

II. NUTRITION SERVICES

(Please indicate) State Agency: CA for FY 2017

Nutrition services include the full range of activities performed by a variety of staff to operate a WIC Program such as, participant screening and assessment, nutrition education and counseling, breastfeeding promotion and support and health promotion, food package prescriptions, and health care referrals. WIC State agencies should refer to the WIC Nutrition Service Standards, available WIC Works Resource System at <http://wicworks.nal.usda.gov/> for recommended criteria and best practices to incorporate activities that are consistent with providing quality nutrition services and revitalizing quality nutrition services (RQNS).

A. Nutrition Education-246.4(a)(9); 246.11(a)(1-3)(c)(1,3-7): 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: 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. In addition to regulations at 246.10, State agencies should refer to the Food Package Guidance Handbook and Frequently Asked Questions available on the FNS Partnerweb.

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

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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)(1))

Yes No

- b. The State agency monitors local agency activities to ensure compliance with provisions set forth in paragraphs §246.11(c)(7), (d), and (e) of this section. (§246.11(c)(5))

Yes No

- 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))

Yes No

- 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

Annual local agency reviews

Other (specify): Nutrition Services Plan

- e. State policies reflect the definition of "nutrition education" as defined in §246.2 and in the Child Nutrition Act. The 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):

WPPM 400 series.

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

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

Yes No

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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, and it shall 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. Nutrition education shall be thoroughly integrated into participant health care plans, the delivery of supplemental foods, and other Program operations. (2) Nutrition education is made available to all participants. Nutrition education may be provided through the local agencies directly, or through other agencies. At the time of certification, the local agency shall stress the positive, long term benefits of nutrition education and encourage the participant to attend and participate in nutrition education activities. However, individual participants shall not be denied supplemental foods for failure to attend or participate in nutrition education activities. (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 to parents or caretakers of infants and children participants. Drug and other harmful substance abuse information may also be provided to pregnant, postpartum, and breastfeeding women and to parents or caretakers of infants and children participating in local agency services other than the Program.**

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 6 month certification period, and quarterly nutrition education contacts to participants certified in excess of 6 months, to ensure adequate nutrition education in accordance with §246.11(e) via:

- Local agency addresses in annual nutrition education plan
- State nutrition staff monitoring annually during local agency reviews
- Local agency providing periodic reports to State agency
- Other (specify): Biennial local agency review

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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"/> Protocols | <input checked="" type="checkbox"/> Documentation |
| <input checked="" type="checkbox"/> Breastfeeding promotion and support | <input checked="" type="checkbox"/> Referrals |
| <input checked="" type="checkbox"/> Information on substance abuse prevention | <input checked="" type="checkbox"/> Care plans |
| <input checked="" type="checkbox"/> Counseling methods/teaching strategies | <input checked="" type="checkbox"/> Exit counseling |
| <input checked="" type="checkbox"/> Content (WIC appropriate topics) | |
| <input checked="" type="checkbox"/> Nutrition topics relevant to participant assessment | |
| <input checked="" 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
- Food demonstration
- A delivery method performed by other agencies, i.e., EFNEP
- Other (specify): _____

d. The State agency ensures that nutrition risk data is used in providing appropriate nutrition education by:

- Individual nutrition education contacts tailored to the participant's needs.
- Group nutrition education contacts relevant to the participant's needs (please explain how appropriate group nutrition classes are identified and offered to the participant.)
- Other (specify): See WPPM 400 series for explanation of how group education classes are identified and offered.

e. 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 checked="" type="checkbox"/> Healthcare provider's prescription | <input type="checkbox"/> Other: _____ |

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f. Individual care plans developed include the following components:

Must Include	May Include	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Individualized food package
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Identification of nutrition-related problems
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nutrition education and breastfeeding support
<input checked="" type="checkbox"/>	<input type="checkbox"/>	A plan for follow-up
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Referrals
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Timeframes for completing action plan
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Documentation of completing action plan
<input type="checkbox"/>	<input checked="" type="checkbox"/>	A practical relationship to a participant's nutritional needs, household situations, and cultural preferences including information on how to select food for themselves and their families
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other (specify): Document participant's understanding of nutrition education received and/or possible behavior change. _____

g. 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 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): _____

h. 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): As designated by participant. _____

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i. 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): As designated by parent or caretaker.

