

**CONNECTICUT DEPARTMENT OF PUBLIC HEALTH-WIC PROGRAM**

# **WIC Program Nutrition Services Documentation Guidance**

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**Local Agency Resource**

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March 2010**

To the user:

This document was created to fulfill several purposes for local and State WIC staff. First and foremost, it was developed as a training tool to reinforce information provided by management during on-site training of new nutrition staff. For new and veteran nutrition staff alike, it is meant to be used as a quick reference to suggest appropriate topics of nutrition education for particular categories of participants and provide direction for completing documentation of appointments.

Another primary feature was to improve consistency of documentation location and content within each agency and Statewide. Setting clear expectations for local agency chart audits and State agency monitoring visits will allow for more objective quality assurance processes. Lastly, it has the potential to identify future training topics, complementary to nutrition issues that interest staff.

The document has been organized into category of participant and visit type. Within each visit type: Certification topics, Additional topics (if appropriate)/referrals and Documentation have been identified to organize the large amount of information in a meaningful and efficient manner, reducing redundancy of both nutrition education and documentation.

As we move to adapt this guidance into each of our WIC nutrition assessment and education “toolkits” we hope over time as a State, to gain the ability to track behavior change based on the nutrition education provided; and to improve the continuity of care provided to participants at subsequent visits.

Few related questions from the 12/4/2009 presentation on Nutrition Services Documentation:

1. It would be helpful if the state paralleled continuing ed. categories allowed by CDR.  
**Thanks for your feedback. As an aside, we are working to get continuing education credit for the 12/4 morning session on nutrition services documentation. As we plan future in-service trainings, we can consider the CDR categories for the portfolios.**
2. Nutrition Ed documentation: Do we need to specify the next appointment (i.e., 1/2/3 mos.) in the progress notes?  
**If the Nutritionist decides the follow-up is a frequency less than three months it should be documented in the note, this provides insight into what the original or “certifying” professional planned as part of the assessment.**
3. Please provide guidance on role of Nutrition Aide as it relates to documentation of Second education contacts?  
**If the second education contact is in a group format, there must be a lesson plan and the topic should be documented in screen 113 with additional comments by the nutrition aide as needed. When the education contact is performed individually, the nutrition aide must record the appropriate documentation as it relates to the nutrition education guidance document. Clients seen for certification and any high risks clients must be seen by a nutritionist.**
4. If risks are high risk, do we have to note in comments about HR, see soap note?  
**This shouldn't be necessary, because in most situations Nutrition staff should be checking previous notes including SOAP notes for the majority of participants. As part of the local agency review process, State monitoring staff will automatically check screen 114 and 115 if the participant is assessed as high risk. If your coworkers find it is easier to provide messages to each other via the comments screen, by all means use this method.**

## General Information

- Nutrition Program
- Prospective participant must meet eligibility requirements (category, income, residency, etc)
- Hours of operation and appointment policy (flexible to participant needs)
- Limited medical information will be required
- There must be evidence participant is receiving on-going healthcare
- WIC promotes breastfeeding as the optimal choice of infant feeding
- WIC cannot provide more than 3 months of checks at one time
- Frequency of visits is determined by a Nutritionist based on the nutrition assessment process
- Checks are issued to purchase selected amounts (**supplemental**) and types of foods
- Nutrition education will be offered at each visit

## Initial Visit

### Interview with Program Assistant

- Greet and welcome participant appropriately
- Identity, Income, Category, Residency
- Certification Form (participant's name, height/weight, bloodwork), Crib Card, Proof of Pregnancy, Medical Documentation Form
- Voter Registration
- Document appropriate information
- Explain WIC Approved food list/ Participant ID booklet
- Review Alternate/Caretaker Policy and complete necessary paperwork

### Interview with Nutritionist

- Introduce self
- Establish rapport
- Set expectations/plan of time/events of visit
- Verify medical information
- Conduct nutrition assessment/determine risk(s)
- Develop nutrition care plan and prioritize intervention
- Offer appropriate nutrition counseling. Nutrition education should be participant centered, but not participant driven. Choose topics of interest to the family to engage them in dialogue, but balance with information on risks identified.
- Guide participant towards goal setting
- Make appropriate referral(s)
- Select and assign appropriate food package; provide anticipatory guidance for upcoming categorical food package changes
- Determine frequency of visits (check issuance)

