interested in, how they can
20 contact us. And also they can also find the nearest
21 clinic to them so they can either put in their zip
22 code, county, they can determine the distance. And
23 that will bring them information as to where the
24 nearest clinic is.

25 Under the WIC program area, there is

1 a little bit of breastfeeding and nutrition
2 information here. But the majority of that
3 information lies with our WIC clinics to provide to
4 our participants based on their assessments that
5 they're doing. There's also the WIC food lists that
6 are here and anybody can come here. They're also in
7 multiple languages listed here as well.

8 Also under this particular area is
9 referrals. And if you click on that, it does have
10 certain links to certain programs as well as our
11 community service brochures that we give out as
12 well.

13 Under the healthcare providers,
14 doctors can come here if they wish or need to pull
15 our formula authorization form so that they can give
16 that to participants, or participants can even come
17 here to get that form before they go to the doctors
18 as well.

19 The big area in our website is the -
20 basically the pre-application. This area is where
21 anybody who is interested in applying for the
22 program can potentially put their information in to
23 get contacted by the WIC clinic.

24 Obviously on here we start to collect
25 basic contact information, like their name and

1 address, if they prefer morning or afternoon
2 appointments. We ask if they are new to the
3 program, if they may be reapplying, transferring in
4 from another county or state. And then it does ask
5 who they're going to be applying for, so whether
6 it's the mom or children, they can select each of
7 those, and with those they bring back some
8 additional information, such as the mom's name, date
9 of birth, her status, if she's pregnant or she's
10 recently delivered, and also race, ethnicity and if
11 they're receiving medical assistance at all.

12 For children, it's pretty much about
13 the same information, name, date of birth, race,
14 ethnicity and medical assistance. And they can
15 always click on add child if they have multiple
16 children to add.

17 Also here, and this list is also on
18 the main page as well, but it does explain what they
19 need to bring. And we're going to be talking about
20 that a little bit later.

21 And then the last little bit is there
22 are some resources here, some outreach materials in
23 different languages. We also have our shopping with
24 E-WIC videos here, although I think the majority are
25 using the WIC Shopper App as you saw last week, but

1 those are here as well.

2 I also wanted to point out this is
3 where we have the PA WIC advisory board. And when
4 you click on that, you will see the meeting agendas
5 and minutes here as well.

6 So that was just a really quick kind
7 of guide as to what is all on our PA WIC.com
8 website.

9 Heather Baker is going to talk a
10 little bit about self-checkout and Heather is our
11 public health program manager in charge of the EBT
12 section in our division of Finance and Technology.

13 Heather.

14 MS. BAKER: Thanks Missy. Good
15 afternoon, everyone. So I have two really short
16 slides just to talk about a little bit of our
17 self-checkout initiative that we had completed for
18 Pennsylvania WIC. So corporate stores or any stores
19 that might have had a self-checkout lane, a smaller
20 store, they were contacted to determine their desire
21 to have self-checkout as an option for our PA WIC
22 participants.

23 So back in June of 2023, the PA WIC
24 program began a self-checkout pilot in three
25 counties. We did Bucks, Erie, and Lackawanna

1 counties. During that pilot program, our retail
2 store coordinators from our local agencies who
3 oversee the WIC program in those counties visited
4 those stores to test the functionality of the
5 self-checkout as it relates to E-WIC purchases.

6 So they were basically doing the same
7 tests that we do for a store to certify them for the
8 WIC program. They were doing those tests on the
9 self-checkout point of sale systems.

10 So after a brief pilot period, we had
11 statewide implementation of the self-checkout. It
12 was announced to be a retail store alert on July
13 6th, 2023. Vendors can choose to participate or not
14 participate in self-checkout for E-WIC. It's
15 entirely up to their discretion. Next slide.

16 So any vendors that would like to
17 participate in the self-checkout are encouraged to
18 email that resource account that you see there to
19 begin the process. That was also in the retail
20 store alert that we had sent out, but they can email
21 us at any time if they'd like to get that process
22 started.

23 And then I put a little clip there of
24 the WIC Shopper App. So stores with self-checkout
25 capabilities are indicated on the shopper app as

1 seen there. It might be a little small, but if any
2 of you have access to the app, you can look it up
3 for your area. So in this example, Weis' Markets is
4 shown as supporting self-checkout. And it says this
5 vendor supports self-checkout, while BG's Value
6 Market, which does not have self-checkout, is just
7 indicated as being E-WIC certified.

8 So any of our stores that are on the
9 shopper app should be E-WIC certified. That's how
10 we would put them on so that participants would know
11 how to use them. But if it is specifically have
12 self-checkout at their locations, that will be
13 indicated in their description.

14 So I'll pause here to see if anyone
15 had any questions regarding that or I guess can also
16 wait till the end of the meeting when questions are
17 open.

18 BOARD MEMBER: We can take questions
19 now on Heather's topic and Missy's website
20 explanation.

21 MS. BAKER: So it doesn't seem like
22 there's any questions right now. So for our fifth
23 order of business, I was going over some information
24 about what to expect at a WIC appointment, including
25 a walkthrough of the WIC certification process and

1 shopping experience. So I will turn that back over
2 to Melissa Maust.

3 MS. MAUST: Thank you, everyone. All
4 right. So we're just going to be walking through
5 what a WIC appointment looks like. I'm going to
6 provide you with some information along the way as
7 well. Hold on just a second. My screen isn't
8 coming up. All right. Sorry, my screen just froze.
9 Okay.

