

II. NUTRITION SERVICES

Nutrition services represent the full range of activities performed by a variety of staff to operate a WIC Program such as, participant assessment and screening, nutrition education and counseling, breastfeeding and health promotion, food package prescriptions, and health care referrals. (Questions on Dietary Assessment can now be found in VIII, Certification, Eligibility and Coordination.)

A. Nutrition Education - 246.4(a)(9); 246.11(a)(1-3)(c)(1,3-8): describe the nutrition education goals and action plan and the provisions for providing nutrition education contacts and materials to all participants including the special nutrition education needs of migrant farmworkers and their families, Native Americans, and homeless persons. Also describe methods to be used to provide drug and other harmful substance abuse prevention information. Establish standards for breastfeeding promotion and support.

B. Food Package Design - 246.10 (c)(1-7); (e)(1-3): describe the procedures for determining which foods should be authorized and how the food package should be nutritionally tailored and by whom, and plans for substitutions or eliminations to WIC food package.

C. Staff Training - 246.11(c)(2): describe the training and technical assistance provided to WIC professional and para-professional personnel who provide nutrition education, and breastfeeding promotion/education to participants.

NUTRITION SERVICES

A. Nutrition Education

1. Nutrition Education Plans (§246.11)

- a. The State agency develops and coordinates the nutrition education component with consideration of local agency plans, needs and available nutrition education resources. (§246.11(c))
- b. The State agency monitors local agency activities to ensure compliance with provisions set forth in paragraphs §246.11 (c)(8), (d), and (e) of this section. *[Note: The reference to (c)(8) will be replaced with (c)(7) once the Miscellaneous Rule is published.]* (§246.11(c)(5))
- c. The local agency develops an annual nutrition education plan that is consistent with the State's nutrition education component of Program operations. (§246.11(d)(2))

- d. (i). The State agency requires that local agency nutrition education include:

- ☒ a needs assessment
- ☒ goals and objectives for participants
- ☒ evaluation
- ☐ other (list):

- (ii). The State agency monitors local agency progress toward meeting nutrition education goals, nutrition education action plans and objectives via:

- ☒ quarterly or annually written reports
- ☒ year-end summary report
- ☒ annually at local agency reviews
- ☐ other (specify):

- e. State policies reflect the revised definition of “nutrition education” found in Public Law 108-265, the Child Nutrition and WIC Reauthorization Act of 2004, enacted on June 30, 2004.

- ☒ Yes ☐ No

**ADDITIONAL DETAIL: Nutrition Services Appendix
and/or Procedure Manual (citation):**

NUTRITION SERVICES

A. Nutrition Education

2. Annual Assessment of Participant Views on Nutrition Education and Breastfeeding Promotion

a. Is an annual Assessment of Participant Views on Nutrition Education and Breastfeeding Promotion conducted:

☒ Yes ☐ No

b. Check below the method(s) used in the past fiscal year to assess participant views on nutrition education and breastfeeding promotion and support provided by WIC:

- ☐ State-developed questionnaire issued by local agencies
☒ Locally developed questionnaires (need approval by SA: ☐ Yes ☒ No)
☐ State-developed questionnaire issued by State agency
☐ Focus groups
☐ Other (specify):

c. Results of participant views are:

- ☐ used in the development of the State Plan
☒ used in the development of local agency nutrition education plans and breastfeeding promotion and support plans
☐ other (specify):

ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):

3. Nutrition Education Contacts (§246.11(a)(1-3): *(1) Nutrition education shall be considered a benefit of the program, and shall be made available at no cost to the participant. Nutrition education shall be designed to be easily understood by participants, bear a practical relationship to participant nutritional needs, household situations, and cultural preferences including information on how to select food for themselves and their families.) (2) Nutrition education is made available to all participants. (3) The State agency shall ensure that local agencies provide drug and other harmful substance abuse information to all pregnant, postpartum, and breastfeeding women and parents or caretakers of infants and children participants.*

a. The State agency assures that each local agency offers adult participants, parents or caretakers of infant and child participants, and whenever possible, the child participants themselves at least two (≥ 2) nutrition education contacts per certification period to ensure adequate nutrition education in accordance with §246.11(e) via:

