

**Local Agency:** \_\_\_\_\_  
**Date of Review:** \_\_\_\_\_  
**Review Team:** \_\_\_\_\_  
**Site(s) Reviewed:** \_\_\_\_\_

**Department of Health and Human Services  
Division of Public Health  
Nutrition Services Branch**

**WIC Program Monitoring Tool  
Part II: Nutrition Services Review  
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## 9. Nutrition Assessment

Review Area	Reviewers Notes	Status**
<p><b>9.1. Are required nutrition assessments completed for each certification period?</b></p> <p><u>Minimum Standard:</u> A nutrition assessment must be completed for each applicant/participant at the initial certification and at each subsequent certification. For both infants and breastfeeding postpartum women, an additional nutrition assessment is required five to seven months after birth/delivery. For children, an additional nutrition assessment is required five to seven months after certification. To complete a nutrition assessment, staff must collect and assess the following information per program guidelines:</p> <ul style="list-style-type: none"> <li>▪ Anthropometric      ▪ Clinical      ▪ Eco-social</li> <li>▪ Biochemical      ▪ Dietary &amp; Physical Activity</li> </ul> <p>Staff must organize, integrate, and synthesize the information gathered during the nutrition assessment process and write a brief statement which summarizes the findings of the nutrition assessment, including problems and potential problems. Staff is required to document the nutrition assessment on the appropriate "WIC Nutrition Assessment and Care Plan" form. (WPM Chapter 6C)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Observe 3-5 individuals being certified using Appendix 1, item 14 to document findings.</li> <li>▪ Review at least 15 client health records using Appendix 2 &amp; Appendix 3 to document findings. Health record selection should include 5 each of women, infants &amp; children. Five records should be of participants receiving exempt infant formulas or medical foods.</li> </ul>		
<p><b>9.2. Are all eligible nutrition risk criteria for each participant identified and are criteria being used correctly?</b></p> <p><u>Minimum Standard:</u> All eligible risk criteria are identified and documented in each participant's health record. Nutrition risk criteria must be used in accordance with how each criterion is defined. (WPM Chapter 6C)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Observe 3-5 individuals being certified using Appendix 1, item 14 to document findings.</li> <li>▪ Review at least 15 client health records using Appendix 2 &amp; Appendix 3 to document findings. Health record selection should include 5 each of women, infants &amp; children. Five records should be of participants receiving exempt infant formulas or medical foods.</li> </ul>		

## 9. Nutrition Assessment

Review Area	Reviewers Notes	Status**
<p><b>9.3. Does staff use correct procedures for weighing and measuring infants, children, and women on calibrated and maintained equipment?</b></p> <p><u>Minimum Standard:</u> Weighing and measuring equipment must meet specifications outlined by the State. Scales must be tested by the NC Department of Agriculture annually, and inaccurate scales removed from service until they can be calibrated, repaired, or replaced. Standard techniques for weighing and measuring individuals are being used. All staff has been trained on standard procedures for weighing and measuring. (WPM Chapter 6C)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Check stadiometers for accuracy of height (i.e. placement on the wall)</li> <li>▪ View all scales in agency</li> <li>▪ Review receipt for annual test of scales</li> <li>▪ Observe at least 1 infant, 1 child, &amp; 1 woman being weighed and measured using Appendix 1, item 13 to document findings. When applicable, observe more than 1 person doing the weighing and measuring.</li> <li>▪ Interview staff to determine protocol/procedure for staff training</li> </ul>		
<p><b>9.4. When required, is a prescription which meets policy obtained for exempt infant formula, medical foods, whole milk, soy-based beverage, and tofu?</b></p> <p><u>Minimum Standard:</u> A prescription which meets policy requirements is required for a participant to receive a food package with an exempt infant formula or medical food. The prescription must be maintained in the participant's health record. A prescription which meets policy requirements is required for a participant to receive a food package with whole milk, soy-based beverage and tofu. The prescription must be maintained in the participant's health record. (WPM Chapter 7)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Review at least 5 health records of clients receiving exempt infant formula, medical foods or foods requiring a prescription using Appendix 2 and Appendix 3 to document findings.</li> </ul>		