10 Maybe, I'm not sure why, but it's
11 skipping the one thing. So hold on just a minute
12 here. There, it went back. So just to kind of give
13 you a breakout of our participants, just so that you
14 have an idea, about 7 percent of our participants
15 are pregnant, 3 percent are fully breastfeeding, a
16 little more than 3 percent are partially
17 breastfeeding women. And our not breastfeeding
18 postpartum women are around 8 percent, with about 22
19 percent coming from our infants, and then the rest
20 of them are our children.

21 So for applicants, when they schedule
22 their first appointment, there are several documents
23 that they're going to need. They're going to need
24 proof of identity, such as a driver's license or
25 crib card, birth certificate. They'll also need

1 proof of residency, such as a utility bill. They're
2 also going to need proof of income, such as pay
3 stubs.

4 Some additional documents that may be
5 needed depending on the situation, are proof of
6 pregnancy or a formula authorization form if the
7 applicant happens to be on a certain formula.

8 So when participants come in for
9 their first appointment, staff will review identity,
10 residency, and income, and enter it into the system.
11 They are reviewing identity to make sure that they
12 are who they say they are. They are also making
13 sure the name and date of birth that we have entered
14 into the system are correct, because growth charts,
15 food packages, and certain risk codes are based on
16 the date of birth, specifically. They're also
17 reviewing residency to see that the person lives in
18 Pennsylvania because participants can only receive
19 WIC in the state that they live, and they're making
20 sure that they are income eligible for the program.

21 So as a reminder, applicants are
22 considered economically eligible for - if their
23 total household income is no higher than 185 percent
24 of the poverty income guidelines. So for example, a
25 household of four can make no more than \$57,720

1 annually. However, applicants who participate, or
2 who have certain family members who participate in
3 SNAP, Medicaid or medical assistance, LIHEAP or
4 TANF, are inductively income eligible, meaning they
5 are automatically meet our income guidelines or
6 criteria.

7 If applicants do participate in SNAP,
8 MA or TANF, or LIHEAP, the WIC staff do have the
9 ability to look up that information in ESIS, which
10 is welfare's system, to see if the applicants are
11 active for those programs. So once staff have
12 reviewed that information, they're going to be
13 taking the participant or applicant into the lab,
14 where staff will weigh, measure, and check
15 hemoglobin, if appropriate, for the WIC type.

16 Referral data can be used if the
17 participant has recently been to the doctor's
18 office, or it can be deferred if they have one
19 coming up. Applicants then must have a nutrition
20 risk to be eligible for the program. And this is
21 determined through a complete nutrition assessment
22 which is done by nutrition professionals in the WIC
23 clinic. The nutrition professional will do an
24 assessment, provide pertinent education, and work
25 with the participant on a goal that they would like

1 to work on over the next couple of months.

2 So that you have some general idea of
3 risk codes, they are broken down into five
4 categories. And these are federally regulated. As
5 you can see in the table, they are in the prometric,
6 biochemical, clinical, dietary, and then there's
7 another category as well.

8 So now we're going to do a little
9 skit for what the nutrition assessment looks like.
10 Kathleen Jenkins is going to be helping me with this
11 piece. Are you on, Kathleen?

12 MS. JENKINS: I am, yeah.

13 MS. MAUST: Okay.

14 I'm ready whenever you are.

15 MS. JENKINS: All right. Good
16 afternoon, everyone. For this skit, I'm gonna play
17 the role of the nutritionist, the staff person, and
18 Missy will play the endorser of the WIC participant.
19 And this is a recertification appointment for a
20 three year old child.

21 All right. Good morning, Gigi. My
22 name is Kathleen. I'm a nutritionist here in the
23 Keystone WIC Clinic. How are you?

24 MS. MAUST: Good, thanks.

25 MS. JENKINS: Good. Today we are

1 recertifying your daughter, Kai. The appointment
2 will flow something like this. We already measured
3 Kai's height and weight, and we checked her
4 hemoglobin with a quick finger stick.

5 We'll talk a little bit about what
6 those measurements tell us, then we'll go through
7 some health and nutrition-related questions. I'll
8 provide a little education based on what I learned
9 and what interests you, and then we'll talk about
10 something you might want to work on before your next
11 WIC visit.

12 We'll conclude with reviewing your
13 food package. Does that all sound good?

14 MS. MAUST: Yes.

15 MS. JENKINS: Okay. All right.

16 Well, Kai's weight for her age is
17 right in the middle. She's right around the 55th
18 percentile. Her height for her age is at the 70th
19 percentile. So she's on the tall side, but well
20 proportioned. We like to see that weight and height
21 move together. And since last visit, they've done
22 just that. Her hemoglobin test, which can be a
23 reflection of how much iron she's consuming in her
24 diet was normal at 12.6, which is great.

25 MS. MAUST: Okay. That's great. I'm

1 glad to hear that.

2 MS. JENKINS: Who does Kai see for
3 her doctor's checkups?

4 MS. MAUST: Dr. Price on
5 Elizabethtown Road. It's the E-Town Family
6 Practice. The doctor's name is Vincent Price.

7 MS. JENKINS: Okay. All right.
8 Is it okay for us to share Kai's WIC
9 information with your healthcare provider should it
10 ever be necessary?

11 MS. MAUST: Yes.

12 MS. JENKINS: Okay. All right.
13 Has Kai been diagnosed with any
14 medical conditions or do you have any concerns about
15 her health?