- ☐ local agency addresses in annual nutrition education plan
☒ state nutrition staff monitor annually during local agency reviews
☒ local agency provides periodic reports to State agency
☐ other (specify):

NUTRITION SERVICES

A. Nutrition Education

- b. The State agency has developed minimum nutrition counseling standards for the following participant categories:**

- | | |
|--|--|
| <input checked="" type="checkbox"/> pregnant women | <input checked="" type="checkbox"/> breastfeeding women |
| <input checked="" type="checkbox"/> postpartum women | <input checked="" type="checkbox"/> infants |
| <input checked="" type="checkbox"/> children | <input checked="" type="checkbox"/> high-risk participants |

The minimum counseling standards address:

- | | |
|---|---|
| <input checked="" type="checkbox"/> number of contacts | <input checked="" type="checkbox"/> documentation |
| <input checked="" type="checkbox"/> content / protocols | <input checked="" type="checkbox"/> referrals |
| <input checked="" type="checkbox"/> breastfeeding promotion | <input checked="" type="checkbox"/> care plans |
| <input checked="" type="checkbox"/> information on drug and other harmful substance abuse | |
| <input checked="" type="checkbox"/> counseling methods | |

- c. The State agency allows the following nutrition education delivery methods to be counted as a contact:**

- | | |
|-------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> | face-to-face, individually or group |
| <input type="checkbox"/> | online/Internet |
| <input type="checkbox"/> | telephone |
| <input type="checkbox"/> | take-home activity |
| <input type="checkbox"/> | food demonstration |
| <input checked="" type="checkbox"/> | by other agencies, i.e., EFNEP |
| <input type="checkbox"/> | other (specify): |

- d. An individual care plan is provided based on:**

- | | |
|--|--|
| <input checked="" type="checkbox"/> nutritional risk | <input checked="" type="checkbox"/> CPA discretion |
| <input type="checkbox"/> priority level | <input type="checkbox"/> participant request |
| <input type="checkbox"/> other: | |

- e. Individual care plans developed include the following components:**

- | Must Include | May Include |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> identification of nutrition-related problems |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> action plan to correct problems |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> plan for follow-up |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> plan for referral |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> timeframes for completing action plan |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> documentation for completing action plan |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> bear a practical relationship to participant nutritional needs, household situations, and cultural preferences including information on how to select food for themselves and their families |
| <input type="checkbox"/> | <input type="checkbox"/> other (specify): |

NUTRITION SERVICES

A. Nutrition Education

- f. Check the following individuals allowed to provide general or high-risk nutrition education:

| General Nutrition Education | High-risk Nutrition Contact |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Paraprofessionals (non B.S. degree with formal WIC training by SA or LA) |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Licensed Practical Nurses |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Registered Nurses |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> B.S. in Home Economics |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> B.S. in the field of Human Nutrition |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Registered Dietitian or M.S. in Nutrition (or related field) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Dietetic Technician (2-year program completed) |
| <input type="checkbox"/> | <input type="checkbox"/> Other (specify): |

- g. The State agency allows adult participants to receive nutrition education by proxy.

☐ No

☒ Yes (If yes, check the applicable conditions below):

☒ proxy is spouse/boyfriend

☒ proxy is parent of adolescent prenatal participant

☒ proxy is neighbor

☐ only for certain priorities (specify):

☒ other (specify): **any person participant trusts to act as proxy**

- h. The State agency allows parents/guardians of infant and child participants to receive nutrition education by proxy.

