

## II. NUTRITION SERVICES

State Agency: Missouri for FY 2014

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 are encouraged to refer to the quality WIC Nutrition Services Standards, available on the [www.nal.usda.gov/wicworks](http://www.nal.usda.gov/wicworks) for recommended criteria and best practices to incorporate activities that are consistent with providing quality nutrition services and revitalizing quality nutrition services (RQNS). (Questions on Dietary Assessment can be found in VIII, Certification, Eligibility and Coordination.)

**A. Nutrition Education - 246.4(a)(9); 246.11(a)(1-3)(c)(1,3-7):** describe the nutrition education goals and action plan and the provisions for providing nutrition education contacts and materials to all participants including the special nutrition education needs of migrant farmworkers and their families, Native Americans, and homeless persons. Also describe methods to be used to provide drug and other harmful substance abuse prevention information. Establish standards for breastfeeding promotion and support.

**B. Food Package Design - 246.10 (c)(1-3); (e)(1-12):** describe the procedures for determining which foods should be authorized and how the food package should be nutritionally tailored and by whom, and plans for substitutions or eliminations to WIC food package.

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

NUTRITION SERVICES

A. Nutrition Education

1. Nutrition Education Plans (§246.11)

a. The State agency develops and coordinates the nutrition education component with consideration of local agency plans, needs, and available nutrition education resources. (§246.11(c))

Yes  No

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

Yes  No

c. The local agency develops an annual nutrition education plan that is consistent with the State's nutrition education component of Program operations. (§246.11(d)(2))

Yes  No

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

- a needs assessment
- goals and objectives for participants
- evaluation/follow-up
- other (list): \_\_\_\_\_

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

- quarterly or annually written reports
- year-end summary report
- annual local agency reviews
- other (specify): annual evaluation of goals and objectives during the local agency plan/budget submission

e. State policies reflect the definition of "nutrition education" as defined in §246.2 and in the Child Nutrition Act. The definition is "Nutrition education means individual and group sessions and the provision of materials that are designed to improve health status and achieve positive change in dietary and physical activity habits, and that emphasize the relationship between nutrition, physical activity, and health, all in keeping with the personal and cultural preferences of the individual."

Yes  No

**ADDITIONAL DETAIL: Nutrition Services Appendix**

and/or Procedure Manual (citation):

WOM Policies located in Section 2:

- ER# 1.02700 Local Agency Plan

## NUTRITION SERVICES

### A. Nutrition Education

- ER# 1.05500 State and Local WIC Provider Monitoring Process
- ER# 1.05550 Management Evaluation System

## NUTRITION SERVICES

### A. Nutrition Education

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

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

Yes       No

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

- State-developed questionnaire issued by local agencies  
 Locally-developed questionnaires (need approval by SA:  Yes  No)  
 State-developed questionnaire issued by State agency  
 Focus groups  
 Other (specify): MO does a Customer Satisfaction Survey with WIC participants every 2 years.

##### 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): The State office reviews the results of the survey. If there are problems, when problems are identified, the State develops a plan to correct problems.

### 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.*

## NUTRITION SERVICES

### A. Nutrition Education

- 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 ( $\geq 2$ ) nutrition education contacts per 6 month certification period, and quarterly nutrition education contacts to participants certified in excess of 6 months, to ensure adequate nutrition education in accordance with §246.11(e) via:**

- local agency addresses in annual nutrition education plan
- state nutrition staff monitoring annually during local agency reviews
- local agency providing periodic reports to State agency
- other (specify): State nutrition staff monitors bi-annually during local agency reviews. MOWINS computer system data reports are available and reviewed by both local and state Nutrition Staff

