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Nutrition services represent the full range of activities performed by a variety of staff to operate a WIC Program such as, participant assessment and screening, nutrition education and counseling which utilizes Participant Centered (PCE) skills and techniques breast feeding and health promotion, food package prescriptions, and health care referrals. PCE skills and techniques are used to ensure that WIC nutrition service encompasses not only what WIC offers to participants, but how WIC offers its services.

A. NUTRITION EDUCATION

1. Nutrition Education Plans

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.

- a. The Guam WIC Program State Agency reviews island demographic data as needed in order to plan nutrition education services for implementation by clinic sites.

Needs Assessment: Many factors contribute to the complex nutrition educational needs of the WIC eligible population in Guam. Some of these needs are ongoing and, once identified, need to wait for an opportunity to take action. Other identified needs can be acted on proactively or at least in a timelier manner.

The mixture of cultures with varying degrees of Western and Eastern traditions makes Guam a unique challenge for nutrition education planning. The official languages of Guam are English and Chamorro. The WIC population has varying degrees of proficiency of each language ranging from excellent to none. Food choices may include milk or cheese or neither. Surveys indicate that certain ethnic groups may be just as happy with canned sardines or mackerel in place of canned tuna. Yams or sweet potato may also be preferable to or just as acceptable as carrots. The cost of food in Guam is also very high in comparison to the US mainland although the income guidelines for WIC eligibility are the same. This makes shopping skills very important. Micronesians coming to Guam from other islands are exposed to various pressures to not follow the traditional habit of breast feeding. Teen pregnancy is also increasing which result in high risk pregnancies. A strong outreach effort is also needed to encourage potential WIC clients to utilize the WIC services.

The basic factors which influence Guam's nutritional needs include, but are not limited to the following:

- Political factors
- Economic factors



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- Local education (quality and quantity)
- Diverse cultural factors
- Natural resources availability (i.e. power and water)
- Local standards of behavior and values
- Agriculture
- Military presence
- Tourism (hospitality) industry trends
- Transportation (cost and availability)
- Religious beliefs (Catholics, Buddhist, Hindu, other)
- Food variety and availability (dependence on shipped in foods, especially fruits and vegetables)
- Television, radio and newspaper advertising

b. Monitoring by State Agency for progress on nutrition education goals and objectives is conducted by the MAIII during QA monitoring visits to local clinic sites.

c. Bi-annual reviews of clinic sites are conducted by the Quality Assurance section of WIC.

- The Nutrition Coordinator responds to problem areas identified by Quality Assurance Reviews with corrective actions
- The Nutrition Coordinator observes all clinic site operations semi-annually and implements corrective actions through consultation with clinic site supervisors. This tends to be an on-going process via monthly committee meetings with Community Nutritionist II and random site visits.
- Updates, training and discussion of problem areas are addressed and implemented at monthly in-service training meetings. This is an on-going process.
- Local WIC site nutrition education plans are reviewed for consistency with the State nutrition education requirements.

d. The State Agency requires that local clinic nutrition education include:

- A needs assessment
- Goals and objectives for participants
- Evaluation

Primary Policies and Procedures for local WIC site Nutrition Education are outlined by the State agency. Local WIC sites also prepare individualized goals and objectives annually which are submitted to the WIC Nutrition Coordinator for review.

- The State Agency monitors local clinic progress toward meeting nutrition education goals, nutrition education action plans and objectives via annually at local clinic reviews.



- Definition of nutrition education: 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 keeping with the personal and cultural preferences of the individual.

2. Annual Assessment of Participant Views on Nutrition Education and Breast Feeding Promotion

- Annual Assessment of Participant Views on Nutrition Education and Breast Feeding Promotion
 - Annual assessment of participant views on nutrition education and breast feeding promotion is conducted between June and September annually.
 - A WIC Program State Agency survey is prepared by the Nutrition Coordinator annually and distributed to each clinic site. Approximately 10% of caseload at each clinic site completes a survey form which is returned to the Nutrition Coordinator for analysis.
 - Survey results and analysis are discussed at the monthly in-service and used in planning the next survey. Relevant information from the survey may also be used to update or change the State Plan. Survey data may also be used to provide additional assessment about program efforts in the areas of nutrition education and breastfeeding promotion.
- a. Annual assessment of participant views on nutrition education and breastfeeding promotion is conducted.

Policy: In order to consistently improve services to WIC clients, survey questionnaires will be distributed to clients annually. Particular attention will be paid to nutrition education and breastfeeding needs of WIC clients. Other services provided will also be surveyed for WIC client views.

- b. Methods used in the past fiscal year to assess participant views on nutrition education and breastfeeding promotion and support provided by WIC.

Procedure:

1. The annual WIC client survey will be implemented for a 2-3 month period to monitor WIC client opinions.
2. The subject areas will include the following:
 - Nutrition Education.
 - Client Satisfaction with the WIC services.
 - WIC foods and cultural preferences.
 - WIC bank drafts and their use.



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- WIC vendor service.
- Infant feeding and breastfeeding.
- 3. WIC client survey questionnaires are distributed during July, August, and September during FI pick up appointments.
- 4. Each annual survey period should sample approximately 10% or more of the average client participation at that clinic site.
- 5. Any WIC clinic staff person may distribute and collect the survey. Completed survey forms will be turned in to the Nutritionist II who will submit them for analysis to the WIC PH Nutrition Specialist.

c. Results of participant views.

1. A summary of the survey results is reviewed by the Community Nutritionist II's and PH Nutrition Specialist for possible revisions to the next survey.
2. The results of participant views are used in the development of the State Plan, clinic nutrition education plans and breastfeeding promotion and support plans.

(See Appendix for Survey form)

3. Nutrition Education Contacts

- a. Nutrition Education Contacts are considered a benefit of the program, and made available at no cost to the participant. Nutrition education is 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 is thoroughly integrated into participant health care plans, the delivery of supplemental foods, and other Program operations
- b. 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 stresses the positive, long term benefits of nutrition education and encourages 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. (Appendix R: Benefits Issuance Policy)
- c. The WIC program ensures 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 WIC Program.
- d. Types of nutrition education contacts include, but are not limited to one-on-one counseling, group educational activities, food demonstrations, electronic and/or hard copy media, online nutrition education platform.



4. Certification Contacts

1. At initial certification appointments, staff will provide the following to the participants or their primary and secondary authorized representatives:
 - a) An explanation of participant eligibility criteria including income, residency, category, and nutritional risk.
 - b) An opportunity to read, or get an explanation of WIC Rights and Obligations and WIC Rules and Regulations. Staff must check for the client's understanding of the Rights and Obligations. These must be documented in the "Med" module of the **HANDS** application. Please refer to the **HANDS** user workbook.
 - c) An opportunity to designate an authorized representative. This is documented in the "Family" module of the **HANDS** application. Please refer to the **HANDS** user workbook.
 - d) An opportunity to designate a proxy who regularly picks up food benefits for a participant's WIC Authorized Representative will be given the same explanation on WIC Rules and Regulations and how to use the eWIC card and EBT electronic benefit family balance information. This training is documented in the staff alert module of the **HANDS** application. Please refer to the **HANDS** user workbook.
 - e) An explanation of WIC foods to be purchased and a copy of the **WIC Shopping Guide** handout plus an explanation of how to use farmers' market coupons with accompanying handout(s) if applicable. Also, a copy of the **How to Use Your eWIC card** handout must be explained and provided.
 - Instructions for reporting discrepancies between what is accepted for a WIC purchase by a vendor and what is otherwise indicated as an allowable purchase through WIC must also be provided.
 - The handout for use of the **eWIC application** should be provided to WIC clients who have access to a smart phone when applicable.



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- f) Mandatory referrals to services such as immunizations, lead screening, food stamps (SNAP), TANF, AHCCCS, child support enforcement, and local resources for substance abuse treatment and counseling. This is documented in the "Care Plan" module of the **HANDS** application. Please refer to the **HANDS** user workbook.
- g) A WIC authorized representative may also designate ad hoc someone to pick up WIC benefits using the eWIC card at their discretion and is responsible for any implications regarding the use of the eWIC card by that person.

None of the above instruction of services counts as a nutrition education contact.

2. At subsequent certification appointments, participants will be given an opportunity to read or have explained the WIC Rights and Obligations and WIC Rules and Regulations and referrals to services. Staff must check for the client's understanding of the Rights and Obligations. In addition, staff will assess participants' understanding of WIC eligibility criteria, allowable WIC foods, and the proper use of WIC EBT benefits. This is documented in the "Notes" module of the **HANDS** application. Please refer to the **HANDS** user workbook.

Authorized Representative designated Proxies

The WIC staff should determine at the time of the appointment whether the should receive nutrition education, depending on their role in caring for the WIC participant.

Proxies should receive nutrition education for a participant when the proxy is a member of the participant's household or a caretaker of a child or infant participant. (A caretaker could be a regular day care provider, parent, grandparent or other relative). This makes the participant eligible to receive their WIC EBT food benefits.

Note: Friends, neighbors, relatives or social workers who do not ordinarily provide primary care for a participant or live with them may pick up WIC food benefits for the participant as a proxy, but will not need to receive nutrition education and may only receive one month of WIC food benefits. The Authorized Representative will receive nutrition education at their next pick-up or via whatever technology that may be available and accessible.

3. Participant-Centered Nutrition Education for Participants:

Policy

Participant-Centered Education (PCE) is a framework of providing nutrition services where the participant plays a significant role in deciding the direction of the educational



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process based on their needs (risks, family situations) and interests. In Guam, this is known as the “Together We Can” model, which includes all aspects of the clinic experience. PCE nutrition education will be offered to all WIC participants utilizing State approved nutrition education care standards developed by the Guam WIC Program and other accepted nutrition authorities.

All participants will be offered the opportunity to receive two PCE nutrition education contacts during a six month certification as part of WIC Program service requirements. All pregnant and breastfeeding participants, or caregivers of infants whose certification periods are greater than six months will receive a PCE nutrition education contact at least quarterly. One of these nutrition education opportunities can be provided as part of the Certification appointment.

A nutrition education contact is defined as a verbal communication between WIC staff and participants in an individual or group setting. Nutrition education should be designed to stress the relationship between proper nutrition and good health based on the needs of the participant and assist the participant in achieving a positive change in food selection and eating habits resulting in improved health. All nutrition education activities are to be provided in the context of the participant’s environmental and educational limitations, their interests, and cultural preferences with consideration as to where the participant is in the stages of change. The contact will include the development of, and future continuation of, a nutrition care plan based on initial and ongoing nutrition assessment results and participant interests and a discussion of potential next steps for behavior change.

The environment where participants receive their WIC services will be welcoming, promote learning, and facilitate positive motivational messages related to nutrition, physical exercise, health habits, safety and civil rights.

Individual participants shall not be denied supplemental food benefits if they refuse to participate in nutrition education activities.

Monitoring of Nutrition Education

During Management Evaluations (M.E.) or other site visits, the State Agency staff will monitor nutrition education to determine if:

- Information provided is accurate and up-to-date
- Information is individualized to meet participant’s needs and interests, considering the educational level, lifestyle and cultural beliefs, and readiness for change of each participant
- Participant receives positive feedback to reinforce good nutrition habits
- A nutrition care plan is included in each individual’s record with Goal 215 “See Notes” selected and a typed note using “SOAP” is included in the Notes section.



5. Nutrition Education Materials

- All documentation of goals and next steps in HANDS reflect the participant's involvement and statements and not the sole direction of the counselor, except where the counselor assesses a client's readiness for change and/or issues not dealt with, but need addressing in the future.
- Nutrition education materials are appropriate, state approved, and offered to the participant

1. Nutrition education may be conducted through individual or group sessions. Nutrition education materials are designed as tools to reinforce nutrition education messages provided in a participant-centered setting. The Territory of Guam provides the Touching Hearts Touching Minds materials to reinforce emotion based messages. These materials are available for order by completing a purchase request form.
 - Accurate and relevant content based on current scientific evidence
 - Support PCE
 - Contain cultural considerations
 - Be available in alternate languages as appropriate
 - Be at no higher than 4th grade reading level

Local Agency Responsibilities

Local Agencies shall perform the following activities in carrying out their nutrition education responsibilities:

- Make nutrition education available to all participants and caretakers.
- Offer nutrition education through individual and/or group sessions.
- WIC developed/purchased materials may be provided to pregnant, postpartum, and breastfeeding women and parents or caretakers of infants and children participating in Local Agency services such as SNAP (Food Stamps) on an **individual basis** as needed. Other Agencies may not obtain WIC purchased materials in behalf of their clients on a regular basis.

2. Self provided materials need to be approved by the Guam WIC Nutrition Coordinator or designee. In addition, MyPlate nutrition education materials are available for downloading and printing from the www.choosemyplate.gov website. Local Agencies may choose to develop their own materials. Local agency developed nutrition education materials shall be submitted to the State for approval before implementation. The State shall review the Local Agency developed materials to ensure they meet the following criteria:



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3. Nutrition Education Care Standards

Policy

Each local agency will adopt and utilize the State Nutrition Care Standards for nutrition education contacts in accordance with FNS guidelines (see Appendix H). All staff will be trained on nutrition in varying degrees and depth, depending on their responsibilities.

Nutrition Education Care Standards

The Nutrition Education Care Standards in Appendix H were developed as a guide for staff nutrition topics to pregnant women, infants, and children that may be of interest and relevance for their category.

The Standards are to be used as a staff resource to improve their understanding of the nutrition needs of WIC participants. The standards provide guidance to staff when conducting nutrition assessments, providing nutrition education, and facilitating behavior change.

6. Special Nutrition Education Needs of Special Populations

Qualified Staff

1. High-Risk Nutritionist Consults

Purpose

Certain participants are identified to be at higher risk and have counseling needs beyond the scope of paraprofessional staff. These participants benefit from more in-depth counseling provided by a Registered Dietitian (RD).

Each Local Agency shall provide a Registered Dietitian as a WIC Community Nutritionist to perform high-risk counseling, non-standard formula authorization, and as necessary, certification of clients. The Local Agency will provide the services of WIC Community Nutritionists in the number proportional to the agency's needs/caseload. In Guam, this is approximately 1 Community Nutritionist/1125-1250 participants.

If a Local Agency has a hardship and is unable to provide a Registered Dietitian for high risk counseling, a non-RD Nutritionist working as a Nutrition Assistant II with WIC CPA training may be approved by the state agency to provide high risk counseling. This WIC high risk counselor must have a minimum of an undergraduate degree from an accredited US institution in nutrition (Community Nutrition, Public Health Nutrition, Nutrition Education, Human Nutrition, Nutrition Science, or registration in Nutrition & Dietetics from the Philippines). This request must be in writing and include 1) a description of the hardship and 2) the qualifications/resume and 3) a description of the types of high risk counseling including any limitations of high risk issues that will be imposed on the person that will be



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Note: Previous WIC and/or community health experience, and/or a Master's degree in a related subject in the area of human nutrition and dietetics are desirable.

Policy

The Guam WIC Program stratified the nutrition risks to **medium and high risk**. The Registered Dietitian (RD) or State-Approved High Risk Counselor with no designated limitations will see all participants meeting one of the **high-risk** criteria outlined below during their current certification period. In Lieu of a RD, a US Degreed Nutritionist, a DTR, or Nutrition Assistant II with registration in Nutrition & Dietetics from the Philippines may see all participants having one of the medium risk criteria during their current certification period. An International Board Certified Lactation Consultant (IBCLC) or Certified Lactation Counselor (CLC) may counsel participants with risk codes 602 / 603 in lieu of an RD.

The participant shall receive monthly issuance of EBT food benefits only, until they meet with the RD, IBCLC/CLC or state approved High Risk Counselor as appropriate.

High Risk Criteria

designated as a WIC high risk counselor for clients.

The following high risks must be seen by the **high-risk** dietitian or State-approved High Risk Counselor with no limitations, although it is at the Local Agency discretion to include additional high risks as deemed necessary:

- **Risk 101 Underweight (Woman)**
- **Risk 103 Underweight or at Risk of Becoming Underweight**
- **Risk 111 Overweight**
- **Risk 113 Obese Children 2-5 years of age**
- **Risk 134 failure to thrive—infants & children**
- **Risk 135 Slowed/Faltered Growth infants**
- **Risk 141 Low Birth Weight and Very low Birth Weight**
- **Risk 142 Preterm or Early Term Delivery**
- **Risk 211 Elevated Blood Lead Levels**
- **Risk 301 Hyperemesis Gravidarum**
- **Risk 302 Gestational Diabetes**
- **Risk 341 Nutrient Deficiency or Disease**
- **Risk 342 Gastrointestinal Disorder**
- **Risk 343 Diabetes Mellitus**
- **Risk 345 Hypertension and Pre-Hypertension**
- **Risk 346 Renal Disease**
- **Risk 347 Cancer**
- **Risk 348 Central Nervous System Disorder**
- **Risk 349 Genetic and Congenital Disorder**
- **Risk 351 Inborn Errors of Metabolism**



- Risk 352.a Infectious Disease Acute
- Risk 352.b Infectious Disease Chronic
- Risk 353 Food Allergies
- Risk 354 Celiac Disease
- Risk 356 Hypoglycemia
- Risk 357 Drug Nutrient Interaction
- Risk 358 Eating Disorder
- Risk 362 Developmental Delays, Sensory or Motor Delays Interfering with the Ability to Eat)
- Risk 383 Neonatal Abstinence Syndrome
- Risk 602 Breastfeeding Complications Woman
- Risk 603 Breastfeeding Complications Infant

Medium Risk Criteria

The following risks are considered medium risk and may be seen by a State-Approved High risk counselor with designated limitations or a DTR:

- Risk 103 Underweight or At Risk of Becoming Underweight
- Risk 141 Low Birth Weight and Very Low Birth Weight (after 12 mo. old after seen by an RD)
- Risk 142 Preterm or Early Term Delivery (after 12 mo. old, after seen by an RD)
- Risk 201 Low Hematocrit Low Hemoglobin (nutritional ranges)
- Risk 101 Underweight (Woman)(pre-pregnancy underweight or current BMI <18.5)
- Risk 131 (low maternal weight gain)
- Risk 115 High weight for length
- Risk 133 High maternal weight gain
- Risk 303 History of Gestational Diabetes
- Risk 304 History of Preeclampsia
- Risk 335 Multifetal Gestation
- Risk 344 Thyroid Disorder
- Risk 363 Pre-diabetes



- **Risk 411.1 Routinely using a substitute(s) for human milk or for FDA approved iron-fortified formula as the primary nutrient source during the first year of life.**
- **Risk 411.7 Limiting the frequency of Nursing**
- **Risk 411.8 Routinely feeding a diet very low in calories and/or essential nutrients**
- **Risk 425.6 Routinely feeding a diet very low in calories and/or essential nutrients**
- **Risk 427.2 Feeding a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery.**



Documentation of Education

The WIC CPA will document the medium or high risk counseling session in the **HANDS** application “notes”.