☐ No

☒ Yes (If yes, check the applicable conditions below):

☒ proxy is grandparent or legal guardian of infant or child participant

☒ proxy is neighbor

☐ only for certain priorities (specify):

☒ other (specify): **any person participant trusts to act as proxy**

**ADDITIONAL DETAIL: Nutrition Services Appendix
and/or Procedure Manual (citation): Policy 9.01-Monitoring, Policy 5.06-High Risk, Policy
3.12-Proxy Authorization**

NUTRITION SERVICES

A. Nutrition Education

- 4. Nutrition Education Materials** (§246.11(c)(1,3-8): (1) The State agency shall develop and coordinate the nutrition education component of Program operations with consideration of local agency plans, needs and available nutrition education resources. (3) Identify or develop resources and educational materials for use in local agencies, including breastfeeding promotion and instruction materials, taking reasonable steps to include materials in languages other than English in areas where a significant number or proportion of the population needs the information in a language other than English. (4) Develop and implement procedures to ensure that nutrition education is offered to all adult participants and to parents/caregivers of infant or child participants, as well as child participants whenever possible. (6) Establish standards for participant contacts that ensure adequate nutrition education in accordance with paragraph 246.11(e). (7) Establish standards for breastfeeding promotion and support, including a positive breastfeeding supportive clinic environment, a local agency breastfeeding coordinator, breastfeeding promotion and support for new staff .)

- a. The State agency recommends and/or makes available nutrition education materials for the following topics:**

| | English | Spanish | Other languages (specify): |
|--|-------------------------------------|-------------------------------------|----------------------------|
| General nutrition | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Specific nutrition-related disorders | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Maternal nutrition | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Infant nutrition | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Child nutrition | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Nutritional needs of homeless | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Nutritional needs of migrant farmworkers & their families | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Nutritional needs of Native Americans | <input type="checkbox"/> | <input type="checkbox"/> | |
| Nutritional needs of teenage prenatal women | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Breastfeeding promotion and support (including troubleshooting problems) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |

NUTRITION SERVICES

A. Nutrition Education

Danger of harmful substance
(alcohol, tobacco and other
drugs and second-hand smoke)

use during pregnancy
and breastfeeding

☒☒

Other:

☐☐☐☐☐☐☐☐

Attach a listing of the nutrition education resources available from the State agency or other sources for use by local agencies or specify the location in the Procedure Manual and reference below.

- b. The State agency follows written procedures to ensure that nutrition education materials recommended/made available are appropriate in terms of the following:**

☒ content

☒ reading level/language

☒ graphic design

☐ ethnicity

- c. Locally developed nutrition education materials must be approved by State agency prior to use.**

☐ Yes

☒ No

If no, State agency requires local agency to follow a standardized format for evaluating nutrition education materials.

☒ Yes

☐ No

ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):Policy 1.23

5. Special Nutrition Education Needs of Special Populations

The State agency tailors its nutrition education efforts to address the specific needs of migrant farmworkers (M), homeless individuals (H), substance-abusing individuals (S), and/or breastfeeding women (B) through (check all that apply):

M H S B

☒☒☒☒

provision of nutrition education materials appropriate to this population and language needs

☒☒☒☒

provision of nutrition curriculum or care guidelines specific to this population

NUTRITION SERVICES

A. Nutrition Education

- ☒ ☐ ☒ ☒ requiring local agencies who serve this population to address its special needs in local agency nutrition education plans
- ☒ ☐ ☐ ☒ arranging for special training of local agency personnel who work with this population
- ☒ ☒ ☒ ☒ distribution of resource materials related to this population
- ☒ ☒ ☒ ☒ encouraging WIC local agencies to network with one another
- ☒ ☒ ☒ ☒ coordinating at the State and local levels with agencies who serve this population
- ☐ ☐ ☐ ☐ other (specify):

ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):

6. Breastfeeding Promotion and Support Plan

a. The State agency coordinates with local agencies to develop a breastfeeding promotion plan that contains the following elements (check all that apply):

- ☒ activities such as development of breastfeeding coalitions, task forces, or forums to address breastfeeding promotion and support issues
- ☒ identification of breastfeeding promotion and support materials
- ☒ procurement of breastfeeding aids which support the initiation and continuation of breastfeeding (e.g., breast pumps, breastshells, nursing supplementers, and nursing pads and bras).
- ☒ training for State/local agency staff.
- ☒ designating roles and responsibilities of staff
- ☒ evaluation of breastfeeding promotion and support activities
- ☒ other (specify): 13 IBCLC's are on staff at the local agency level

b. The State agency has established minimum protocols for breastfeeding promotion and support which include, at a minimum, the following (check all that apply):