16 MS. MAUST: No. Thank goodness,
17 she's been pretty healthy. I don't have any
18 concerns.

19 MS. JENKINS: Okay. All right. Good
20 to hear.

21 Is she on any medications?

22 MS. MAUST: She takes an inhaler.

23 MS. JENKINS: Okay.

24 Is the inhaler for asthma?

25 MS. MAUST: Yes, she has asthma. She

1 gets the inhaler twice a day.

2 MS. JENKINS: Okay. All right.

3 Any other medications?

4 MS. MAUST: No.

5 MS. JENKINS: What about a
6 multivitamin?

7 MS. MAUST: Yeah. Flintstones, when
8 I remember.

9 MS. JENKINS: Okay. Got it. That
10 sounds good.

11 Does Kai have any food allergies that
12 you know of?

13 MS. MAUST: I think she might be
14 allergic to strawberries.

15 MS. JENKINS: Okay.

16 Are you able to tell me more about
17 that?

18 MS. MAUST: Well, I fed them to her
19 at breakfast a few months ago. And then not long
20 after that, I noticed a rash on her chest. I wasn't
21 sure at the time if it was the strawberries or
22 something else she ate. But then recently we were -
23 we went to a barbecue place and she ate shortcake
24 with strawberries. And I noticed the same thing
25 happened again. She developed a rash on her chest

1 and neck. So I think it might have been the
2 strawberries. I've just been avoiding them since.

3 MS. JENKINS: Yeah, I think that's a
4 good idea. It sounds like you haven't had a chance
5 to talk to your doctor about it yet.

6 Is that right?

7 MS. MAUST: Right. We saw the doctor
8 not long before she had the first rash. And we
9 don't go back until next year.

10 MS. JENKINS: Okay. All right.
11 Thanks for sharing all of that information.

12 So far you haven't noticed that
13 reaction with any other foods?

14 MS. JENKINS: No. No other foods.
15 Thank goodness.

16 MS. JENKINS: Okay. All right.
17 Great.

18 Let's talk a little bit about her
19 dental health. How do you take care of Kai's teeth?

20 MS. MAUST: Kai brushes her teeth
21 about twice a day, morning and evening, but I
22 usually have to help her.

23 MS. JENKINS: Yeah. Has she been to
24 the dentist yet?

25 MS. MAUST: Yes. In fact, we have an

1 appointment coming up on the October 30th.

2 MS. JENKINS: Okay. Awesome.

3 Can you tell me more about the types
4 of activities that she's enjoying?

5 MS. MAUST: She likes to color, play
6 with her Barbie's. We do go to the park. She plays
7 on her trampoline that we have. And she also rides
8 her bike and occasionally swims.

9 MS. JENKINS: Okay. That all sounds
10 good.

11 Does Kai spend most of her days at
12 home or is she in school or a daycare program?

13 MS. MAUST: She spends most of the
14 day at our home. But about once or twice a week
15 she'll spend the day with her grandparents.

16 MS. JENKINS: Okay.

17 And how many hours a day, if any,
18 does she watch TV or use a tablet, phone, or laptop?

19 MS. MAUST: Less than an hour. She's
20 too busy running around to sit still and watch TV
21 for very long.

22 MS. JENKINS: Yeah, that's a good
23 thing. That's a great thing.

24 What does Dr. Price say about Kai
25 regarding her developmental milestones?

1 MS. MAUST: I think she's been right
2 on target for them.

3 MS. JENKINS: Yeah. Good.
4 How would you describe her appetite?

5 MS. MAUST: She has a pretty good
6 appetite. She'll pretty much eat whatever I give
7 her. Although she doesn't really always like to
8 finish her veggies.

9 MS. JENKINS: Yeah. That can be very
10 normal for a child.

11 Let's start with breakfast. What
12 does she usually eat for breakfast?

13 MS. MAUST: Cereal with milk,
14 scrambled eggs, or toast with avocado and tomatoes.

15 MS. JENKINS: Yeah. That's
16 impressive that she likes avocados and tomatoes.
17 What about lunch?

18 MS. MAUST: Lunch is usually
19 leftovers from supper. So like mac and cheese, hot
20 dogs, ravioli. And then I also usually will try to
21 give her some fruit.

22 MS. JENKINS: Great.

23 How do you offer those hot dogs?

24 MS. MAUST: I usually cut them up
25 into small pieces for her.

1 MS. JENKINS: Yeah. Good. That will
2 help prevent any choking.

3 How about fruit? What types of fruit
4 does she usually like to eat?

5 MS. MAUST: Pretty much anything I
6 can buy with - through WIC, like bananas, diced
7 peaches in cups, applesauce, blueberries.

8 MS. JENKINS: Okay. All right.
9 Great.

10 And how about dinner? What does she
11 usually have for dinner?

12 MS. MAUST: Like grilled chicken with
13 veggies. We do fish sticks and fries. I make
14 meatloaf, rice, and salads occasionally.

15 MS. JENKINS: Yeah. I'm sure that
16 can vary too, by the week. Very impressive that she
17 likes salad.

18 How about other vegetables? Does she
19 like any other veggies?

20 MS. MAUST: Yeah. She'll eat corn
21 and zucchini. And she'll usually eat salads as long
22 as I put a lot of dressing on them. So I have
23 trouble getting her to eat many of the other ones,
24 though.