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

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

**The minimum nutrition education standards address:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> number of contacts                                    | <input checked="" type="checkbox"/> documentation |
| <input checked="" type="checkbox"/> protocols   | <input checked="" type="checkbox"/> referrals     |
| <input checked="" type="checkbox"/> breastfeeding promotion and support                   | <input checked="" type="checkbox"/> care plans    |
| <input checked="" type="checkbox"/> information on drug and other harmful substance abuse |   |
| <input checked="" type="checkbox"/> counseling methods/teaching strategies                |   |
| <input checked="" type="checkbox"/> content (WIC appropriate topics)                      |   |
| <input checked="" type="checkbox"/> nutrition topics relevant to participant assessment   |   |

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

- face-to-face, individually or group
- online/Internet
- telephone
- food demonstration
- a delivery method performed by other agencies, i.e., EFNEP
- other (specify):

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

- individual nutrition education contacts tailored to the participant's needs.
- group nutrition education contacts relevant to the participant's needs (please explain how appropriate group nutrition classes are identified and offered to the

NUTRITION SERVICES

**A. Nutrition Education**

participant.) **Note:** Class topics are based upon participant survey and knowledge of professional staff at local agency on most common medical/nutrition risk. Participants are provided a list of classes and given the opportunity to choose which one they want to attend. Professional staff may provide suggestion to the participant based upon medical/nutritional needs.

other (specify):

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

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

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

- | <b>Must Include</b>                 | <b>May Include</b>   |
|-------------------------------------|--|
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> individualized food package  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> identification of nutrition-related problems  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> nutrition education and breastfeeding support   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> a plan for follow-up  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> referrals   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> timeframes for completing action plan   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> documentation of completing action plan   |
| <input 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 type="checkbox"/>            | <input type="checkbox"/> other (specify):  |

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

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

NUTRITION SERVICES

**A. Nutrition Education**

**h. The State agency allows adult participants to receive nutrition education by proxy.**

No

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

- proxy is spouse/significant other
- proxy is parent of adolescent prenatal participant
- proxy is neighbor
- only for certain priorities (specify):
- other (specify):** The local WIC provider (LWP) shall allow woman

participants and parents or caretakers of infant and child participants to designate a maximum of two proxies. Proxies (alternate authorized representatives) who are age 18 or over are allowed to re-enroll an infant or child participant, pick up food instruments at the LWP, and make WIC transactions at the grocery store on behalf of the participant. The LWP may provide nutrition education and related materials to the proxy as deemed appropriate by the nutritionist.

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

No

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

- proxy is grandparent or legal guardian of infant or child participant
- proxy is neighbor
- only for certain priorities (specify):
- other (specify): The LWP may provide nutrition education and

related materials to the proxy as deemed appropriate by the nutritionist.

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

WOM Policies:

- ER# 2.06000 Initial Nutrition Education Contact
- ER# 2.06400: Effective Nutrition Education: Standards, Participant-Centered Goals, Delivery Methods and Documentation
- ER# 2.06200 Guidelines for Nutrition Education: Approved Resources
- ER# 2.02900 Care Plans and High-Risk Risk Factors
- ER# 3.03800 Proxies & Authorized Representatives

NUTRITION SERVICES

**A. Nutrition Education**

**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):**

Yes  No

If applicable, list other agencies: Some WIC literature is available to other DHSS Program Units including Childhood Lead Poisoning Prevention, Immunizations, Environmental Health and Communicable Disease, Health Promotion, Cancer Control, Chronic Disease, Tobacco Cessation, and Genetics and Healthy Childhood.

A written material sharing agreement exists between the relevant agencies

Yes  No

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

	<b>English</b>	<b>Spanish</b>	<b>Other languages (specify):</b>
General nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Arabic, Bosnian, Bulgarian, Burmese, Chinese, Farsi, French, Hmong, Korean, Romanian, Russian, Somalian, Ukranian, Urdu, Vietnamese
Specific nutrition-related disorders	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Maternal nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Arabic, Bosnian, Bulgarian, Burmese, Chinese, Farsi, French, Hmong, Korean, Romanian, Russian, Somalian, Ukranian, Urdu, Vietnamese