- ☒ a policy that creates a positive clinic environment which endorses breastfeeding as the preferred method of infant feeding
- ☒ a requirement that each local agency designate a local agency staff person to coordinate breastfeeding promotion and support activities
- ☒ a requirement that each local agency incorporate task-appropriate breastfeeding promotion and support training into orientation programs for new staff involved in direct contact with WIC clients
- ☒ a plan to ensure that women have access to breastfeeding promotion and support activities during the prenatal and postpartum periods

NUTRITION SERVICES

A. Nutrition Education

- ☒ participant assessment
- ☒ food package prescription
- ☒ data collection
- ☒ referral criteria
- ☒ peer counseling
- ☐ other (specify):
- ☐ other (specify):

State agencies that receive WIC Breastfeeding Peer Counseling Funds complete item 7.

7. The State agency coordinates with local agencies to develop a breastfeeding peer counseling program that contains the following components:

a. An appropriate definition of peer counselor defined as follows: paraprofessional; recruited and hired from target population; available to WIC clients outside usual clinic hours and outside the WIC clinic

☒ Yes ☐ No

b. Designated breastfeeding peer counseling program managers/coordinators at State and/or local level

☒ Yes ☐ No

c. Defined job parameters and job descriptions for breastfeeding peer counselors

☒ Yes ☐ No

If yes, the job parameters for peer counselors (check all that apply):

- ☒ **Define settings for peer counseling service delivery**
 - Home (peer counselor makes telephone calls from home) ☒
 - Home (peer counselor makes home visits) ☐
 - Clinic ☒
 - Hospital ☒
- ☒ **Define frequency of client contacts**
- ☒ **Define procedures for making referrals**

d. Adequate compensation and reimbursement of breastfeeding peer counselors

☒ Yes ☐ No

e. Training of State and local management staff through *Using Loving Support to Manage Peer Counseling Programs* training curriculum

☒ Yes ☐ No

NUTRITION SERVICES

A. Nutrition Education

f. Training of WIC clinic staff about the role of the WIC peer counselor

☒ Yes ☐ No

g. Establishment of standardized breastfeeding peer counseling program policies and procedures (check all that apply):

☒ documentation of client contacts
☒ referral protocols
☒ confidentiality
☐ other, (specify)

h. Adequate supervision and monitoring of breastfeeding peer counselors through (check all that apply):

☒ regular, systematic contact with peer counselor
☒ regular, systematic review of peer counselor contact logs
☐ spot checks
☐ other, (specify)

i. Establishment of community partnerships to enhance the effectiveness of breastfeeding peer counseling programs (check all that apply):

☒ breastfeeding coalitions
☐ businesses
☒ community organizations
☒ cooperative extension
☒ La Leche League
☒ hospitals
☐ home visiting programs
☒ private clinics
☐ other, (specify)

j. Adequate support of peer counselors by providing the following (check all that apply):

☒ timely access to WIC designated breastfeeding experts for referrals outside peer counselors' scope of practice
☒ regular contact with supervisor
☒ participation in clinic staff meetings as part of WIC team
☒ opportunities to meet regularly with other peer counselors
☐ other, (specify)

k. Provision of training and continuing education of peer counselors (check all that apply):

☒ standardized training using *Loving Support through Peer Counseling* curriculum
☒ ongoing training at regularly scheduled meetings

NUTRITION SERVICES

A. Nutrition Education

- ☐ home study
- ☐ opportunities to “shadow” or observe lactation experts and other peer counselors
- ☒ training/experience to become senior level peer counselors, IBCLC, etc.)
- ☐ other, (specify)

