

II – Nutrition Services

(Please indicate) **State Agency:** West Virginia for FY 2024

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 [WIC Works - http://wicworks.nal.usda.gov/](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).

During a disaster or public health emergency, or supply chain disruption, the State agency may request to implement existing WIC regulatory and programmatic flexibilities or waivers to support the continuation of Program benefits and services. State agencies should consider the overarching authority, i.e., Stafford Act, Access to Baby Formula Act, or provision(s) authorized by Congress, and duration before developing a policy and procedure. The State agency must provide a detailed description of how it plans to operationalize the flexibility or waiver through their procedure manual where applicable. Please note the State Plan Guidance is not intended to capture a description of waivers authorized by Congress with separate reporting requirements.

Executive Order (EO) 13988, “*Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation.*” was issued to all Federal Agencies. The EO set out policies that all persons are entitled to dignity, respect, and equal treatment under the law, no matter their gender identity or sexual orientation. The EO does not usurp section 17 of 42 U.S.C, as amended or applicable regulations, rather it complements the language in the nondiscrimination statement. Following the contents of the EO, State agencies must update their policies and procedures to align with the contents of the EO and the nondiscrimination statement.

- 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 including the development and/or maintenance of a peer counselor program consistent with the WIC Breastfeeding Model Components for Peer Counseling.
- 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.
- 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 N/A, State agency has no authorized local agency(ies).

- 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 N/A, State agency has no authorized local agency(ies).

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

- A needs assessment
- Goals and objectives for participants
- Evaluation/follow-up
- Other (list): [Click or tap here to enter text.](#)

- e. 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): [Click or tap here to enter text.](#)

- f. 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 Supporting Documentation: [Click or tap here to enter text.](#)

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?

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Yes No

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

- State-developed questionnaire issued by local agencies
- Locally developed (questionnaires need approval by SA):
 - Yes No
- State-developed questionnaire issued by State agency.
- Focus groups (questionnaires need approval by State agency)
- Other (Specify): [Click or tap here to enter text.](#)

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): [Click or tap here to enter text.](#)

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 the annual nutrition education plan
- State nutrition staff monitoring annually during local agency reviews
- Local agency providing periodic reports to State agency
- Other (specify): [Click or tap here to enter text.](#)

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

- Pregnant women Breastfeeding women Postpartum women
- Children Infants High-risk participants

The minimum nutrition education standards address:

- Exit counseling Protocols (e.g., Breastfeeding promotion and support
Language barriers, cultural relevance
- Number of contacts Documentation Information on substance use prevention
- Care plans Referrals Nutrition topics relevant to participant assessment
- Counseling methods/teaching strategies
- Content (WIC appropriate topics)
- Appropriate use of educational reinforcement (videos, brochures, posters, etc.)

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

- Face-to-face, individually or group
- Online/internet (individually or group)
- Telephone
- Food demonstration
- A delivery method performed by other agencies, (i.e., EFNEP, SNAP-Ed). Please describe the type of nutrition education delivered. **Google Meet**
- Other (specify): **Click or tap here to enter text.**

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.)
Click or tap here to enter text.
- Other (specify): **Click or tap here to enter text.**

e. **An individual care plan is provided based on:**

- Nutritional risk
- Priority level
- Healthcare provider's prescription
- CPA discretion
- Participant set goal
- Other (specify): **Click or tap here to enter text.**

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f. Individual care plans developed include the following components:

	Must Include	May Include
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 care plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Documentation of completing care plan	<input checked="" type="checkbox"/>	<input 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"/>
Participant set goal	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other (Specify by typing into the cells below)		
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	General Nutrition Education	High-Risk Nutrition Contact
Paraprofessionals (non-B.S. degree with formal WIC training by SA or LA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Licensed Practical Nurses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Registered Nurses	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>
Other (specify by typing into the cells below):		
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

h. The State agency allows adult participants to receive nutrition education by proxy, per [7 CFR 246.12\(r\)\(1-4\)](#).

No

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

- Proxy is spouse/significant other
- Proxy is parent of adolescent participant
- Proxy is neighbor

Other (specify): In the Crossroads/eWIC MIS environment, a proxy is anyone who the participant gives their PIN number to; a parent/guardian 1 and 2, and caretaker can complete the nutrition education for the participant.

Only for certain priorities (specify): **Click or tap here to enter text.**

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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

Other (specify): **Parent/Guardian 1 or 2, or caretaker as specified in Crossroads MIS.**

Only for certain priorities (specify): **Click or tap here to enter text.**

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: **Click or tap here to enter text.**

If yes, does a written material sharing agreement exist between the relevant agencies, per [7CFR 246.4\(a\)\(9\)\(ii\)](#)?

