

WIC

Nutrition Services Standards



U.S. Department of Agriculture
Food and Nutrition Service

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Foreword

A major emphasis of the Department of Agriculture's Food and Nutrition Service (FNS) is Revitalizing Quality Nutrition Services (RQNS). The purpose of RQNS is to refocus attention on delivering quality nutrition services, a fundamental benefit of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). As part of the process of continuous program improvement, the National Association of WIC Directors (NAWD) joined forces with FNS to update the jointly developed 1988 Nutrition Services Standards and to review other WIC documents on this topic.

The 1988 Nutrition Services Standards (1) served as a tool for measuring the efficiency and effectiveness of the WIC State and local agency nutrition services operations. In addition, a companion paper, *Ensuring the Quality of Nutrition Services in the WIC Program*, identified specific goals and recommendations for providing quality nutrition services in WIC (2). In 1993, a task force of NAWD and FNS representatives revisited the topic of delivery of quality nutrition services to WIC participants and developed the *NAWD/FNS Joint Statement on Quality Nutrition Services in the WIC Program* (3). This statement reaffirmed the mutual commitment of NAWD and FNS to work toward quality nutrition services and identified strategies and recommendations for achieving this goal.

In December 1999, FNS staff and the NAWD Nutrition Section met as a committee to discuss the process of RQNS and initiated collaboration to update the Nutrition Services Standards. The Committee expanded the original 12 standards into 21 standards. The standards cover all aspects of providing quality nutrition services in the WIC Program and ensure that the three benefits of WIC—providing nutritious supplemental food, offering nutrition education, and serving as an adjunct to good health care—are fulfilled. In addition, the expanded Nutrition Services Standards were developed to support FNS Strategic Plan goals of 1) improved nutrition of children and low-income people; and 2) improved stewardship of appropriated funds.

The first draft of the standards was distributed for review in August 2000 to State WIC Nutrition Coordinators and Program Directors, as well as to FNS regional office and headquarters staff. This draft was also presented and distributed at the NAWD Nutrition and Breastfeeding Conference in September 2000. Thirty-three written comments were received; all were very positive. Commenters were supportive of the effort to strengthen and refocus attention on the nutrition aspect of WIC and requested that the Committee keep the standards flexible in order to meet the needs of the diverse WIC agencies. All comments were reviewed and considered for incorporation into the standards.

A second draft of the standards was distributed in January 2001 to State WIC Nutrition Coordinators and Program Directors, FNS regional office and headquarters staff, local agency representatives to NAWD, and several WIC partners. Twenty-two written comments were received on this draft. Most of the comments were recommendations of additional criteria to further enhance the standards.

The final document is the product of this collaborative and inclusive process. The Committee highly valued the insight and comments received. The standards represent a comprehensive resource, incorporating pertinent strategies and recommendations for providing quality nutrition services in the WIC Program.

Introduction

The updated Nutrition Services Standards represent a wide range of performance practices used in the delivery of quality WIC nutrition services. The organizational and operational structures in which WIC services are delivered are diverse between and within State and local WIC agencies. WIC may be operated by a health department or a comparable agency in a State, an Indian Nation or an authorized intertribal council, or an area health office of the Indian Health Service. Local WIC clinics may be collocated with other health and social service agencies or may stand alone. Clinics may be large and operate in urban areas or small and operate in rural settings. The Nutrition Services Standards are flexible enough to be useful to the many types of agencies that administer the WIC Program. The updated Nutrition Services Standards are intended to provide WIC State and local agencies with a tool to:

- Inspire the revitalization of quality nutrition services in WIC
- Identify Federal Requirements related to quality nutrition services
- Document “Federal Requirements,” “Recommended Criteria,” and “Best Practices” achieved

- Assess the delivery of quality nutrition services to participants
- Identify areas needing improvement
- Determine staff training, technical assistance, and resource needs
- Develop and implement State and local agency policies and procedures
- Assist in developing State and local agency nutrition services plans
- Evaluate progress toward strengthening or enhancing nutrition services

These standards supersede the 1988 Nutrition Services Standards.

Use of the Standards

The Nutrition Services Standards will provide a way for all State and local WIC agencies to self-assess how well they deliver a wide range of nutrition services and how to improve the delivery and quality of nutrition services in their WIC Programs. In addition, FNS regional offices will use the Nutrition Services Standards as a tool in conducting management evaluation and technical assistance reviews of the nutrition services component of WIC agency operations. NAWD can also use the standards to identify needs and interests for the planning of conference and training agendas, to develop position papers, and to identify resource materials needed by WIC agencies. Both NAWD and FNS will work to develop technical assistance and guidance that responds to the needs of WIC agencies.

Each standard is assigned a performance code. **Federal Requirements (FR)** identifies performance standards that are required by Federal WIC regulations or supporting policies. **Recommended Criteria (RC)** identifies voluntary performance standards that are frequently followed and are generally considered fundamental to the delivery of quality nutrition services by State and local WIC agencies. **Best Practices (BP)** represent outstanding efforts by State and local WIC agencies to deliver quality nutrition services that could serve as examples for replication by other agencies. The Recommended Criteria and Best Practices give State and local WIC agencies a variety of strategies to strive toward beyond the Federal Requirements. The implementation of Recommended Criteria and Best Practices reflects the highly regarded reputation that WIC has earned over the years. The Key for the Codes page explains how the codes are used and placed throughout the document.

Meeting all Federal Requirements is mandatory, and any noncompliance found during a management evaluation would result in a “finding” and a “required corrective action.” WIC agencies must take corrective action in response to such findings and must notify the regional office about what the corrective action will be.

Attainment of Recommended Criteria can be recognized or commended. Lack of attainment for Recommended Criteria will **not** be noted as a “finding” that requires corrective action. However, many of the practices delineated in the Recommended Criteria could be action options that would correct a “finding” if implemented. Therefore, Recommended Criteria can be noted under “suggested or recommended action” in a management evaluation report.

Agencies that document Best Practices will be recognized or commended, and, in addition, Best Practices activities may be shared with other agencies. The purpose of the Best Practices criteria is to identify practices that are truly noteworthy initiatives deserving of recognition. As with Recommended Criteria, lack of attainment for Best Practices will **not** be noted as a “finding” that requires corrective action.

State agencies may be asked to respond to management evaluation suggestions and recommendations by informing the regional office about any voluntary actions they plan to take. All FNS management evaluation reports will clearly distinguish between *required corrective actions* that result from a finding of noncompliance with Federal Requirements and *suggested or recommended actions* that are identified by observations as potential steps to help enhance the delivery of quality nutrition services. FNS acknowledges that WIC agencies’ ability to implement Recommended Criteria and Best Practices standards will vary depending on available resources and capacity.

State and local WIC agencies have consistently exceeded Federal Requirements and provided high-quality nutrition services. This has enabled WIC to become the model public health nutrition program it is today. FNS and NAWD believe that this commitment will continue to be the impetus for further program improvements, because FNS, NAWD, and WIC agencies all want the WIC Program to be the best it can be.

Key for the Codes

FR = Federal Requirements: mandatory performance criteria that are supported either directly or indirectly by WIC Federal regulations, FNS Instructions, Office of Management and Budget (OMB) Circulars, FNS Policy Memoranda, or other Federal mandates. FR §246 refers to a Federal Requirement found in the WIC Program regulations, 7 Code of Federal Regulations Part §246; a §246 citation will be followed by a decimal, letter, and/or number extension that identifies the specific section of the Federal WIC regulations being referenced—for example, FR §246.3(e)(3).

RC = Recommended Criteria: voluntary performance criteria that represent fundamental quality WIC nutrition services. Many RC practices are routinely performed by WIC agencies in order to deliver the nutrition services provided in WIC.

BP = Best Practices: performance criteria that represent exemplary quality WIC nutrition services practices.

Y/N = The checkboxes provide a visual method for WIC agencies to document the delivery of quality nutrition services. “Y” would be checked if the agency fulfills the criterion; “N” would be checked if the agency does not fulfill the criterion. A blank section for written comments is available following each standard. Responses are to be used for assessing needs and for program planning. Best Practices have only a “Y” choice to check or leave blank.

Placement of Codes

The performance codes (FR, RC, and BP) are placed at the end of each standard or each component of the standard to which they apply. If all components in a standard have the same code, the code is listed only once, in the outline level above these statements—see Standard 1 G, for example. If the codes are different for different components of the same standard, though, the corresponding code is included at the end of each statement—see Standard 1 A 2 a–k, for example.

References

The text above and the 21 standards that follow contain references to the Nutrition Services Standards and the component criteria. These references are numbers in parentheses—for example, Standard 1 is followed by “(4)–(7),” which refers to items 4 through 7 in the References section near the end of the document. That section gives complete information on each reference and how to obtain a copy.