**ADDITIONAL DETAIL: Nutrition Services Appendix
and/or Procedure Manual (citation): P & P 5.20**

II. NUTRITION SERVICES

B. Food Package Design

1. Authorized WIC-Eligible Foods

a. Include a copy of the current State-authorized food list and the individual food package design for each category in the Appendix or cite Procedure Manual reference: Policy 4.09, Food Package Tailoring

b. The State agency considers the following when making decisions about authorizing WIC-eligible foods other than infant formula:

- | | | | |
|-------------------------------------|---------------------------------|-------------------------------------|----------------------------|
| <input checked="" type="checkbox"/> | Federal regulatory requirements | <input checked="" type="checkbox"/> | nutritional value |
| <input checked="" type="checkbox"/> | participant acceptance | <input checked="" type="checkbox"/> | cost |
| <input checked="" type="checkbox"/> | Statewide availability | <input checked="" type="checkbox"/> | participant/client request |
| <input type="checkbox"/> | other (specify): | | |

c. The State agency utilizes additional State nutritional criteria for authorizing foods for the State WIC food list, in addition to the minimum Federal regulatory requirements.

☒ Yes ☐ No

If yes, complete the following table citing actual values or criteria identified by the State.

State Established Guidelines

| | Milk | Cheese | Cereal | Juice | *Eggs | Peanut Butter | Tuna | Dried Beans/Peas | Carrots |
|------------------------------|------|--------|--------|-------|-------|---------------|------|------------------|---------|
| Fat | | | | | | | | | |
| Sugar | | | x | | | | | | |
| Sodium | | | | | | | | | |
| Fiber | | | | | | | | | |
| Artificial Sweeteners | x | | x | x | | x | | | |
| Artificial | | | | | | | | | |

NUTRITION SERVICES
B. Food Package Design

| Color/ Flavor | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|
| Other (e.g., grade or size of eggs, etc.) | x | x | x | x | x | x | x | x | x |

* Category includes fresh eggs and dried egg mix

d. WIC Formulas:

I. The State agency establishes policies regarding the issuance of primary contract, contract, and non-contract brand infant formula.

☒ Yes ☐ No

II. The State agency requires medical documentation for contract infant formula (other than the primary contract formula)

☒ Yes ☐ No

III. The State agency requires medical documentation for non-contract infant formula.

☒ Yes ☐ No

IV. The State agency requires medical documentation for WIC eligible medical foods.

☒ Yes ☐ No

V. Rounding

a. Does the State agency intend to implement or has it already implemented the rounding option for issuing infant formula for competitively bid contracts issued on or after 10/01/2004 based on the provision in Public Law 108-265, the Child Nutrition and WIC Reauthorization Act of 2004, enacted on June 30, 2004?

☒ Yes ☐ No

b. If the State agency implemented the rounding option for issuing infant formula, are there established written policies in place?

☐ Yes ☒ No

NUTRITION SERVICES

B. Food Package Design

VI. Check below as applicable to describe the State agency's policies on issuing these formulas. All of the formulas below are required by the Federal regulations to have medical documentation for issuance purposes:

| Ready-to feed | Low-iron; low-calorie; high calorie formulas | Non- competitively bid infant formula | Exempt/ WIC-eligible medical foods | |
|-------------------------------------|---|--|---|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Not authorized by the State agency |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Only authorized for specific diseases/ conditions identified by State agency |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Medical documentation required |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | State agency approval required |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | For religious eating patterns |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other (specify): |

- e. **State policies & materials reflect the revised definition of “supplemental foods” as defined in Public Law 108-265, the Child Nutrition and WIC Reauthorization Act of 2004, enacted on June 30, 2004.**

☒ Yes ☐ No

**ADDITIONAL DETAIL: Nutrition Services Appendix
and/or Procedure Manual (citation): Policy 4.07**

2. Nutrition Tailoring

- a. **The State agency provides the maximum amount of all authorized foods allowed by Federal WIC regulations for each of the seven WIC Food Packages (I-VII).**

| | | |
|-------------------------------------|--------------------------|------------------------------------|
| Yes | No | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pregnant women |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Breastfeeding women |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Postpartum, nonbreastfeeding women |