Notes section and using SOAP or other equivalent format.

For example:

S: Subjective Information

- ✓ **Information the participant gives**
- ✓ **Observations made by RD, Nutritionist, IBCLC**
- ✓ **Getting to the Heart of the Matter tool used or why not used**

O: Objective Information

- ✓ **Information such as a physician’s diagnosis from the WIC medical documentation form, client’s self reported diagnosis by a physician, etc. that relate to risk codes identified**
- ✓ **Lab results that identify risk codes, length, height, weight, Hgb, blood glucose values, etc.**

A: Assessment

- ✓ **Community Nutritionist RD, Nutrition Assistant II, IBCLC assessment and interpretation of participant status based on information provided**
- ✓ **Interventions, education, discussion completed during high risk visit**
- ✓ **Issues that were addressed and found to not be resolvable at this time**

P: Plan

- ✓ **Documentation of client identified goals and/or plans and timeframes for behavior change**
- ✓ **Follow-up information**
- ✓ **Issues not addressed that need addressing in the future**



High-Risk Referrals

The supervisor (i.e. Community Nutritionist II) of each WIC site will develop written procedures for the Nutrition Assistant II and Community Nutritionist I & II at their location in order to refer medium and high-risk participants to an appropriate counselor or Registered Dietitian.

The Community Nutritionist II or designee at each WIC site will monitor and evaluate their internal procedures at least two times per year to ensure that participants needing the referrals were seen by the appropriate clinic staff. The State Agency will review the Local Agency monitoring and evaluations of procedures at least once every two years

Nutrition Counseling Referrals

When the participant no longer requires in-depth nutrition counseling, the Community Nutritionist I or II will review the participant's chart and provide a nutrition care plan for future nutrition counseling staff to follow with specific criteria for referral back to the RD nutritionist, if needed.

Participants shall receive assessment and education by an RD nutritionist at least once during each certification period that a high risk is identified.

Nutrition status is reassessed at each certification. If the same high risk is identified as the previous certification period, the participant still requires evaluation and follow-up by the Community Nutritionist I or II.

Note: If the previous high-risk condition was identified as stable and not requiring high-risk nutritionist intervention, the RD nutritionist may note the referral back to the medium risk Nutrition Assistant II for follow up. Documentation of this referral and statement that staff must refer the participant back to the high-risk Community Nutritionist should status change must be recorded in the Notes section of the Care Plan in the **HANDS** application.

High-Risk No-Shows

High-Risk and Medium risk participants will receive monthly issuance of WIC EBT food benefits until they meet with the Community Nutritionist I or II.

Follow up

The Community Nutritionist's discretion shall be used to determine whether to continue to see the participant or to refer the participant back to the medium risk Nutrition Assistant II. The nutritionist will document this in the Notes Section of AIM.

The WIC site Community Nutritionist II will develop written procedures providing the Nutrition medium risk Nutrition Assistant II with guidance for referral back to the nutritionist, as needed.



Breast Feeding Promotion and Support Plan

The WIC Program State Agency maintains a breast feeding “Support Line(s)” for breast feeding women to use. Breast Feeding Coordinator, is responsible for promoting the “SUPPORT Line(s)” information at the clinic sites.

Breast pumps and promotional materials for supporting breast feeding activities are identified and requested for by the Breast Feeding Coordinator. Approval for purchase is through the Nutrition Coordinator.

Breast feeding training of clinic staff is coordinated by the Breast Feeding Coordinator on an annual basis or more often if needed.

In the absence of a designated Breast Feeding Coordinator the Nutrition Coordinator will assume the role of Breast Feeding Coordinator until the vacancy is filled.

Breast feeding promotion efforts which involve the WIC Program over all, will be coordinated by the Breast Feeding Coordinator. Individual breast feeding promotion efforts by each clinic site may be implemented independently as needed by the supervising Nutritionist at that site. Individual site breast feeding promotion activities will be communicated to the Breast Feeding Coordinator to avoid duplications of effort and facilitate the Breast Feeding Coordinator’s overall planning.

The Breast Feeding Coordinator is responsible for analysis and evaluation of all WIC program breast feeding activities and will submit a summary report to the WIC Director annually or as needed.

The State Agency will recruit nutrition staff who have certification in lactation education and/or counseling. The State Agency will also provide the opportunity for each Nutritionist to attend training in order to obtain certification as a lactation specialist.

a. **The State Agency coordinates with Local clinic to develop a Breast Feeding Promotion Plan that contains the following elements.**

The Breast Feeding Coordinator will prepare a WIC Breast Feeding Promotion Plan, which addresses the following:

- Procurement of appropriate breastfeeding aids.
- The development or support of a breast feeding coalition, task force, or forum to address breast feeding promotion and support.
- Identification of breast feeding promotion support materials

b. **Minimum breast feeding promotion protocols**

- Creation of a positive clinic (WIC Program) environment for breast feeding.
- Clinic supervisor identified as breastfeeding team lead at each clinic site for breastfeeding promotion.

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- Implementation of breastfeeding education/training activities for clinic staff.
- Procedures that will promote the access of pregnant and post-partum women to breast feeding education/support activities.
- WIC participants are assessed on their attitudes/knowledge of breast feeding
- Breastfeeding women and infants are given the appropriate food package for their situation.
- Data is collected throughout the ADP system, which describes initiation, duration, and reasons for stopping breast feeding.
- Information on breast feeding promotion materials and/or activities received by WIC for each participant is collected through the WIC ADP system.
- Referral criteria
- Peer counseling

Refer to Section II, II. Nutrition Services, 7. Breast Feeding Promotion Plan, b.

BREAST FEEDING PROMOTION AND SUPPORT PLAN POLICY & PROCEDURES

Policy 1: An annual Breast Feeding Promotion Plan is prepared or updated by the WIC Breast Feeding Coordinator for the purpose of coordinating breast feeding promotion efforts in the WIC program and in the community in general. A Program-wide calendar for breast feeding promotion is established and maintained. The Breast Feeding Coordinator's promotion plan and community efforts are reviewed and approved by the WIC Nutrition Coordinator.

a. Breast Feeding Promotion Plan Elements

- In consultation with the WIC Community Nutritionist II's, and PHNS the Breast Feeding Coordinator plans, implements, and monitors breast feeding promotion activities.
- The Breast Feeding Coordinator maintains a supply of educational resources and a library of breastfeeding support materials.
- The Breast Feeding Coordinator monitors a supply of breastfeeding aids such as breast pumps, shields, etc. for use by WIC clients and implements procedures for their distribution to clinic sites and clients.
- Staff training is provided on breastfeeding topics to Community Nutritionists and Nutrition Assistants.
- Locally oriented materials such as posters and outreach materials are developed.
- Evaluation of breastfeeding promotion and support activities is conducted program-wide.
- Coordination of breastfeeding promotional activities with 250s and institutions is also implemented and maintained by the WIC Breast Feeding Coordinator.



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- The Breast Feeding promotion plan addresses breastfeeding initiating during pregnancy and breastfeeding duration during postpartum periods of WIC participation.
- Coordinates WIC breastfeeding promotion activities with local breast feeding coalition.

b. The State Agency has established minimum protocols for breast feeding promotion and support which include, at a minimum, the following:

- A policy that creates a positive clinic environment which endorses breast feeding as the preferred method of infant feeding.
- A requirement that each local clinic designate a local agency staff person to coordinate breast feeding promotion and support activities.
- A WIC Nutritionist (CNII) serves as the Designated Breastfeeding Expert (DBE) for WIC site and will also identify at each WIC site a trained breastfeeding counselor. The trained WIC site breastfeeding counselor(s) provides breastfeeding promotion and support services to WIC clients on site and yield to the Designated Breastfeeding Expert (DBE) when necessary. The alternate to the nutritionist at the WIC site would normally be a Nutrition Assistant II.
- The WIC Program provides training to appropriate staff to become Designated Breastfeeding Expert (DBE) who follows FNS WIC Designated Breastfeeding Expert defined duties such as:
 - Assists WIC mother/infant dyads with complex breastfeeding challenges.
 - Provides follow-up breastfeeding support to participants.
 - Assesses, develops a care plan and counsels the mother/infant dyad with complex breastfeeding challenges
 - Communicates care plan to the rest of the WIC breastfeeding team, as appropriate.
 - Acts on referrals from peer counselors and other WIC staff regarding complex breastfeeding challenges beyond their scope of practice.
 - Refers mom to her or her baby's health care providers for further assessment and medical care.
 - May serve as a breastfeeding resource and mentor for WIC agency staff.
 - Provides breastfeeding training for WIC staff.
 - May promote breastfeeding within the community.
 - Maintains lactation credentials and certifications, if applicable and acquires ongoing continuing education, including opportunities to shadow an IBCLC, as appropriate, to stay abreast of current lactation management evidence and enhance skills.
- A requirement that each local agency incorporate task-appropriate breast feeding promotion and support training into orientation program for new staff involved in direct contact with WIC clients
- A plan to ensure that women have access to breast feeding promotion and support activities during the prenatal and postpartum period



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- Participant assessment
- Food package prescription
- Data collection
- Referral criteria
- Peer counseling

8. WIC Breast Feeding Peer Counselor Support Services

The State agency develops for local agencies a breastfeeding peer counseling program that contains the following components:

I. Appropriate Definition of Breastfeeding 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. Gives basic breastfeeding information and encouragement to WIC pregnant and breast feeding mothers.

II. The WIC Nutrition Coordinator “supervises” Peer Counselor Coordinator at the State and/or local level. The Peer Counselor Coordinator has at least one year of experience counseling women about how to breastfeed successfully, and participation in a State-approved training in lactation management, such as IBCLC, CLC, or another certification program in lactation management which brings the program into “best practice” status.

III. Job parameters and job descriptions for WIC peer counselors are defined by using Loving Support to Manage Peer Counseling Programs.

Specific Duties of the WIC Peer Counselor:

- Attends breastfeed training classes to become a peer counselor.
- Receives a caseload of WIC mother and makes routine periodic contact with all mother assigned.
 - Gives basic breastfeeding information and support to new mothers including telling them about the benefits of breastfeeding, overcoming common barriers, and getting a good start with breastfeeding. She also helps mothers prevent and handle common breastfeeding concerns.
 - Counsels WIC pregnant and breastfeeding mothers by telephone, home visits, and/or hospital visits at scheduled intervals determined by the local WIC Program.
 - May counsel women in the WIC clinic.
 - Is available outside the WIC clinic and the usual 8 to 5 working schedule to new mothers who are having breastfeeding problems.
 - Respects each mother by keeping her information strictly confidential.
 - Keeps accurate records of all contacts made with WIC mothers.



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- Refers mothers, according to clinic-established protocols, to:
 - WIC nutritionist or breastfeeding coordinator. (ie: mastitis, milk production, and other breastfeeding issues/complications)
 - Lactation consultant.
 - Mother's physician or nurse.
 - Public health programs in the community.
 - Social service agencies.
 - WIC breastfeeding classes
- Attends and assists with prenatal classes and breastfeeding support groups.
- Attends and assists with prenatal classes and breastfeeding support groups.
- Attends monthly staff meetings and breastfeeding conferences/workshops as appropriate.
- Reads assigned books and materials on breastfeeding that are provided by the supervisor.
- May assist WIC staff in promoting breastfeeding peer counseling through special projects and duties as assigned.
- A peer counselor provides basic breastfeeding information, encouragement and support to WIC participants and performs within the peer counselor scope of practice.

IV. Adequate compensation and reimbursement of WIC Peer counselors.

WIC Peer counselors are being recruited under the job title Community Program Aide as fulltime appointees.

V. Training of State and local management staff through WIC Breastfeeding Curriculum

Peer Counselor Coordinator management staff training is provided through The Center for Breast feeding/Healthy Children programs as needed, NWA Breast feeding Conferences every 2 years, and USBC conferences annually.

Training of WIC clinic staff about the role of the WIC peer counselors is provided by the State and Local Peer Counselor Coordinator through FNS the WIC Breastfeeding Curriculum.

VI. Establishment of standardized breastfeeding peer counseling program policies and procedures is done by the Breast Feeding Peer Counselor Coordinator in consultation with the State WIC Nutrition Service Coordinator.

- Documentation of client contacts:

Policy: Keeps accurate records of all contact made with WIC clients

Procedure:

- All client contacts are recorded accurately in the Peer Counselor Contact HANDS care plan notes.



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- Documentation of client contacts are recorded immediately within 24 hours of contact.
- All interventions, well check and follow ups are consistently documented in the HANDS care plan notes.
- Referral to the WIC nutritionists/Breastfeeding Coordinator outside scope of practice is documented in the HANDS care plan notes. Notify WIC Nutritionists/Breastfeeding Coordinator through email on the referral made. WIC Nutritionist/Breastfeeding Coordinator will address within 24 hours of referrals received.
- Breastfeeding peer counselor Weekly Activity Log is submitted every Monday of the following week.

• WIC Peer Counselor Referral Protocols:
Policy: Breastfeeding Peer Counselor Referrals assigned to designated WIC Peer Counselors to provide seamless follow-up care from WIC clinic to home.

Procedure:

- WIC Nutritionist submits to the WIC Peer Counselor Referrals to the Breastfeeding Peer Counselor Coordinator.
- WIC Peer Counselor Referrals are collected, recorded (BFPC Referrals Receive by Date) and distributed once a week.
- Breastfeeding Peer Counselor Referrals received from Breastfeeding Peer Counselor Coordinator are recorded by the WIC Peer Counselors in the HANDS care plan.
- WIC Peer Counselors are given 14 days to call or to make contact on Breastfeeding Peer Counselor Referrals received.
- If the telephone numbers in the WIC Peer Counselor Referrals are incorrect or disconnected after the first call, peer counselors make a note in the HANDS "client alert" notes requesting to update the data and will be return immediately to the clinic site.
- If an answering machine or no answer, WIC Peer Counselors will continue to call 3 different times and in 3 different days before returning the Breastfeeding Peer Counselor Referrals to the clinic. Document in HANDS warning notes, "no answer called 3 different times and 3 different days".
- The Frequency Protocol:
▪ The protocol for frequency of client visits (contacts) for WIC Peer Counselors depends on the needs of the client, the age of the infant, and needs of the mother/infant diet. The following protocol is generally

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followed by Breast Feeding Peer Counselors:

- Pregnant woman: Monthly, but more frequently as the delivery date nears.
- First two weeks postpartum: Every 2 – 3 days for the first week and once the second week. If a problem develops, the client should be visited within 24 hours.
- First month postpartum: Weekly calls and/or visits as needed. If a problem develops, the client should be visited and/or referred to a WIC Nutritionist within 24 hours.
- 1 to 6 months postpartum: Monthly phone calls and/or home visits if needed. If a problem develops, the client should be visited and/or referred to a WIC Nutritionist within 24 hours. When the client plans to return to work or school, a call and/or visit should be made two weeks before the event. A follow up should then be done 2 – 3 days after returning to school/work. Also calls or visits should be made at when the infant's appetite spurts are anticipated (six weeks, three months, and six months).
- 7 to 12 months: Continue monthly phone calls and/or a home visits. If a problem develops, the client should be visited and/or referred to a WIC Nutritionist within 24 hours.

Policy: WIC peer counselor will discontinue support services when the family is no longer enrolled in Guam WIC Program and when WIC client refuses BFPC support services.

Procedure:

Breastfeeding peer counseling and support services are discontinue due to ineligibility and refusal of services. WIC Peer counselors will record the reason(s) in HANDS care plan notes.

- Confidentiality:

Policy: WIC Client's information will be kept strictly confidential and used only by Breastfeeding Peer Counselors as needed.

Procedure:

- Discussion on WIC Clients confidential information to anyone outside the WIC clinic is prohibited except when it may be needed to provide services to the WIC mother.
- Ensure that WIC Clients' records and personal information in your possession are not visible, viewed, emailed, or texted by anyone other than authorized WIC program employees.
- When taking pictures, breastfeeding quotes and/or breastfeeding testimonies, a Photo Release Form/Statement Waiver signed by WIC Client authorizing the Guam WIC Program to use it ONLY to promote



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breastfeeding.

- Cell Phone:
 - WIC Peer Counselors uses cell phone and texting to provide support, give basic breastfeeding information and seamless follow-up care to WIC mothers.
 - Peer counselors are issued a cell phone for all peer counseling related business when not in the WIC clinic.
 - Cell phone plan includes:
 - Free incoming calls*
 - Free outgoing calls after 7 p.m. until 6 a.m.*
 - Free outgoing calls on weekends*
 - Free incoming text messages*
 - Free outgoing text messages*
 - Free Mobile to Mobile*
 - Phone calls made or taken are to be documented in the client log and weekly activity report and time sheets. Text messages should also be documented.
 - Text messages that are more involved than simple checks require telephone follow-up.
 - The cell phone may be turned off when the peer counselor is not available to take calls due to personal obligations and family time. Voicemail messages and missed calls should be returned the same day, if possible, or within 24 hours.
 - When the peer counselor is unavailable for an extended time, calls should be forwarded to another peer counselor. This should be arranged through the supervisor or peer counselor coordinator.
 - Report loss or damage to the supervisor or peer counselor coordinator immediately so that a replacement mobile phone can be issued.
 - If the peer counselor discontinues providing services for the WIC Program, the cell phone shall be promptly returned to the supervisor or peer counselor coordinator.
 - Use of the cell phone for personal business may be grounds for dismissal. If it must be used for an emergency, notify the supervisor or peer counselor coordinator immediately.
- Hospital Visits:
Policy: WIC Peer Counselor will provide support at Guam Memorial Hospital Authority (GMHA).

Procedure:



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- Peer Counselor Coordinator will train WIC Peer Counselors to provide services at Guam Memorial Hospital Authority.
- WIC Peer Counselors provide support services to WIC mom at the hospital using Breastfeeding Peer Counselor Program Referral Form filled out by health educators outreach program.
- WIC Peer Counselors visit WIC mom upon receipt of referral form at the hospital the soonest possible time within 24 hours or call home if already discharged and offers home visit immediately.
- WIC Peer Counselors go to hospital to provide basic breastfeeding information and support to WIC moms of new born and WIC outreach.
- WIC Peer Counselors documents hospital visits immediately in HANDS care plan notes.
-

VII. Adequate supervision and monitoring of Breastfeeding Peer Counselors through local Peer Counselor Coordinator

Policy: A State level Breast feeding Coordinator will oversee the Breastfeeding Peer Counselor and Support Services by serving as the Breastfeeding Peer Counselor Manager for WIC by monitoring program activities, assessing needs, and planning program interventions.