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

4. Nutrition Education Materials (§246.11(c)(1,3,4,6,7): The State agency shall (1) 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); and (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 shares material with the Child and Adult Care Food Program (CACFP) at no cost:

Yes No

If applicable, list other agencies:

A written material sharing agreement exists between the relevant agencies

Yes No

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b. 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"/>	<u>Refer to Appendix A.4b. for other languages.</u>
Specific nutrition-related disorders	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Refer to Appendix A.4b. for other languages.</u>
Maternal nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Refer to Appendix A.4b. for other languages.</u>
Infant nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Refer to Appendix A.4b. for other languages.</u>
Child nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Refer to Appendix A.4b. for other languages.</u>
Nutritional needs of homeless	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nutritional needs of migrant farmworkers & their families	<input type="checkbox"/>	<input 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"/>	<u>Refer to Appendix A.4b. for other languages.</u>
Breastfeeding promotion and support (including troubleshooting problems)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Refer to Appendix A.4b. for other languages.</u>
Danger of harmful substances (alcohol, tobacco and other drugs), as well as secondhand smoke during pregnancy and breastfeeding	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Refer to Appendix A.4b. for other languages.</u>
Food Safety	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Refer to Appendix A.4b. for other languages.</u>
Physical activity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Refer to Appendix A.4b. for other languages.</u>
Other:			
<u>Family meals</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Refer to Appendix A.4b. for other languages.</u>
<u>Recipes</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Refer to Appendix A.4b. for other languages.</u>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

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.

c. 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 Cultural relevance

Other: _____

d. 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):

For question 4c. and 4d., WPPM 400-10 and WPPM Appendix 980-500 apply. For question 4b., refer to Appendix A.4b. - "Listing of WIC Nutrition Education Materials."

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5. 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

- Providing nutrition education materials appropriate to this population and language needs
- Providing 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
- Distributing 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):

WPPM 510-30

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): _____

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b. The State agency has established minimum protocols for breastfeeding promotion and support which include 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
- Participant breastfeeding assessment
- Food package prescription and tailoring based on breastfeeding and nutrition assessment
- Data collection (at State and local level)
- Referral criteria
- Peer counseling
- Other (specify): Regional Breastfeeding Liaison Program with hospitals, health care providers, employers, and the community in general.
- 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 (see [Loving Support Model](#)):

a. An appropriate definition of peer counselor defined as follows: paraprofessional (see [Loving Support Model for definition](#)); 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 (check all that apply):
 - Home (peer counselor makes telephone calls from home)
 - Participant's home (peer counselor makes home visits)
 - Clinic
 - Hospital
- Define frequency of client contacts
- Define procedures for making referrals
- Define scope of practice of peer counselor

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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

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):

Timing and frequency of contacts

Documentation of client contacts

Referral protocols

Confidentiality

Use of social media

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

Regular, systematic review of peer counselor contact documentation

Spot checks

Observation

Other, (specify): _____

i. Participation in 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): _____

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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
- Mentoring of newly trained peer counselors in early months of job
- 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 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): _____

l. Attach a copy of an updated line item budget, with written narrative, demonstrating how peer counseling funds are being used for approved peer counseling activities.

m. Please provide the approximate number of WIC peer counselors in your State: 205

n. Please provide the number of local agencies designated by the State agency to receive funds to operate peer counseling programs.

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

For question A.7.I, refer to Appendix A.7.I(1)-BFPC Line Item Budget FFY 2016 and Appendix A.7.I(2)-Narrative for BFPC Program.

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

- | | |
|---|--|
| <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 checked="" type="checkbox"/> Healthcare provider 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, describe actual values or criteria identified by the State. Enter "n/a" if not applicable. (i.e. artificial sweeteners, artificial color/flavor, low-sodium, etc.):

Refer to Appendix B.1c.-WIC Food Approval Standards and Procedures (FASP) Manual.

- d. The State agency provides the maximum amount of all authorized foods allowed in accordance with the Federal WIC regulations at section 246.10 for each of the seven WIC Food Packages (I-VII).

Yes No

- | | | |
|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pregnant women/Partially (Mostly) Breastfeeding |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Fully Breastfeeding women |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Postpartum, non-breastfeeding women |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Infants 0-5 months |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Infants 6-11 months |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Children |

e. WIC Formulas:

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

- Yes No

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

- Yes No

(3) The State agency requires medical documentation for non-contract infant formula.

- Yes No

(4) The State agency requires medical documentation for exempt infant formula/ WIC eligible nutritionals.