## 10. Plan of Nutrition Care

Review Area	Reviewers Notes	Status**
<p><b>10.1. Is an individualized plan of nutrition care documented for each client?</b></p> <p><u>Minimum Standard:</u> Based on the summary of nutrition problems and potential problems, staff must work with the participant to establish a nutrition plan of care. The required components of a plan of care are: client action steps, nutrition education, breastfeeding support, referrals, food package assignment, and follow-up. (WPM Chapter 6C). Individuals not currently participating in Medicaid but who appear to be income eligible shall be referred to Medicaid. (WPM Chapter 10).</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Observe 3-5 individuals being certified using Appendix 1, item 15 to document findings.</li> <li>▪ Review at least 15 client health records using Appendix 2 &amp; Appendix 3 to document findings. Health record selection should include 5 each of women, infants &amp; children. Five records should be of participants receiving exempt infant formulas or medical foods.</li> </ul>		
<p><b>10.2. Is the assignment of food packages being done in accordance with program policy?</b></p> <p><u>Minimum Standard:</u> A CPA must assign and document the food package at each certification and when modifications to the food package are requested or required. In certain situations, a standard food package may be issued for up to 30 days without CPA approval. (WPM Chapter 7)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Observe 3-5 individuals having a food package assigned to them using Appendix 1, item 15 to document findings.</li> <li>▪ Interview staff about the process used to obtain CPA assignment and documentation of food packages.</li> <li>▪ Confirm documentation of food package assignment by a CPA for up to 15 participants by reviewing their health record or their record in the WIC ADP system using Appendix 2 &amp; Appendix 3 to document findings. Participant selection should include 5 each of women, infants &amp; children. Five participants should be receiving exempt infant formulas or medical foods.</li> </ul>		

## 11. Nutrition Education & Counseling

Review Area	Reviewers Notes	Status**
<p><b>11.1. Do participants receive the required number of nutrition education contacts per certification?</b></p> <p><u>Minimum Standard:</u> During each certification period:</p> <ul style="list-style-type: none"> <li>• At least two nutrition education contacts must be made available to pregnant and postpartum non-breastfeeding women, and infants certified at greater than 6 months of age.</li> <li>• One nutrition education contact must be made available for every three months of participation to infants certified at less than 6 months of age, to breastfeeding women certified through one year postpartum, and to children.</li> <li>• If the client refuses to participate in nutrition education, the refusal must be documented. (WPM Chapter 5)</li> </ul> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Review at least 15 client health records using Appendix 2 &amp; Appendix 3 to document findings. Health record selection should include 5 each of women, infants &amp; children. Five records should be of participants receiving exempt infant formulas or medical foods.</li> </ul>		
<p><b>11.2. Is nutrition education accurate, relevant, and appropriate for the needs of the participants?</b></p> <p><u>Minimum Standard:</u> The content of and method used to provide nutrition education must be relevant to the participant's age, nutritional needs, interests, household situation, cultural preferences, language spoken and any special considerations the participant might have such as being a migrant; being homeless; having vision, hearing or learning impairments; and/or having limited English proficiency. (WPM Chapter 5)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Observe 3-5 educational sessions with participants using Appendix 1, item 15 to document findings.</li> <li>▪ Review at least 15 client health records using Appendix 2 &amp; Appendix 3 to document findings. Health record selection should include 5 each of women, infants &amp; children. Five records should be of participants receiving exempt infant formulas or medical foods.</li> <li>▪ Review nutrition education resources used by staff for accuracy, relevancy, and appropriateness.</li> </ul>		