Procedure:

- WIC Peer Counselor are given adequate supervision by the local WIC site Peer Counselor Coordinator who uses the Government of Guam Work Planning and Performance Evaluation form (which includes a client's contact observation component) and weekly activity log(s).
- The Guam Work Planning and Performance Evaluation (WPPE) are reviewed twice a year.
- The Guam Work Planning and Performance Evaluation (WPPE) includes a review of breastfeeding support activities such as phone call, hospital visits, home visits and group class recruitment; a review of the documentations of Breastfeeding peer counselor protocols; an observation of the 3-Step Counseling Strategy; monitors self-study assigned materials, WIC in-service breastfeeding presentation topics, breastfeeding bulletin boards; monitors attendance in breastfeeding peer counselors meetings, Hospital Baby Friendly meetings, Breastfeeding Coalition meeting and participation in breastfeeding health fairs.
- The Peer Counselor Coordinator reviews documented contacts. monthly.



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- The Peer Counselor Coordinator uses Peer Counselor Mentoring Tool, Peer Counselor Observation Tool, Peer Counselor Phone Feedback Form as needed.

- VIII. The establishment of community partnership to enhance the effectiveness of Breastfeeding Peer Counseling Support Services is accomplished through the efforts of the Breast Feeding Coordinator and/or State Peer Counselor Manager.

Policy: Breast Feeding Coordinator and/or State Peer Counselor Manager will take the lead in establishing community partnership to enhance the effectiveness of the WIC Breastfeeding Peer Counseling and Support Services. WIC Breastfeeding peer counselors have the responsibility to interact with the community in the following areas to help promote WIC Breastfeeding peer counseling and support services:

Procedure:

- Attend local health fairs to promote WIC's Breastfeeding peer counseling and support services.
- Attend local breast feeding coalition meetings to promote WIC's Breastfeeding peer counseling and support services.
- Network with the Cooperative Extension Service at the University of Guam as needed (EFNEP) to promote WIC's Breastfeeding peer counseling and support services.
- Collaborating with health providers who may serve WIC clients to promote WIC's Breastfeeding peer counseling and support services.
- Establish "mom to mom" support group to meet once a month at a designated place.

- A Memorandum of Understanding is in place between WIC Breastfeeding Peer Counseling Program and Guam Memorial Hospital to provide breastfeeding support and referral information to WIC participant mothers of new born infants at GMHA.

- IX. Adequate support of peer counselors by providing the following:

Policy: The State will ensure that peer counselors are provided adequate support.

Procedure:

- Timely access to Peer Counselor Coordinator by email or by telephone.
- The Peer Counselor Coordinator may also act as a lactation expert mentor as needed.
- Regular and systematic contact with the Breastfeeding Peer Counselor



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Coordinator.

- Regular debriefing meetings will be held with Peer Counselor Coordinator for mentoring and program service assessment purposes.
- WIC Nutritionists and other lactation experts (such as a CLC and/or IBCLC as needed) acts as mentors for the WIC peer counselors with problems outside of peer counselor scope of practice.
- Participation in clinic staff meetings and WIC in-services as part of the WIC team. WIC peer counselors are required to attend monthly WIC in-service meetings/trainings.
- Opportunities to meet regularly with other peer counselors.

X. Provision of training and continuing education of peer counselors.

Policy: Breastfeeding Peer Counselors are trained by the Breastfeeding Peer Counselor Manager.

Procedure:

- Receive trainings in the WIC Breastfeeding Curriculum Level 1 and 2.
- Peer Counselor Coordinator will provide ongoing training, networking opportunities with the local breast feeding coalition and job support (i.e. through audio visuals and regular debriefing meetings).
- Attend local breast feeding training classes to become an effective WIC peer counselors.
- Reads assigned books and materials on breast feeding that are provided by the WIC Peer Counselor Manager.
- WIC Breast Feeding Peer Counselors are required to attend in-service meetings on the last Friday of each month with the regular WIC clinic staff. This allows the WIC peer counselors to keep up to date with changes in WIC Policy/Procedures that affect the WIC peer counselors.
- WIC Peer Counselors attendance at regular in-service meeting also enables WIC staff to become more familiar with the role in the WIC Program.
- Continuing education through:
 - On-line BF training opportunities such as the Arizona WIC's LMS.
 - Books and other written materials including, but not limited to by



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Amy Spangler and USBC articles.

- Prepare power point breastfeeding topics presented at the WIC in-service.
- Attend breast feeding workshops when appropriate.
- Attend local Breastfeeding Coalition educational events.

- May assist WIC staff in promoting breast feeding activities through special projects and may give an oral presentation at WIC In-Service Trainings as assigned.

B. FOOD PACKAGE DESIGN

The Guam WIC program provides supplemental foods to program participants in order to supply additional nutrients to their diets and to serve as an example of the types of foods to be eaten.

The definition of “supplemental foods” is “those foods containing nutrients determined by nutrition research to be lacking in the diets of pregnant, breast feeding, and postpartum women, infants, and children and foods that promote the health of the population served by the WIC program as indicated by relevant nutrition science, public health concerns, and cultural eating patterns, as prescribed by the Secretary.” [sec. 17(b)(14) of the CAN]

The definition of “participant” includes pregnant women, breast feeding women, postpartum women, infants and children who are receiving supplemental foods under the WIC program and the breast fed infants of participant breast feeding women.

Furthermore, breast feeding women who receive no supplemental foods, but whose infant(s) receives supplemental food or food benefits are also included as WIC participants during the reporting period. [definition of participant/participation CFR 246.2]

1. Authorized WIC – Eligible Foods (Federal Guidelines):

TABLE 4: MINIMUM REQUIREMENTS AND SPECIFICATIONS FOR SUPPLEMENTAL FOODS

Categories/foods	Minimum requirements and specifications
WIC FORMULA:	
Infant formula	All authorized infant formulas must: (1) Meet the definition for an infant formula in section 201(z) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321(z)) and meet the requirements for an infant formula under section 412 of the Federal Food, Drug and Cosmetic Act, as amended (21 U.S.C. 350a) and the regulations at 21 CFR parts 106 and 107; (2) Be designed for enteral digestion via an oral or tube feeding; (3) Provide at least 10 mg iron per liter (at least 1.5 mg iron/100 kilocalories) at standard dilution;

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	<p>(4) Provide at least 67 kilocalories per 100 milliliters (approximately 20 kilocalories per fluid ounce) at standard dilution.</p> <p>(5) Not require the addition of any ingredients other than water prior to being served in a liquid state.</p>
Exempt infant formula	All authorized exempt infant formula must: (1) Meet the definition and requirements for an exempt infant formula under section 412(h) of the Federal Food, Drug, and Cosmetic Act as amended (21 U.S.C. 350a(h)) and the regulations at 21 CFR parts 106 and 107; and (2) Be designed for enteral digestion via an oral or tube feeding.
WIC-eligible nutritionals.¹	Certain enteral products that are specifically formulated to provide nutritional support for individuals with a qualifying condition, when the use of conventional foods is precluded, restricted, or inadequate. Such WIC-eligible nutritionals must serve the purpose of a food, meal or diet (may be nutritionally complete or incomplete) and provide a source of calories and one or more nutrients; be designed for enteral digestion via an oral or tube feeding; and may not be a conventional food, drug, flavoring, or enzyme.
MILK AND MILK ALTERNATIVES:	
Cow's milk²	Must conform to FDA standard of identity for whole, reduced fat, lowfat, or nonfat milks (21 CFR 131.110). Must be pasteurized. May be flavored or unflavored. May be fluid, shelf-stable, evaporated (21 CFR 131.130), or dry. Dry whole milk must conform to FDA standard of identity (21 CFR 131.147). Nonfat dry milk must conform to FDA standard of identity (21 CFR 131.127). Cultured milks must conform to FDA standard of identity for cultured milk, e.g. cultured buttermilk, kefir cultured milk, acidophilus cultured milk (21 CFR 131.112). Acidified milk must conform to FDA standard of identity for acidified milk, e.g., acidified kefir milk, acidified acidophilus milk or acidified buttermilk (21 CFR 131.111). All reduced fat, lowfat, and nonfat cow's milk types and varieties must contain at least 400 IU of vitamin D per quart (100 IU per cup) and 2000 IU of vitamin A per quart (500 IU per cup).
Cheese	Domestic cheese made from 100 percent pasteurized milk. Must conform to FDA standard of identity (21 CFR part 133); Monterey Jack, Colby, natural Cheddar, Swiss, Brick, Muenster, Provolone, part-skim or whole Mozzarella, pasteurized process American, or blends of any of these cheeses are authorized. Cheeses that are labeled low, free, reduced, less or light in sodium, fat or cholesterol are WIC eligible.
Yogurt (cow's milk)	Yogurt must be pasteurized and conform to FDA standard of identity for whole fat (21 CFR 131.200), lowfat (21 CFR 131.203), or nonfat (21 CFR 131.206); plain or flavored with ≤ 40 g of total sugars per 1 cup yogurt. Yogurts that are fortified with vitamin A and D and other nutrients may be allowed at the State agency's option. Yogurts sold with accompanying mix-in ingredients such as granola, candy pieces, honey, nuts and similar ingredients are not authorized. Drinkable yogurts are not authorized.
Tofu	Calcium-set tofu prepared with calcium salts (e.g., calcium sulfate). May not contain added fats, sugars, oils, or sodium. Tofu must be calcium-set, i.e., contain calcium salts, but may also contain other coagulants, i.e., magnesium



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	chloride.
Soy-based beverage	Must be fortified to meet the following nutrient levels: 276 mg calcium per cup, 8 g protein per cup, 500 IU vitamin A per cup, 100 IU vitamin D per cup, 24 mg magnesium per cup, 222 mg phosphorus per cup, 349 mg potassium per cup, 0.44 mg riboflavin per cup, and 1.1 mcg vitamin B12 per cup, in accordance with fortification guidelines issued by FDA. May be flavored or unflavored.
JUICE	Must be pasteurized 100% unsweetened fruit juice. Must contain at least 30 mg of vitamin C per 100 mL of juice. Must conform to FDA standard of identity as appropriate (21 CFR part 146) or vegetable juice must conform to FDA standard of identity as appropriate (21 CFR part 156). With the exception of 100% citrus juices, State agencies must verify the vitamin C content of all State-approved juices. Juices that are fortified with other nutrients may be allowed at the State agency's option. Juice may be fresh, from concentrate, frozen, canned, or shelf-stable. Blends of authorized juices are allowed. Vegetable juice may be regular or lower in sodium.
EGGS	Fresh shell domestic hens' eggs or dried eggs mix (must conform to FDA standard of identity in 21 CFR 160.105) or pasteurized liquid whole eggs (must conform to FDA standard of identity in 21 CFR 160.115). Hard boiled eggs, where readily available for purchase in small quantities, may be provided for homeless participants.
BREAKFAST CEREAL (READY-TO-EAT AND INSTANT AND REGULAR HOT CEREALS)	Must contain a minimum of 28 mg iron per 100 g dry cereal. Must contain \leq 21.2 g sucrose and other sugars per 100 g dry cereal (\leq 6 g per dry oz). At least half of the cereals authorized on a State agency's food list must have whole grain as the primary ingredient by weight AND meet labeling requirements for making a health claim as a "whole grain food with moderate fat content". ³
FRUITS AND VEGETABLES (FRESH AND PROCESSED)⁴⁵⁶⁸⁹	Any variety of fresh (as defined by 21 CFR 101.95) whole or cut fruit without added sugars. Any variety of fresh (as defined by 21 CFR 101.95) whole or cut vegetable, except white potatoes, without added sugars, fats, or oils (orange yams and sweet potatoes are allowed). Any variety of canned fruits (must conform to FDA standard of identity as appropriate (21 CFR part 145)); including applesauce, juice pack or water pack without added sugars, fats, oils, or salt (i.e., sodium). The fruit must be listed as the first ingredient. Any variety of frozen fruits without added sugars, fats, oils, or salt (i.e., sodium). Any variety of canned or frozen vegetables, except white potatoes (orange yams and sweet potatoes are allowed); without added sugars, fats, or oils. Vegetable must be listed as the first ingredient. May be regular or lower in sodium. Must conform to FDA standard of identity as appropriate (21 CFR part 155).
	Any type of dried fruits or dried vegetable, except white potatoes (orange yams and sweet potatoes are allowed); without added sugars, fats, oils, or salt (i.e., sodium). Any type of immature beans, peas, or lentils, fresh or in canned ⁵ forms. Any type of frozen beans (immature or mature). Beans purchased with the CVV may contain added vegetables and fruits, but may not contain added



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	sugars, fats, oils, or meat as purchased. Canned beans, peas, or lentils may be regular or lower in sodium content. State agencies must allow organic forms of WIC-eligible fruits and vegetables.
WHOLE WHEAT BREAD, WHOLE GRAIN BREAD, AND WHOLE GRAIN OPTIONS:	
Bread	<i>Whole wheat bread</i> must conform to FDA standard of identity (21 CFR 136.180). (Includes whole wheat buns and rolls.) “Whole wheat flour” and/or “bromated whole wheat flour” must be the only flours listed in the ingredient list.
	OR <i>Whole grain bread</i> must conform to FDA standard of identity (21 CFR 136.110) (includes whole grain buns and rolls). AND Whole grain must be the primary ingredient by weight in all whole grain bread products. AND Must meet FDA labeling requirements for making a health claim as a “whole grain food with moderate fat content”. ³
Whole Grain Options	Brown rice, bulgur, oats, and whole-grain barley without added sugars, fats, oils, or salt (i.e., sodium). May be instant-, quick-, or regular-cooking. Soft corn or whole wheat tortillas. Soft corn tortillas made from ground masa flour (corn flour) using traditional processing methods are WIC-eligible, e.g., whole corn, corn (masa), whole ground corn, corn masa flour, masa harina, and white corn flour. For whole wheat tortillas, “whole wheat flour” must be the only flour listed in the ingredient list. Whole wheat macaroni products. Must conform to FDA standard of identity (21 CFR 139.138) and have no added sugars, fats, oils, or salt (i.e., sodium). “Whole wheat flour” and/or “whole durum wheat flour” must be the only flours listed in the ingredient list. Other shapes and sizes that otherwise meet the FDA standard of identity for whole wheat macaroni (pasta) products (139.138), and have no added sugars, fats, oils, or salt (i.e., sodium), are also authorized (e.g., whole wheat rotini, and whole wheat penne).
FISH (CANNED)⁵	Canned only: Light tuna (must conform to FDA standard of identity (21 CFR 161.190)); Salmon (Pacific salmon must conform to FDA standard of identity (21 CFR 161.170)); Sardines; and Mackerel (N. Atlantic <i>Scomber scombrus</i> ; Chub Pacific <i>Scomber japonicas</i> ; Jack Mackerel) ¹⁰ May be packed in water or oil. Pack may include bones or skin. Added sauces and flavorings, e.g., tomato sauce, mustard, lemon, are authorized at the State agency's option. May be regular or lower in sodium content.
MATURE LEGUMES (DRY BEANS AND PEAS)⁷	Any type of mature dry beans, peas, or lentils in dry-packaged or canned ⁵ forms. Examples include but are not limited to black beans, black-eyed peas, garbanzo beans (chickpeas), great northern beans, white beans (navy and pea beans), kidney beans, mature lima (“butter beans”), fava and mung beans, pinto beans, soybeans/edamame, split peas, lentils, and refried

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	beans. All categories exclude soups. May not contain added sugars, fats, oils, vegetables, fruits or meat as purchased. Canned legumes may be regular or lower in sodium content. ¹¹ Baked beans may only be provided for participants with limited cooking facilities. ¹¹
PEANUT BUTTER	Peanut butter and reduced fat peanut butter (must conform to FDA Standard of Identity (21 CFR 164.150)); creamy or chunky, regular or reduced fat, salted or unsalted forms are allowed. Peanut butters with added marshmallows, honey, jelly, chocolate or similar ingredients are not authorized.
INFANT FOODS:	
Infant Cereal	Infant cereal must contain a minimum of 45 mg of iron per 100 g of dry cereal. ¹²
Infant Fruits	Any variety of single ingredient commercial infant food fruit without added sugars, starches, or salt (i.e., sodium). Texture may range from strained through diced. The fruit must be listed as the first ingredient. ¹³
Infant Vegetables	Any variety of single ingredient commercial infant food vegetables without added sugars, starches, or salt (i.e., sodium). Texture may range from strained through diced. The vegetable must be listed as the first ingredient. ¹⁴
Infant Meat	Any variety of commercial infant food meat or poultry, as a single major ingredient, with added broth or gravy. Added sugars or salt (i.e. sodium) are not allowed. Texture may range from pureed through diced. ¹⁵
Table Footnotes: FDA = Food and Drug Administration of the U.S. Department of Health and Human Services.	
¹ The following are not considered a WIC-eligible nutritional: Formulas used solely for the purpose of enhancing nutrient intake, managing body weight, addressing picky eaters or used for a condition other than a qualifying condition (e.g., vitamin pills, weight control products, etc.); medicines or drugs, as defined by the Food, Drug and Cosmetic Act (21 U.S.C. 350a) as amended; enzymes, herbs, or botanicals; oral rehydration fluids or electrolyte solutions; flavoring or thickening agents; and feeding utensils or devices (e.g., feeding tubes, bags, pumps) designed to administer a WIC-eligible formula.	
² All authorized milks must conform to FDA standards of identity for milks as defined by 21 CFR part 131 and meet WIC's requirements for vitamin fortification as specified in Table 4 of paragraph (e)(12) of this section. Additional authorized milks include, but are not limited to: calcium-fortified, lactose-reduced and lactose-free, organic and UHT pasteurized milks. Other milks are permitted at the State agency's discretion provided that the State agency determines that the milk meets the minimum requirements for authorized milk.	
³ FDA Health Claim Notification for Whole Grain Foods with Moderate Fat Content at http://www.fda.gov/food/ingredientspackaginglabeling/labelingnutrition/ucm073634.htm	
⁴ Processed refers to frozen, canned, ⁵ or dried.	
⁵ “Canned” refers to processed food items in cans or other shelf-stable containers, e.g., jars, pouches.	
⁶ The following are not authorized: herbs and spices; creamed vegetables or vegetables with added sauces; mixed vegetables containing noodles, nuts or sauce packets, vegetable-grain (pasta or rice) mixtures; fruit-nut mixtures; breaded vegetables; fruits and vegetables for purchase on salad bars; peanuts or other nuts; ornamental	



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and decorative fruits and vegetables such as chili peppers on a string; garlic on a string; gourds; painted pumpkins; fruit baskets and party vegetable trays; decorative blossoms and flowers, and foods containing fruits such as blueberry muffins and other baked goods. Home-canned and home-preserved fruits and vegetables are not authorized.