NUTRITION SERVICES

**A. Nutrition Education**

Infant nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Arabic, Bosnian, Bulgarian, Burmese, Chinese, Farsi, French, Hmong, Korean, Romanian, Russian, Somalian, Ukranian, Urdu, Vietnamese
Child nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Arabic, Bosnian, Bulgarian, Burmese, Chinese, Farsi, French, Hmong, Korean, Romanian, Russian, Somalian, Ukranian, Urdu, Vietnamese
Nutritional needs of homeless	<input type="checkbox"/>	<input type="checkbox"/>	
Nutritional needs of migrant farmworkers & their families	<input type="checkbox"/>	<input type="checkbox"/>	
Nutritional needs of Native Americans	<input type="checkbox"/>	<input type="checkbox"/>	
Nutritional needs of Teenage prenatal women	<input type="checkbox"/>	<input 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"/>	Arabic, Bosnian, Bulgarian, Burmese, Chinese, Farsi, French, Hmong, Korean, Romanian, Russian, Somalian, Ukranian, Urdu, Vietnamese
Food Safety Vietnamese	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Arabic, Bosnian, Russian, Somalian,

**NUTRITION SERVICES**

**A. Nutrition Education**

Physical activity                                           

Other:                                                              
                           
                        

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

- **Form # WIC 8 located in Nutrition Appendix**

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

content               reading level/language               graphic design  
 cultural relevance                                       Other: \_\_\_\_\_

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

Yes                                       No

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

Yes                                       No

**e. If planning to share materials, State agency established a written materials sharing agreement between the relevant agencies to allow local agencies to share nutrition educational materials with institutions participating in the Child and Adult Care Food Program at no cost to that program.**

Yes                                       No

**ADDITIONAL DETAIL: Nutrition Services Appendix:**

**Literature for our Local WIC providers is available for downloading or to order at the following:**

<http://health.mo.gov/living/families/wic/wiclwp/publications.php>

<http://health.mo.gov/living/families/wic/wiclwp/forms.php>

**Missouri/WIC families can access the literature at the following address:**

<http://health.mo.gov/living/families/wic/wicfamilies/index.php>

NUTRITION SERVICES

**A. Nutrition Education**

**ADDITIONAL DETAIL: Nutrition Services Appendix:**

and/or Procedure Manual (citation):

WOM Policies:

ER# 2.06000 Initial Nutrition Education Contact

ER# 2.01000 State Agency Responsibility – Nutrition Education

WIC Operations Manual - Definitions

**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):**

- | <b><u>M</u></b>                     | <b><u>H</u></b>                     | <b><u>S</u></b>                     | <b><u>B</u></b>                     |   |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | providing nutrition education materials appropriate to this population and language needs                                 |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | providing nutrition curriculum or care guidelines specific to this population   |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input 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 training of local agency personnel who work with this population                                    |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | distributing resource materials related to this population  |
| <input 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  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | other (specify): _____  |

**ADDITIONAL DETAIL: Nutrition Services Appendix**

**and/or Procedure Manual (citation):**

WOM Policies:

ER# 2.05200 Serving Homeless Persons

ER# 2.05875 Policy for Homelessness 801 & Migrancy 802

ER# 2.08100 Guidelines for Food Issuance: Homeless Women, Infants and Children

**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):**

## NUTRITION SERVICES

### A. Nutrition Education

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

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

- a policy that creates a positive clinic environment which endorses breastfeeding as the preferred method of infant feeding
- a requirement that each local agency designate a local agency staff person to coordinate breastfeeding promotion and support activities
- a requirement that each local agency incorporate task-appropriate breastfeeding promotion and support training into orientation programs for new staff involved in direct contact with WIC clients
- a plan to ensure that women have access to breastfeeding promotion and support activities during the prenatal and postpartum periods
- participant assessment
- food package prescription
- data collection (at State and local level)
- referral criteria
- peer counseling
- other (specify):
- other (specify):