WIC

Nutrition Services Standards



Nutrition Services Staffing

Standard 1. Staff Qualifications, Roles, and Responsibilities: State and local agencies ensure that the staff who provide nutrition services have clearly defined qualifications, roles, and responsibilities (4)–(7).

A. The State WIC Nutrition Coordinator's qualifications, roles, and responsibilities are as follows:

1. The qualifications include:

- a. Federal requirements [FR §246.3(e)(3)] **OR** Y N
- b. Master's or doctoral degree in the field of nutrition from an accredited college or university; credentials of a Registered Dietitian (R.D.); if applicable, State licensed or certification as a nutritionist/dietitian; and a minimum of 2 years of job-related experience **[RC]** Y N

2. The roles and responsibilities include:

FR criteria noted below are mandatory State activities. The State WIC Nutrition Coordinator should have these responsibilities. However, depending on a State's organization, some of these responsibilities may be assigned to another individual.

- a. Planning the State's overall WIC nutrition services, involving:
 - (1) Identifying nutrition education goals and objectives [FR §246.4(a)(9)] Y N
 - (2) Developing and implementing procedures to ensure that nutrition education is offered to all participants [FR §246.11(c)(4)] Y N
 - (3) Establishing standards for participant contacts [FR §246.11(c)(6)] Y N
 - (4) Identifying or developing nutrition education resources and materials for use in local agencies [FR §246.11(c)(3)] Y N
 - (5) Describing the methods that will be used to provide drug and other harmful substance abuse information [FR §246.4 (a)(9)] Y N
 - (6) Describing methods to meet the special nutrition education needs of migrant farmworkers and their families, Native Americans, and homeless persons [FR §246.4(a)(9)] Y N
 - (7) Selecting the State's nutritional risk criteria [FR §246.7(e)(3) and §246.4(a)(ii)(a)] Y N
 - (8) Identifying the State's WIC-approved foods [FR §246.10(b)(1)] Y N
 - (9) Monitoring local agency activities for compliance with Federal requirements for nutrition education [FR §246.11(c)(5)] Y N
- b. Providing technical assistance and consultation to State and local agency staff and other health professionals on nutrition services topics [FR §246.11(c)(2)] Y N
- c. Providing in-service training and technical assistance for local agency staff involved in providing nutrition education to participants [FR §246.11(c)(2)] Y N
- d. Developing and evaluating the State nutrition services plan **[RC]** Y N
- e. Developing State policies, procedures, or guidelines that pertain to nutrition services (e.g., nutrition assessment, nutrition education, food package prescriptions, and job descriptions) **[RC]** Y N
- f. Supervising other State nutrition services staff, including the State Breastfeeding Promotion Coordinator **[RC]** Y N
- g. Participating in the development, management and implementation of the State nutrition services budget to ensure that at least 1/6 of the administrative budget is expended on nutrition education **[RC]** Y N

Standard 1. Staff Qualifications, Roles, and Responsibilities

- h. Analyzing and commenting on proposed policy or legislation that has potential impact on WIC nutrition services [RC] Y N
- i. Coordinating nutrition services with other internal WIC Program operations and external agencies/programs [RC] Y N
- j. Providing technical nutrition support in the development and revisions of State automated systems [RC] Y N
- k. Evaluating the effectiveness of professional training programs and revising curriculum and materials, as needed [BP] Y

B. The State WIC Breastfeeding Promotion Coordinator’s qualifications, roles, and responsibilities are as follows:

1. The qualifications include:

- a. Bachelor’s (or higher) degree from an accredited college or university with an emphasis in any health- or nutrition-related field and specialized training in lactation management such as Certified Lactation Counselor (CLC) [RC] OR Y N
- b. Qualifications in standard B 1a above plus International Board Certified Lactation Consultant (IBCLC) [BP] Y

2. The role and responsibilities include:

FR criteria noted below are mandatory State activities. The State WIC Breastfeeding Coordinator should have these responsibilities. However, depending on a State’s organization, some of these responsibilities may be assigned to another individual.

- a. Coordinating State breastfeeding promotion and support efforts according to the State plan [FR §246.3(e)(4)] Y N
- b. Providing training on breastfeeding promotion and support to State and local agency staff [FR §246.11(c)(2)] Y N
- c. Identifying methods that local agencies will use to promote breastfeeding [FR §246.4(a)(9)] ... Y N
- d. Developing State standards (State policies, procedures, or guidelines) for breastfeeding promotion and support (see Standards 1114) [FR §246.11(c)(7)] Y N
- e. Monitoring local agency breastfeeding promotion and support activities for compliance with Federal requirements [FR §246.11(c)(5)] Y N
- f. Monitoring State breastfeeding initiation and duration rates [FR §246.25(b)(3)] Y N
- g. Evaluating State breastfeeding promotion and support activities [RC] Y N
- h. Coordinating breastfeeding promotion and support with other internal WIC Program operations and external agencies/programs [RC] Y N
- i. Providing technical assistance and consultation on breastfeeding promotion and support to local agency staff and WIC participants [RC] Y N

Standard 1. Staff Qualifications, Roles, and Responsibilities

C. The local agency Competent Professional Authority's (CPA's) qualifications, roles, and responsibilities are as follows:

1. The qualifications include:

- a. Federal requirements [FR §246.2 definition for CPA] Y N
- b. Completion of a competency-based training program on performing the duties of a CPA [RC] Y N
- c. Literacy and language skills appropriate to address the needs of diverse participants [BP] Y

2. The roles and responsibilities include:

- a. Determining nutritional risk of participants [FR §246.7(e)] Y N
- b. Prescribing food packages [FR §246.10(b)(2)(iii) and FNS Instruction 804-1] Y N
- c. Providing nutrition education responsive to the identified needs/interests of participants [RC] Y N
- d. Identifying the need for individual care plans [RC] Y N
- e. Referring participants to other health and social services [RC] Y N
- f. Implementing individual care plans for low-risk participants [RC] Y N
- g. Identifying and referring high-risk participants to a qualified nutritionist (see Standard 1 E) Y N
- h. Documenting referrals [RC] Y N
- i. Providing and documenting appropriate follow-up to referrals [BP] Y

D. The local agency designates a staff person to coordinate local agency breastfeeding promotion and support activities [FR §246.11(b)(7)(ii)].

Y N

1. The qualifications for local agency breastfeeding coordinators include:

- a. Meets the qualifications for a CPA (Standard 1 C); has 1 year of experience in counseling women about how to breastfeed successfully; and has State-approved training in lactation management [RC] OR Y N
- b. Meets the qualifications for a CPA (Standard 1 C) and has the credentials of IBCLC or CLC or other certification in lactation management [BP] Y

2. The roles and responsibilities include [RC]:

- a. Overseeing the planning, implementation, and evaluation of breastfeeding promotion and support activities and staff training Y N
- b. Keeping current with the latest breastfeeding information and informing other local agency staff of new recommendations Y N
- c. Identifying, coordinating, and collaborating with community breastfeeding resources Y N
- d. Monitoring local agency breastfeeding rates Y N
- e. Performing the roles and responsibilities of a CPA/nutritionist Y N

Standard 1. Staff Qualifications, Roles, and Responsibilities

E. The local agency has access to a qualified nutritionist to provide nutrition services to high-risk participants [RC]. Y N

1. The nutritionist's qualifications include:

- a. Bachelor's degree in the field of nutrition from an accredited college or university and completion of a training program approved by the State agency on the provision of nutrition services to high-risk participants [RC] OR Y N
- b. Credentials of a Registered Dietitian (R.D.) or eligibility for registration with the American Dietetic Association; if applicable, State licensed or certified as a nutritionist/dietitian and must have completed a training program approved by the State agency on the provision of nutrition services to high-risk participants [BP] OR Y
- c. Master's or doctoral degree in the field of nutrition from an accredited college or university and completion of a training program approved by the State agency on the provision of nutrition services to high-risk participants [BP] Y

2. The roles and responsibilities include:

- a. Referring high-risk participants to other health-related and social services [FR §246.7(b)] Y N
- b. Prescribing food packages [FR §246.10(b)(2)(iii) and FNS Instruction 804-1] Y N
- c. Developing individual care plans for high-risk participants [RC] Y N
- d. Coordinating nutrition counseling responsive to the identified needs/interests of high-risk participants [RC] Y N
- e. Documenting that high-risk participants receive referral services [BP] Y
- f. Tracking high-risk participants' progress in improving their health and document outcomes [BP] Y

