

## 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. WIC State agencies are encouraged to refer to the quality WIC Nutrition Services Standards, available on the WIC Works website, for recommended criteria and best practices to incorporate activities that are consistent with providing quality nutrition services and RQNS. (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/follow-up
- 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): bi-annual local agency reviews

**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. The revised definition is “Nutrition education means individual and group sessions and the provision of materials that are designed to improve health status and achieve positive change in dietary and physical activity habits, and that emphasize the relationship between nutrition, physical activity, and health, all in keeping with the personal and cultural preferences of the individual.”**

- 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): **Field testing with ppts at local agencies**

**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): bi-annual local agency reviews

NUTRITION SERVICES

**A. Nutrition Education**

**b. The State agency has developed minimum nutrition education 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 nutrition education standards address:**

- |                                     |                                                                                  |                                     |               |
|-------------------------------------|----------------------------------------------------------------------------------|-------------------------------------|---------------|
| <input checked="" type="checkbox"/> | number of contacts                                                               | <input checked="" type="checkbox"/> | documentation |
| <input type="checkbox"/>            | protocols                                                                        | <input checked="" type="checkbox"/> | referrals     |
| <input type="checkbox"/>            | breastfeeding promotion                                                          | <input checked="" type="checkbox"/> | care plans    |
| <input type="checkbox"/>            | information on drug and other harmful substance abuse                            |                                     |               |
| <input type="checkbox"/>            | counseling methods/teaching strategies                                           |                                     |               |
| <input type="checkbox"/>            | content (WIC appropriate topics)                                                 |                                     |               |
| <input type="checkbox"/>            | relevant to participant assessment                                               |                                     |               |
| <input type="checkbox"/>            | appropriate use of educational reinforcements (videos, brochures, posters, etc.) |                                     |               |

**c. The State agency allows the following nutrition education delivery methods:**

- face-to-face, individually or group
- online/Internet
- telephone
- take-home activity
- food demonstration
- a delivery method performed by other agencies, i.e., EFNEP
- 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 checked="" type="checkbox"/> | participant request |
| <input type="checkbox"/>            | other:           |                                     |                     |

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

- | <b>Must Include</b>                 | <b>May Include</b>                                                    |
|-------------------------------------|-----------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> identification of nutrition-related problems |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> individualized food package                  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> plan for follow-up                           |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> referrals                         |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> timeframes for completing action plan        |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> documentation for completing action plan     |

NUTRITION SERVICES

**A. Nutrition Education**

- 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
- other (specify): document participant understanding of nutrition education

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

<b>General Nutrition Education</b>	<b>High-risk Nutrition Contact</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/> Paraprofessionals (non B.S. degree with formal WIC training by SA or LA)
<input type="checkbox"/>	<input 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 checked="" 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/significant other
  - proxy is parent of adolescent prenatal participant
  - proxy is neighbor
  - only for certain priorities (specify):
  - other (specify): **a proxy is an individual chosen by the participant or parent/caretaker applying on behalf of an infant or child.**

**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): **a proxy is an individual chosen by the participant or parent/caretaker applying on behalf of an infant or child.**

NUTRITION SERVICES

**A. Nutrition Education**

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

**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:**

	<b>English</b>	<b>Spanish</b>	<b>Other languages (specify):</b>
General nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Vietnamese, Hmong, Chinese, Russian, Armenian
Specific nutrition-related disorders	<input type="checkbox"/>	<input type="checkbox"/>	n/a
Maternal nutrition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chinese Vietnamese, Hmong,
Infant nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Chinese Vietnamese, Hmong,
Child nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Chinese Vietnamese, Hmong,
Nutritional needs of homeless	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Nutritional needs of migrant farmworkers & their families	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Nutritional needs of Native Americans	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Nutritional needs of teenage prenatal women	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

**NUTRITION SERVICES**

**A. Nutrition Education**

Breastfeeding promotion and support (including troubleshooting problems)   Chinese Vietnamese, Hmong,

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):**

**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**

NUTRITION SERVICES

**A. Nutrition Education**

- provision of nutrition education materials appropriate to this population and language needs
- provision of nutrition curriculum or care guidelines specific to this population
- 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):

**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

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**A. Nutrition Education**

- 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
- 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

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**A. Nutrition Education**

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

Yes  No

**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)

NUTRITION SERVICES

**A. Nutrition Education**

**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
- 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): WIC Program Manual 630-10**



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**B. Food Package Design**

			<b>high fiber</b>						
<b>Artificial Sweeteners</b>	N/A		<b>Do not allow</b>	<b>Do not allow</b>	N/A	N/A		N/A	
<b>Artificial Color/ Flavor</b>	No flavored	N/A	<b>Limit</b>	N/A		N/A		N/A	
<b>Other (e.g., grade or size of eggs, etc.)</b>	No organic	16 oz pkg minimum	<b>Preference to cereal with folic acid= 50%</b>	<b>No DHA, front label must state '100 % juice' and '120 % vitamin C'</b>	<b>Large</b>	<b>No DHA</b>	<b>Chunk light in water only</b>	<b>No baked beans</b>	N/A

\* 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.**

NUTRITION SERVICES  
**B. Food Package Design**

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

**VI. Check below as applicable to best 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:**

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

NUTRITION SERVICES

**B. Food Package Design**

- 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):**

**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).**

<b>Yes</b>	<b>No</b>	
<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
<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 checked="" 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.**

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

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

Women/children with special dietary needs  
 Homeless individuals  
 Residents of institutions

NUTRITION SERVICES

**B. Food Package Design**

Other (specify): For infants with medical conditions whereby health plan does not provide 100% of the amount of formula prescribed, WIC provides the balance amount of the prescribed formula.

**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):**

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

- does not develop nutrition tailoring policies
- develops based on (check all that apply):
  - category
  - age
  - nutrition risk/nutrition need
  - priority
  - participant preference
  - household condition
  - administrative concerns
  - other (specify): medical condition; health plan coverage of therapeutic product

**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:**

NUTRITION SERVICES  
**B. Food Package Design**

	<b>Standard food package</b>	<b>Individually tailored food package</b>
CPA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (specify):	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>RD, DN</b>	<b>RD, DN</b>

**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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Breastfeeding promotion/support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dietary assessment techniques	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Prescribing & tailoring food packages	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Referral protocol	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Maternal, infant, and child nutrition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cultural competencies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Customer service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Immunization screening/referral	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Care Plan Development	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VENA staff competency training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other (specify): Civil Rights Training is available on the WIC website	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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