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

**7. The State agency coordinates with local agencies to develop a breastfeeding peer counseling program that contains the following components (see [Loving Support Model](#)):**

- Breastfeeding Peer Counselor (BFPC) Coordinator Training (each agency has a dedicated BFPC Coordinator)
- BFPC Training for all new peer counselors
- BFPC policies developed at state level
- Each local WIC provider submits a Monthly Activity Report
- All peer counselors document contacts and breastfeeding notes in MOWINS
- Continued training for peer counselors on updated curriculum and reinforcement of scope of practice
- State WIC office monitors local WIC provider BFPC activity, conducts site visits and provide technical assistance as needed

NUTRITION SERVICES

**A. Nutrition Education**

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

Yes  No

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

Yes  No

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

Yes  No

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

Define settings for peer counseling service delivery (check all that apply):

Home (peer counselor makes telephone calls from home)

Participant's home (peer counselor makes home visits)

Clinic

Hospital

Define frequency of client contacts

Define procedures for making referrals

Define scope of practice of peer counselor

**d. Adequate compensation and reimbursement of breastfeeding peer counselors**

Yes  No

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

Yes  No

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

Yes  No

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

timing and frequency of contacts

documentation of client contacts

referral protocols

confidentiality

use of social media

other, (specify)

## NUTRITION SERVICES

### A. Nutrition Education

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

- regular, systematic contact with peer counselor
- regular, systematic review of peer counselor contact logs
- regular, systematic review of peer counselor contact documentation
- spot checks
- observation
- other, (specify)

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

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

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

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

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

- standardized training using *Loving Support Peer Counseling* curriculum
- ongoing training at regularly scheduled meetings
- home study
- opportunities to "shadow" or observe lactation experts and other peer counselors
- training/experience to become senior level peer counselors, IBCLC, etc.)
- other, (specify)

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

**m. Please provide the approximate number of WIC peer counselors in your State 130**

## NUTRITION SERVICES

### A. Nutrition Education

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

##### **WOM policies:**

- ER# 6.00050 Senior Breastfeeding Peer Counselor Job Description
- ER# 6.00100 Breastfeeding Peer Counseling Program Coordinator Job Description
- ER# 6.00200 Breastfeeding Peer Counselor Job Description
- ER# 6.00300 Compensation of Peer Counselors
- ER# 6.01000 Documentation of Participant Contacts
- ER# 6.01500 Referrals of Breastfeeding Participants
- ER# 1.01700 Participant Confidentiality
- ER# 6.05000 Breastfeeding Coordinator Job Description
- ER# 6.05050 Supportive Breastfeeding Environment
- ER# 6.05100 Breast Pump Policy
- ER# 2.07600 Guidelines for Food Package I & II Issuance to Infants
- ER# 2.07900 Guidelines for Issuance Food Packages V, VI and VII to Women

## II. NUTRITION SERVICES

### B. Food Package Design

#### 1. Authorized WIC-Eligible Foods

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

<http://health.mo.gov/living/families/wic/wicfoods/approvedfoodlists.php>

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

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

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

- Yes  No

If yes, describe actual values or criteria identified by the State. Enter "n/a" if not applicable. (i.e. artificial sweeteners, artificial color/flavor, low-sodium, etc.):

\_\_\_\_\_

#### d. WIC Formulas:

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

- Yes  No

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

- Yes  No

WOM Policy ER# 2.07000 Guidelines for Issuance Of Formulas, WIC-Eligible Medical Foods, And Other Supplemental Foods Under Food Package III

(3) The State agency requires medical documentation for non-contract infant formula. MO does not allow non-contract formulas.