F. Local agency nutrition services are overseen by a nutritionist [RC]. Y N

1. The qualifications include:

- a. Bachelor's degree in the field of nutrition from an accredited college or university, a minimum of 2 years of job-related experience, and completion of a training program approved by the State agency on the provision of nutrition services [RC] OR Y N
- b. Master's or doctoral degree in nutrition from an accredited college or university or is a Registered Dietitian; if applicable, State license as a nutritionist/dietitian; a minimum of 1 year of job-related experience and completion of a training program approved by the State agency on the provision of nutrition services [BP] Y

2. The roles and responsibilities include:

- a. Participating in the development of the local agency nutrition education/services plan [RC] Y N
- b. Coordinating direct nutrition services to participants [RC] Y N
- c. Providing nutrition in-service training to other local agency staff who provide nutrition services to participants [RC] Y N
- d. Coordinating nutrition services with other local agencies and community organizations [RC] Y N
- e. Coordinating nutrition services with other WIC Program operations [RC] Y N

Nutrition Services Staffing

Standard 1. Staff Qualifications, Roles, and Responsibilities

- f. Supervising nutrition services staff (including CPAs and other staff involved in the nutrition assessment or delivery of nutrition services) [BP] Y
- g. Participating in local and state work groups to improve nutrition and program services [BP] Y
- h. Providing technical assistance and consultation to other local agency staff and other health professionals in nutrition services areas [BP] Y
- i. Developing and managing the nutrition services budget [BP] Y
- j. Overseeing development and implementation of a Quality Assurance Plan [BP] Y

G. Nutrition services support staff receive State approved competency-based training based on their duties [RC]. Y N

1. The qualifications include:

- a. Determination by the State agency of the appropriate qualifications based on assigned duties Y N
- b. Completion of a State agency approved competency-based training program appropriate to assigned duties Y N

2. The roles and responsibilities include:

- a. Meeting specific responsibilities as determined by the State or local agency Y N
- b. Providing clinic and office support to the CPA/nutrition staff Y N
- c. Implementing program policies and protocols Y N
- d. Communicating information accurately and appropriately Y N
- e. Providing customer service Y N
- f. Referring participants to other social services and documenting accordingly Y N

Verification Source(s) for Standard 1:

- State Plan/Policy and Procedure Manual
- Other State or Local Agency Guidance
- Personnel Records
- Other (specify): _____
- State or Local Agency Nutrition Services Plan
- State or Local Agency Records

Comments:

Nutrition Services Staffing

Standard 2. Staffing Patterns and Staff Recruitment and Retention: State and local agencies implement staffing patterns that enable them to deliver quality nutrition services.

- A. The State agency meets the Federal staffing requirements [FR §246.3(e)(1)(6)]. Y N

- B. State and local agencies assess nutrition services staffing patterns, identifying the numbers and types of personnel needed to ensure the provision of quality nutrition services [RC] (4)–(7). Y N

- C. State and local agencies use appropriate strategies to recruit and retain nutrition services staff [RC]. Y N
 - These strategies include:
 - 1. Providing career opportunities for staff Y N
 - 2. Establishing staffing patterns to effectively use staff and provide professionally challenging experiences Y N
 - 3. Promoting WIC as a potential employer to high schools, colleges, and universities Y N
 - 4. Marketing careers in WIC to professional nutrition and health associations and exploring nontraditional training programs (e.g., ADA-accredited dietetic supervised practice program or other out-of-service training program) (8)–(12) Y N
 - 5. Providing competency-based training and continuing education opportunities for staff Y N
 - 6. Offering competitive salaries for staff Y N
 - 7. Establishing clearly defined job performance standards to identify, assess, and reward the provision of quality nutrition services Y N
 - 8. Providing mentoring opportunities for new staff Y N
 - 9. Other strategies (specify): _____ Y N

Verification Source(s) for Standard 2:

- State Plan/Policy and Procedure Manual
- State or Local Agency Nutrition Services Plan
- Other State or Local Agency Guidance
- State or Local Agency Records
- Personnel Records
- Other (specify): _____

Comments:

Nutrition Services Staffing

Standard 3. Staff Training: State and local agencies provide appropriate orientation, training, and continuing education opportunities for nutrition services staff.

- A. State and local agencies that use “State or medically trained” paraprofessionals to serve as CPAs or provide nutrition services have a State approved training program for them with the following components:** Y N
1. Training curriculum and materials that address the following Federal Regulations and other recommendations:
 - a. Nutrition risk determination [FR §246.7(e)] Y N
 - b. Food package prescriptions [FR §246.10(b)(2)(iii)] and nutrition tailoring [FR, FNS Instruction 804-1] Y N
 - c. Appropriate referrals [FR §246.7(b)] Y N
 - d. Basic nutrition education and breastfeeding promotion and support [FR §246.11(c)(2)] Y N
 - e. The need for an individual care plan and its development for low-risk and high-risk participants [FR §246.11(e)(5)] Y N
 - f. Educational and counseling methods/techniques, including cross-cultural counseling skills [RC] Y N
 - g. Cultural competencies related to the participant populations served [RC] Y N
 - h. Customer service practices (also see Standard 20) [RC] Y N
 - i. Issues specific to maternal and child nutrition Y N
 2. Training schedule, including the opportunity for paraprofessionals to obtain annually a specified number of training hours related to their job responsibilities [RC] Y N
 3. Demonstration and documentation that knowledge and performance skills have been met [RC] Y N
 4. Annual performance evaluations of paraprofessional staff who complete training [RC] Y N
- B. State and local agencies that use professional staff to serve as CPAs or provide nutrition services have a training program that includes the following:** Y N
1. Training curriculum and materials that address the following Federal Regulations and other recommendations:
 - a. Nutrition risk determination [FR §246.7(e)] Y N
 - b. Food package prescriptions [FR §246.10(b)(2)(iii)] and nutrition tailoring [FR, FNS Instruction 804-1] Y N
 - c. Appropriate referrals [FR §246.7(b)] Y N
 - d. Nutrition education and breastfeeding promotion and support [FR §246.11(c)(2)] Y N
 - e. Identification of the need for an individual care plan and its development for low-risk participants [FR §246.11(e)(5)] Y N
 - f. Development of individual care plans for high-risk participants by a qualified nutritionist (see Standard 1 E 1) [RC] Y N
 - g. Educational and counseling methods/techniques, including cross-cultural counseling skills [RC] Y N
 - h. Cultural competencies related to the participant populations served [RC] Y N

Nutrition Services Staffing

Standard 3. Staff Training

- i. Customer service practices (also see Standard 20) [RC] Y N
 - j. Follow-up on the provision of referrals to participants [BP] Y
 - 2. Training schedule, including the opportunity for professionals to obtain annually a specified number of training hours related to their job responsibilities [RC] Y N
 - 3. Demonstration and documentation that knowledge and performance skills have been met [RC] Y N
 - 4. Annual performance evaluations of paraprofessional staff who complete training [RC] Y N
- C. State and local agencies ensure that staff who oversee nutrition services receive management training appropriate to their roles and responsibilities [RC]. Y N

Verification Source(s) for Standard 3:

- State Plan/Policy and Procedure Manual
- State or Local Agency Nutrition Services Plan
- State or Local Agency Records
- Personnel Records
- Training Curriculum and Materials
- Other (specify): _____

Comments:

Nutrition Services Plan, Evaluation, and Quality Assurance

Standard 4. State Agency Nutrition Services Plan and Evaluation: The State agency develops, implements, evaluates, and promotes a nutrition services plan (13).

A. The components of the State agency nutrition services plan are described below.

1. A needs assessment that includes:

- a. Participant data [RC] Y N
- b. Community data [BP] Y
- c. Agency needs and resources [BP] Y
- d. Participant views of nutrition services received, including views of participants who are no longer on WIC [BP] Y

2. Goals, objectives, and action steps that are developed to:

- a. Address nutrition education [FR §246.4(a)(9)] Y N
- b. Address breastfeeding promotion and support [RC] Y N
- c. Reflect the needs assessment [RC] Y N
- d. Promote the preventive health and health promotion aspects of the program [RC] Y N
- e. Reflect *Healthy People 2010* goals and objectives [RC] (14) Y N
- f. Coordinate with Maternal and Child Health Bureau (MCHB) and other programs in order to improve participant health and nutrition outcomes [RC] (15) Y N
- g. Serve as a basis for allocating nutrition services resources [BP] Y
- h. Include population-based approaches as well as direct services to improve participant health and nutrition outcomes [BP] Y

3. An evaluation that is written to:

- a. Document progress toward attainment of goals and objectives [RC] Y N
- b. Provide information for developing/updating the nutrition services plan [RC] Y N
- c. Document trends over time [BP] Y
- d. Provide information on the effectiveness of intervention methodologies and suggestions for future interventions [BP] Y

- B. The State agency uses a data collection system to evaluate nutrition and breastfeeding activities and objectives [RC]. Y N

Standard 4. State Agency Nutrition Services Plan and Evaluation

C. The State agency integrates relevant components of its nutrition services plan into public health nutrition and other agency program plans by:

- 1. Sharing aggregate participant health and nutrition data [RC] Y N
- 2. Collaborating with WIC partners on ways to favorably influence maternal and child health and nutrition outcomes [RC] Y N
- 3. Participating in the development of policies and data collection methodologies [BP] Y

D. The State agency nutrition services plan is promoted by making the plan (or appropriate summary documents or components) available to local WIC agencies and WIC partners, including other public and private organizations [RC].