⁷Mature legumes in dry-packed or canned forms may be purchased with the WIC food instrument only. Immature varieties of fresh or canned beans and frozen beans of any type (immature or mature) may be purchased with the cash-value voucher only. Juices are provided as separate food WIC categories and are not authorized under the fruit and vegetable category.

⁸Excludes white potatoes, mixed vegetables containing white potatoes, dried white potatoes; catsup or other condiments; pickled vegetables; olives; soups; juices; and fruit leathers and fruit roll-ups. Canned tomato sauce, tomato paste, salsa and spaghetti sauce without added sugar, fats, or oils are authorized.

⁹State agencies have the option to allow only lower sodium canned vegetables for purchase with the cash-value voucher.

¹⁰FDA defines jack mackerel as any of the following six species: *Trachurus declivis*, *trachurus japonicas*, *trachurur symmetricus*, *trachurus murphyi*, *trachurus novaezelandiae*, and *trachurus lathami* in The Seafood List

at <http://www.fda.gov/Food/GuidanceRegulation/GuidanceDocumentsRegulatoryInformation/Seafood/ucm113260.htm>. King mackerel is not authorized.

¹¹The following are not authorized in the mature legume category: soups; immature varieties of legumes, such as those used in canned green peas, green beans, snap beans, yellow beans, and wax beans; baked beans with meat, e.g., beans and franks; and beans containing added sugars (with the exception of baked beans), fats, oils, meats, fruits or vegetables.

¹²Infant cereals containing infant formula, milk, fruit, or other non-cereal ingredients are not allowed.

¹³Mixtures with cereal or infant food desserts (e.g., peach cobbler) are not authorized; however, combinations of single ingredients (e.g., apple-banana) and combinations of single ingredients of fruits and/or vegetables (e.g., apples and squash) are allowed.

¹⁴Combinations of single ingredients (e.g., peas and carrots) and combinations of single ingredients of fruits and/or vegetables (e.g., apples and squash) are allowed. Mixed vegetables with white potato as an ingredient (e.g., mixed vegetables) are authorized. Infant foods containing white potatoes as the primary ingredient are not authorized.

¹⁵No infant food combinations (e.g., meat and vegetables) or dinners (e.g., spaghetti and meatballs) are allowed.

(f) *USDA purchase of commodity foods.* (1) At the request of a State agency, FNS may purchase commodity foods for the State agency using funds allocated to the State agency. The commodity foods purchased and made available to the State agency must be equivalent to the foods specified in Table 4 of paragraph (e)(12) of this section.

(2) The State agency must:



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(i) Distribute the commodity foods to its local agencies or participants; and

(ii) Ensure satisfactory storage facilities and conditions for the commodity foods, including documentation of proper insurance.

(g) *Infant formula manufacturer registration.* Infant formula manufacturers supplying formula to the WIC Program must be registered with the Secretary of Health and Human Services under the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 301 *et seq.*). Such manufacturers wishing to bid for a State contract to supply infant formula to the program must certify with the State health department that their formulas comply with the Federal Food, Drug, and Cosmetic Act and regulations issued pursuant to the Act.

(h) *Rounding up.* State agencies may round up to the next whole container for either infant formula or infant foods (infant cereal, fruits, vegetables and meat). State agencies that use the rounding up option must calculate the amount of infant formula or infant foods provided according to the requirements and methodology as described in this section.

(1) *Infant Formula.* State agencies must use the maximum monthly allowance of reconstituted fluid ounces of liquid concentrate infant formula as specified in Table 1 of paragraph (e)(9) of this section as the full nutritional benefit (FNB) provided by infant formula for each food package category and infant feeding option (e.g., Food Package I A fully formula fed, IA-FF).

(i) For State agencies that use rounding up of infant formula, the FNB is determined over the timeframe (the number of months) that the participant receives the food package. In any given month of the timeframe, the monthly issuance of reconstituted fluid ounces of infant formula may exceed the maximum monthly allowance or fall below the FNB; however, the cumulative average over the timeframe may not fall below the FNB. In addition, the State agency must:

(A) Use the methodology described in paragraph (h)(1)(ii) of this section for calculating and dispersing the rounding up option;

(B) Issue infant formula in whole containers that are all the same size; and

(C) Disperse the number of whole containers as evenly as possible over the timeframe with the largest monthly issuances given in the beginning of the timeframe.

(ii) The methodology to calculate rounding up and dispersing infant formula to the next whole container over the food package timeframe is as follows:

(A) Multiply the FNB amount for the appropriate food package and feeding option (e.g. Food Package I A fully formula fed, IA-FF) by the timeframe the participant will receive the food package to determine the total amount of infant formula to be provided.

(B) Divide the total amount of infant formula to be provided by the yield of the container (in reconstituted fluid ounces) issued by the State agency to determine the total number of containers to be issued during the timeframe that the food package is prescribed.

(C) If the number of containers to be issued does not result in a whole number of containers, the State agency must round up to the next whole container in order to issue whole containers.

(2) *Infant foods.* (i) State agencies may use the rounding up option to the next whole container of infant food (infant cereal, fruits, vegetables and meats) when the maximum monthly allowance cannot be issued due to



varying container sizes of authorized infant foods.

(ii) State agencies that use the rounding up option for infant foods must:

(A) Use the methodology described in paragraph (h)(2)(iii) of this section for calculating and dispersing the rounding up option;

(B) Issue infant foods in whole containers; and

(C) Disperse the number of whole containers as evenly as possible over the timeframe (the number of months the participant will receive the food package).

(iii) The methodology to round up and disperse infant food is as follows:

(A) Multiply the maximum monthly allowance for the infant food by the timeframe the participant will receive the food package to determine the total amount of food to be provided.

(B) Divide the total amount of food provided by the container size issued by the State agency (e.g., ounces) to determine the total number of food containers to be issued during the timeframe that the food package is prescribed.

(C) If the number of containers to be issued does not result in a whole number of containers, the State agency must round up to the next whole container in order to issue whole containers.

(i) *Plans for substitutions.* (1) The State agency may submit to FNS a plan for substitution of food(s) acceptable for use in the Program to allow for different cultural eating patterns. The plan shall provide the State agency's justification, including a specific explanation of the cultural eating pattern and other information necessary for FNS to evaluate the plan as specified in paragraph (i)(2) of this section.

(2) FNS will evaluate a State agency's plan for substitution of foods for different cultural eating patterns based on the following criteria:

(i) Any proposed substitute food must be nutritionally equivalent or superior to the food it is intended to replace.

(ii) The proposed substitute food must be widely available to participants in the areas where the substitute is intended to be used.

(iii) The cost of the substitute food must be equivalent to or less than the cost of the food it is intended to replace.

(3) FNS will make a determination on the proposed plan based on the evaluation criteria specified in paragraph (i)(2) of this section, as appropriate. The State agency shall substitute foods only after receiving the written approval of FNS.

[50 FR 6121, Feb. 13, 1985 as amended at 73 FR 11312, Mar. 3, 2008; 74 FR 48845, Sept. 25, 2009; 74 FR 69245, Dec. 31, 2009; 79 FR 12290, Mar. 4, 2014]

a. **State agency considers the following when selecting and authorizing WIC-eligible**



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foods other than infant formula.

- Federal requirements: WIC Program consolidated regulations 7 CFR Part 246, 12/06/07
- Participant acceptance as determined through complaints and surveys.
- Statewide availability as determined by the vendor manager.
- Nutritional value as reviewed and determined by the Nutrition Coordinator.
- Cost as reviewed and determined by the vendor manager. A higher cost may be allowed for reasons such as better quality product, better participant acceptance, etc.
- Participant/client request for specific brands if the cost is not prohibitive.
- Advertising on WIC approved foods will not contain child targeted promotions such as popular cartoon characters, etc.
- WIC approved foods for Guam participants will not contain added flavorings either natural or artificial with the exception of yogurt. For example only unflavored milk, plain/original soy beverage, etc. will be approved. If WIC participants request flavored approved WIC foods, they will be advised that they can provide their own flavorings as desired. If an unflavored product is not available in the desired package size, the food package will not be offered such as with the homeless food package where a lack of plain soy milk in 6 – 8 fl. oz. size containers are needed. A larger size container may be offered if appropriate and a customized food package created by the Nutrition Service Coordinator or designee.

b. State Agency's additional nutritional criteria for WIC approved foods

Cereals: Sodium Maximum limit is 300 mg per serving

- Fiber minimum 2 gram per serving
- All cereals must conform to the USDA designation of a whole grain product (i.e. the first ingredient listed on the package ingredients is a whole grain).

Canned Fish: packed in water or natural oils only.

Cheese: No pasteurized process cheese

Milk: No goat's milk

Organic foods: No "organic" foods unless cost neutral except for fresh fruits and vegetables

Eggs: No brown eggs unless cost neutral to white eggs, eggs must be UDSA Grade A or AA

- **NOTE:** Exceptions may be made on a case by case basis for medical conditions such as celiac disease, PKU, etc. whereby wheat products and/or other WIC food products are contraindicated. When this occurs, a specially tailored food package which incorporates any specific requirements and/or limitations expressly indicated by a physician on a submitted medical documentation form will be prepared by the State Nutrition Coordinator.

a. WIC APPROVED FOOD LISTS:



The WIC Approved Food List identifies brands and package sizes that are acceptable for use in Guam and is prepared by the State Agency. Maximum federally determined monthly allowances are described below. The list of current state authorized foods and the individual food package design for each food category is determined by the State Agency. The State Agency also prints a **“WIC Authorized Food List”** for vendors, A **“WIC Shopping Guide”** is printed for WIC staff and WIC clients for guidance in identifying foods that may be purchased with WIC food drafts. (See Appendix D for a copy of the Guam WIC Approved Food List and Appendix E for the WIC Shopping Guide). (Revised As per WRO Comment -9-18-19)

Standard WIC Food Packages:

Food Package I: *Infants birth through 5 months.*—(i) *Participant category served.* This food package is designed for issuance to infant participants from birth through age 5 months who do not have a condition qualifying them to receive Food Package III. The following infant feeding variations are defined for the purposes of assigning food quantities and types in Food Packages I: Fully breastfeeding (the infant doesn't receive formula from the WIC Program); partially (mostly) breastfeeding (the infant is breastfed but also receives infant formula from WIC up to the maximum allowance described for partially (mostly) breastfed infants in Table 1 of paragraph (e)(9) of this section; and fully formula fed (the infant is not breastfed or is breastfed minimally (the infant receives infant formula from WIC in quantities that exceed those allowed for partially (mostly) breastfed infants).

(ii) *Infant feeding age categories.*—(A) *Birth to three month.* Two infant food packages are available during the first month after birth partially breastfeeding and fully formula-feeding.

Infant formula is **not routinely provided** during the first month after birth to breastfed infants in order to support the successful establishment of breastfeeding.

(B) *Zero through 5 months.* Three infant food packages are available from 0 month through 5 months—fully breastfeeding (IEN), partially (mostly) breastfeeding (IPN), or fully formula-fed.

(iii) *Infant formula requirements.* This food package provides iron-fortified infant formula that is not an exempt infant formula and that meets the requirements in Table 4 of this section. The issuance of any contract brand or noncontract brand infant formula that contains less than 10 milligrams of iron per liter (at least 1.5 milligrams iron per 100 kilocalories) at standard dilution is prohibited. Except as specified in this section, WIC agencies must issue as the first choice of issuance the primary contract infant formula with all other infant formulas issued as an alternative to the primary contract infant formula.

Noncontract brand infant formula and any contract brand infant formula that does not meet the requirements in Table 4 of this section may be issued in this food package only with medical documentation of the qualifying condition. A health care professional licensed by the State to



write prescriptions must make a medical determination and provide medical documentation that indicates the need for the infant formula. For situations that do not require the use of an exempt infant formula, such determinations include, but are not limited to, documented formula intolerance, food allergy or inappropriate growth pattern. Medical documentation must meet the requirement of providing a medical reason for not using the standard contract infant formula.

(iv) *Physical forms.* WIC agencies must issue all WIC formulas (WIC formulas mean all infant formula, exempt infant formula and WIC-eligible nutritionals) in concentrated liquid or powder physical forms. Ready-to-feed WIC formulas may be authorized when the competent professional authority determines and documents that:

(A) The participant's household has an unsanitary or restricted water supply or poor refrigeration;

(B) The person caring for the participant may have difficulty in correctly diluting concentrated or powder forms; or

(C) The WIC infant formula is only available in ready-to-feed.

(v) *Authorized category of supplemental foods.* Infant formula is the only category of supplemental foods authorized in this food package. Exempt infant formulas and WIC-eligible nutritionals are authorized only in Food Package III. The maximum monthly allowances, allowed options and substitution rates of supplemental foods for infants in Food Packages I are stated in Table 1 of this section

Food Package II: *Infants 6 through 11 months*—(i) *Participant category served.* This food package is designed for issuance to infant participants from 6 through 11 months of age who do not have a condition qualifying them to receive Food Package III.

(ii) *Infant food packages.* Three food packages for infants 6 through 11 months are available — fully breastfeeding, partially (mostly) breastfeeding, or fully formula fed.

(iii) *Infant formula requirements.* The requirements for issuance of infant formula in Food Package I, also apply to the issuance of infant formula in Food Package II.

(iv) *Authorized categories of supplemental foods.* Infant formula, infant cereal, and infant foods are the categories of supplemental foods authorized in this food package. The maximum monthly allowances, allowed options and substitution rates of supplemental foods for infants in Food Packages II are stated in Table 1 of this section.

Food Package III: *Participants with qualifying conditions*—(i) *Participant category served and qualifying conditions.* This food package is reserved for issuance to women, infants and child participants who have a documented qualifying condition that requires the use of a WIC



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formula (infant formula, exempt infant formula or WIC-eligible nutritional) because the use of conventional foods is precluded, restricted, or inadequate to address their special nutritional needs. Medical documentation must meet the requirements described in this section. Participants who are eligible to receive this food package must have one or more qualifying conditions, as determined by a health care professional licensed to write medical prescriptions under State law.

The qualifying conditions include but are not limited to premature birth, low birth weight, failure to thrive, inborn errors of metabolism and metabolic disorders, gastrointestinal disorders, malabsorption syndromes, immune system disorders, severe food allergies that require an elemental formula, and life threatening disorders, diseases and medical conditions that impair ingestion, digestion, absorption or the utilization of nutrients that could adversely affect the participant's nutrition status. **This food package may not be issued solely for the purpose of enhancing nutrient intake or managing body weight.**

(ii) *Non-authorized issuance of Food Package III.* This food package is not authorized for:

(A) Infants whose **only condition** is:

(1) A diagnosed formula intolerance or food allergy to lactose, sucrose, milk protein or soy protein **that does not require the use of an exempt infant formula**; or

(2) A **non-specific formula** or food intolerance.

(B) Women and children who have a food intolerance to lactose or milk protein that **can be successfully managed with the use of one of the other WIC food packages** (i.e., Food Packages IV-VII); or

(C) Any participant **solely for the purpose of enhancing nutrient intake or managing body weight** without an underlying qualifying condition.

(iii) *Restrictions on the issuance of WIC formulas in ready-to-feed (RTF) forms.* Guam WIC agencies must issue WIC formulas (infant formula, exempt infant formula and WIC-eligible nutritionals) in concentrated liquid or powder physical forms unless the requirements for issuing RTF are met as described in this section are met. In addition to those requirements, there are two additional conditions which may be used to issue RTF in Food Package III:

(A) If a ready-to-feed form better accommodates the participant's condition; or

(B) If it **improves the participant's compliance** in consuming the prescribed WIC formula.

(iv) *Unauthorized WIC costs.* All apparatus or devices (e.g., enteral feeding tubes, bags and pumps) designed to administer WIC formulas are not allowable WIC costs.

(v) *Authorized categories of supplemental foods.* The supplemental foods authorized in this food package **require medical documentation for issuance** and include WIC formula (infant

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formula, exempt infant formula, and WIC-eligible nutritionals), infant cereal, infant foods, milk, cheese, eggs, canned fish, fresh fruits and vegetables, breakfast cereal, whole wheat/whole grain bread, juice, legumes and/or peanut butter. The maximum monthly allowances, allowed options and substitution rates of supplemental foods for infants in Food Package III are stated in Table 1 of this section. The maximum monthly allowances, allowed options, and substitution rates of supplemental foods for children and women in Food Package III are stated in Table 3 of this section.

(vi) *Coordination with medical payers and other programs that provide or reimburse for formulas.* Guam WIC must coordinate with other Federal, State or local government agencies or with private agencies that operate programs that also provide or could reimburse for exempt infant formulas and WIC-eligible nutritionals benefits to mutual participants. At a minimum, the Guam WIC state agency must coordinate with the State Medicaid Program for the provision of exempt infant formulas and WIC-eligible nutritionals that are authorized or could be authorized under the State Medicaid Program for reimbursement and that are prescribed for WIC participants who are also Medicaid recipients. The Guam WIC State agency is responsible for providing up to the maximum amount of exempt infant formulas and WIC-eligible nutritionals under Food Package III in situations **where reimbursement is not provided by another entity.**

TABLE 1—FULL NUTRITION BENEFIT (FNB) AND MAXIMUM MONTHLY ALLOWANCES (MMA) OF SUPPLEMENTAL FOODS FOR INFANTS IN FOOD PACKAGES I, II AND III

Foods ¹	Fully formula fed (FF)		Partially (mostly) breastfed (BF/FF)		Fully breastfed (BF)	
	Food Packages I-FF & III-FF A: 0 through 3 months B: 4 through 5 months	Food Packages II-FF & III-FF 6 through 11 months	Food Packages I-BF/FF & III BF/FF A: 0 through 3 months ²³ A: 4 through 5 months	Food Packages II-BF/FF & III BF/FF 6 through 11 months	Food Package I-BF 0 through 5 months	Food Package II-BF 6 through 11 months
WIC Formula ⁴⁵⁶⁷⁸	A: FNB=806 fl oz, MMA=823 fl oz, reconstituted liquid concentrate or 832 fl. oz. RTF or 870 fl oz reconstituted powder	FNB=624 fl oz, MMA=630 fl oz, reconstituted liquid concentrate or 643 fl. oz RTF or 696 fl oz reconstituted powder	A: FNB=364 fl oz, MMA=388 fl oz, reconstituted liquid concentrate or 384 fl oz RTF or 435 fl oz reconstituted powder	FNB=312 fl oz, MMA=315 fl oz, reconstituted liquid concentrate or 338 fl oz RTF or 384 fl oz reconstituted powder		



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	B: FNB=884 fl oz, MMA=896 fl oz, reconstituted liquid concentrate or 913 fl oz RTF or 960 fl oz reconstituted powder					
			B: FNB=442 fl oz, MMA=460 fl oz, reconstituted liquid concentrate or 474 fl oz RTF or 522 fl oz reconstituted powder			
Infant Cereal ⁹¹¹		8 oz		8 oz		16 oz.
Infant food fruits and vegetables ⁹¹⁰¹¹¹²¹³		128 oz		128 oz		128 oz.
Infant food meat ⁹						40 oz.
Table 1 footnotes: (Abbreviations in order of appearance in table): FF = fully formula fed; BF/FF = partially (mostly) breastfed; BF = fully breastfed; RTF = Ready-to-feed; N/A = the supplemental food is not authorized in the corresponding food package.						
¹ Table 4 of this section describes the minimum requirements and specifications for the supplemental foods. The competent professional authority (CPA) is authorized to determine nutritional risk and prescribe supplemental foods as established by State agency policy in Food Packages I and II. In Food Package III, the CPA, as established by State agency policy, is authorized to determine nutritional risk and prescribe supplemental foods per medical documentation.						
² Following a WIC nutrition and breastfeeding assessment of the needs of the dyad, breastfed infants, even those in the fully formula fed category, should be issued the quantity of formula needed to support any level of breastfeeding up to the FNB. This amount may be less than the FNB.						
³ Liquid concentrate and ready-to-feed (RTF) may be substituted at rates that provide comparable nutritive value.						