Yes No

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

c.

	English	Spanish	Other languages(specify by typing into the cells below):
General nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Specific nutrition-related disorders	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Maternal nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Infant nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

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Child nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Nutritional needs of homeless	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Nutritional needs of migrant farmworkers & their families	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Nutritional needs of Native Americans	<input type="checkbox"/>	<input type="checkbox"/>	
Nutritional needs of adolescent participant	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Breastfeeding promotion and support (including troubleshooting problems)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
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"/>	
Food Safety	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Physical activity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Other (specify by typing into the cells below):			
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<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.

d. 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 (specify): [Click or tap here to enter text.](#)

e. 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):

[Click or tap here to enter text.](#)

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

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				and language needs
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Providing nutrition curriculum or care guidelines specific to this population
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Requiring local agencies who serve this population to address its special needs in local agency nutrition education plans
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Arranging for special population training of local agency personnel who work with this population
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Distributing resource materials related to this population
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Encouraging WIC local agencies to network with one another
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Coordinating at the State and local levels with agencies who serve this population
				Other (specify by typing into the cells below):
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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

Click or tap here to enter text.

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).
- Training of State/local agency staff
- Designating roles and responsibilities of staff
- Evaluation of breastfeeding promotion and support activities
- Other (specify): [Click or tap here to enter text.](#)

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 participants.
- A plan to ensure that women have access to breastfeeding promotion and support activities during the prenatal and postpartum periods
- A plan to ensure that women have access to continued breastfeeding promotion and support when normal operations are disrupted

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- 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): [Click or tap here to enter text.](#)

7. Breastfeeding Peer Counseling

- a. Does the State agency request WIC Breastfeeding Peer Counseling (BFPC) funds to develop and/or maintain a peer counselor program?

Yes No

If yes, the State agency is requesting to receive which of the following amounts in BFPC funds for the upcoming fiscal year (select only one amount)? Please consider available BFPC funds from prior fiscal years when making this request.

- Full amount of available BFPC funds.
- Specific amount of available BFPC funds \$ (Not to exceed the full amount available.)

b. **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. Include the citation for the attachment here: [Appendix G](#); [Appendix H](#)**

- c. **Please provide the approximate number of WIC peer counselors in your State: 39**
- d. **Please provide the approximate number of Designated Breastfeeding Experts in your State 8**
- e. **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):

[Appendix G](#); [Appendix H](#)

- f. **The State agency coordinates with local agencies to develop a breastfeeding peer counseling program that contains the following components (see [WIC Breastfeeding Model Components for Peer Counseling](#)):**

Yes No

- g. **Definition of peer counselor defined as follows: paraprofessional recruited and hired from target population; available to WIC participants outside usual clinic hours and outside the WIC clinic**

Yes No

- h. **Designated breastfeeding peer counseling program managers/coordinators at State and/or local level**

Yes No

- i. **Defined job parameters and job descriptions for breastfeeding peer counselors**

Yes No

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

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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 participants contacts
- Define procedures for making referrals
- Define scope of practice of peer counselor

j. Defined job parameters and job description for designated breastfeeding expert.

- Yes No

k. **Compensation and reimbursement of breastfeeding peer counselors**

- Yes No

l. **Training of State and local staff (managers, designated breastfeeding experts, peer counselors, CPAs, others) using the FNS-developed breastfeeding training curriculum.**

- Yes No

m. **Training of WIC clinic staff about the role of the WIC peer counselor**

- Yes No

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

- Timing and frequency of contacts
- Documentation of participants contacts
- Referral protocols
- Confidentiality
- Use of social media
- Other (specify): **Click or tap here to enter text.**

o. **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): **Click or tap here to enter text.**

p. **Participation in community partnerships to enhance the effectiveness of breastfeeding peer counseling programs (check all that apply):**

- Breastfeeding coalitions
- Businesses
- Community organizations

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- Cooperative extension
- La Leche League
- Hospitals
- Home visiting programs
- Private Healthcare clinics
- Other (specify):

q. **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): USDA Level 2 Training with follow up by BF Coordinators and yearly check ins at BF Coordinator meetings.

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

- Standardized training using FNS-developed 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, WIC-Designated Breastfeeding Expert, etc.
- Other (specify): **Gold Lactation Training and CLC Training.**

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

Click or tap here to enter text.

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:**

Appendix I - 2022 Approved Shopping Guide/Food List; Appendix J - Food Package Guide

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 cultural consideration |
| <input checked="" type="checkbox"/> Healthcare provider request | <input type="checkbox"/> Other (specify): Click or tap here to enter text. |

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

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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.):

No artificial sweeteners (except whole grain and whole wheat bread)..