Y N

Verification Source(s) for Standard 4:

- | | |
|---|--|
| <input type="checkbox"/> State Plan/Policy and Procedure Manual | <input type="checkbox"/> State Agency Reports |
| <input type="checkbox"/> Pregnancy Nutrition Surveillance System | <input type="checkbox"/> Pediatric Nutrition Surveillance System |
| <input type="checkbox"/> WIC Participant and Program Characteristics Data | <input type="checkbox"/> Survey/Focus Group Results |
| <input type="checkbox"/> Maternal and Child Health Plan | <input type="checkbox"/> Public Health Nutrition Plan |
| <input type="checkbox"/> State Management Information System | <input type="checkbox"/> Reports |
| <input type="checkbox"/> Web Sites | <input type="checkbox"/> Title V Information System |
| <input type="checkbox"/> Other (specify): _____ | |

Comments:

Nutrition Services Plan, Evaluation, and Quality Assurance

Standard 5. Local Agency Nutrition Services Plan and Evaluation: The State agency provides technical assistance to ensure that local agencies develop, implement, evaluate, and promote a nutrition services plan.

A. The State agency provides guidance on the development of the local agency nutrition services plan [RC]. Y N

B. The components of the local agency nutrition services plan are described below.

1. The local agency nutrition education plan is consistent with the State's nutrition education component of its program operations plan and administration [FR §246.11(d)(2)] Y N

2. The local agency nutrition services plan contains the following components [RC]:

a. Needs assessment Y N

b. Goals and objectives Y N

c. Action steps Y N

d. Evaluation Y N

C. The State agency encourages local agencies to:

1. Integrate their nutrition services plans into other agency plans [BP] Y

2. Share appropriate components of their nutrition services plans with WIC partners, including other public and private organizations, and the media [BP] Y

Verification Source(s) for Standard 5:

State Plan/Policy and Procedure Manual

State Guidance

Local Agency Plans

Mailing List

Web Sites

Other (specify): _____

Comments:

Nutrition Services Plan, Evaluation, and Quality Assurance

Standard 6. Quality Assurance: The State agency develops a quality assurance system that is an integral part of both State and local agency operations.

A. The State agency establishes an ongoing management evaluation system of nutrition services that:

- 1. Documents and monitors local agency operations, reviews financial and participation reports, develops and implements corrective action plans, and conducts on-site visits [FR §246.19(b)(1)] Y N
- 2. Includes the development of a corrective action process [FR §246.19(b)(4)] Y N
- 3. Requires local agencies to establish management evaluation systems to review their own nutrition services operations [FR §246.19(b)(6)] Y N
- 4. Provides training and technical assistance to address corrective actions and improve services [RC] Y N
- 5. Incorporates the nutrition service standards [RC] Y N

B. The State agency maintains a current State WIC Policy and Procedures Manual [FR §246.4(a)(11)]. Y N

- 1. Nutrition and breastfeeding policies are reviewed annually and revisions are made as needed [RC] Y N
- 2. The State agency communicates updates to local agencies on a timely basis [RC] Y N
- 3. The WIC State agency implements a quality assurance system that includes review of evaluation results, which are reported and disseminated in a timely and appropriate manner [BP] Y

Verification Source(s) for Standard 6:

- State Plan/Policy and Procedure Manual
- Local Agency Records
- Staff or Participant Interviews
- Other (specify): _____
- State Guidance
- Direct Observation

Comments:

Nutrition Assessment

Standard 7. Nutrition Assessment: The State agency establishes the components of WIC nutrition assessment that are necessary to determine program eligibility and to provide quality services (16).

A. The State agency uses only FNS-approved, national WIC nutrition risk criteria to document nutrition risk [FR WIC Policy Memo #98-9 FR §246.7(e)(1)-(3)]. Y N

The State agency nutrition risk procedures have the following components [RC]:

- 1. Methodologies for identifying and assigning nutritional risk criteria Y N
- 2. Methods for documenting the nutritional risk assessment in the participant file Y N
- 3. Competency-based staff training Y N
- 4. Protection of participants' privacy and confidentiality Y N
- 5. Communication to the participant/caregiver of the risk criteria that determined eligibility ... Y N
- 6. Establishment of referral criteria Y N

B. The State agency ensures that standardized dietary assessment procedures are used consistently statewide by all local agencies [FR WIC Policy Memo #98-9 (16)]. Y N

These procedures include [RC]:

- 1. Assessment of participant diet and feeding practices at time of certification Y N
- 2. Dietary assessment methodologies, based on currently accepted practice and FNS/Institute Of Medicine guidelines Y N
- 3. Appropriate assessment aids, such as food models and measuring cups Y N
- 4. Competency-based staff training Y N
- 5. Protection of participants' privacy and confidentiality Y N
- 6. Communication of results to participants Y N
- 7. Establishment of referral criteria Y N

Standard 7. Nutrition Assessment

C. The State agency ensures that anthropometric data are current, are reflective of participant status, and are used consistently statewide by all local agencies [FR §246.7(e)(1)(i)(A) and (B), (ii)(A)]. Y N

These procedures include [RC]:

1. Each participant's height or length and weight assessed at the time of certification Y N
2. Anthropometric assessment methods based on current standardized practice and CDC guidelines (17) Y N
3. Criteria for the selection/acquisition/maintenance of all equipment used to obtain anthropometric measurements according to CDC guidelines (18, 19) Y N
4. Competency-based training for local agency staff in anthropometric measurement techniques Y N
5. Anthropometric measurement procedures that protect the participant's privacy and confidentiality Y N
6. Communication of measurement procedures and results to the participant/caregiver Y N
7. Establishment of referral criteria Y N

D. The State agency ensures that hematological assessment measurement data are current and reflective of participant status [FR §246.7(e)(1)(i)(A) and (B), (ii)(B)(1-3)]. Y N

These methods meet the following criteria [RC]:

1. They are established by the State agency and based on CDC guidelines and schedules to prevent and control iron-deficiency anemia (20) Y N
2. They use hematological data obtained from the participant's physician or health care provider to minimize repetitive testing of participants and are assessed at the time of certification Y N
3. When referral data cannot be obtained from the participant's physician or health care provider, hematological tests are based on current practices and professional standards and: Y N
 - a. They follow universal precautions Y N
 - b. They include competency-based training for local agency staff in performing hematological measurement techniques Y N
 - c. They include criteria for selection/acquisition/maintenance of equipment Y N
 - d. They protect the participant's privacy and confidentiality Y N
 - e. Test results are communicated to the participant/caregiver Y N
 - f. Referral criteria are established Y N

Standard 7. Nutrition Assessment

E. The State agency ensures that medical/health/economic/social information is collected and assessed at the time of certification. Y N

These procedures include [RC]:

- 1. Standardized collection methodologies, including forms, surveys, or questionnaires Y N
- 2. Competency-based staff training Y N
- 3. Information gathering that ensures participants' privacy and confidentiality Y N
- 4. Assessment for immunization status and lead screening (immunization policy is forthcoming) Y N
- 5. Communication of assessment to participants Y N
- 6. Referral criteria are established Y N

Verification Source(s) for Standard 7:

- State Plan/Policy and Procedure Manual
- State Nutrition Services Plan
- Direct Observation
- Other State Agency Guidance
- Other (specify): _____

Comments:

Nutrition Education, Counseling, Materials, and Evaluation

Standard 8. Nutrition Education Contacts: State and local agencies establish policies to ensure that quality nutrition education and counseling are provided to all participants or, when appropriate, to their caregivers or proxies (collectively referred to as “participants” under this section).