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⁴WIC formula means infant formula, exempt infant formula, or WIC-eligible nutritionals. Infant formula may be issued for infants in Food Packages I, II and III. Medical documentation is required for issuance of infant formula, exempt infant formula, WIC-eligible nutritionals, and other supplemental foods in Food Package III. Only infant formula may be issued for infants in Food Packages I and II.

⁵The full nutrition benefit is defined as the minimum amount of reconstituted fluid ounces of liquid concentrate infant formula as specified for each infant food package category and feeding variation (e.g., Food Package IA-fully formula fed).

⁶The maximum monthly allowance is specified in reconstituted fluid ounces for liquid concentrate, RTF liquid, and powder forms of infant formula and exempt infant formula. Reconstituted fluid ounce is the form prepared for consumption as directed on the container.

⁷State agencies must provide at least the full nutrition benefit authorized to non-breastfed infants up to the maximum monthly allowance for the physical form of the product specified for each food package category. State agencies must issue whole containers that are all the same size of the same physical form. Infant formula amounts for breastfed infants, even those in the fully formula fed category should be individually tailored to the amounts that meet their nutritional needs.

⁸State agencies may round up and disperse whole containers of infant formula over the food package timeframe to allow participants to receive the full nutrition benefit. State agencies must use the methodology described in accordance with paragraph (h)(1) of this section.

⁹State agencies may round up and disperse whole containers of infant foods (infant cereal, fruits and vegetables, and meat) over the Food Package timeframe. State agencies must use the methodology described in accordance with paragraph (h)(2) of this section.

¹⁰At State agency option, for infants 6-12 months of age, fresh banana may replace up to 16 ounces of infant food fruit at a rate of 1 pound of bananas per 8 ounces of infant food fruit. State agencies may also substitute fresh bananas at a rate of 1 banana per 4 ounces of jarred infant food fruit, up to a maximum of 16 ounces.

¹¹In lieu of infant foods (cereal, fruit and vegetables), infants greater than 6 months of age in Food Package III may receive infant formula, exempt infant formula or WIC-eligible nutritionals at the same maximum monthly allowance as infants ages 4 through 5 months of age of the same feeding option.

¹²At State agency option, infants 6 months through 11 months in Food Packages II and III may receive a cash-value voucher to purchase fresh (only) fruits and vegetables in lieu of a portion of the infant food fruits and vegetables. Partially (mostly) breastfed infants and fully formula fed infants may receive a \$11 cash-value voucher plus 64 ounces of infant food fruits and vegetables; fully breastfeeding infants may receive a \$11 cash-value voucher plus 64 ounces of infant food fruit and vegetables. May also receive substitution option of \$22 CVB in place of the full amount 128 ounces. State agencies must authorize fresh and one other form (frozen or canned).

¹³State agencies may not categorically issue cash-value vouchers for infants 6 months through 11 months. The cash-value voucher is to be provided to the participant only after an individual nutrition assessment, as established by State agency policy, and is optional for the participant, i.e., the mother may choose to receive either the maximum allowance of jarred foods or a combination of jarred foods and a fruit and vegetable cash-value voucher for her infant. State agencies must ensure that appropriate nutrition education is provided to the caregiver addressing safe food preparation, storage techniques, and feeding practices to make certain participants are meeting their nutritional needs in a safe and effective manner. Dried fruits and vegetables pose a choking hazard and, therefore are not allowed for infants. WIC staff are to include information about reducing the risk of choking and developmental readiness, for infants and young children.



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TABLE 3—MAXIMUM MONTHLY ALLOWANCES (MMA) OF SUPPLEMENTAL FOODS FOR CHILDREN AND WOMEN WITH QUALIFYING CONDITIONS IN FOOD PACKAGE III

Foods 1	Children	Women		
	1 through 4 years	Pregnant and partially breastfeeding (up to 1 year postpartum) 2	Postpartum (up to 6 months postpartum) 3	Fully breastfeeding, (up to 1 year post-partum) 4 5
Juice, single strength 6	128 fl oz	144 fl oz	96 fl oz	144 fl oz.
WIC Formula 7 8	455 fl oz liquid concentrate	455 fl oz liquid concentrate	455 fl oz liquid concentrate	455 fl oz liquid concentrate
Milk	16 qt 9 10 11 12 13	22 qt 9 10 11 12 14	16 qt 9 10 11 12 14	24 qt 9 10 11 12 14.
Breakfast cereal 15 16	36 oz	36 oz	36 oz	36 oz
Cheese	N/A	N/A	N/A	1 lb.
Eggs	1 dozen	1 dozen	1 dozen	2 dozen
Fruits and vegetables 17 18 19	\$26.00 in cash-value vouchers	\$47.00/\$52.00 in cash-value vouchers	\$47.00 in cash-value vouchers	\$52.00 in cash-value vouchers
Whole wheat or whole grain bread 20.	2 lb	1 lb	N/A	1 lb
Fish (canned)	N/A	N/A	N/A	30 oz.
Legumes, dry 21 and/or Peanut butter.	1 lb Or 18 oz	1 lb AND 18 oz	1 lb Or 18 oz	1 lb AND 18 oz

Table 3 Footnotes: N/A=the supplemental food is not authorized in the corresponding food package.

1 Table 4 of paragraph (e)(12) of this section describes the minimum requirements and specifications for the supplemental foods. The competent professional authority (CPA), as established by State agency policy, is authorized to determine nutritional risk and prescribe supplemental foods per medical documentation.

2 This food package is issued to two categories of WIC participants: Women participants with singleton pregnancies and breastfeeding women whose partially (mostly) breastfed infants receive formula from the WIC Program in amounts that do not exceed the maximum formula allowances as appropriate for the age of the infant as described in Table 1 of this section.

3 This food package is issued to two categories of WIC participants: Non-breastfeeding postpartum women and breastfeeding postpartum women whose breastfed infants receive more than the maximum infant formula allowances as appropriate for the age of the infant as described in Table 1 of this section.

4 This food package is issued to four categories of WIC participants: Fully breastfeeding women whose infants do

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not receive formula from the WIC Program; women pregnant with two or more fetuses; women partially (mostly) breastfeeding multiple infants from the same pregnancy, and pregnant women who are also partially (mostly) breastfeeding singleton infants.

5 Women fully breastfeeding multiple infants from the same pregnancy are prescribed 1.5 times the maximum allowances.

6 Combinations of single-strength and concentrated juices may be issued provided that the total volume does not exceed the maximum monthly allowance for single-strength juice.

7 WIC formula means infant formula, exempt infant formula, or WIC-eligible nutritionals.

8 Powder and ready-to-feed may be substituted at rates that provide comparable nutritive value.

9 Whole milk is the standard milk for issuance to 1-year-old children (12 through 23 months). Fat-reduced milks may be issued to 1-year old children as determined appropriate by the health care provider per medical documentation. Lowfat (1%) or nonfat milks are the standard milks for issuance for children \geq 24 months of age and women. Whole milk or reduced fat (2%) milk may be substituted for lowfat (1%) or nonfat milk for children \geq 24 months of age and women as determined appropriate by the health care provider per medical documentation.

10 Evaporated milk may be substituted at the rate of 16 fluid ounces of evaporated milk per 32 fluid ounces of fluid milk or a 1:2 fluid ounce substitution ratio. Dry milk may be substituted at an equal reconstituted rate to fluid milk.

11 For children and women, cheese may be substituted for milk at the rate of 1 pound of cheese per 3 quarts of milk. For children and women in the pregnant, partially breastfeeding and postpartum food packages, no more than 1 pound of cheese may be substituted. For women in the fully breastfeeding food package, no more than 2 pounds of cheese may be substituted for milk. State agencies do not have the option to issue additional amounts of cheese beyond these maximums even with medical documentation. (No more than a total of 4 quarts of milk may be substituted for a combination of cheese, yogurt or tofu for children and women in the pregnant, partially breastfeeding and postpartum food packages. No more than a total of 6 quarts of milk may be substituted for a combination of cheese, yogurt or tofu for women in the fully breastfeeding food package.)

12 For children and women, yogurt may be substituted for fluid milk at the rate of 1 quart of yogurt per 1 quart of milk; a maximum of 1 quart of milk can be substituted. Additional amounts of yogurt are not authorized. Whole yogurt is the standard yogurt for issuance to 1-year-old children (12 through 23 months). Lowfat or nonfat yogurt may be issued to 1-year-old children (12 months to 23 months) as determined appropriate by the health care provider per medical documentation. Lowfat or nonfat yogurts are the standard yogurt for issuance to children \geq 24 months of age and women. Whole yogurt may be substituted for lowfat or nonfat yogurt for children \geq 24 months of age and women as determined appropriate by the health care provider per medical documentation. (No more than a total of 4 quarts of milk may be substituted for a combination of cheese, yogurt or tofu for children and women in the pregnant, partially breastfeeding and postpartum food packages. No more than a total of 6 quarts of milk may be substituted for a combination of cheese, yogurt or tofu for women in the fully breastfeeding food package.)

13 For children, soy-based beverage and tofu may be substituted for milk as determined appropriate by the health care provider per medical documentation. Soy-based beverage may be substituted for milk on a quart for quart basis up to the total maximum allowance of milk. Tofu may be substituted for milk for children at the rate of 1 pound of tofu per 1 quart of milk. (No more than a total of 4 quarts of milk may be substituted for a combination of cheese, yogurt or tofu for children.) Additional amounts of tofu may be substituted, up to the maximum allowance for fluid milk for children, as determined appropriate by the health care provider per medical documentation.

14 For women, soy-based beverage may be substituted for milk on a quart for quart basis up to the total maximum monthly allowance of milk. Tofu may be substituted for milk at the rate of 1 pound of tofu per 1 quart of milk. (No more than a total of 4 quarts of milk may be substituted for a combination of cheese, yogurt or tofu for women in the pregnant, partially breastfeeding and postpartum food packages. No more than a total of 6 quarts of milk may be substituted for a combination of cheese, yogurt or tofu for women in the fully breastfeeding food package.)



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Additional amounts of tofu may be substituted, up to the maximum allowances for fluid milk, as determined appropriate by the health care provider per medical documentation.

15 32 dry ounces of infant cereal may be substituted for 36 ounces of breakfast cereal as determined appropriate by the health care provider per medical documentation.

16 At least one half of the total number of breakfast cereals on the State agency's authorized food list must have whole grain as the primary ingredient and meet labeling requirements for making a health claim as a "whole grain food with moderate fat content" as defined in Table 4 of paragraph (e)(12) of this section.

17 Both fresh fruits and fresh vegetables must be authorized by State agencies. Processed fruits and vegetables, i.e., canned (shelf-stable), frozen, and/or dried fruits and vegetables may also be authorized to offer a wider variety and choice for participants. State agencies may choose to authorize one or more of the following processed fruits and vegetables: canned fruit, canned vegetables, frozen fruit, frozen vegetables, dried fruit, and/or dried vegetables. The cash-value voucher may be redeemed for any eligible fruit and vegetable (refer to Table 4 of paragraph (e)(12) of this section and its footnotes). Except as authorized in paragraph (b)(1)(i) of this section, State agencies may not selectively choose which fruits and vegetables are available to participants. For example, if a State agency chooses to offer dried fruits, it must authorize all WIC-eligible dried fruits.

18 Children and women whose special dietary needs require the use of pureed foods may receive commercial jarred infant food fruits and vegetables in lieu of the cash-value voucher. Children may receive 128 oz of commercial jarred infant food fruits and vegetables and women may receive 160 oz of commercial jarred infant food fruits and vegetables in lieu of the cash-value voucher. Infant food fruits and vegetables may be substituted for the cash-value voucher as determined appropriate by the health care provider per medical documentation.

19 The monthly value of the fruit/vegetable cash-value vouchers will be adjusted annually for inflation as described in § 246.16(j).

20 Whole wheat and/or whole grain bread must be authorized. State agencies have the option to also authorize brown rice, bulgur, oatmeal, whole-grain barley, whole wheat macaroni products, or soft corn or whole wheat tortillas on an equal weight basis.

21 Canned legumes may be substituted for dry legumes at the rate of 64 oz. (e.g., four 16-oz cans) of canned beans for 1 pound dry beans. In Food Packages V and VII, both beans and peanut butter must be provided. However, when individually tailoring Food Packages V or VII for nutritional reasons (e.g., food allergy, underweight, participant preference), State agencies have the option to authorize the following substitutions: 1 pound dry and 64 oz. canned beans/peas (and no peanut butter); or 2 pounds dry or 128 oz. canned beans/peas (and no peanut butter); or 36 oz. peanut butter (and no beans).

Food Package IV

Children 1 through 4 years—(i) Participant category served. This food package is designed for issuance to participants 1 through 4 years of age who do not have a condition qualifying them to receive Food Package III.

(ii) Authorized categories of supplemental foods. Milk, breakfast cereal, juice, fresh fruits and vegetables, whole wheat/whole grain bread, eggs, and legumes or peanut butter are the categories of supplemental foods authorized in this food package. The maximum monthly allowances, allowed options and substitution rates of supplemental foods for children in Food Package IV are stated in Table 2 of this section.



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Food Package V

Pregnant and partially (mostly) breastfeeding women.—(i) Participant category served. This food package is designed for issuance to:

- **women participants with singleton pregnancies** who do not have a condition qualifying them to receive Food Package III.
- This food package is also designed for issuance to **partially (mostly) breastfeeding women participants**, up to 1 year postpartum, who do not have a condition qualifying them to receive Food Package III and whose partially (mostly) breastfed infants receive formula from the WIC program in amounts that **do not exceed the maximum allowances** described in Table 1 of this section.
- Women participants partially (mostly) breastfeeding **more than one infant** from the same pregnancy,
- **pregnant women fully or partially breastfeeding** singleton infants, and
 - **women participants pregnant with two or more fetuses**, are eligible to receive Food Package VII as described in this section.

(ii) *Authorized categories of supplemental foods.* Milk, breakfast cereal, juice, fresh fruits and vegetables, whole wheat/whole grain bread, eggs, legumes and peanut butter are the categories of supplemental foods authorized in this food package. The maximum monthly allowances, allowed options and substitution rates of supplemental foods for women in Food Package V are stated in Table 2 of this section.

Food Package VI:

Postpartum women.—(i) Participant category served. This food package is designed for issuance to women up to 6 months postpartum who are not breastfeeding their infants, and to breastfeeding women up to 6 months postpartum whose participating infant receives more than the maximum amount of formula allowed for partially (mostly) breastfed infants as described in Table 1 of paragraph (e)(9) of this section, and who do not have a condition qualifying them to receive Food Package III.

(ii) *Authorized categories of supplemental foods.* Milk, breakfast cereal, juice, fresh fruits and vegetables, eggs, and legumes or peanut butter are the categories of supplemental foods authorized in this food package. The maximum monthly allowances, allowed options and substitution rates of supplemental foods for women in Food Package VI are stated in Table 2 of paragraph (e)(10) of this section.

Food Package VII:

Fully breastfeeding.—(i) Participant category served. This food package is designed for issuance to breastfeeding women up to 1 year postpartum whose infants do not receive infant formula from WIC (these breastfeeding women are assumed to be exclusively breastfeeding their infants), and who do not have a condition qualifying them to receive Food Package III. This food package is also designed for issuance to women participants pregnant with two or more fetuses,

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women participants partially (mostly) breastfeeding multiple infants from the same pregnancy, and pregnant women who are also partially (mostly) breastfeeding singleton infants, and who do not have a condition qualifying them to receive Food Package III. Women participants fully breastfeeding multiple infants from the same pregnancy receive 1.5 times the supplemental foods provided in Food Package VII.

(ii) *Authorized categories of supplemental foods.* Milk, cheese, breakfast cereal, juice, fresh fruits and vegetables, whole wheat/whole grain bread, eggs, legumes, peanut butter, and canned fish are the categories of supplemental foods authorized in this food package. The maximum monthly allowances, allowed options and substitution rates of supplemental foods for women in Food Package VII are stated in Table 2 of paragraph (e)(10) of this section.

(8) *Supplemental Foods—Maximum monthly allowances, options and substitution rates, and minimum requirements.* Tables 1 through 3 of paragraphs (e)(9) through (e)(11) of this section specify the maximum monthly allowances of foods in WIC food packages and identify WIC food options and substitution rates. Table 4 of paragraph (e)(12) of this section describes the minimum requirements and specifications of supplemental foods in the WIC food packages.