## 11. Nutrition Education & Counseling

Review Area	Reviewers Notes	Status**
<p><b>11.3. Do participants receive education on required topics based on participant category?</b></p> <p><u>Minimum Standard:</u></p> <ul style="list-style-type: none"> <li>• Women must receive verbal and written information on the five (5) required education topics at least once during their WIC participation.</li> <li>• All parents/caretakers of infants and children participating on the WIC Program must receive information about the dangers of substance abuse at least once.</li> <li>• Local agencies must maintain and make available a current list of substance abuse resources. (WPM Chapter 5)</li> </ul> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Review at least 15 client health records using Appendix 2 &amp; Appendix 3 to document findings. Health record selection should include 5 each of women, infants &amp; children. Five records should be of participants receiving exempt infant formulas or medical foods.</li> <li>▪ Review list of local resources for substance use counseling and treatment.</li> </ul>		
<p><b>11.4. Are mini-lessons being implemented in accordance with program policy?</b></p> <p><u>Minimum Standard:</u> Mini-lessons can be provided by a CPA or by WIC management support or other non-CPA staff who have been trained in the use of mini-lessons. Mini-lessons must be developed by a nutritionist and have a written outline on file which includes the target audience; one educational objective; an outline of the information to be communicated to the participant, and a copy of any educational handout to be given to the participant. Local agencies that use management support or other non-CPA staff to provide mini-lessons must have a written policy for doing so as outlined in WIC Program policy. (WPM Chapter 5)</p> <p><u>Method of Review</u></p> <ul style="list-style-type: none"> <li>▪ Observe at least two mini-lessons if a routine method of providing nutrition education to low-risk clients.</li> <li>▪ Review mini-lessons for required components and to confirm a nutritionist developed them.</li> <li>▪ Review documentation that support staff was trained to provide mini-lessons, including date of training.</li> </ul>		

## 11. Nutrition Education & Counseling

Review Area	Reviewers Notes	Status**
<p><b>11.5. Are class outlines on file when group education is provided?</b></p> <p><u>Minimum Standard:</u> Agencies that conduct group education must have class outlines with required components: target audience, objectives, outline of presentation, and materials/activities used. Outlines should be reviewed periodically and updated as needed to assure they are relevant and accurate. (WPM Chapter 5)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Review class outlines for required components, relevancy and accuracy.</li> <li>▪ Observe a group class, if available.</li> </ul>		

## 12. Breastfeeding Promotion & Support

Review Area	Reviewers Notes	Status**
<p><b>12.1. Does the local agency promote &amp; support breastfeeding?</b></p> <p><u>Minimum Standard:</u> There must be:</p> <ul style="list-style-type: none"> <li>• A designated individual, who meets training requirements, serving as the breastfeeding coordinator to manage breastfeeding promotion and support activities within the agency.</li> <li>• A positive clinic environment which endorses breastfeeding as the preferred method of infant feeding and ensures that women have access to breastfeeding promotion and support activities during the prenatal and postpartum periods. .</li> <li>• Efforts to assure mothers feel comfortable nursing within the agency. (WPM Chapter 9)</li> </ul> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Interview designated breastfeeding coordinator and staff</li> <li>▪ Observe offices, waiting areas, classrooms, and any other place where WIC participants may spend time to assess if the clinic environment supports breastfeeding</li> </ul>		
<p><b>12.2. Does new WIC staff receive task-appropriate training in breastfeeding promotion and support as part of their orientation?</b></p> <p><u>Minimum Standard:</u> All new WIC staff who provide direct services to WIC clients will receive task-appropriate breastfeeding information as part of their orientation and as defined by state policy. Local agencies are encouraged however, to provide this type of orientation to other new agency staff who will have direct contact with WIC participants. (WPM Chapter 9)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Interview staff about the orientation to breastfeeding they received</li> </ul>		