25 MS. JENKINS: Okay.

1 What are those other vegetables that
2 you've tried to offer?

3 MS. MAUST: We've tried broccoli,
4 green beans, carrots, peppers.

5 MS. JENKINS: Okay. Good. Yeah.
6 It's good. It's good that you continue to offer a
7 variety of things for her to try.

8 Let's switch gears to dairy. How
9 much milk does she typically drink in a day?

10 MS. MAUST: Two cups, I think it's
11 about 16 ounces.

12 MS. JENKINS: Okay.

13 And how about juice? How much juice
14 does she usually drink in a day?

15 MS. MAUST: She doesn't drink that
16 much juice.

17 MS. JENKINS: Okay. That's - that's
18 great.

19 Would you say she drinks more than a
20 cup? Less than a cup?

21 MS. MAUST: It's probably less than a
22 cup. And I usually dilute it with a little water.

23 MS. JENKINS: Awesome.

24 How much water does she drink during
25 the day, usually, in addition to what you put in the

1 juice?

2 MS. MAUST: It's still about, like,
3 two cups. About 12 to 16 ounces.

4 MS. JENKINS: Okay. Good. All
5 right.

6 I know life can be busy. Do you ever
7 have a chance to eat meals together as a family?

8 MS. MAUST: We do. Weeks can get
9 kind of hectic, but we usually try to sit down at
10 dinner. And then during the weekends, obviously,
11 it's a little easier. We usually sit down for each
12 meal.

13 MS. JENKINS: Right. I hear you.
14 How would you describe your meal
15 times at home?

16 MS. MAUST: Of course, you know,
17 there's the occasional whining, especially if we
18 have vegetables that she doesn't like. But we try
19 to use that time to, you know, talk to the kids, you
20 know, see how their day's gone, that kind of thing.

21 MS. JENKINS: Yeah. I love that.
22 Good for you guys.

23 Is there anything you can think of
24 that you'd like to change about Kai's eating, or is
25 there anything you'd like her to eat more of, less

1 of?

2 MS. MAUST: I would love it if she'd
3 eat more vegetables, at least, especially in the
4 amount and the variety.

5 MS. JENKINS: Yeah. I hear you
6 there. I hear you there.

7 All right.

8 We have just a few more questions for
9 you. Do you ever feel like your food choices or
10 meals are different because there isn't enough money
11 for food?

12 MS. MAUST: No, not usually.
13 Sometimes at the end of the month, things get a
14 little tight.

15 MS. JENKINS: I see that you guys
16 already receive SNAP. Do you feel like you could
17 use the help of a food pantry?

18 MS. MAUST: No, not right now.

19 MS. JENKINS: Okay. All right. No
20 problem. If this changes, let us know and we can
21 help you find one in your area.

22 The next question that we ask all
23 families, do you or anyone in your home use any
24 drugs or misuse prescription drugs or alcohol?

25 MS. MAUST: No.

1 MS. JENKINS: Okay. Great.

2 And finally, in the past week or so,
3 has Kai been in an enclosed space such as a home or
4 car while someone else use tobacco products?

5 MS. MAUST: Nobody in our household
6 smokes, but her grandfather does. And so when she
7 visits them once or twice a week, he's smoking
8 inside the house.

9 MS. JENKINS: All right. Good to
10 know.

11 Thank you for answering all of those
12 questions. Kai is eligible to continue to receive
13 WIC. I'm going to hand you or provide you a copy of
14 your WIC rights and responsibilities. You are
15 agreeing that you understand the importance of
16 keeping your WIC appointments, that you will give
17 correct information, that you will only participate
18 in one WIC clinic at a time.

19 You will receive nutrition
20 information and referrals to health services. You
21 won't sell your WIC foods. And you may appeal any
22 decision made by WIC regarding your program
23 eligibility.

24 I know it's a lot. Please take a
25 moment to read over it and let me know if you have

1 any questions.

2 MS. MAUST: I think I'm okay. No
3 questions.

4 MS. JENKINS: Okay. All right.

5 So Kai's certification went through.
6 That was a success. I just need you to sign here.
7 And here is what we have for Kai's food package.
8 We're doing the milk, yogurt and cheese for the
9 dairy as well as the peanut butter. This is the
10 same package as before.

11 Is this still suitable for Kai?
12 Remember, you have the option to add more milk on in
13 place of cheese and or the yogurt, or to add on more
14 beans in place of the peanut butter.

15 MS. MAUST: No, I like to keep it the
16 way it is if that's okay.

17 MS. JENKINS: Okay. Yeah. Of
18 course.

19 You'll also be receiving the farmer's
20 market checks from us. Have you received those
21 before?

22 MS. MAUST: No, I haven't.

23 MS. JENKINS: Okay. All right.

24 So we partner with the Department of
25 Agriculture here in our state to provide each

1 eligible WIC participant three \$10 checks to
2 purchase Pennsylvania-grown fruits and vegetables
3 from farmers markets close to you. We are going to
4 provide you two handouts to help you use them
5 without any issues. One handout compares the
6 dollars that you receive on your E-WIC card to
7 purchase fruits and vegetables from the grocery
8 store with the farmers market checks that you can
9 use to purchase that Pennsylvania-grown produce from
10 your local farmers markets.

11 The other provides a brief list of
12 rules that you want to keep in mind when using your
13 farmer's market checks. So for example, you do not
14 want to sign the check until you're checking out at
15 the farmers market.