A. The State agency develops policies for nutrition education contacts made available to all participants [FR §246.11 (c)(6)], which address:

1. Minimum number and content of nutrition education contacts [FR §246.11(e)(2)] Y N
2. Content of nutrition education, considering participants':
 - a. Nutritional needs/interests, household situation, and cultural preferences [FR §246.11(a)(1)] Y N
 - b. Language spoken and literacy level [FR §246.11(c)(3)] Y N
 - c. Staff training [FR §246.11(c)(2)] Y N
 - d. Nutrition education procedures [FR §246.11(c)(4)] Y N
 - e. Religious values [RC] Y N
 - f. Standards for breastfeeding promotion and support [FR §246.11(c)(7)] Y N
3. The development and implementation of an individual care plan [FR §246.11(e)(5)] Y N
4. Documentation of the participant's nutrition education [FR §246.11(e)(4)] Y N
5. Breastfeeding promotion for pregnant women [FR §246.11(e)(1)] Y N
6. Information on drug and other harmful substance abuse [FR §246.11(a)(3)] Y N
7. Strategies to reduce participant no-show rates for nutrition education contacts [RC] Y N
8. Review and approval of local agency methods to deliver nutrition education to participants [RC] Y N
9. Provision and documentation of referrals [RC] Y N
10. Exit counseling to all women participants [FR WIC Policy Memo #94-9] (21) and to all the caregivers of child and infant participants before categorical eligibility ends [RC] Y N
11. Documentation of appropriate follow-up to referrals [BP] Y

Standard 8. Nutrition Education Contacts

B. The local agency provides nutrition education that [RC]:

- 1. Is delivered in appealing, creative, and interactive ways that engage the participant, and, as appropriate, other family members (22, 23) Y N
- 2. Incorporates community/national nutrition messages (e.g., 5-A-Day, folic acid, and Eat Well Play Hard) Y N
- 3. Uses nationally recognized, effective strategies, methodologies, and techniques (24–26) Y N
- 4. Promotes nutrition education as being family-centered as well as responsive to participant needs Y N
- 5. Incorporates lifelong positive dietary and health habits for disease prevention, using *Nutrition and Your Health: Dietary Guidelines for Americans (27)* and *Healthy People 2010* goals and objectives (14) Y N
- 6. Facilitates behavior change Y N

C. State and local agencies coordinate with other agencies and programs to [RC]:

- 1. Provide nutrition education to WIC participants Y N
- 2. Ensure the provision of accurate and consistent nutrition education and health messages to WIC participants Y N
- 3. Promote WIC as an adjunct to good health care Y N

Verification Source(s) for Standard 8:

- | | |
|---|--|
| <input type="checkbox"/> State Plan/Policy and Procedure Manual | <input type="checkbox"/> State or Local Agency Nutrition Services Plan |
| <input type="checkbox"/> Other State or Local Agency Guidance | <input type="checkbox"/> State or Local Agency Records |
| <input type="checkbox"/> Observation | <input type="checkbox"/> Memorandum of Understanding |
| <input type="checkbox"/> Other (specify): _____ | |

Comments:

Nutrition Education, Counseling, Materials, and Evaluation

Standard 9. Nutrition Education Materials: The State agency ensures that local agencies use appropriate nutrition education materials that deliver accurate and consistent messages to participants.

A. The State agency identifies or develops appropriate nutrition education and breastfeeding promotion and support materials for use by its local agencies [FR §246.11(c)(3)]. Y N

B. State and local agencies use written criteria to evaluate nutrition education and breastfeeding promotion and support materials [RC]. Y N

The criteria for evaluating these materials should address:

1. Language (English, Spanish, etc.) to ensure its appropriateness for the participant population [FR §246.11(c)(3)] Y N
2. Literacy level to ensure its appropriateness for the participant population [FR §246.11(c)(3)] ... Y N
3. Content to ensure its accuracy and its relevance to participants [RC] Y N
4. Graphic design that reflects the participant population (e.g., ethnic/cultural background, developmental stages) [RC] Y N

Verification Source(s) for Standard 9:

- State Plan/Policy and Procedure Manual State or Local Agency Nutrition Services Plan
- State or Local Agency Records
- Other (specify): _____

Comments:

Nutrition Education, Counseling, Materials, and Evaluation

Standard 10. Nutrition Education Contacts Evaluation: The State agency establishes and implements evaluation procedures for monitoring nutrition education contacts provided by local agencies.

A. Evaluation of local agency staff who provide nutrition education incorporates the following factors :

1. Accuracy and appropriateness of the content of the nutrition education, considering participants':
 - a. Nutritional needs/interests [FR §246.11(a)(1)] Y N
 - b. Food preferences [FR §246.11(a)(1)] Y N
 - c. Cultural preferences [FR §246.11(a)(1)] Y N
 - d. Language spoken [FR §246.11(c)(3)] Y N
 - e. Literacy level [FR §246.11(c)(3)] Y N
 - f. Household situations [FR §246.11(a)(1)] Y N
2. Appropriate provision of participant referrals for health, social, and other community services [FR §246.7(b)] Y N
3. The development and implementation of an individual care plan [FR §246.11(e)(5)] Y N
4. Appropriate use of nutrition education materials and other teaching aids **[RC]** Y N
5. Appropriate methods to deliver nutrition education, considering participants' ages, nutritional needs, preferences, culture, and lifestyles **[RC]** Y N
6. Documentation of the provision of nutrition education [FR §246.11(e)(4)] Y N
7. Follow-up to ensure that participants received referral services **[BP]** Y

Standard 10. Nutrition Education Contacts Evaluation

B. The State agency's evaluation of the local agency's provision of nutrition education is based on [RC]:

- 1. Compliance with Federal requirements [FR §246.11(a)(3) and (e)(1)–(6)] and any State agency requirement for nutrition education contacts Y N
- 2. Provision of appropriate participant referrals for health, social, and other community services [FR §246.7(b)] Y N
- 3. Adherence to State agency standards for the qualifications of nutrition services staff [RC] Y N
- 4. Adherence to State agency documentation requirements for individual care plans and other nutrition education contacts, referrals, and follow-up [RC] Y N
- 5. Effectiveness of the system for scheduling nutrition education contacts and making accommodations for missed contacts [RC] Y N
- 6. Assessment of the local agency no-show rate for nutrition education contacts [RC] Y N
- 7. Evaluation of the local agency's nutrition education and breastfeeding support activities, including an assessment of participant views on the effectiveness of these activities [RC] Y N
- 8. Provision of appropriate follow-up to referrals, especially for high-risk participants [BP] Y
- 9. Documentation that the participant understands the nutrition education received and/or behavior changes made, especially for high-risk participants [BP] Y

Verification Source(s) for Standard 10:

- State Plan/Policy and Procedure Manual
- Other State or Local Agency Guidance
- Observation
- Participant Survey
- Other (specify): _____
- State or Local Agency Nutrition Services Plan
- State or Local Agency Records
- Staff Interviews

Comments:

Breastfeeding Promotion and Support

Standard 11. Guidelines for Staffing: State and local agencies ensure that the staff who provide breastfeeding education and promotion services have clearly defined qualifications, roles, and responsibilities.

A. The State agency has a designated State WIC Breastfeeding Promotion Coordinator (also see Standard 1 B) [FR §246.3 (e)(4)]. Y N

B. The local agency has a designated breastfeeding coordinator (also see Standard 1 D) [FR §246.11(c)(7)(ii)]. Y N

Verification Source(s) for Standard 11:

State Plan/Policy and Procedure Manual State Agency Records

Local Agency Records

Other (specify): _____

Comments:

Breastfeeding Promotion and Support

Standard 12. Guidelines for Staff Orientation and Training: The State agency ensures that State and local agency staff receive orientation and task-appropriate training on breastfeeding promotion and support (28–31).

A. The State agency has task-appropriate breastfeeding promotion and support orientation guidelines for new staff involved in direct contact with WIC clients [FR §246.11(c)(7)(iii)] that include:

- 1. Program goals and philosophy on breastfeeding that are based on but not limited to *Healthy People 2010* goals and objectives (14), the American Academy of Pediatrics policy statement on breastfeeding (30), and the *HHS Blueprint for Action on Breastfeeding* (31) [RC] Y N
- 2. Staff roles and responsibilities related to promoting and supporting breastfeeding (also see Standards 1 B 2, 1 D 2, and 1 F 2) [RC] Y N

B. The State agency has developed guidelines for ongoing training that includes all clinic staff and incorporates [RC]: Y N

- 1. Culturally appropriate breastfeeding promotion strategies Y N
- 2. Current breastfeeding management techniques to encourage and support the breastfeeding mother and infant Y N
- 3. Appropriate use of breastfeeding education materials Y N
- 4. Identification of individual needs and concerns about breastfeeding Y N
- 5. Local agency staff participation in the following:
 - a. Statewide and local conferences and workshops Y N
 - b. Events sponsored by other agencies and organizations Y N
 - c. Other training methods such as self-study packets or distance learning opportunities Y N

Verification Source(s) for Standard 12:

- State Plan/Policy and Procedure Manual State Agency Records
- Local Agency Records
- Other (specify): _____

Comments:

Breastfeeding Promotion and Support

Standard 13. Education and Support: The State agency ensures that quality breastfeeding education and support are offered to all women participants (28–31).