NUTRITION SERVICES

B. Food Package Design

| | | |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Infants 0-3 months |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Infants 4-12 months |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Children |
| <input type="checkbox"/> | <input type="checkbox"/> | State agency does not have standard (i.e., pre-tailored) food packages |

- b. **If the standard or routinely issued WIC food package does not provide the maximum amount for every food in accordance with the Federal WIC regulations at Section 246.10, then the State agency specifies participant categories receiving a tailored packages.**

| | Individual tailoring | Categorical tailoring |
|------------------------------------|--------------------------|-------------------------------------|
| Pregnant women | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Breastfeeding women | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Postpartum, nonbreastfeeding women | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Infants | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Children | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Other: | <input type="checkbox"/> | <input type="checkbox"/> |

- c. **The State agency provides a specially tailored package for:**

| | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Women/children with special dietary needs |
| <input checked="" type="checkbox"/> | Homeless individuals |
| <input type="checkbox"/> | Residents of institutions |
| <input type="checkbox"/> | Other (specify): |

Provide a copy of the actual foods included in the homeless and institution packages in the Appendix or cite Procedure Manual reference below.

ADDITIONAL DETAIL: Please attach copies of all food packages that are tailored, Nutrition Services Appendix and/or Procedure Manual (citation): Policy 4.09

- d. **The State agency develops written nutrition tailoring policies and supportive science-based nutrition rationale based on the following participant characteristics:**

| | |
|-------------------------------------|---|
| <input type="checkbox"/> | does not develop nutrition tailoring policies |
| <input checked="" type="checkbox"/> | develops based on (check all that apply): |
| <input checked="" type="checkbox"/> | category |
| <input checked="" type="checkbox"/> | age |
| <input checked="" type="checkbox"/> | nutrition risk/nutrition need |
| <input type="checkbox"/> | priority |
| <input checked="" type="checkbox"/> | participant preference |
| <input checked="" type="checkbox"/> | household condition |
| <input type="checkbox"/> | administrative concerns |
| <input type="checkbox"/> | other (specify): |

NUTRITION SERVICES

B. Food Package Design

- e. **The State agency allows local agencies to develop specific tailoring guidelines.**

☐ Yes ☒ No

If yes, check those of the following methods used by the State agency to review or approve local agency tailoring guidelines:

- ☐ Local agencies are required to submit tailoring guidelines for State approval
☐ Local agency tailoring guidelines are monitored annually during local agency reviews
☐ Other (specify):

**ADDITIONAL DETAIL: Nutrition Services Appendix
and/or Procedure Manual (citation):**

3. Prescribing Packages

- a. **Individuals allowed to prescribe food packages:**

| | Standard food package | Individually tailored food package |
|------------------|-------------------------------------|---|
| CPA | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Other (specify): | <input type="checkbox"/> | <input type="checkbox"/> |

**ADDITIONAL DETAIL: Nutrition Services Appendix
and/or Procedure Manual (citation):**

II. NUTRITION SERVICES

C. Staff Training

The State agency provides or sponsors the following training for WIC competent professional authorities:

| | Professionals | | Paraprofessionals (may or may not be CPAs in some States) | |
|---|-------------------------------------|-------------------------------------|---|-------------------------------------|
| | <u>Regularly</u> | <u>As Needed</u> | <u>Regularly</u> | <u>As Needed</u> |
| General nutrition education methodology | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| State certification policies/procedures | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Anthropometric measurements | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Bloodwork procedures | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Nutrition counseling techniques | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Breastfeeding promotion/support | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Dietary assessment techniques | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Prescribing & tailoring food packages | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Referral protocol | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maternal, infant, and child nutrition | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cultural competencies | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Customer service | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Immunization screening/referral | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Care Plan Development | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (specify): | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**ADDITIONAL DETAIL: Nutrition Services Appendix WV Hematologic and Anthropometric Training Manuals
and/or Procedure Manual (citation): Policy 2.12, Anthropometric Measurements; Policy 2.13, Hematologic Testing**