16 MS. MAUST: That sounds great. How
17 do I know where I can use them?

18 MS. JENKINS: Great question. Do you
19 have Internet access at home or on your phone?

20 MS. MAUST: Yes, I do.

21 MS. JENKINS: All right.

22 Here's a website that you can use to
23 locate markets in your area. You can simply type in
24 your zip code and it'll provide you the markets
25 closest to you. You don't have to remember this

1 website. It's also one of the handouts that I'm
2 providing you. There's also an app that you can
3 download on your phone called the PA FMNP market
4 locator. It's free and it allows you to do the same
5 thing, to locate farmers markets in your area.

6 You have until November 30 to use
7 these checks. So a little more than a month left.

8 MS. MAUST: Okay. Great. Thank you.

9 MS. JENKINS: You've done wonderful
10 with offering Kai different vegetables. You
11 mentioned she likes zucchini. Have you tried
12 vegetables similar to zucchini, like, say, yellow
13 squash? Is yellow squash something that you've seen
14 at the store before?

15 MS. MAUST: I haven't tried giving it
16 to her, but I have seen it at our local Giant. I
17 can definitely try to pick some up next time I go.

18 MS. JENKINS: Yeah, yeah, give it a
19 shot. It's in season this time of year. You could
20 probably prepare it the same way that you do the
21 zucchini because the taste and texture are similar.
22 So if she accepts the zucchini, however you prepare
23 it, then hopefully she'll accept the yellow squash
24 too.

25 Another thought I had was you

1 mentioned that Kai will eat salads if there's enough
2 dressing on it. So possibly considering topping her
3 salads with a vegetable that you've tried that she
4 hasn't been too fond of, like the carrots, for
5 example.

6 How does that sound?

7 MS. MAUST: Yeah, I haven't tried
8 that because I was worried that she wouldn't eat the
9 salad if I did.

10 MS. JENKINS: Yeah. Totally
11 understandable. Perhaps you can offer a smaller
12 serving of it or start by giving her a bite of
13 yours, and then if she accepts it, you can give her
14 her salad with the carrots on top.

15 MS. MAUST: Okay. I can try that.
16 Do you have any recipes for using the
17 beans?

18 MS. JENKINS: Yeah, definitely.
19 Here's actually one that goes over well with my
20 kiddos.

21 How do you feel about Kai being
22 around her grandfather when he's smoking?

23 MS. MAUST: I don't love it. It does
24 worry me.

25 MS. JENKINS: Yeah. Yeah.

1 Understood. Do you have anything in mind on how we
2 might be able to improve that situation?

3 MS. MAUST: I've thought about asking
4 him to smoke outside on the days that Kai is there.

5 MS. JENKINS: Yeah. I think that's a
6 good idea. Would you feel comfortable talking to
7 him about that?

8 MS. MAUST: Yeah. I can talk to him
9 about it this week.

10 MS. JENKINS: Okay. Great. The last
11 thing I want to mention is that I think I encourage
12 you to give your doctor a call to let them know that
13 you've noticed a reaction in Kai when she's eaten
14 strawberries on two occasions. They might wish to
15 look into this further and possibly test her for
16 allergies to that and to other foods before her
17 appointment next year.

18 MS. MAUST: Okay. Okay. I'll give
19 them a call.

20 MS. JENKINS: All right. Sounds
21 good.

22 So we talked about a lot of things.
23 Does any one thing stand out as being a priority
24 that you'd like to focus on between now and the next
25 time we see you?

1 MS. MAUST: I mean, I definitely want
2 to try seeing if I could put the carrots on her
3 salads and then also talking to her grandfather
4 about smoking outside while Kai is there.

5 MS. JENKINS: Okay. Yeah. That all
6 sounds good.

7 We'll check in on how your goals are
8 going next visit, if that's okay. Do you have any
9 questions about the appointment today?

10 MS. MAUST: No. You've been helpful.

11 MS. JENKINS: Okay. All right. I'm
12 glad to hear it. I hope you guys have a good day.
13 Thanks for coming in. And we'll see in about three
14 months.

15 And then at this point, we load the
16 benefits onto her E-WIC card and schedule her next
17 appointment.

18 MS. MAUST: Yeah. And so staff will
19 review the food list and the benefit balance. Like
20 Kathleen says, she'll get this. This is kind of a
21 sample of what our benefit balance looks like. And
22 then they'll schedule the next appointment.

23 Just to give you an example, for a
24 timeframe for children who have that one-year
25 certification, basically every three months there

1 are appointments. We need to see children
2 approximately two times a year, basically at their,
3 like, first appointment and their health evaluation.
4 And then we would need to see them again whenever we
5 need to do their recertification.

6 Just to provide a little background
7 on our food packages. Federal regulations do
8 dictate what foods can be offered and in what
9 quantity. NASOM provides input every ten years on
10 the makeup of the food packages based on scientific
11 research. The food packages are designed to meet
12 the targeted nutrient needs of our populations while
13 supporting educational messages such as those
14 related to dietary guidelines.

15 And then just one thing to always
16 keep in mind, our food packages are supplemental in
17 nature and do not provide all the foods needed for
18 participants.

19 I'm not going to go into detail about
20 the different packages, but I wanted you to see what
21 the normal base packages looked like for each of the
22 different WIC types. For fully formula fed and
23 partially breastfed infants, obviously, in the first
24 five months, they're just getting formula. At six
25 months, they will start to receive some foods, such

1 as cereal and infant fruits and vegetables.

2 Our fully breastfeeding infants will
3 receive the cereal as well. And they basically get
4 double the amount of fruits and vegetables as well
5 as infant meats.