(9) Full nutrition benefit and maximum monthly allowances, options and substitution rates of supplemental foods for infants in Food Packages I, II and III are stated in Table 1 as follows

Food Packages IV, V, VI, and VII:

TABLE 2—MAXIMUM MONTHLY ALLOWANCES OF SUPPLEMENTAL FOODS FOR CHILDREN AND WOMEN IN FOOD PACKAGES IV, V, VI AND VII

Foods ¹	Children	Women		
	Food Package IV: 1 through 4 years	Food Package V: Pregnant and Partially (Mostly) Breastfeeding (up to 1 year postpartum) ²	Food Package VI: Postpartum (up to 6 months postpartum) ³	Food Package VII: Fully Breastfeeding (up to 1 year postpartum) ⁴⁵
Juice, single strength ⁶	128 fl oz	144 fl oz	96 fl oz	144 fl oz.
Milk, fluid	16 qt ⁷⁸⁹¹⁰¹¹	22 qt ⁷⁸⁹¹⁰¹²	16 qt ⁷⁸⁹¹⁰¹²	24 qt ⁷⁸⁹¹⁰¹² .
Breakfast cereal ¹³	36 oz	36 oz	36 oz	36 oz.
Cheese	N/A	N/A	N/A	1 lb.
Eggs	1 dozen	1 dozen	1 dozen	2 dozen.
Fresh fruits and vegetables ¹⁴¹⁵	\$26.00 in cash-value	\$47.00/\$52.00 in cash-value	\$47.00 in cash-value vouchers	\$52.00 in cash-value vouchers.



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	vouchers	vouchers		
Whole wheat or whole grain bread ¹⁶	2 lb	1 lb	N/A	1 lb.
Fish (canned)	N/A	N/A	N/A	30 oz.
Legumes, dry ¹⁷ and/or Peanut butter	1 lb or 18 oz	1 lb and 18 oz	1 lb or 18 oz	1 lb and 18 oz.

Table 2 Footnotes: N/A = the supplemental food is not authorized in the corresponding food package.

¹Table 4 of paragraph (e)(12) of this section describes the minimum requirements and specifications for the supplemental foods. The competent professional authority (CPA) is authorized to determine nutritional risk and prescribe supplemental foods as established by State agency policy.

²Food Package V is issued to two categories of WIC participants: Women participants with singleton pregnancies; breastfeeding women whose partially (mostly) breastfed infants receive formula from the WIC Program in amounts that do not exceed the maximum formula allowances, as appropriate for the age of the infant as described in Table 1 of paragraph (e)(9) of this section.

³Food Package VI is issued to two categories of WIC participants: Non-breastfeeding postpartum women and breastfeeding postpartum women whose infants receive more than the maximum infant formula allowances, as appropriate for the age of the infant as described in Table 1 of paragraph (e)(9) of this section.

⁴Food Package VII is issued to four categories of WIC participants: Fully breastfeeding women whose infants do not receive formula from the WIC Program; women pregnant with two or more fetuses; women partially (mostly) breastfeeding multiple infants from the same pregnancy; and pregnant women who are also fully or partially (mostly) breastfeeding singleton infants.

⁵Women fully breastfeeding multiple infants from the same pregnancy are prescribed 1.5 times the maximum allowances.

⁶Combinations of single-strength and concentrated juices may be issued provided that the total volume does not exceed the maximum monthly allowance for single-strength juice.

⁷Whole milk is the standard milk for issuance to 1-year-old children (12 through 23 months). At State agency option, fat-reduced milks may be issued to 1-year-old children for whom overweight or obesity is a concern. The need for fat-reduced milks for 1-year-old children must be based on an individual nutritional assessment and consultation with the child's health care provider if necessary, as established by State agency policy. Lowfat (1%) or nonfat milks are the standard milk for issuance to children \geq 24 months of age and women. Reduced fat (2%) milk is authorized only for participants with certain conditions, including but not limited to, underweight and maternal weight loss during pregnancy. The need for reduced fat (2%) milk for children \geq 24 months of age (Food Package IV) and women (Food Packages V-VII) must be based on an individual nutritional assessment as established by State agency policy.

⁸Evaporated milk may be substituted at the rate of 16 fluid ounces of evaporated milk per 32 fluid ounces of fluid milk or a 1:2 fluid ounce substitution ratio. Dry milk may be substituted at an equal reconstituted rate to fluid milk.



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⁹For children and women, cheese may be substituted for milk at the rate of 1 pound of cheese per 3 quarts of milk. For children and women in Food Packages IV-VI, no more than 1 pound of cheese may be substituted. For fully breastfeeding women in Food Package VII, no more than 2 pounds of cheese may be substituted for milk. State agencies do not have the option to issue additional amounts of cheese beyond these maximums even with medical documentation. (No more than a total of 4 quarts of milk may be substituted for a combination of cheese, yogurt or tofu for children and women in Food Packages IV-VI. No more than a total of 6 quarts of milk may be substituted for a combination of cheese, yogurt or tofu for women in Food Package VII.)

¹⁰For children and women, yogurt may be substituted for fluid milk at the rate of 1 quart of yogurt per 1 quart of milk; a maximum of 1 quart of milk can be substituted. Additional amounts of yogurt are not authorized. Whole yogurt is the standard yogurt for issuance to 1-year-old children (12 through 23 months). At State agency option, lowfat or nonfat yogurt may be issued to 1-year-old children for whom overweight and obesity is a concern. The need for lowfat or nonfat yogurt for 1-year-old children must be based on an individual nutritional assessment and consultation with the child's health care provider if necessary, as established by State agency policy. Lowfat or nonfat yogurts are the only types of yogurt authorized for children \geq 24 months of age and women. (No more than a total of 4 quarts of milk may be substituted for a combination of cheese, yogurt or tofu for children and women in Food Packages IV-VI. No more than a total of 6 quarts of milk may be substituted for a combination of cheese, yogurt or tofu for women in Food Package VII.)

¹¹For children, issuance of tofu and soy-based beverage as substitutes for milk must be based on an individual nutritional assessment and consultation with the participant's health care provider if necessary, as established by State agency policy. Such determination can be made for situations that include, but are not limited to, milk allergy, lactose intolerance, and vegan diets. Soy-based beverage may be substituted for milk for children on a quart for quart basis up to the total maximum allowance of milk. Tofu may be substituted for milk for children at the rate of 1 pound of tofu per 1 quart of milk. (No more than a total of 4 quarts of milk may be substituted for a combination of cheese, yogurt or tofu for children in Food Package IV.) Additional amounts of tofu may be substituted, up to the maximum allowance for fluid milk for lactose intolerance or other reasons, as established by State agency policy.

¹²For women, soy-based beverage may be substituted for milk on a quart for quart basis up to the total maximum allowance of milk. Tofu may be substituted for milk at the rate of 1 pound of tofu per 1 quart of milk. (No more than a total of 4 quarts of milk may be substituted for a combination of cheese, yogurt or tofu for women in Food Packages V and VI. No more than a total of 6 quarts of milk may be substituted for a combination of cheese, yogurt or tofu for women in Food Package VII.). Additional amounts of tofu may be substituted, up to the maximum allowances for fluid milk, for lactose intolerance or other reasons, as established by State agency policy.

¹³At least one-half of the total number of breakfast cereals on the State agency's authorized food list must have whole grain as the primary ingredient and meet labeling requirements for making a health claim as a "whole grain food with moderate fat content" as defined in Table 4 of paragraph (e)(12) of this section.

¹⁴Both fresh fruits and fresh vegetables must be authorized by State agencies. Processed fruits and vegetables, i.e., canned (shelf-stable), frozen, and/or dried fruits and vegetables may also be authorized to offer a wider variety and choice for participants. State agencies may choose to authorize one or more of the following processed fruits and vegetables: canned fruit, canned vegetables, frozen fruit, frozen vegetables, dried fruit, and/or dried vegetables. The cash-value voucher may be redeemed for any eligible fruit and vegetable (refer to Table 4 of paragraph (e)(12) of this section and its footnotes). Except as authorized in paragraph (b)(1)(i) of this section, State agencies may not selectively choose which fruits and vegetables are available to participants. For example, if a State agency chooses to offer dried fruits, it must authorize all WIC-eligible dried fruits.

¹⁵The monthly value of the fruit/vegetable cash-value vouchers will be adjusted annually for inflation as described in §246.16(j).

¹⁶Whole wheat and/or whole grain bread must be authorized. State agencies have the option to also authorize brown rice, bulgur, oatmeal, whole-grain barley, whole wheat macaroni products, or soft corn or whole wheat



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tortillas on an equal weight basis.

¹⁷Canned legumes may be substituted for dry legumes at the rate of 64 oz. (e.g., four 16-oz cans) of canned beans for 1 pound dry beans. In Food Packages V and VII, both beans and peanut butter must be provided. However, when individually tailoring Food Packages V or VII for nutritional reasons (e.g., food allergy, underweight, participant preference), State agencies have the option to authorize the following substitutions: 1 pound dry and 64 oz. canned beans/peas (and no peanut butter); or 2 pounds dry or 128 oz. canned beans/peas (and no peanut butter); or 36 oz. peanut butter (and no beans).

(11) Maximum monthly allowances of supplemental foods for children and women with qualifying conditions in Food Package III. The maximum monthly allowances, options and substitution rates of supplemental foods for participants with qualifying conditions in Food Package III are stated in Table 3 as follows:

FULLY BREAST FEEDING WOMEN WITH MULTIPLES

Women participants fully breastfeeding multiple infants receive 1.5 times the supplemental foods provided in Food Package VII.

Juice, single strength - 216 fl. oz.:

Combinations of single-strength and concentrated juices may be issued provided that the total volume does not exceed the maximum monthly allowance for single-strength juice.

Milk, fluid - 36 qt:

Reduced fat milks, as specified in FDA standards, i.e., 2% milk fat, are the only types of milk allowed for women.

- Evaporated milk may be substituted at the rate of 16 fluid ounces of evaporated milk per 32 fluid ounces of fluid milk or a 1:2 fluid ounce substitution ratio.
- Dry milk may be substituted at an equal reconstituted rate to fluid milk.
- When a combination of different milk forms is provided, the full maximum monthly fluid milk allowance must be provided

Nonfat and 1% Milk Alternatives:

Cheese or calcium-set tofu may be substituted for milk in amounts described above in this section.

- Cheese may be substituted for milk at the rate of 1 pound of cheese per 3 quarts of milk
- Calcium-set tofu may be substituted at a rate of 1 pound of tofu per 1 quart of milk. A maximum of 4 quarts of milk can be substituted in this manner.
- Soy-based beverage may be substituted for milk at the rate of 1 quart of soy-based beverage for 1 quart of milk up to the total maximum monthly allowance of milk.
- Medical Documentation:
- Amounts of cheese any soy beverage exceeding the maximum substitution allowances may be allowed after a complete nutrition assessment provided by a Guam licensed WIC Nutritionist with consultation the participant's healthcare



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provider and documentation of the qualifying condition in the WIC care plan, up to the maximum allowance for fluid milk. A health care professional licensed by the State does not need to write a prescription can be made for situations that include, but are not limited to, milk allergy or severe lactose maldigestion.

Nonfat, 1% low fat, or full cream (children 12 – 23 months only) yogurt can be substituted for milk at a rate of 1 quart yogurt for 1 quart of milk up to a total of 4 quarts.

Breakfast cereal - 54 oz:

At least one-half of the total number of breakfast cereals on the State agency's authorized food list must have whole grain as the primary ingredient and meet labeling requirements for making a health claim as a "whole grain food with moderate fat content."

Cheese – 1.5 pound:

WIC approved only

Eggs- 3 dozen:

Fruits and Vegetables- \$78.00:

Processed (canned, frozen, dried) fruit and vegetable substitutions are the same as stated for children. In food package IV.

Whole wheat bread- 1.5 lb.:

Or other whole grains such as Brown rice, bulgur (cracked wheat), oatmeal, whole-grain barley, soft corn or whole wheat tortillas may be substituted for whole wheat bread on an equal weight basis.

Fish (canned) - 45 oz:

Light tuna (must conform to FDA standard of identity (21 CFR 161.190)); Salmon (must conform to FDA standard of identity (21 CFR 161.170)); Sardines; Mackerel (N. Atlantic Scomber scombrus, or Chub Pacific Scomber japonicus);

May be packed in water or oil, but Guam limits the options to water or natural oils . Pack may include bones or skin. May be regular or lower in sodium content.

Legumes, dry and/or peanut butter - 1.5 lb. or 27 oz. :

Canned legumes may be substituted for dried legumes at the rate of 64 oz. of canned beans for 1 lb. dried beans in the homeless food packages.

- Issuance of two additional combinations of dry or canned beans/peas is authorized: 1 lb. Dry and 64 oz. Canned beans/peas (and no peanut butter); or
- 2 lb. Dry or 128 oz. Canned beans/peas (and no peanut butter) or 36 oz. Peanut butter (and no beans).

d. WIC Formulas:

WIC Clinic procedures for Exempt infant formula/WIC-eligible nutritionals:

Formulas which do not meet the standard requirements (i.e. Exempt formulas



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WIC-eligible nutritionals:) may be authorized when a Physician determines that the WIC participant has a medical condition which contraindicates the use of standard infant formulas or normal use of standard foods. Such conditions include, but are not limited to:

- < Hematological conditions which can result in morphological changes such as hemosiderosis, hemochromatosis, polycythemia or hyperferremia.
- < Metabolic disorders.
- < Inborn errors of Metabolism.
- < Gastrointestinal disorders.
- < Malabsorption syndromes.
- < Allergies.

Only concentrate or powdered formulas will be given unless the formula only comes in Ready-to-feed form. Ready-to feed formulas require approval of the Nutritionist for special circumstances such as contaminated well water when it is the only source of household water and homelessness.

State Agency's policies regarding issuance of contract and non-contract brand infant formula

- I. Non-contracted formula issued to WIC participants should not exceed 3% of the total formula issued by the program. See Section II, II. Nutrition Services, B. Food Package Design, Food Package Modifications for rationales on issuing contract and non-contract formulas.
- II. Currently Similac Advance, Similac Soy Isomil, Similac Total Comfort, and Similac Sensitive are the contract formulas.
- III. The State agency requires medical documentation for non-contract infant formula before a local site can issue it.

IV. WIC Eligible Medical Foods:

WIC-eligible nutritionals means certain products that are specifically formulated to provide nutrition support for individuals (i.e. women, infants, and children) with a diagnosed medical condition, when the use of conventional foods is precluded, restricted, or inadequate. Such WIC eligible foods may be nutritionally complete or incomplete, but they must serve the purpose of a food, provide a source of calories and one or more nutrients, and be designated for enteral digestion via an oral or tube feeding. WIC-eligible nutritionals include many, but not all, products that meet the definition of WIC-eligible nutritionals in Section 5(b)(3) of the Orphan Drug Act [21 U.S.C. 360ee(b)(3)].

Medical Documentation – Supplemental Foods [246.10(d)(1)]

Required for the issuance of the following supplemental foods:

- Any non-contract brand infant formula;



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- Any infant formula prescribed to a child or adult who receives Food Package III;
- Any exempt infant formula;
- Any WIC-eligible nutritionals;
- Any authorized supplemental food issued to participants who receive Food Package III;
- Any authorized soy-based beverage or tofu issued to children who receive Food Package IV;
- Any additional authorized cheese issued to children who receive Food Package IV that exceeds the maximum substitution rate;
- Any additional authorized tofu and cheese issued to women who receive Food Packages V and VII that exceeds the maximum substitution rate; and
- Any contract brand infant formula that does not meet the requirements of a standard formula.
- The State agency has the discretion to require medical documentation for any contract brand infant formula and may decide that some contract brand infant formula may not be issued under any circumstances.

Note: Medical documentation means that a health care professional licensed to write medical prescriptions under State law has:

- Made a medical determination that the participant has a qualifying condition that dictates the use of the supplemental foods, and
- **Provided the written documentation that meets the technical requirements described as follows:**
 - Brand name of the WIC formula prescribed;
 - Medical diagnosis warranting the WIC formula;
 - Length of time the prescribed WIC formula is medically required by the participant; and
 - Signature (or name, if the initial documentation was received by telephone) of the requesting health care provider.
 - Contact information for the participant's healthcare provider making the medical determination;
 - Date of medical determination;
 - Name of specific supplemental food(s) to be prescribed;
 - Amount prescribed per day of WIC formula and/or supplemental foods;
 - Qualifying condition that warrants the issuance of the specific supplemental food(s); and
 - Length of time the specific supplemental food(s) is medically required.

All medical documentation must be kept on file (electronic or hardcopy) at the local clinic. The medical documentation kept on file must include the initial telephone documentation, when received.

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- (A) The name of the authorized WIC formula (infant formula, exempt infant formula, WIC-eligible nutritionals) prescribed, including amount needed per day;
- (B) The authorized supplemental food(s) appropriate for the qualifying condition(s) and their prescribed amounts;
- (C) Length of time the prescribed WIC formula and/or supplemental food is required by the participant;
- (D) The qualifying condition(s) for issuance of the authorized supplemental food(s) requiring medical documentation, and
- (E) Signature, date and contact information (or name, date and contact information), if the initial medical documentation was received by telephone and the signed document is forthcoming, of the health care professional licensed by the State to write prescriptions in accordance with State laws.

General

Medical documentation must be written and may be provided as an original written document, an electronic document, by facsimile or by telephone to a competent professional authority until written confirmation is received.

FOOD PACKAGE III FORMULAS

NeoSure Powder 12.8 oz. can (yields 85 fl. oz./can)

Rational: To be use as a special 22 Cal/fl oz iron-fortified formula for conditions such as prematurity. Designed to be used as a preterm, post-discharge formula. The AAP supports the use of preterm discharge formulas to a postnatal age of 9 months. Special formulas for medical conditions may be issued by a WIC Nutritionist only when the medical need is appropriately documented by a physician.

Pregestimil Powder 16 oz. can (yields 112 fl. oz./can)

Rational: To be use when an infant has trouble absorbing fat. Contains MCT oil, which is more easily absorbed by babies with some GI problems and is Lactose-free and sucrose free (Hypoallergenic). Special formulas for medical conditions may be issued by a WIC Nutritionist only when the medical need is appropriately documented by a physician.

Nutramigen Powder 16 oz. can (yields 113 fl. oz./can)

Rational: Medical conditions diagnosed by a physician may require a special infant formula prescribed by the physician. Special infant formulas for medical conditions may be issued by a WIC Nutritionist only when the medical need is appropriately documented by a physician.

Alimentum Powder 16 oz. can (yields 115 fl. oz./can)

Rational: To be used as a complete hypoallergenic formula for infants, including those with colic symptoms due to protein sensitivity, maldigestion, or fat malabsorption. Special formulas for medical conditions may be issued by a WIC Nutritionist only when the medical need is appropriately documented by a physician.

Similac Sensitive Powder 12.9 oz. can (yields 94 fl. oz./can)

Rational: To be used as a source of nutritionally complete formula for infants that is an alternative to a standard milk-based formula for milk tolerance symptoms such as fussiness and gas due to lactose sensitivity. Special formulas for medical conditions may be issued by a WIC Nutritionist only when the medical need is appropriately documented by a physician.