- Yes  No

NUTRITION SERVICES

**B. Food Package Design**

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

Yes  No

**(5) State agency authorizes local agencies to issue a non-contract brand infant formula that meets requirements without medical documentation in order to meet religious eating patterns:**

Yes  No

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

Yes  No

**e. Rounding:**

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

**f. Is infant formula issued in the 1<sup>st</sup> month to partially breastfed infants?**

Yes  No

NUTRITION SERVICES

**B. Food Package Design**

**g. State policies & materials reflect the definition of “supplemental foods” as defined §246.2 and in the Child Nutrition Act.**

Yes  No

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

WOM Policy:

- ER# 2.06600 WIC Approved Food List
- ER# 2.06700 Food Selection Criteria
- ER#2.06750 Primary Contract Infant Formula
- ER# 2.06760 Exempt Infant Formula and Medical Food Selection
- ER# 2.0700 Guidelines for Issuance Of Formulas, WIC-Eligible Medical Foods, And Other Supplemental Foods Under Food Package III
- ER# 2.07600 Guidelines for Food Package I & II Issuance to Infants
- Definitions Section of the WOM

**2. Individual Nutrition Tailoring**

**a. 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).**

<b>Yes</b>	<b>No</b>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pregnant women/Partially Breastfeeding
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fully Breastfeeding women
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Postpartum, non-breastfeeding women
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Infants 0-5 months
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Infants 6-11 months
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Children

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

- Homeless individuals and those with limited cooking facilities
- Residents of institutions
- Other (specify):

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

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

ER# 2.08100 Guidelines for Food Issuance: Homeless Women, Infants and Children

NUTRITION SERVICES

**B. Food Package Design**

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 needs
  - participant preference
  - household condition
  - other (specify):

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
- Other (specify): Individual tailoring is encouraged by the local agency CPA if the participant states they have too much food and does not want the full food package.

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

WOM Policies:

- ER# 2.08500 Prorated Food Packages
- ER# 2.07600 Guidelines for Food Package I & II Issuance to Infants
- ER# 2.07800 Guidelines for Issuance of Food Package IV to Children
- ER# 2.07900 Guidelines for Issuance Food Packages V, VI and VII to Women

**3. Prescribing Packages**

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

	<b>Standard food package</b>	<b>Individually-tailored food package</b>
CPA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (specify):	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<b><u>WIC Certifier</u></b>	_____

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

**following WOM Policies:**

- ER# 2.01200 Food Package: State and Local Agency Responsibility

## NUTRITION SERVICES

### **B. Food Package Design**

- ER# 2.01650 Local WIC Provider Personnel: WIC Certifier
- ER# 2.01400 Local WIC Provider Nutrition Personnel: Nutritionist
- ER# 2.01450 Local WIC Provider Nutrition Personnel: Nutrition Coordinator
- ER# 2.01500 Local WIC Provider Nutrition Personnel: Competent Professional Authority

## II. NUTRITION SERVICES

### C. Staff Training

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

	Professionals		Paraprofessionals (may or may not be CPAs in some States)	
	<u>Regularly</u>	<u>As Needed</u>	<u>Regularly</u>	<u>As Needed</u>
General nutrition education methodology	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State certification policies/procedures	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Anthropometric measurements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Blood work procedures	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Nutrition counseling techniques	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breastfeeding promotion/support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dietary assessment techniques	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescribing & tailoring food packages	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referral protocol	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Maternal, infant, and child nutrition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural competencies	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Customer service	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Immunization screening/referral	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Care Plan Development	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VENA staff competency training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):				
<u>Data Security</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Civil Rights</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>National Voter Registration Act</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Nutrition Training Manual</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## II. NUTRITION SERVICES

### C. Staff Training

<u>Using Loving Support to Grow and Glow in WIC</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>WIC Coordinator Training</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Nutrition Coordinator Training</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Breastfeeding Coordinator Training</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>LWP Training Coordinator</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>WIC Para-Professional Training</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>MOWINS Training</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Applicant Processing Standards Webinar</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Income Assessment &amp; Documentation webinar</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Orientation to WIC Module</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

##### **WOM Policy:**

- ER# 1.01550 Training Local WIC Providers
- Missouri WIC Program Training Page located at <http://health.mo.gov/living/families/wic/wiclwp/training.php>