6 Children under two receive whole
7 milk. Children over two receive the low fat and fat
8 free milk. They receive eggs. For children over
9 two, they have peanut butter in their base. For
10 children under two, they also get the canned beans.

11 And they also get juice, cereal, whole grain, and
12 \$26 of fruits and vegetables.

13 For pregnant women, they're receiving
14 milk as well, about eleven half gallons, a dozen
15 eggs. Their juice is in a different size container
16 than the children's are, so they get three 11.5 to
17 12 ounce frozen containers, or three 48 ounce sizes.
18 Pregnant women get peanut butter and beans. They
19 also get the cereal, the whole grains, and fruits
20 and vegetables.

21 For fully breastfeeding women, they
22 get everything that you saw on that previous slide,
23 as well as an additional half gallon of milk, a
24 dozen eggs, a pound of cheese, and 30 ounces of
25 fish. And for these women, they actually receive

1 \$52 of fruits and vegetables instead of the \$47.

2 And then our fully breastfeeding moms
3 of multiples basically gets one and a half times
4 this entire package.

5 Our postpartum non-breastfeeding
6 women receive the smallest of the food packages. So
7 again, they do receive eight half gallons of milk,
8 eggs, juice, canned beans, cereal, and fruits and
9 vegetables.

10 Any questions? Sorry, I need to get
11 back over to that screen if somebody can help me
12 out.

13 CHAIR: Go ahead, Marie. You can
14 unmute.

15 MS. FORD: Okay. Thank you.

16 And please excuse me if you can't
17 hear me. I'm on the Turnpike. First, I wanted to
18 say thank you for the skit that demonstrated the
19 flow of what a visit would look like. I was
20 wondering, though, what does it look like, or what
21 is protocol for when a parent or a guardian does
22 share that there's either a substance-use disorder
23 with themselves or someone in the home, or the use
24 of recreational drugs or perhaps a medical marijuana
25 card? What happens when they say yes to that?

1 CHAIR: Kathleen, do you want to
2 answer?

3 MS. JENKINS: Yeah, sure. Actually,
4 our staff are required to provide all WIC families
5 information on the effects of substance use. So
6 whether it's a concern or comes up as a red flag or
7 not, when a family does report that there is a
8 concern that it's happening at home or an issue, it
9 doesn't necessarily have to be in their home, but
10 somebody that they know, they are to provide some
11 additional education, verbal education, in addition
12 to the written information that we provide all
13 families. And then if treatment is not being
14 received, a referral to a treatment program.

15 MS. FORD: Does this ever involve
16 like CPS or anything like that?

17 MS. JENKINS: Well, our staff are
18 mandated reporters, so if there is a concern of
19 neglect or abuse, they are required to report that.
20 It could be related or not related to substance use.

21 MS. FORD: Okay. Final question.
22 It's related, though. Is there any reporting on how
23 often that actually happens? And the reason I ask
24 this is because, you know, we have the same
25 conversations with well-child visits and other

1 spaces where certain populations are more negatively
2 impacted by being truthful about what's really going
3 on in their home. And so I was just wondering if
4 there's data on, you know, what does that look like
5 in Pennsylvania? How many cases do we see where
6 this actually happens, where we have like a
7 worst-case scenario?

8 MS. JENKINS: Yeah. So quantifying
9 the number of times that we file a report with
10 Childline, is that - is that right?

11 MS. FORD: Yes.

12 BOARD MEMBER: We wouldn't have that
13 information. I mean, the staff will usually
14 document, usually in the system, but there's not,
15 you know, a way for us to really, I think, gather
16 that information out of there since it's more like a
17 text box.

18 MS. FORD: Okay, thank you.

19 CHAIR: Any other questions?

20 BOARD MEMBER: I have a quick one.
21 Thank you so much, Missy and Kathleen, for a
22 wonderful presentation. My question, just for
23 context, is those are the allowances - are those
24 monthly allowances?

25 MS. JENKINS: For the food packages?

1 Yes, those are monthly allowances. Yeah, those are
2 monthly.

3 BOARD MEMBER: Okay. All right.
4 Thank you.

5 MS. MAUST: All right.

6 If there's no other questions, I'm
7 going to be turning things over to Brittany Zwergel
8 and Charlotte Dorsey, who are the vice chair and
9 secretary for the advisory board, to walk through
10 the 6th order of business.

11 BOARD MEMBER: Thanks, Missy. Today
12 we just have a short task on our hand. We wanted to
13 look at the first item on the bill about what we
14 should be advising on, and that is the operation of
15 the programs to increase enrollment and utilization
16 of the programs. So we wanted to have just an open
17 discussion for a couple minutes here about what the
18 advisory members feel we could do better to help
19 increase enrollment and utilization of the WIC
20 program overall. If you guys don't want to, don't
21 have things just ready to share. I have some more
22 problems we could through. But hopefully you guys
23 have some immediate thoughts on what we can do to
24 improve enrollment and also utilization once they're
25 on the WIC program.

1 Oh, go ahead.

2 BOARD MEMBER: No, go ahead.

3 AUDIENCE MEMBER: All right. So I
4 was going to say from just a general point of view,
5 not just with regards to breastfeeding, but I think
6 this could also just help with general enrollment is
7 -currently in our state is there a process of
8 finding out who's eligible, like at the hospitals?
9 So when pregnant moms are, like in birthing
10 hospitals, A, you know, so I know there are states
11 that are doing this. I believe Michigan might be
12 one of the states that kind of gets a survey and
13 tries to find out who's eligible at the hospital and
14 try to get moms that way. But also, speaking as a
15 pediatrician, I find that that could probably be
16 another - like the office or clinic could be another
17 avenue where we can get the pediatricians to kind of
18 be a referral source for families to join the WIC
19 program.