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PediaSure RTF 8 fl. oz.

Rational: To be used as a source of complete, balanced nutrition especially designed for oral feeding of children. Special formulas for medical conditions may be issued by a WIC Nutritionist only when the medical need is appropriately documented by a physician.

Isomil Powder 12.9 oz. can (yields 94 fl. oz./can)

Rational: Soy based infant formula may be used when there is a problem with the standard milk based infant formula after consultation with the infant's physician.

Ensure RTF 32 fl. oz

Rational: To provide a variety of nutrients for women and children who have a medical condition such as metabolic disorders, inborn errors of amino acid metabolism, gastrointestinal disorders, malabsorption syndrome or allergies, etc. as determined by a physician that precludes or restricts the full use of conventional foods and necessitates the use of a formula for adequate growth and development. In all cases the least expensive form (i.e. powder) should be issued unless availability or psycho-social conditions necessitate the use of a more expensive form (i.e. concentrate or RTF).

Sustacal RTF 32 fl. oz

Rational: To provide a variety of nutrients for women and children who have a medical condition such as metabolic disorders, inborn errors of amino acid metabolism, gastrointestinal disorders, malabsorption syndrome or allergies, etc. as determined by a physician that precludes or restricts the full use of conventional foods and necessitates the use of a formula for adequate growth and development. In all cases the least expensive form (i.e. powder) should be issued unless availability or psycho-social conditions necessitate the use of a more expensive form (i.e. concentrate or RTF).

- Medical documentation provided by telephone. Medical documentation may be provided by telephone to a competent professional authority who must promptly document the information. The collection of the required information by telephone for medical documentation purposes may only be used until written confirmation is received from a health care professional licensed to write medical prescriptions and used only when absolutely necessary on an individual participant basis. The local clinic must obtain written confirmation of the medical documentation within a reasonable amount of time (i.e., one or two week's time) after accepting the initial medical documentation by telephone.

Medical Documentation Supervision Requirements – § 246.10(d)(5)

Due to the nature of the health conditions of participants who are issued supplemental foods that require medical documentation, close medical supervision is essential for each participant's dietary management. The responsibility remains with the participant's health care provider for this medical oversight and instruction. This responsibility cannot be assumed by personnel at the WIC State or local agency. However, it would be the responsibility of the WIC competent professional authority to ensure that only the amounts of supplemental foods prescribed by the participant's health care provider are issued in the participant's food package.

V. Methodology of monthly infant formula and infant food issuances

- a. The Guam WIC Program utilizes the monthly issuance methodology of infant formula and infant foods. The HANDS system does not do rounding of infant formula and infant foods during a 3-month period.



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- i. Guam authorized infant foods are available in container sizes that are divided evenly into Federal WIC monthly allowances.

2. **Nutrition Tailoring**

Standard Food Packages for each WIC client category is the same as the maximum package allowed in Program Regulations. Modifications of the standard food packages are predefined for each WIC food package category by the WIC State agency. Each standard food package, where applicable, also substitutes one pound of cheese for three quarts of milk.

a. **Standard food package(s) that are not maximum**

All infants who are not breast feeding receive the maximum allowable amount of infant formula. Fully breast feeding infants 0 – 5 months old receive no infant formula. Infant dry cereal and infant fruit & vegetables are added at 6 months. Partially breast feeding infants can receive a food package of up to the full allowable amount of formula. The amount of infant formula issued to a partially breast feeding infant is determined by a CPA Nutrition Assistant or the WIC Community Nutritionist I or II.

- WIC participants or their caretakers are advised that the supplemental foods are only for the participant's personal use and that the participant is not eligible for the supplemental foods as a hospital in-patient.
- Full nutritional benefit amounts of WIC foods may be issued through a custom made food package for WIC participants that provide a licensed healthcare provider's prescription accompanied by a WIC Medical Documentation form which is approved by a WIC Community Nutritionist I or II.

b. **Specially tailored packages**

The State Agency provides tailored food packages for all WIC participants.

- Homeless and incarcerated individuals receive portion size packaging for the foods they receive.
- Women and children may have reduced amounts of milk or no milk with subsequent increases in cheese as the WIC Nutritionist identifies the need.
- The State Agency may eliminate food package options such as between dry beans/peas and peanut butter by allowing only dry beans/peas for cost containment as needed.
- To accommodate participant cultural preferences.
- To accommodate household conditions.
- The issuance of food packages with 2% reduced fat milk for children and women who have justifiable conditions may be done after a complete individualized nutrition assessment is done by a Community Nutritionist I or II and justification is documented in the WIC participant's care plan.

c. **WIC Clinic instructions for Tailoring Food Packages**

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- < Fully breast feeding infants 0 – 11 months old will receive a food package containing no infant formula.
- < Partially breast feeding infants (IPN) will receive food packages according to the calculated amount of infant formula needed up to the maximal amount allowed for partially breast feeding infants when approved by a Nutritionist or specially trained WIC CPA. Partially breast feeding infants who require more than the maximal amount allowed for partially breastfeeding infants will be designated as IPN+ and provided the amount of infant formula up to the maximal amount allowed for IFF infants. In the event that a partially breast feeding infant requires more than the maximal amount of infant formula for partially breastfeeding infants for food package I, II, or III, the breast feeding woman's food package will be changed from food package V to food package VI (i.e. postpartum women).
- < Women, infants, and children with a diagnosed medical condition may receive a prescribed formula up to the maximal allowable amount of concentrate, powdered, or ready-to-feed. Homeless individuals/incarcerated women may receive WIC foods in single serving portion sizes. Peanut butter may be substituted for cheese in the food package when approved by a WIC Community Nutritionist.
- < Medically documented lactose intolerant participants may receive lactose reduced milk in a one-for-one substitution of the maximal allowable milk.
- < Only specially trained WIC CPA Nutrition Assistant staff may prescribe food packages for the following conditions:
 - Partially breast feeding women
 - Food allergies that are not considered high risk
 - Lactose intolerance
 - Unsanitary conditions at home
 - Homelessness
 - Clients living in institutions
 - Clients who are victims of disasters

d. Food packages for homeless, residents of institutions, and victims of natural disasters**Infants (food packages I & II)**

Ready to Feed infant formula.....up to 114 ea. 8 fl. oz. Cans
(OR)

Powdered Formula.....up to 10 ea. 12.4 oz. Cans

Infant dry cereal1 box 8 oz. Infant Cereal (Fully Formula fed and Partially Breastfed Infants)
up to 2 boxes 8 oz. Infant Cereal (Fully Breastfed Infants)

Infant fruits & vegetables..... 32 ea 4 oz. Containers
Infant meats (if applicable) 16 ea 2.5 oz. Containers

**Women Infants & Children with a Diagnosed Medical Condition (food package III)****Infants (food packages I & II)**

As above with a diagnosed medical condition substituting a prescribed infant formula for the standard contract infant formula.

Children (food package IV)

Milk up to 64 ea. 8 fl. oz. Containers
Eggs 1 dozen
(OR)
Peanut Butter 1 ea. 16 – 18 oz. jar
Juice, 100% single strength 21 ea. 6 fl. oz. Containers
Cereal (hot or cold) any size box up to 36oz. total
100% Whole wheat bread 2 loaves 16 oz. each
(OR)
Other WIC Approved Whole Grain products 24 oz. up to 32 oz.
Canned Fruits & Vegetables any size cans up to \$6 total
Canned beans any size can up to 64 oz. total
(OR) Peanut butter 1 jar 16 – 18 oz.

Women (food packages V & VI)

Milk (FP V or VI) up to (96 or 64) ea. 8 fl. oz. Containers
Eggs 1 dozen
(OR)
Peanut Butter 1 ea. 16 – 18 oz. jars
Juice, 100% single strength (FP V or VI) (24 or 16) ea. 6 fl. oz. Containers
Cereal (hot or cold) any size box up to 36oz. total
100% Whole wheat bread (FP V only) 1 ea. 16 oz. Loaf
(OR)
Other WIC Approved Whole Grain products 24 oz. up to 32 oz.
Canned Fruits & Vegetables any size cans up to \$10 total
Canned beans any size can up to 64 oz. total
(OR) Peanut butter 1 jar 16 – 18 oz.
Peanut butter (FP V only) 1 jar 16 – 18 oz.

Breast Feeding Women (food package VII)

Same as Women food package V EXCEPT:

Milk up to 96 ea. 8 fl. oz. Containers
Eggs 2 dozen
(ADD)
Canned fish any can size up to 30 oz. total
Cheese any size package up to 16 oz.
Canned Fruits & Vegetables any size cans up to \$10 total



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3. Prescribing WIC Food Packages

a. Individuals allowed to prescribe food packages:

- Specially trained CPA
- Registered Dietitian or MS in Human Nutrition
- Non-CPA may prescribe standard food packages after completing the Guam WIC Orientation modules I-IV

WIC Site Policies & Procedures for issuing food packages

Policy 1: The purpose of WIC food package modifications is to assure that the WIC foods promote the optimal health of the WIC participant. Therefore, when appropriate to the individual's medical condition and/or cultural preferences, the food package will be tailored as much as possible to meet the individual's needs.

- WIC Nutrition Assistants both WIC non-CPA and WIC CPA may tailor food packages for client needs of milk container size, 1 pound of cheese substitution for 3 quarts of milk, and between liquid concentrated and powdered forms of infant formula, but may not reduce total amounts of milk/cheese for women or children and formula for partially breast feeding infants unless provided special training for defined specific purposes (as identified by the WIC site Nutritionist)
- Substitution for milk with yogurt on a quart for quart basis needs to be approved by a WIC Community Nutritionist I or II.
- After a complete individualized nutrition assessment that is documented in the WIC participant's care plan, the WIC Community Nutritionists I & II can prescribe therapeutic food packages, individually tailored food packages for food amounts, and other food package changes required by WIC participants with situations that are considered unusual such as the following:
 - a. Homeless WIC participants
 - b. Cheese, soy beverage, and tofu substitutions of milk for women and children in excess of one pound or 3 quarts.
 - c. Any food package modifications that require medical documentation.
 - d. Substitution of whole milk 1% low fat milk and fat free milk, with lactose free milk.

Gallon size packaging of cow's milk is always issued for food package economy unless one or more of the following needs for smaller size milk containers is identified:

- a. Lack of refrigerator space for gallon size containers.
- b. Identification of transportation or storage problems that require shelf stable quarts or other packaging options such as evaporated or



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powdered milk.

- c. Gallon size containers of milk are not available at WIC vendor locations.
- d. Rationales for the issuance of other than gallon size milk containers must be documented on the WIC participant's care plan notes.
- e. The above exceptions do not apply to Devondale 1 gallon packaging since they are 4 quart size containers shrink wrapped to make a gallon size package.

Policies & Procedures:

Package I (0-5 Months Infants)

- When the standard food package (i.e. powdered contract standard infant formula) is not appropriate for a partially breast feeding WIC participant, the WIC Nutritionist or a specially trained WIC CPA will determine the appropriate infant formula on a case by case basis. Justification for modification of an infant's food package must be documented in the client's high risk care plan. When a physician requests a non-contract infant formula, a "Medical Documentation" form which indicates a medical need must be completed by the physician and approved by the WIC Nutritionist.

Packages II (6-11 Months Infants)

When the standard food packages are not appropriate for WIC participants, the WIC Nutritionist or a specially trained WIC Nutrition Assistant CPA will determine the appropriate infant formula on a case by case basis and also determine whether or not to include the other allowable foods. Justification for modification of an infant's food package must be documented in the client's high risk care plan. When a physician requests a non-contract infant formula or other food modification/substitutions, a "Medical Documentation" form which indicates a medical need must be completed by the physician and approved by the WIC Nutritionist.

Package III (Women, Infants, and Children with Medical Documentation)

All special formula requests for women and children with special dietary needs must be documented by a completed "Medical Documentation" form from the physician. The form must indicate a medical need for the special formula. The WIC Nutritionist will review the request and assign the requested formula when appropriate conditions exist which preclude or restrict the use of conventional foods such as in the case of metabolic disorders, inborn errors of amino acid metabolism, gastro-intestinal disorders, malabsorption syndrome and allergies.

POLICY FOR FORMULA RETURN AND REPLACEMENT:

Formula Replacement



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The **formula replacement option** in HANDS is only available for formula that has **not been redeemed**.

Handling Returned Formula

- If a participant is unable to use redeemed formula, and is in need of a formula replacement, they must be notified that they are not to sell, attempt to sell, trade or give away formula purchased through WIC, including internet sales, and that doing so may result in disqualification from the program and/or payment of restitution.
- Returned formula should be accepted without consequence to the participant. The formula must then be disposed. Unused/returned infant formula shall not be re-issued to WIC clients.
- In order to minimize returned formula, clinic staff are encouraged to use the formula tailoring and tailoring guidelines indicated on page II-II NS 57, and to ask the participant to only purchase 1-2 containers of any new formula when it is unknown whether it will be tolerated.

Packages IV, V, VI, and VII

When the standard food packages are not appropriate for women and children, a WIC CPA and CPA Nutrition Assistants may assign a different container size for milk (except for homeless clients) to accommodate specific participant needs to improve shelf life and storage conditions. CPA Nutrition Assistants may also assign food packages that substitute more cheese and/or yogurt for less milk and powdered milk for liquid milk. WIC Community Nutritionists I or II will assign food packages that reduce the amount of food(s) available to the client when a medical or nutritional need is identified. Homeless individuals will have their homeless condition verified by a WIC Nutritionist who will assign the appropriate food package.

Policy 2: Infant Food Package

The introduction of infant cereals is delayed until the infant is 6 months of age. Food package II allows 8-oz of infant cereal/month for fully formula fed and partially breastfed infants. Fully breastfed infants are allowed up to 16 oz of infant cereal/month.

Rationale:

There is no nutritional need for solids before 4 months. The infant who is prone to food allergies may, if solids are introduced too early or may experience diarrhea due to an inability to digest macronutrients in solids. Developmentally infants may not be ready for solids until 4-6 months.

Procedure:

1. Determine age of infant and assess family history for sensitivity to foods.
2. For infants 0-3 months of age, explain the policy and rationale for the introduction of infant cereals to the infant diet. Issue standard Food

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3. For infants 6 months of age, issue standard food package II appropriated for breast feeding, partially breast feeding, and fully formula feeding infants as appropriate.

Policy 3: Juice Policy:

The introduction of juices is to be delayed until the infant is at least 12 months of age.

Rationale:

Breast milk or infant formula provides adequate vitamin C for infants during the first 11 months of life. Juices fed to infants via bottles may contribute to the development of nursing bottle syndrome (dental caries) when sugars from the juice are allowed to pool around the infant's teeth especially when bottles are misused. After 12 months of age juice is added to the food package in order to encourage the use of the cup and enhance iron absorption from other foods being introduced.

Procedure:

- < Determine age of child.
- < For infants 0-11 months of age, explain policy and rationale for the delay of juice to the infant's diet.
- < For infants 12 months, issue standard food package IV.
- < Explain that juice should be used with a cup, (not a sippy/tippy cup), not in the bottle.
- < If available, the counselor may provide the WIC participant with a Reflow Cup.

Policy 4: Cow's Milk:

Infants receive only breast milk or iron fortified infant formula up to 12 months of age. Food package IVa allows whole cow's milk as the only milk (along with other solids) for children age 1 year old. Children 2 years and older and adults may select 1% reduced fat, low fat, or nonfat (skim or skimmed milk).

Rationale:

For Infants, cow's milk is a poor source of iron. Breast milk and iron-fortified formula adequately meet the iron needs for infants before 12 months of age. Consumption of cow's milk before 1 year may contribute to problems of anemia. For children, whole milk contains fats which are needed to ensure adequate brain cell development during 12-23 months of age. High iron foods may be displaced as a result of excessive milk consumption. Whole cow's milk contains proteins which may be difficult for infants to digest properly. Levels of calcium, phosphorus, and

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protein in cow's milk are quite high which may burdens the infant's kidneys in excreting the waste and by-products.

For children 24 up to 60 months of age, the benefit of consuming a lower fat milk (1% low fat or nonfat) is to reduce the daily saturated fat and cholesterol intake thereby reducing the risk of heart disease as the individual gets older.

Procedure:

- < Determine age of infant.
- < For infants 0-11 months of age, explain policy and rationale for the delay in the introduction of cow's milk to the infant's diet.
- < For infants who have reached their first birthday, issue standard food package Iva for the 12-23 month old child.

Formula under Food Package III Policy:

WIC-eligible nutritionals may be issued on an individual basis provided the need is appropriately identified on a "Medical Documentation" form and counseling is documented in the individual's care plan by the Community Nutritionist I or II. The amount of formula to issue may also be determined by the Community Nutritionist I or II.

Procedure -a:

1. Refer request to Community Nutritionist I or II for assignment of food package III.
2. Issue appropriate food package III (Nutritionist I or II).

Procedure -b:

1. The clinic WIC Community Nutritionist will assess the nutrition problem and/or difficulties experienced by the client with the use of the contract formula. In addition the Nutritionist must consult with the client's physician and counsel the participant/parent/caretaker accordingly.
2. The Nutritionist will authorize the issuance of the physician's prescribed formula by selecting the appropriate food package number and entering it into the HANDS Certification module.
3. Food packages providing formulas other than the contract formula w/Iron must be prescribed by a health care provider such as physician, nurse practitioner, or physician's assistant who has appropriately completed a "Medical Documentation" form indicating the medical need and any dietary changes.
4. Only non-contract infant formula that is available in Guam on an on-going basis will be issued to WIC participants. (Revised-ASM 10-1 Policy Memo 806-P-Fruits & Veggies. Increase in Women)

EBT Food Benefit Issuance Policies & procedures



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ISSUANCE OF EBT CARDS

1. The eWIC card for an income eligible WIC family will be prepared for the family by the WIC clinic staff person who completes the income eligibility in HANDS. (set PIN in HANDS, provide education on how client can reset PIN, education on care of the eWIC card).
 - a. Handout to be provided to WIC authorized rep. ("Using your eWIC card")

2. At Nutrition Ed. encounters Nutrition Assistants and CN II will provide individualized client education about food benefits, provide tailoring options according to client needs which will improve consumption of WIC foods and maximize the redemption of WIC food benefits, and implement the transition of paper FIs to eWIC cards. This is done in addition to ht/wt measurements and addressing the identified WIC codes as needed.
 - a. At certification appointments the WIC CPA Nutrition Assistant will issue new eWIC cards after assigning and tailoring the food package. The "WIC shopping guide" will be reviewed according to the client's needs and given to each family being certified which provides detailed instructions for using the eWIC card to redeem WIC food benefits. ("Guam WIC shopping guide" – draft pending)
 - b. Community Program Aides, Nutrition Assistants, Health Educators, and Community Nutritionists can replace eWIC cards as needed.
 - 1) Damaged, Stolen, Lost eWIC cards can be replaced the same day and the client is advised that their old card is no longer useable and should be discarded. Proper identification of the WIC authorized rep. is required for replacement of eWIC cards.