A. The State agency has an established breastfeeding protocol for pregnant participants, that complies with Federal requirements [FR §246.11(c)(7) and FR §246.11(e)(1)]: Y N

The protocol includes:

1. Integrating breastfeeding promotion and support into the continuum of prenatal nutrition education [RC]. Y N
2. Assessing participant’s knowledge, concerns, and attitudes related to breastfeeding [RC]. Y N
3. Providing breastfeeding education and support sessions to each prenatal participant based on the above assessment [RC]. Y N
4. Defining the responsibilities of all staff in the promotion of breastfeeding [RC]. Y N
5. Actively endorsing the provision of human milk as the preferred method of feeding infants, including premature and sick newborns with rare exceptions [RC]. Y N
6. Defining situations when breastfeeding is contraindicated [RC]. Y N
7. Establishing referral criteria [RC]. Y N
8. Training staff to respect a mother’s informed decision as to choice of infant feeding method [RC]. Y N
9. Coordinating breastfeeding promotion and support with MCHB and other health care programs and community partners [RC]. Y N
10. Positive peer involvement when possible [BP]. Y
11. Including the participant’s family and friends in breastfeeding education and support sessions [BP]. Y

B. The State agency establishes policies or approves local agency policies to ensure the provision of quality nutrition services to all breastfeeding participants, regardless of their breastfeeding patterns, which support the following regulations:

1. All eligible women who meet the definition of breastfeeding are certified to the extent that caseload management permits [FR §246.11(e)(1)] Y N
2. Breastfeeding women receive a food package consistent with their nutritional needs [FR §246.10(b)(2)(iii)] Y N
3. Breastfeeding women receive support and assistance in order to maintain or increase milk supply [FR §246.11(c)(7)] Y N

C. The State agency establishes policies or approves local agency policies that ensure that breastfed infants receive a food package consistent with their nutritional needs [FR §246.10(b)(2)(iii)]. Y N

These policies support the following positions [RC]:

1. Exclusive breastfeeding provides the ideal nutrition and is recommended for full-term infants for the first 6 months Y N
2. Breastfeeding should continue until the infant is at least 12 months of age and thereafter for as long as mutually desired Y N
3. The use of supplemental formula (preferably powder) for breastfed infants is kept to a minimum Y N

Standard 13. Education and Support

- 4. Food instruments with infant formula are not issued to exclusively breastfed infants in States where a food instrument must be distributed to enroll the infant, consider printing a positive breastfeeding message on the voucher Y N
- 5. Breastfeeding women receive information about the potential impact of supplemental formula on mother and baby before formula is given Y N
- 6. Food instruments that include infant formula or samples of infant formula are given only when specifically requested and after appropriate assessment and education has occurred ... Y N

D. The State agency ensures that breastfeeding support and assistance is provided throughout the postpartum period, particularly when the mother is most likely to need assistance [FR §246.11(c)(7)(iv)].

The State agency has an established protocol for postpartum women that incorporates [RC]:

- 1. Early assessment and follow-up for breastfeeding pairs Y N
- 2. Provision and/or identification of education and support for breastfeeding women in special situations (e.g., mothers returning to employment or school; mothers separated from their infants because of hospitalization or illness; mothers of multiples or of infants with special needs) Y N
- 3. Referrals to locally available breastfeeding support programs and resources early in the postpartum period and throughout lactation Y N
- 4. Coordination of breastfeeding support with other health care programs, employers, and community partners Y N
- 5. A protocol or guidelines for the distribution of breastfeeding aids (32–34) Y N

Verification Source(s) for Standard 13:

- State Plan/Policy and Procedure Manual State Agency Records
- Local Agency Records
- Other (specify): _____

Comments:

Breastfeeding Promotion and Support

Standard 14. Data Collection: The State agency ensures that breastfeeding data are collected at the State and local agency levels (25, 26).

- A. **State and local agency systems measure breastfeeding incidence and duration**
[FR §246.25(b)(3)] Y N

- B. **State and local agencies collect data on breastfeeding patterns—exclusive and combined with formulas [RC]** Y N

- C. **State and local agencies collect data on factors that affect breastfeeding incidence, duration, and patterns, such as the reasons supplementation was initiated or breastfeeding ceased [RC].** Y N

Verification Source(s) for Standard 14:

- State Plan/Policy and Procedure Manual
- CDC Reports
- Participant Characteristic Reports
- Other (specify): _____
- State Agency Records
- State Management Information System

Comments:

Program Coordination and Participant Referrals

Standard 15. Program Coordination: State and local agencies ensure integration and coordination efforts with other programs at the local, State, and national levels (35–39).

A. The State agency's State Plan includes a description of how the State will coordinate its program operations with services of other programs that may benefit WIC participants [FR §246.4(a)(8)]. Y N

The State Plan has the following components:

1. Guidelines for State and local agency memorandums of understanding or other agreements with other programs to facilitate program coordination and referrals [RC] Y N
2. Collaboration with other programs and service providers to ensure accurate and consistent nutrition messages following current standards of practice [BP] Y
3. Integration of data collection and evaluation methodologies with other public health nutrition, Health Resources and Services Administration, Maternal Child Health Bureau and FNS programs [BP] Y

B. The State agency coordinates with private and public health care systems, education systems, and community organizations that provide care and support for women, infants, and children [RC]. Y N

The following are coordination efforts:

1. Representing WIC nutrition services at meetings and conferences of these organizations Y N
2. Soliciting input and collaborating with these organizations when developing educational and outreach materials and campaigns Y N
3. Developing memorandums of understanding to enhance client care and services Y N
4. Joint program planning, grant writing, etc. Y N
5. Training students and interns Y N
6. Other Y N

Verification Source(s) for Standard 15:

- | | |
|---|--|
| <input type="checkbox"/> State Plan/Policy and Procedure Manual | <input type="checkbox"/> State Guidance |
| <input type="checkbox"/> Local Agency Records | <input type="checkbox"/> Direct Observation |
| <input type="checkbox"/> Staff or Participant Interviews | <input type="checkbox"/> Memorandum of Understanding |
| <input type="checkbox"/> Other (specify): _____ | |

Comments:

Program Coordination and Participant Referrals

Standard 16. Participant Referrals: State and local agencies ensure that participants are referred to health and social services and that the referrals are based on assessment.

A. State and local agencies provide program applicants and participants with information on health-related and public assistance programs [FR §246.7(b)(1)–(3)].

- The following are referral activities: Y N
1. Provision of written information for referrals of participants to the Medicaid Program [FR §246.7(b)(1)] Y N
 2. Maintenance and availability of a list of local resources for drug and other harmful substance abuse counseling and treatment for participants [FR §246.7(a)] Y N
 3. Referrals to food assistance programs, such as **[RC]**: Y N
 - a. Food Stamp Program/Food Distribution Program on Indian Reservations Y N
 - b. Commodity Supplemental Food Program Y N
 - c. Food pantries, soup kitchens, and other emergency feeding programs Y N
 4. Referrals, as needed, to other resources and community organizations, such as **[RC]**: Y N
 - a. State Children’s Health Insurance Program (CHIP) Y N
 - b. Temporary Assistance for Needy Families (TANF) Y N
 - c. Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services Y N
 - d. Head Start and Early Head Start Y N
 - e. Expanded Food and Nutrition Education Program (EFNEP) Y N
 - f. Family planning Y N
 - g. Immunizations (policy in development) Y N
 - h. MCHB Programs Y N
 - i. HIV testing services and treatment programs Y N
 - j. Lead screening Y N
 - k. Lactation support Y N
 - l. Child Support Enforcement Program Y N

Program Coordination and Participant Referrals

Standard 16. Participant Referrals

- 5. Establishment of a system to facilitate referrals within and between agencies [RC] Y N
- 6. Provision and documentation of referrals [RC] Y N
- 7. Documentation of appropriate follow-up on referrals [BP] Y

Verification Source(s) for Standard 16:

- State Plan/Policy and Procedure Manual
- Local Agency Records
- Staff or Participant Interviews
- Other (specify): _____
- State Guidance
- Direct Observation

Comments:

WIC Supplemental Foods and Food Packages

Standard 17. WIC Food Selection and Authorization: The State agency has policies and procedures for selecting and authorizing WIC supplemental foods.