20 I know that there are WIC programs
21 and agencies that are in health centers like
22 Hamilton. I just don't know how many of those kinds
23 of agencies that we have across the Commonwealth,
24 but just some thoughts there. So A, hospitals, but
25 also clinics and just doctor's offices, so basically

1 trying to get them where they are versus expecting
2 to find people. Hopefully that makes sense.

3 CHAIR: Feel free to just unmute and
4 share. You don't have to raise your hand. Yeah.

5 AUDIENCE MEMBER: Hi, I'd like to
6 jump in. My thought would be to partner with
7 schools or school districts to get access to
8 families during certain resource fairs. Maybe there
9 could be like at the beginning of the school year or
10 maybe something like twice a year, just something
11 that's like ongoing where they know that we could be
12 present and that they may not be aware of this
13 program.

14 AUDIENCE MEMBER: I was just going to
15 jump in and say to the aging network. So your area
16 Agencies on Aging, as a kinship provider, caregiver,
17 myself, and I work with so many kinship caregivers
18 that are also eligible for those services. Over 60
19 percent of the grandparents in our county are
20 raising their grandkids. And many of the ones that
21 I speak to may not always think of WIC. And I know
22 for myself and our own personal experience, it was a
23 huge help because we don't get, oftentimes,
24 especially if you're serving in that capacity
25 informally, you're not getting access to other

1 supports, whether it be financial or otherwise.

2 And so WIC was a great resource for
3 us up to age five with those kids, and I found a lot
4 of grandparents just don't know about it.

5 So the Agencies on Aging do offer the
6 caregiver support program that's federally funded
7 for those who are age 55 and older. So at least
8 you're getting that portion of that demographic in
9 that space.

10 AUDIENCE MEMBER: I would also
11 suggest maybe looking into the prison systems and
12 police departments as well, - maybe as an education
13 forum to reach out and say that WIC is a potential
14 option in those particular circumstances. Sometimes
15 individuals are in very tough situations when
16 they're in those scenarios and they do need that
17 additional support.

18 It also would be a good education
19 point for, as I mentioned earlier about officers,
20 especially if officers run into situations where
21 they see an infant that's neglected and lacking a
22 formula, they can then maybe think of us in that
23 particular circumstance and work with the system to
24 kind of refer over immediately. So it might be
25 worth reaching out to them and seeing what we can do

1 to be part of those organizations or even directly
2 from discharge from prisons themselves. Leave with
3 an education packet too, as well.

4 MR. HOWELLS: This is Mike from
5 Pennsylvania Food Merchants. One thing I just - on
6 the utilization side, we've been speaking with some
7 of our nonprofit partners and retail members. And
8 we've been - there's some feedback we've gotten that
9 the ability to promote WIC could be improved at the
10 store level. And I don't know, at the federal level
11 or the state level, what would be there to need to
12 change. But we were told, and I would ask the
13 providers on the call here if this is true or not,
14 that you're not allowed to say if there's a new
15 store participating. You can give an entire list.
16 It'll be added to the list, but at an appointment,
17 you can't say, oh, well, since you were here last,
18 there is a new store located even closer than the
19 other stores. That's not - that's prohibited.

20 So again, just something that would
21 make it a little easier, perhaps, for, you know, to
22 encourage utilization. If someone's able to be
23 notified, there's a new store that's now
24 participating that's closer than others. We've
25 heard that that's not permissible under the current

1 system.

2 AUDIENCE MEMBER: I'd also add a
3 little bit on this, but you might feel that maybe
4 the stores themselves have specific markers of what
5 is WIC approved. I know the app does a great job of
6 scanning it, but the problem is with the app is it's
7 very general. So if an individual scans it and they
8 don't pay attention to what's on their actual
9 approved list or what they're receiving, they'll
10 think it's approved and then go up to the cash
11 register, they'll assume that item is, but they
12 don't actually have it on the card.

13 So I think two parts here is, one
14 marking it at the store, literally. And I know they
15 do that sometimes, but I think maybe working more
16 with the stores to see how do we mandate this or I
17 push this - maybe not mandate is the word, but push
18 this on a more educational level of saying these are
19 all the approved items. I think that education
20 piece alone would absolutely make ease of use of
21 using the benefits and increase enrollment, along
22 with customizing the app per individual, because
23 that's something I know some states already do,
24 especially with the online system. But I suspect
25 that would make life so much easier for the clients

1 in general because it's a guessing game. And as a
2 challenge, we get that at the centers all the time.
3 I can't tell you how many times we've had issues
4 with that.

5 MR. HOWELLS: Yeah. We've heard from
6 store associates that the app has helped
7 tremendously on that, from how it used to be. So I
8 think, yes, improvements to the app and then also
9 obviously getting more uptake, more folks using the
10 app, and comfortable kind of working through it.
11 Very important.

12 MS. JENKINS: And there was an
13 article in the New York Times over the weekend about
14 making sure that the food on WIC meets different
15 diverse tastes and preferences. So making sure that
16 we are being - whenever we can with USDA guidance,
17 being inclusive of the foods that we're providing.
18 So that anyone on the program feels they can find
19 something that makes the most sense for them and
20 their preferences dietarily.