FOSTER CHILDREN

1. An eWIC card will be issued for each foster child rather than or in addition to the whole family. The policy will also allow for foster children of long standing in a family to allow for that family to use only one eWIC card which includes the foster child. The Community Nutritionist will approve an exception to allow a foster child(ren) to have only one eWIC card for the family.

- When a foster child has been moved to a new mom, inactivate the child's eWIC card and shred it since it is no longer useable. The new foster mom will need to identify herself as the new foster mom and the new WIC authorized representative. The new foster mom will get a new eWIC card to which all of the foster child's unused food benefits have automatically been transferred. If the new foster mom communicates to WIC that she doesn't want the child to be enrolled in WIC, clinic staff should advise the new mom about any nutrition education/dietary services in addition to food benefits that WIC offers. The foster child will remain in a pending status until the end of the certification period.

EWIC (EBT) CARD INVENTORY

1. eWIC cards will require careful accounting procedures since they will be issued only as needed to each clinic staff for the client(s) currently being served.
 - a. A one month supply of eWIC cards will be kept in a safe at each WIC site. A



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designated WIC clinic staff person(s) will be responsible for keeping an ongoing inventory of eWIC cards as they are issued (form to be provided).

b. Initially, a daily reconciliation of the clinic stock of eWIC cards will be done daily at the end of the day. Once everyone is comfortable with the WIC site eWIC card issuance procedures, weekly reconciliation of the clinic eWIC card stock with issuance will be required.

c. Reconciliation of eWIC cards requires that the form records the number of cards issued to the WIC site with a recording of each time and the number of eWIC cards are distributed to a clinic staff person. For reconciliation, the number of eWIC cards distributed to WIC staff must match the depletion of the total stock on hand which is manually counted at the time of reconciliation. (“Inventory Reconciliation forms”) Show “Clinic Inventory log” and “Card Series Assignment log”

d. Required WIC forms to be used are:

- Clinic Series Assignment log = state level inventory and indicates how many cards are given to each clinic.
- Clinic Inventory log = clinic total cards received and used weekly
- Card Series assignment log = clinic log of which staff are assigned cards and how many to each.

ADDITIONAL POLICES FOR IMPLEMENTATION TO eWIC

- When eWIC cards are implemented, handouts with an explanation about how to check the available balance of benefits, etc. will be provided. There will also be videos in the waiting areas which provide useful information on the use of eWIC cards and redemption of the food benefits.
- eWIC cards will be issued by:
 - NA I, Community Prog. Aides after the income determination is completed (cert. processing phase 1);
 - if eWIC card has not been issued to a client during phase I, it is issued during phase II by CPA NA or CN II.

C. Staff Training

EDUCATION FOR PROFESSIONAL AND PARAPROFESIONAL STAFF

Policy

The Guam WIC Program considers well-trained, competent staff essential to providing quality nutrition services. Local WIC programs will ensure that appropriately trained staffs perform functions according to policy. Local program staff shall complete state training modules and requirements as appropriate for their position. Local program staff must demonstrate an adequate level of competence in performing their tasks.



Training Requirements for New WIC Staff

Local WIC program staff must complete the appropriate training modules, guidebooks and other required activities for their position within a designated time period. See Appendix B and C – New Employee Training Schedule for the list of modules, requirements and timelines.

All staff performing WIC functions, including clerical staff, must complete required WIC training for their positions.

WIC Site Community Nutritionist II Training Designees

The Community Nutritionist II or their assigned designee will ensure that local WIC site staffs are trained in a timely manner in compliance with policy as training designee for their agency. The WIC site Community Nutritionist II may assign more than one designee to meet this requirement.

The Community Nutritionist II's training designees who are WIC site Nutrition Assistant II will be trained by the Community Nutritionist II and receive orientation to the role of a Training Designee and his/her responsibilities. All training designees must be WIC CPAs as defined in Appendix H and have completed and satisfactorily passed all training requirements and modules and demonstrated an exemplary level of competence prior to training other staff.

Local Agency Training Designee Responsibilities

The Supervising Community Nutritionist II will develop a training plan for new employees including completion of state and local agency training requirements (see Appendix B). The assigned training designee will initiate training for the trainee and use the trainer guidebook(s) for instruction.

The Community Nutritionist II or Training Designee will complete the specified observations and chart reviews for the trainee as indicated in Appendix B.

The Community Nutritionist II or Training Designee will complete and certify the trainee demonstrated competence in the final observation as specified in Appendix B. The Local Agency will maintain their own records of training completion as well as send documentation of completed guidebooks and observations to the state Nutrition Service Coordinator or designee within the specified time frame found in Appendix B.

- The Community Nutritionist II may request an extension for submission of documentation for an individual trainee, as long as the request is received within the specified time frame.
- If documentation is not received within the specified timeframe, the state may require additional training plans for the trainee and/or limit access to the HANDS system until documentation is received.
- New staff on a six (6) month probationary period who do not demonstrate adequate competency during the final observations or at subsequent observations and evaluations will not be recommended for permanent hire to their position. The director of the Department of Public Health will then decide the employee's final job status.



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- If employees who transfer to WIC from other government jobs or are promoted within WIC and require training, but do not demonstrate adequate competency during final observation evaluation, or at subsequent observations or performance evaluations, the state may require additional training plans for the trainee and/or limit access to the HANDS system until competency is met.

The Community Nutritionist II will also develop and implement an ongoing training and mentoring plan for each existing employee which may be implanted and monitored by the designated Training Designee. In addition to completion of any mandatory State and Local Agency training requirements, an ongoing observation and mentoring plan must be in place for all employees to ensure ongoing job performance.

- The Community Nutritionist II or designated Training Designee is required to conduct a minimum of one (1) mentoring observation every six months on each employee.
- Components of an employee mentoring observation include:
 - Observations of one (1) Certification for each client category (woman, infant, child), including anthropometric and hematology components and a subsequent chart review of each.
 - Observations of two (1) secondary nutrition education contacts for each client category and subsequent chart reviews of each.

If staff do not demonstrate adequate competency during ongoing observations, State technical assistance visits, or Management Evaluations, the State will require an additional individualized training plan for the employee(s). In addition, the State will limit access to the HANDS system if staff do not show adequate competency.

Blended Learning

1. The Guam State Agency provides competency-based training by importing trainers from off-island and sending clinic staff to off-island training events for Community Nutritionists, Nutrition Assistants, Health Educators, and other clinic staff as available and needed. Arizona WIC training events (i.e. WIC University and others) are especially tailored to Guam's needs and utilized as much as funding allows.

2. The Guam WIC Program utilizes blended learning for new employee training. Blended learning includes paper-based guidebooks which outline required activities and the Learning Management System (LMS), which is a web-based software used for delivering, tracking and managing training/education. The purpose of LMS is to be able to provide and track both online (e-learning) and instructor led training to internal and external WIC staff which allows us to maintain documentation to meet all federal and state reporting requirements. The system can be accessed 24 hours a day, 7 days a week. (Please see section F).

WIC University

The Guam State Agency has developed an approach to training US degreed nutrition professionals, CPA Nutrition Assistant Is, and Nutrition Assistant IIs with degrees in nutrition/dietetics from the



Philippines. WIC University provides WIC 201 for degreed Nutrition Assistant IIs and WIC 301 for Community Nutritionist IIs. LMS courses have been developed to replace WIC 101, and some courses are being developed to replace certain instructor lead training.

Staff Mentoring and Evaluation

Community Nutritionist II at each WIC site will formally evaluate the performance of each employee annually using the Government of Guam Work Planning and Performance Evaluation form (WPPE) which is designed to include in its evaluation a review of client records as well as observation of staff counseling. The completed employee evaluation will be processed according to Government of Guam personnel rules and regulations with a copy maintained in the employee's file.

The Government of Guam WPPE formal final evaluation period is annually for the first 6 years of employment and then every 1.5 years (i.e. once every 18 months) from 7 years of employment to 10 years. From 11 years of employment on, evaluations are every two years. However, there is an informal midway evaluation for employees regardless of their formal evaluation interval.

Key areas of evaluation include:

- Certification Process
- Nutrition Assessment
- Nutrition Counseling
- Breastfeeding Counseling and Promotion
- Customer Service

Evaluations of job tasks utilize a mentoring approach. Local Agencies will also provide one-on-one mentoring to staff at six (6) month intervals regardless of the formal final evaluation cycle that will include feedback and guidance in a positive way. The Counseling and Group Education Observation mentoring Guides designed by Altarum, inc. are used as tools for assessing and evaluating job skills. Tools developed by Arizona WIC may also be used. (See Appendix C)

Continuing Education Plan

The Guam State WIC Agency will provide a minimum of 30 hours of continuing education throughout the year at monthly intervals (except for November and December). Additional State-provided curriculum resulting from educational programs from both on and off-island will be counted toward the continuing education requirement.

Local Agency staffs are required to maintain documentation (i.e. a notebook of agendas and handouts) on continuing education attended in each fiscal year. State provided monthly trainings are documented in a file kept by the State WIC Nutrition Coordinator.

Continuing Education will focus on the following but not limited to:

- Nutrition Risk



- Food Package
- Counseling (PCE/PCS skill building)
- Assessment
- Breastfeeding
- Civil Rights training is required annually for all staff
- It is required by the USDA that Local Agencies incorporate task-appropriate breastfeeding promotion and support training into orientation programs for new staff involved in direct contact with WIC clients and in any nutrition and counseling-related training and in-services.
- Local Agencies must also have a plan, prepared by the Community Nutritionist II, to ensure that women have access to breastfeeding promotion and support activities during the prenatal and postpartum periods

Other training may also include topics such as:

- Program rules
- WIC management information system (HANDS)
- EBT food benefit issuance
- Referral procedures
- Computer skills
- Customer service
- Car seat safety
- Personal safety

Agency Training Files

New program staff will take and complete the required courses, guidebooks and observations according to State requirements.

In a central file, the State Nutrition Coordinator will maintain a record of all continuing education provided. The State Breastfeeding Coordinator will maintain a record of all continuing education provided that is specific to breastfeeding.

Central training files will include:

- Agenda, outline and teaching materials used for each local in-service training provided
- A list of participants, speakers, dates and time spent in training
- Agenda and outline of meetings which Local Agency staff attend (e.g., Breastfeeding Training, Statewide Staff Meetings)



- College or University courses taken, the name of the course and grade

Note: Local Agencies may use the ADHS LMS System to document all the online training provided to each staff from that source.

Staff Training Files

Current training files for each paraprofessional will include:

- A summary of needs based on job functions that are updated annually
- A completed competency Certification Checklist with dates of training and evaluation results
- Documentation of training provided

Documentation of Training

Documentation consists of a list of dates, topics presented and time spent in training. Date and time summaries will be separated by fiscal year in order to verify the required 30 hours per year have been provided. Documentation comprises copies of pre-and post-tests or other methods of evaluation. Also included is documentation of a follow-up training plan, which is required if competency is not met.

Note: The name of the workshop or in-service training is sufficient when the agenda and training outline are retained in the Local Agency training file. Public Health Nutrition Specialist to maintain a central file log for all clinic staff trainings per fiscal year. Attendance rollcall will be taken at the beginning of inservice training if meeting is conducted online. In person inservice will have an attendance sign in sheet to verify attendance. Inservice agendas and attendance sheets are kept in a central file. Staff who attended conferences and other training are to provide certificate of attendance and hours/CEU to be kept in central file online and employees personal jacket.

F. Nutrition Education Resources

LMS WIC Courses

The following is a listing of LMS courses and guidebooks that will be available for staff to complete:

Civil Rights
CLAS Training
Introduction to WIC
Introduction to HANDS
Hematology + Guidebook
Anthropometrics + Guidebook
Breast Feeding + Guidebook



- Basic Nutrition + Guidebook
- Pre-Natal Nutrition +Guidebook
- Child Nutrition + Guidebook
- Infant Nutrition + Guidebook
- Postpartum Nutrition + Guidebook
- Nutrition Assessment ABCDE Website + Guidebook
- Motivational Interviewing/PCE + Guidebook

Nutrition Education and Other Program Materials are available for local agencies to order on the www.azwic.gov website. The LMS online guidebooks for staff are at <http://azdhs.gov/azwic/lms.htm>

Flyers - Care Plan

Guam WIC Approved Food List

WIC Approved Food Shopping Guide

The care plans available through the AIM system will be used to support Nutrition Education Care Standards. (See Appendix G)

Training Manual

Arizona WIC Program Training Manual (2006) consists of:

- WIC 201 (Training Materials for WIC Nutritionists)
- WIC 301 (Training Materials for WIC Community Nutritionist II)

Lab Manual

Pronto Procedure Manual (for noninvasive hemoglobin testing)

Anthropometric Lab Manual

Anthropometric Lab Manual (2007)

Dietetic Education online Programs

1. The Dietetic Education Program (DEP) is a two-year college program approved by the American Dietetic Association for the training of nutrition paraprofessionals in the delivery of nutrition care services.

- DEP utilizes competency based, self-paced modules and is available to local WIC agencies for the training of paraprofessionals.
- Local Agencies may provide paid time for employees to work on DEP modules or group time for DEP classes. When documented, this time applies to the 30 hours of continuing education required per employee each year.

The DEP is designed to be online. It is available through Central Arizona College(CAC) and is



accredited with the Academy of Nutrition and Dietetics.

http://www.centralaz.edu/Home/Academics/Divisions_and_Programs/Dietetic_Education/Degrees_and_Certificates.htm

They have two pathways: 1. Associates degree which makes the person DTR eligible and 2. Community Nutrition Worker Certificate which is geared toward WIC paraprofessional staff. The nice thing about having DTRs is that you can assign them some of the lower level high risk counseling to do or as we call it “medium risk.” That way the RDs can focus on the truly high risk clients and their supervisory duties.

2. The WIC Nutrition Assessment Certificate 15 credit hour course offered by Central AZ College may also be requested for continuing education and is available to Guam WIC staff online.

The State Agency funds full or partial tuition for Guam WIC staff when requested and approved in the State Agency budget each fiscal year. Online learning link:

http://www.centralaz.edu/Home/Academics/Divisions_and_Programs/Dietetic_Education/Degrees_and_Certificates.htm

WIC Nutrition formal local continuing education

The State Agency may fund full or partial tuition for WIC staff to attend the University of Guam (UOG) courses relevant to nutrition and dietetics when requested and approved in the Agency’s budget each fiscal year.

- Health & Wellness
- Anatomy & Physiology

Program Incentives

The United States Department of Agriculture (USDA) allows the State, when funds are available, to purchase incentive and outreach items for WIC. The items would be used for teaching health messages or to inform people about the WIC Program. They would not promote a certain Local Agency’s logo or be items that would be seen or used by staff only. Items should include the State WIC number: 1-671-475-0290 and/or each WIC site’s phone number:

- Mangilao – 735-7180/81
- Dededo – 635-7471/72
- Inarajan – 828-7550/51
- Tiyan – 475-0295/96
- Santa Rita – 565-3537

These items are allowable for three purposes: outreach, breastfeeding promotion, and nutrition education.

Program incentive items for Nutrition Education should:

- Be targeted to participants



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- Contain a WIC-approved nondiscrimination statement for publications or other printed material that also include any program information
- Have a clear and useful connection to particular WIC nutrition education messages
- Either convey enough information to be considered educational or be utilized by participants to reinforce nutrition education contacts
- Have significant value as nutrition education aids that equal or outweigh other uses
- Be distributed to the audience for which the items were designed (e.g., Reflo cups distributed to mothers of infants who are learning or will be learning to drink from a cup during a relevant nutrition education contact)
- Be reasonably priced and purchased for a specific purpose such as part of a campaign to promote the use of WIC for local fruits and vegetables.

Examples include calendars that contain important nutrition education messages and refrigerator magnets with nutrition or breastfeeding information on them.

Program incentive items for Breastfeeding Promotion and Support should:

- Contain a WIC-approved nondiscrimination statement for publications or other printed material that also include any program information
- Have a clear and useful connection to promoting and supporting breastfeeding among current WIC participants
- Either convey information that encourages and supports breastfeeding in general, informs participants about the benefits of breastfeeding, or offers support and encouragement for women to initiate and continue breastfeeding
- Have value as breastfeeding promotion and support items that equal or outweigh other uses
- Be distributed to the audience for which the items were designed
- Be reasonable and necessary costs

Examples include: t-shirts, buttons or other items of nominal value with a breastfeeding promotion or support message (e.g., “Breast Fed is Best Fed”).

Careful consideration should be given to the public perception of funds spent on items. Like any other administrative cost, these expenditures are subject to review, audit, and public scrutiny. WIC should be prepared for public challenges and be able to justify their incentive expenditures.

It is mandatory in WIC, that the clinics create a positive environment that endorses breastfeeding as the preferred method of infant feeding.

Each Local Agency must have a designated staff person to coordinate breastfeeding promotion and support activities.

It is required by the USDA that Local Agencies incorporate task-appropriate breastfeeding promotion and support training into orientation programs for new staff involved in direct contact with WIC clients. Local Agencies must also have a plan to ensure that women have access to breastfeeding promotion and support activities during the prenatal and postpartum periods.

**APPENDIX:**

Appendix A	Risk Factors description table-HANDS_FINAL_21_FY2024
Appendix B	Food Package Composition and FI Food Distribution
Appendix C	Nutrition Risk Criteria and List of Risk Codes (UPDATED FOR FY 2024)
Appendix D	Guam WIC Program Approved Foods List
Appendix E	WIC Client Shopping Guides (UPDATED FOR FY 2023)
Appendix F	Guam WIC Handout List
Appendix G	Guam WIC Lesson Plans
Appendix H	WIC Clinic Staff Training Plan
Appendix I	Nutrition Education Materials
Appendix J	Certification Specialist and Nutrition Education Specialist Training Timeline
Appendix K	HANDS Competencies
Appendix L	VENA Competencies
Appendix M	State Resource Catalog WIC Order Form
Appendix N	Hemoglobin Cut-Off Values
Appendix O	Guam (adopted from Arizona) State Nutrition Education Care Standards
Appendix P	WIC Workforce Position Definitions
Appendix Q	Training Checklists for Observations and Chart Reviews
Appendix R	Benefits Issuance Policy