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

X Yes No

- (2) The State agency requires medical documentation for contract infant formula (that does not meet the requirements in Table 4 at [246.10\(e\)\(12\)](#) per [7 CFR 246.10\(d\)\(1\)\(vi\)](#)).

X Yes No

- (3) The State agency requires medical documentation for contract formula (other than primary contract formula per [7 CFR 246.16a\(c\)\(9\)](#)).

X Yes No

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

Yes No

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

X Yes No

- (6) 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

- (7) The State agency coordinates with medical payors and other programs that provide or reimburse for exempt infant formulas and WIC-eligible nutritionals 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 describing monitoring/tracking tools in place to ensure program integrity.

Click or tap here to enter text.

If no, has the State agency met the requirement to annually contact their State Medicaid

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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 regarding payment of WIC- eligible exempt infant formulas and medical foods.

Click or tap here to enter text.

f. **Rounding:**

(1) The State agency management information systems is flexible for issuing infant formula to support the option to use either method (i.e., monthly issuance or rounding up methodology) for the timeframes (the number of months the participant will receive the food packages).

Yes No

(2) The State agency management information systems supports the ability for infant formula to be individual tailored when using either method (i.e., monthly issuance or rounding up methodology) for the timeframes (the number of months the participant will receive the food packages).

Yes No

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

Yes No

(4) Does the State agency issue infant foods according to the specific rounding methodology per Section [246.10\(h\)\(2\)](#)?

Yes No

(5) 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. Does the State agency only allow issuance of reduced fat (2%) milk to children \geq 24 months of age and women with certain conditions, including but not limited to, underweight and maternal weight loss during pregnancy, in accordance with Footnote 7 of Table 2 in [246.10\(e\)\(10\)](#)?

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

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

Policy and Procedure 4.04 – Infant Food Package – Birth through Eleven Months; 4.05 – Children 1 through 4 Years; 4.06 – Pregnant Women; 4.07 – Breastfeeding Women; 4.08 – Postpartum Non-Breastfeeding Women; 4.09 – Food Package III – Women, Infants and Children with Qualifying Medical Conditions; Appendix I – Food Package Guide

Click or tap here to enter text.

2. Individual Nutrition Tailoring

- a. **The State agency allows individual nutrition tailoring of food packages only in accordance with [246.10\(c\)](#).**

Yes No

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

Homeless individuals and those with limited cooking facilities

Residents of institutions

Other (specify): Click or tap here to enter text.

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

Click or tap here to enter text.

- 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): Click or tap here to enter text.

- 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): Click or tap here to enter text.

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

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3. Prescribing Packages

a. Individuals allowed to prescribe food packages:

	Standard food package	Individually tailored food package
CPA	X	X
Other (specify by typing into the cells below):	<input type="checkbox"/>	<input type="checkbox"/>
<div style="border: 1px solid black; padding: 2px;">Nutrition Associate CPA</div>	X	X

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): [Click or tap here to enter text.](#)

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 SAs)	
	Regularly	As Needed	Regularly	As Needed
General nutrition education methodology	X	X	X	X
State certification policies/procedures	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Anthropometric measurements	<input type="checkbox"/>	X	<input type="checkbox"/>	X
Blood work procedures	<input type="checkbox"/>	X	<input type="checkbox"/>	X
Nutrition counseling techniques	<input type="checkbox"/>	X	<input type="checkbox"/>	X
Breastfeeding promotion/support	X	X	X	X
Nutrition and breastfeeding assessment techniques	<input type="checkbox"/>	X	<input type="checkbox"/>	X
WIC Nutrition risk criteria	<input type="checkbox"/>	X	<input type="checkbox"/>	X
Prescribing & tailoring food packages	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Referral protocol	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Screening protocol (if applicable)	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Maternal, infant, and child nutrition	X	X	X	X
Cultural competencies	<input type="checkbox"/>	X	<input type="checkbox"/>	X
Customer service	X	X	X	X
Immunization Screening/referral	X	X	X	X
Care Plan Development	X	X	X	X
VENA staff competency training	<input type="checkbox"/>	X	<input type="checkbox"/>	X
Substance abuse prevention	X	X	<input type="checkbox"/>	<input type="checkbox"/>

II – Nutrition Services

Delivery of nutrition services in hybrid environment (e.g., continuity of care, confidentiality, documentation, etc.)

X

Other (specify by typing in cells below):

ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation): (Please describe the type of training conducted or offered that correlates to the boxes selected above).

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