21 MS. ZWERGEL: I think all that was
22 really great information. And we only have three
23 minutes left, so for the sake of time maybe we'll
24 circle back to this one next time as well. And I'll
25 pass it back over, I think, to Mark for any

1 questions and closing.

2 MR. SHIRK: Thank you, Brittany. Our
3 7th and final order of business is providing the
4 public the opportunity to participate in today's
5 meeting. I will now open the floor for any comments
6 or questions from the public.

7 BOARD MEMBER: And I just want to
8 jump in real quick, Mark, before any questions get
9 fired off. I know there was a series of questions
10 from last meeting specific to the WIC Shopper App
11 and participation and enrollment figures. And I
12 just wanted to point out that program is actually
13 working on a series of FAQs to post on the website,
14 but they're not quite done yet.

15 So in the next couple of weeks, we
16 should have those posted, hopefully before the next
17 meeting, but we'll keep you all updated on that.

18 CHAIR: Mark, I'm just going to point
19 out that Cindy Findley put an important comment kind
20 of into response to someone's question about
21 partnerships in pediatric offices. So the
22 Department is working with the Pennsylvania American
23 Academy of Pediatrics to provide periodic trainings
24 about WIC in pediatric offices. So the more
25 pediatricians know about the WIC program, the better

1 they can advocate for the program to their patients.
2 So that partnership is ongoing and their training is
3 coming up or may have already happened. I can't
4 remember, but I wanted to draw attention to that.

5 MR. SHIRK: Thank you, Dr. Bogen.

6 DR. FIGUR:: Is there also a
7 collaboration with OBGYN offices because, right,
8 it's always great to target pregnant women from
9 beginning on and not already when the baby is born,
10 similar to the collaboration with the PAAP.

11 CHAIR: Great point, Katia. I'm not
12 sure if Cindy or anyone else knows the answer to
13 that, but we can certainly - when we --- you know,
14 we're just getting this process going up with
15 pediatrics, I think going to family medicine and to
16 the midwife groups and to the OBs would be great.

17 MR. SHIRK: Any other questions or
18 comments? Okay. Hearing none ---.

19 BOARD MEMBER: Sorry, I actually do
20 have one question. Wrapping back around to the
21 self-checkout discussion, was there any reason as to
22 why self-checkout was optional for grocery stores?
23 Because for me, and I'm thinking this as like a
24 participant advocate, self-checkout was to make the
25 shopping experience more equitable. And if stores

1 are choosing not to offer that, that kind of like
2 removes the idea behind offering self-checkout. So
3 I kind of wanted to know, like, why that - why it's
4 an option and if so, or are we like asking the
5 reasoning behind why they're not allowing
6 self-checkout if they do have the facilities to do
7 so?

8 AUDIENCE MEMBER: I mean, I'll jump
9 in. I don't know exactly - and maybe, Robin, being
10 a vendor, you might, I'm not sure if it was
11 something that would have to be put into a vendor
12 agreement or not. I can tell you, I think it was
13 only one chain that didn't want to do self-checkout
14 that had it. I believe that was the - and I'd have
15 to go back and look through my email specifically.
16 I don't want to give out wrong information.

17 But really there was only one chain
18 that did not want to participate. And it might have
19 been something that they weren't - their
20 self-checkout POS' weren't upgraded or anything for
21 that, so I don't want to misspeak. But I'm also not
22 sure if there is something on the vendor application
23 side, so - but I do believe it was just one chain.
24 And I think it might have had to do something with
25 upgrading. And since we didn't make it mandatory,

1 that was why. But the majority, anybody else, I
2 believe that has self-checkout has implemented that
3 in their store.

4 BOARD MEMBER: Yeah. I believe it
5 was Wegmans that I saw that didn't have self-
6 checkout. And in my area, we don't have a whole lot
7 of them, so not a huge concern for us, but I'm just
8 wondering if there was any process on like
9 monitoring that. So, yeah, thank you so much.

10 MR. SHIRK: Thank you, Phyllis. Any
11 other - last call? Questions, comments?

12 BOARD MEMBER: Just real quick here,
13 how are chats - the comments in chat being
14 incorporated into the record of our meetings? Are
15 they in the minutes? Did I miss that?

16 MR. SHIRK: Yeah, we have a
17 transcriber and all that's taken into account.
18 Yeah, we're taking screenshots, too, I'm told.

19 Okay.

20 Well, I just want to thank everyone
21 for attending today's meeting, a very productive
22 meeting. Thank you so much. The next meeting will
23 be held on November 12th, 2024, at 1:00 p.m. The
24 meeting is officially adjourned. Thank you so much,
25 everybody.

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BOARD MEMBER: Thank you.

BOARD MEMBER: Thank you. Have a
good day.

BOARD MEMBER: Thank you.

* * * * *

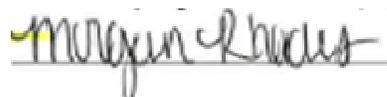
HEARING CONCLUDED AT 2:03 P.M.

* * * * *

CERTIFICATE

I hereby certify that the foregoing proceedings, hearing held before Chair Bogen, was reported by me on October 22, 2024 and that I, Morgan Rhodes, read this transcript and that I attest that this transcript is a true and accurate record of the proceeding.

Dated the 11 day of November, 2024

A handwritten signature in black ink that reads "Morgan Rhodes". The signature is written in a cursive style and is positioned above a horizontal line.

Morgan Rhodes,

Court Reporter