- Yes No

(5) State agency authorizes local agencies to issue a non-contract brand infant formula that meets the requirements of Table 4 in 246.10(e)(12) without medical documentation in order to meet religious eating patterns:

- Yes No

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B. Food Package Design

(6) The State agency coordinates with medical payors and other programs that provide or reimburse for formulas per Section 246.10(e)(3)(vi).

Yes No

If yes, describe the State agency reimbursement and/or referral system used for this coordination. Include a description of the monitoring/tracking tools in place to ensure program integrity.

Referral of participants to Medi-Cal note these referrals in WIC MIS.

If no, has the State agency met the requirement to annually contact their State Medicaid counterparts regarding the payment of WIC-eligible exempt infant formulas and medical foods to mutual program participants per WIC Policy Memo #2015-7?

Yes No

Please attach and provide the citation for any existing written agreement between the State agency and the State Medicaid office as well as local government agencies or private agencies in regards to payment of WIC-eligible exempt infant formulas and medical foods.

f. Rounding:

(1) Does the State agency issue infant formula according to the specific rounding methodology per Section 246.10(h)(1)?

Yes No

If answered NO, skip questions (2)-(4)

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

Yes No

(3) Does the State agency issue infant foods according to the specific rounding methodology per Section 246.10(h)(2)?

Yes No

(4) If the State agency implemented the rounding option for issuing infant foods, are there established written policies in place?

Yes No

g. Is infant formula issued in the 1st month to partially breastfed infants?

Yes No

h. State policies & materials reflect the definition of "supplemental foods" as defined §246.2 and in the Child Nutrition Act.

Yes No

i. The State agency requires that lowfat (1%) or nonfat milks are the standard milk for issuance to children ≥ 24 months of age and women.

Yes No

j. Does the State agency allow issuance of fat-reduced milks to 1-year-old children for whom overweight or obesity is a concern, in accordance with Footnote 7 of Table 2 in 246.10(e)(10)?

Yes No

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

For question B.1a., refer to Appendices B.1a.(1), B.1a.(2), and B.1a.(3). For question B.1g., refer to WPPM 600-10. For question B.1j., refer to WPPM 320-30.

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B. Food Package Design

2. Individual Nutrition Tailoring

a. The State agency allows individual nutrition tailoring of food packages only in accordance with 246.10(c).

Yes No

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B. Food Package Design

b. The State agency provides a special individually tailored package for:

- Homeless individuals and those with limited cooking facilities
- Residents of institutions
- Other (specify): Infants with medical conditions where the health plan does not provide 100% of the amount prescribed by the physician. WIC provides the remaining portion to meet the full benefit.

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):

Appendix B.1a.(2)-WIC Food Package Job Aid; and WPPM 320-40.

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

- Does not develop individual nutrition tailoring policies
- Develops based on (check all that apply):
 - Nutrition risk/nutrition and breastfeeding assessment
 - Participant preference
 - Household condition
 - Other (specify): Medical condition; health plan coverage of the therapeutic product.

d. The State agency allows local agencies to develop specific individual 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 individual tailoring guidelines for State approval
- Local agency individual tailoring guidelines are monitored annually during local agency reviews
- Agency reviews
- Other (specify): _____

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

For question B.2.c, refer to Appendix B.1.a(2)-WIC Food Package Job Aid and WPPM 320-40.

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): <u>RD, DN</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

ADDITIONAL DETAIL: Provide a copy of the actual foods included in the homeless and institution packages in the Appendix or cite Procedure Manual. Attach copies of all food packages that are tailored. Nutrition Services Appendix and/or Procedure Manual. (citation):

Refer to WPPM 320-30, WPPM 210-13, WPPM 130-30, and Appendix B.1.a(2)-WIC Food Package Job

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C. Staff Training

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

	<u>Professionals</u>		<u>Paraprofessionals</u> (may or may not be CPAs in some States)	
	Regularly	As Needed	Regularly	As Needed
General nutrition education methodology	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
State certification policies/procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Anthropometric measurements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Blood work procedures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>
Referral protocol	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>
Customer service	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Immunization screening/referral	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>
Substance abuse prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>See additional detail below for other trainings.</u>				

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

- "Other" Trainings: Civil Rights training, National Voter Registration Act (NVRA) training, Code of Conduct training (Confidentiality & Conflict of Interest), and WIC-MIS training.

- WPPMs that apply to question II.C. : 190-00, 190-10, 190-20, 190-30, the entire 200 series on certification procedures, and 700-06.

- The WIC Nutrition Assistant Training Manual (WNA Manual) is used to train WIC nutrition assistants.