## 12. Breastfeeding Promotion & Support

Review Area	Reviewers Notes	Status**
<p><b>12.3. Does local agency inventory and issue breastfeeding supplies in accordance with program policy and participant need?</b></p> <p><u>Minimum Standard:</u></p> <ul style="list-style-type: none"> <li>• The system must demonstrate current inventory, status, and maintenance of both required and optional breastfeeding supplies. Returned multi-user breast pumps must be checked immediately upon return and cleaned by WIC staff within one business day of their return.</li> <li>• To issue breastfeeding supplies, staff must determine if the participant is eligible to receive a breastfeeding supply and document the following:               <ul style="list-style-type: none"> <li>– Type of supply issued</li> <li>– Reason for issuance</li> <li>– Education on the assembly, use and cleaning of the supply</li> <li>– Completed release of liability and loan agreement, as required</li> <li>– Plans for follow-up and physician notification, as required (WPM Chapter 9)</li> </ul> </li> </ul> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Review the breastfeeding supply loan agreement/release of liability forms used by agency</li> <li>▪ Review the master inventory log for multi-user electric breast pumps and reconcile the inventory log with the quantity available in the agency</li> <li>▪ Review the inventory log of each type of single-user breastfeeding supply for required items and any optional item(s) used by the agency and reconcile the inventory log with the quantity available in the agency</li> <li>▪ Observe at least 1 issuance of a breastfeeding supply if possible</li> <li>▪ Review the issuance log of 3-5 multi user electric breast pumps and the corresponding health records of participants who were issued the multi-user electric breast pumps using Appendix 4 to document findings. If pump is in the agency, previous issuance must be reviewed</li> <li>▪ Review the issuance log of 3-5 single-user breastfeeding supplies and the corresponding health records of participants who were issued a single-user breastfeeding supply using Appendix 4 to document findings. Include at least two single-user electric breast pumps</li> </ul>		

## 12. Breastfeeding Promotion & Support

### Complete Review Items 12.4 – 12.6 Only For Local Agencies Using USDA Funds To Support A Breastfeeding Peer Counselor Program (BFPC Program)

Review Area	Reviewers Notes	Status**
<p><b>12.4. Are women enrolled in the BFPC Program receiving the required number of contacts?</b></p> <p><u>Minimum Standard:</u></p> <ul style="list-style-type: none"> <li>• A BFPC Program Letter of Agreement must be signed by the participant and by the staff person completing the enrollment. If a participant is not enrolled prenatally, the reason for postpartum enrollment must be documented in the BFPC record.</li> <li>• Women enrolled prenatally must receive their initial contact within 30 days.</li> <li>• Breastfeeding postpartum women must receive a contact every 2-3 days in the first week post delivery and weekly for the remainder of the first month post delivery. (WPM Chapter 9)</li> </ul> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Review 5 records of participants who have received breastfeeding peer counselor services through at least the first month post-delivery using Appendix 5 to document findings.</li> </ul>		
<p><b>12.5. Do breastfeeding peer counselors have ready access to a designated lactation professional for consultation and referral support whenever the peer counselors are working?</b></p> <p><u>Minimum Standard:</u> The local agency must have a designated lactation professional from whom a breastfeeding peer counselor may seek consultation and to whom participants may be referred when problems are beyond the peer counselors' scope of work or do not resolve within one business day. (WPM Chapter 9)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Interview designated breastfeeding peer counselor program manager</li> <li>▪ Interview peer counselor staff about how and when they request consultation, refer clients, and communicate with a client's primary health care provider and compare to local agency written policy</li> </ul>		
<p><b>12.6. Does the local agency have a dedicated phone line for the breastfeeding peer counselor program?</b></p> <p><u>Minimum Standard:</u> Agencies must ensure that a dedicated phone line with message capability is available for BFPC program staff 24 hours a day, 7 days a week. (WPM Chapter 9)</p> <p><u>Method of Review:</u></p> <ul style="list-style-type: none"> <li>▪ Interview staff about the retrieval of messages, returning calls, and maintenance of the phone system</li> </ul>		

## 12. Breastfeeding Promotion & Support

End of Part II: Nutrition Services Review