- A. The State agency uses appropriate criteria for selecting and authorizing WIC foods, including:** Y N
1. Federal requirements [FR §246.10(b) and(c)] Y N
 2. Compliance with current nutrition recommendations applicable to the WIC population [RC] Y N
 3. Special medical/nutritional needs of participants [RC] Y N
 4. Cultural or religious considerations whenever possible [RC] Y N
 5. For foods other than infant formula:
Availability, packaging, storage or preparation requirements, cost, variety, participant acceptance, convenience, and feasibility of rebate contracts [RC] Y N
 6. Input from stakeholders, such as participants, staff, vendors, and food industry [BP] Y
 7. Ease of education of participant and vendor about the food list [BP] Y
- B. The State agency has a systematic process for communication of the State-authorized WIC foods list and related food package policies to local agencies, participants, vendors, and medical community [RC], including:** Y N
1. Ongoing methods to solicit input and evaluate food package acceptability, availability, and cost Y N
 2. Ongoing education on allowable foods and correct use of the food instrument Y N
 3. Manufacturers recall of a WIC product Y N

Verification Source(s) for Standard 17:

- State Plan/Policy and Procedure Manual Other State Guidance
 Other (specify): _____

Comments:

WIC Supplemental Foods and Food Packages

Standard 18. Food Package Prescriptions: Local agencies prescribe food packages that address the participant's category of eligibility and nutritional needs.

- A. The State agency establishes food package policies and procedures for its local agencies that address:** Y N
- 1. Federal Food Package requirements [FR §246.10(b) and (c)] Y N
 - 2. Issuance of contract brand infant formulas [FR §246.10(c)(1)(i) and (c)(2)(i)] Y N
 - 3. Issuance of non-contract brand infant formula, exempt infant formula, WIC-eligible medical foods, and contract brand infant formula that is low-iron, low-calorie, or high-calorie only with medical documentation [FR §246.10(c)(1)(iii)-(v), (c)(2)(i), and (c)(3)] Y N
 - 4. Food package tailoring guidelines that also address substitutions within WIC food categories [FR §246.10(b)(2)(iii) and §246.10(e) and FNS Instruction 804-1] (40) Y N
- B. The local agency tailors food packages according to [FR §246.10(b)(2)(iii) and FNS Instruction 804-1] (40) and:** Y N
- 1. State policies Y N
 - 2. Participant needs and preferences Y N
- C. State and local agencies collaborate with other programs and funding sources to ensure the provision of the foods and infant formula, exempt infant formula, and medical foods to participants, when nutritional needs exceed the Federal maximum monthly WIC food allowances or when the formula is not State-approved [RC].** Y N

Verification Source(s) for Standard 18:

- State Plan/Policy and Procedure Manual Other State Guidance
- Other (specify): _____

Comments:

Clinic Environment and Customer Service

Standards 19–21, although administrative in nature, are applicable to nutrition services. Quality nutrition services can be provided only in the context of overall clinic considerations.

Standard 19. Clinic Environment: The local agency ensures that nutrition services are provided in an environment that promotes the health and well-being of their participants.

A. The clinic’s physical environment where nutrition services are provided:

- 1. Is safe and clean [RC] Y N
- 2. Has adequate space for serving participants [RC] Y N
- 3. Includes medical and office equipment that is safe, operating properly, and clean [RC] Y N
- 4. Provides for the safety and security of the participants and staff [RC] Y N
- 5. Is protective of participant confidentiality (e.g., private space for counseling sessions, protection of computer screen from the visibility of others, protection for the participant from having to answer questions in a place where others can hear) [RC] Y N
- 6. Promotes nutrition and health education for families (e.g., nutrition and health education videos, bulletin boards, posters, books, pamphlets, fruit and vegetable puzzles for children, interactive educational exhibits) [BP] Y
- 7. Is collocated with MCHB and other health care services [BP] Y

B. The local clinic’s environment where nutrition services are provided is supportive of breastfeeding [FR §246.11 (c)(7)(i)] (28) in the following ways: Y N

- 1. Educational and promotional materials portray breastfeeding as the preferred method of infant feeding [RC] Y N
- 2. The visibility of formula materials, displays, and logos is limited [RC] Y N
- 3. WIC staff make women who choose to breastfeed in the clinic comfortable [RC] Y N
- 4. Private space is promoted for staff and participants to breastfeed and/or pump [BP] Y
- 5. Workplace policies are breastfeeding-friendly [BP] Y

Verification Source(s) for Standard 19:

- State Plan/Policy and Procedure Manual
- State or Local Agency Nutrition Services Plan
- Other State or Local Agency Guidance
- Direct Observation
- Other (specify): _____

Comments:

Clinic Environment and Customer Service

Standard 20. Customer Service: State and local agencies ensure that nutrition services are available to participants in appealing and accommodating ways that are relevant to their individual needs (41).

- A. Nutrition services are provided in a caring, high-quality, professional manner by customer-friendly staff [RC] Y N
- B. The State agency ensures that customer service training is available to all State and local staff [RC] Y N
- C. The State and local agencies solicit regular feedback from staff and participants on clinic environment and delivery of nutrition services [RC]. Y N
- D. Local agencies provide nutrition services in a manner that is considerate of participants' needs. The following accommodations should be considered (42):
 - 1. Processing standards [FR §246.7(f)] Y N
 - 2. Minimum waiting times [RC] Y N
 - 3. Efficient clinic flow [RC] Y N
 - 4. Extended hours to facilitate attendance by working families, such as early and late hours, lunchtime, weekend [RC] Y N
 - 5. Use of appointment reminder systems [RC] Y N
 - 6. Participant input on appointment times for certification and nutrition education contacts or class [RC] Y N
 - 7. Same-day appointments given whenever possible [RC] Y N
 - 8. Streamlined sign-in and voucher issuance procedures [RC] Y N
 - 9. Follow-up procedures for participants who miss appointments or class [RC] Y N
 - 10. Assistance with transportation, such as community service vans, wherever possible [BP] Y
 - 11. Coordination of appointments for the participant or the participant's family members with other services delivered at the same site [BP] Y

Verification Source(s) for Standard 20:

- State Plan/Policy and Procedure Manual
- State or Local Agency Nutrition Services Plan
- Other State or Local Agency Guidance
- State or Local Agency Records
- Direct Observation
- Training Curriculum and Materials
- Staff or Participant Interviews/Questionnaires
- Other (specify): _____

Comments:

Program Outreach and Marketing

Standard 21. Program Outreach and Marketing: State and local agencies conduct consistent targeted outreach to WIC-eligible populations.

- A. State and local agencies comply with Federal requirements related to outreach [FR §246.4 (a)(7)(i)].** Y N
- B. State and local agencies target relevant agencies, businesses, organizations, and populations [RC] including:** Y N
1. Work sites that employ WIC-eligible people
 2. Foster parents
 3. Child care centers
 4. Early Head Start and Head Start programs
 5. Refugee centers
 6. Laundromats
 7. Libraries
 8. Schools
 9. Churches
 10. Community centers
 11. Beauty shops
 12. Drug and grocery stores
- C. State and local agencies develop and foster positive relationships with community partners and other entities [RC] that interface with WIC participants such as:** Y N
1. Physicians and health care providers
 2. Hospitals
 3. Child care centers
 4. Early Head Start and Head Start programs
 5. Cooperative Extension Service/EFNEP, Food Stamp Education
 6. Teen and parent programs
 7. Shelters and food pantries
 8. Community programs
 9. Family planning agencies
 10. Breastfeeding support groups
 11. Child nutrition programs
 12. Other FNS programs
- D. Outreach efforts are evaluated for effectiveness [BP].** Y

Standard 21. Program Outreach and Marketing

- E. State and local agencies use marketing strategies to promote participation in WIC: Y N
 - 1. Customer-friendly and well-trained staff [RC] Y N
 - 2. Materials designed and outreach conducted with consideration for language and cultural needs of participants [RC] Y N
 - 3. Clinic hours conducive to participant needs and accessibility [RC] Y N
 - 4. Designated staff trained to conduct outreach [RC] Y N
 - 5. Use of a toll-free number for potential eligibles and participants [BP] Y
 - 6. Use of print and broadcast media to conduct outreach [BP] Y
 - 7. Feedback mechanism to assess program perception [BP] Y

- F. State and local agencies use marketing strategies to promote WIC as a leading nutrition education and breastfeeding support program [BP]. Y

Verification Source(s) for Standard 21:

- State Plan/Policy and Procedure Manual
- Other State or Local Agency Guidance
- Direct Observation
- Staff or Participant Interviews/Questionnaires
- Other (specify): _____
- State or Local Agency Nutrition Services Plan
- State or Local Agency Records
- Training Curriculum and Materials

Comments:

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2. WIC Nutrition Services Committee: *Ensuring the Quality of Nutrition Services in the WIC Program*, Alexandria, VA, January 1988. WIC agencies can borrow this reference (call number TX361 W55E5) by contacting NAL.*
3. FNS/NAWD Paraprofessional Task Force: *NAWD/FNS Joint Statement on Quality Nutrition Services in the WIC Program*, Alexandria, VA, January 1993. WIC agencies can borrow this reference (call number TX360 U6N38) by contacting NAL.*
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7. U.S. Department of Agriculture, Food and Nutrition Service: *Paraprofessionals in the WIC Program: Guidelines for Developing a Model Training Program* (FNS-269), Alexandria, VA, 1991. WIC agencies can borrow this reference (call number aTX353 U5 no. 269) by contacting NAL.*
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9. U.S. Department of Agriculture, Food and Nutrition Service, Supplemental Food Programs Division: *WIC Policy Memo #95-22, WIC-Allowable Costs and Additional Issues Associated With a Dietetic Supervised Practice Program or Other Out-of-Service Training Program*, Alexandria, VA, September 28, 1995. WIC State agencies can obtain a copy of this memorandum from their respective FNS Regional Offices.
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11. American Dietetic Association, Public Health Nutrition Practice Group: *Guidelines for Community Nutrition Supervised Experiences*, Food and Nutrition Service, Alexandria, VA, 1995. This reference will be available soon through the FNS WIC Works Resources System Web site, www.nal.usda.gov/wicworks/.
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13. A.L. Owen, P.L. Splett, and G.M. Owen: *Nutrition in the Community: The Art and Science of Delivering Services*, 4th edition, WCB/McGraw-Hill, Boston, 1999. WIC agencies can borrow this reference (call number TX359 F7 1999) by contacting NAL.*
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 30. American Academy of Pediatrics: "Policy Statement: Breastfeeding and the Use of Human Milk," *Pediatrics* 100(6) (December 1999): 1035–1039. Available through the American Academy of Pediatrics Web site, www.aap.org/policy/re9729.html.
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- * The NAL document delivery service is available at the NAL Web site, www.nal.usda.gov/ddsb/expand.htm. NAL can also be reached at 10301 Baltimore Ave., Room 304, Beltsville, MD 20705-2351; phone: (301) 504-5719.

Acronyms

ADA	American Dietetic Association	MCH	Maternal and Child Health
BP	Best Practices	MCHB	Maternal and Child Health Bureau
CDC	Centers for Disease Control and Prevention	N	No
CLC	Certified Lactation Counselor	NAWD	National Association of WIC Directors
CPA	Competent Professional Authority	PM	Policy Memorandum
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment	RC	Recommended Criteria
FNS	Food and Nutrition Service	RD	Registered Dietitian
FR	Federal Requirements	RQNS	Revitalizing Quality Nutrition Services in WIC
FR §246	Federal Requirement found in the WIC Program regulations 7 CFR Part 246. The §246 citation will be followed by a decimal and a number or letter extension that identifies the specific section of the Federal WIC regulations being referenced— e.g., FR §246.3 (e) (3)	SCHIP	State Children’s Health Insurance Program
IBCLC	International Board of Certified Lactation Consultants	TANF	Temporary Assistance for Needy Families
IOM	Institute of Medicine	USDA	Department of Agriculture
		WHO	World Health Organization
		WIC	Special Supplemental Nutrition Program for Women, Infants, and Children
		Y	Yes

Definitions

Best Practices (BP): a performance criteria that represents exemplary quality WIC nutrition services. FNS Regional Offices will acknowledge and commend WIC agencies in their management evaluation reports for implementing best practices.

Competency-based training: the delivery, assessment, and certification of training as it relates to the demonstration of attained knowledge and skills and their application. This demonstration of knowledge and skills is required for effective performance at the required level in the workplace as defined by specific competency standards. Importance is placed on demonstrating an individual's skills in the workplace and not on how much time is spent in training or the amount of knowledge acquired in a formal setting. Competency-based training is outcome-oriented.

Cooperation: characterized by informal relationships that exist with no commonly defined mission, structure, or planning effort. Information is shared as needed, and authority is retained by each organization so there is virtually no risk to these parties. Resources are separate, as are the rewards. (Definition adapted from *Collaboration: What Makes It Work* by Paul Mattesich and Barbara Monsey, Amherst H. Wilder Foundation, St. Paul, 1992)

Coordination: characterized by more formal relations and understanding of compatible missions. Some planning and division of roles are required, and communication channels are established. Authority still rests with the individual organizations, but there is some risk to all parties. Resources are available to coordinating parties, and rewards are mutually acknowledged. (Definition adapted from *Collaboration: What Makes It Work* by Paul Mattesich and Barbara Monsey, Amherst H. Wilder Foundation, St. Paul, 1992)

Collaboration: connotes a more durable and pervasive relationship. Collaborations bring previously separated organizations into a new structure with full commitment to a common mission. Such relationships require comprehensive planning and well-defined communication channels operating on many levels. Authority is determined by the collaborative structure. Risk is much greater because each member of the collaboration contributes its own resources and reputation. Resources are pooled or jointly secured, and the products and rewards are shared. (Definition adapted from *Collaboration: What Makes It Work* by Paul Mattesich and Barbara Monsey, Amherst H. Wilder Foundation, St. Paul, 1992)

Documentation and reporting: the standard process and outcomes indicators specific to the type of care rendered and/or the disease or condition of the patient that should be documented for each provider-patient encounter. Summary information should be useful to other care providers, be in a form that is easily communicated across settings in the continuum of care, and facilitate continuity of nutrition care over time and across settings. (Definition from A.L. Owen, P.L. Splett, and G.M. Owen, *Nutrition in the Community: The Art and Science of Delivering Services*, 4th edition, WCB/McGraw-Hill, Boston, 1999)

Federal Requirements (FR): mandatory performance criteria that are required either directly or indirectly by Federal WIC regulations, FNS Instructions, OMB Circulars, FNS Policy Memoranda, or other Federal mandates. FNS Regional Offices will identify in their management evaluation reports any "required corrective actions" for WIC agencies to comply with Federal requirements.

High-risk: a classification by the State agency that identifies a nutritional risk that is usually correlated with a higher WIC priority level (although lower priority level risk factors may be identified as high-risk) or a specific risk associated with a population, such as teenage pregnancy. Participants identified as high-risk usually have a care plan developed for them by trained staff and may be offered individual follow-up.

Definitions

Low-risk: a classification that would apply to any risk factors not designated by the State agency to be high-risk. Nutrition education is offered through group or individual contact by trained staff.

Nutrition assessment: the in-depth review and analysis of a person's medical and diet history, laboratory values, and anthropometric measurements to verify nutritional risk or malnutrition and identify underlying causes so that appropriate nutrition intervention, tailored to the needs of the individual, can be planned and initiated. Nutrition assessment can be done by trained members of the health care team, especially dietitians. (Definition from A.L. Owen, P.L. Splett, and G.M. Owen, *Nutrition in the Community: The Art and Science of Delivering Services*, 4th edition, WCB/McGraw-Hill, Boston, 1999)

Nutrition counseling: working with an individual (or caretaker) to enable him or her to successfully modify eating practices to be consistent with a nutrition prescription. Nutrition counseling is usually provided by a Registered Dietitian or other community nutrition professional. (Definition from A.L. Owen, P.L. Splett, and G.M. Owen, *Nutrition in the Community: The Art and Science of Delivering Services*, 4th edition, WCB/McGraw-Hill, Boston, 1999)

Nutrition education: the provision of information about nutrition using methods, materials, and tools that are designed to enhance a participant's understanding of the importance of nutrition and its relationship to good health, to effect a desirable change in behavior, or to reinforce desired behaviors related to dietary habits or health practices. The goal of nutrition education is to empower participants to have a positive impact on their own nutritional/health status.

Nutrition screening: the process of identifying characteristics known to be associated with nutrition problems. The purpose of screening is to identify persons who may be at nutritional risk and require further assessment. Nutrition screening can be done by a health care team member or a community nutrition professional. (Definition from A.L. Owen, P.L. Splett, and G.M. Owen, *Nutrition in the Community: The Art and Science of Delivering Services*, 4th edition, WCB/McGraw-Hill, Boston, 1999)

Nutrition services: the full range of activities performed by a variety of staff to operate a WIC Program, such as participant assessment and screening, nutrition education, nutrition, breastfeeding and health promotion, food package prescriptions, and health care referrals. WIC nutrition services encompass not only what WIC offers to participants but how WIC offers its services. At all levels this includes taking a fresh look at clinic environment, staff attitude, training and proficiency, materials and tools used, strategies for assessment, and nutrition education/counseling techniques.

Quality assurance: the total integrated process of planned and systematic actions necessary to provide adequate confidence that services will satisfy established requirements.

Recommended Criteria (RC): performance criteria that represent fundamental quality WIC nutrition services. WIC agencies routinely perform many RC practices in order to deliver the nutrition services provided in WIC.

Verification sources: references, documentation, or other techniques used to verify that the stated performance criteria for the nutrition services standard were met by the WIC State or local agency.

WIC agencies: both WIC State and local agencies.

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