Exit (this may vary among agencies as to who does what)

- Explain how to use checks
- Checks are not replaceable
- Violations or actions related to misuse of checks can result in disqualification or suspension from the WIC Program
- Explain and give copy of WIC Approved food list and WIC Authorized vendor list
- Schedule follow-up appointment that is convenient for the participant
- WIC participants who fail to pick up checks for two (2) consecutive months will be automatically removed from the program
- Appointment policy (call to change appointment)

**Documentation Standards/Best Practices**

- Documentation should be completed in a timely manner to allow for accuracy and thoroughness
- ALL Nutrition education should be documented, including nutrition education done via telephone. Telephone nutrition education may be appropriate for but not limited to: pregnant participants on bed rest, breastfeeding mothers during the immediate postpartum period, and participant/caregiver initiated inquires. The documentation should identify that the education was completed via telephone and the circumstances why.
- Documentation can be completed during the course of the appointment if it does not break the concentration of the participant, diminish the rapport between Nutritionist and participant, or otherwise impact VENA participant-centered focus
- It is expected that documentation will be done by “exception”; any deviation from standard appointment education topics will be clearly noted with plans for future education identified
- When documenting in SOAP format for high risk participants: “O” may refer the reader to see the objective data previously identified in SWIS or on the certification form to prevent redundancy of documentation. Any objective data relevant to key risk(s) or concern(s) should be noted in the “O” section for immediate reference at follow-up visits. Can combine A and P if desired.

**Suggested Uses for Comment Screen in Interoffice Communication**

- Notation of any missing documentation and plan for follow-up
- Notation of High Risk Status
- Frequency of check distribution as determined by Nutritionist
- Date when secondary nutrition education should be done
- Notation of what documentation is needed at next follow-up or recertification appointment

**Prenatal Women 1<sup>st</sup> trimester**

Certification topics:	Additional topics if appropriate/Referrals:	Documentation
<ul style="list-style-type: none"> <li>• Pregnancy Associated Discomforts</li> <li>• Health Concerns: Depression, Mood Swings, Pre-existing Medical Conditions/Diagnoses</li> <li>• Appropriate Weight Gain</li> <li>• Alcohol</li> <li>• Caffeine</li> <li>• Drugs</li> <li>• Smoking</li> <li>• Intake of: Medications (prescription/ OTC), Vitamin/mineral Supplements, Herbs/ Herbal Supplements</li> <li>• Importance of Dental Care</li> <li>• Importance of well rounded dietary intake</li> <li>• Key Nutrients: Folic Acid, Iron, Vit C, Calcium</li> <li>• Importance of taking prenatal vitamins and iron supplements as prescribed</li> <li>• Fluid Needs</li> <li>• Food Safety</li> <li>• Physical Activity</li> <li>• Breastfeeding Promotion</li> <li>• Food Security</li> </ul>	<p>Teen Pregnancy: Additional Key Nutrient Needs: Calcium, Protein, Calories, Iron</p> <p>Multi-fetal Gestation: Additional Key Nutrient Needs: Calories, Protein</p> <p>Vegetarian/Vegan: Additional Key Nutrients: B12, Zinc, Iron, Calcium</p> <p>Lactose Intolerance</p> <p>Housing Stability/Homelessness</p> <p>Drug use, Participation in Rehab or Treatment</p> <p>Domestic Violence</p> <p>Psychiatric issues/Depression</p> <p>Participant directed concerns/questions</p>  <p>Referrals: As appropriate, See SWIS Manual Appendix A</p>	<p><b>Standard Documentation:</b>  <u>Screen:</u> 113                      <u>Contact Type:</u> PI or PG  <u>Main Concern:</u> Date of appt, participant's weight, current weight gain in comparison to GA, participant concerns/interests, staff concerns, non-protocol topics discussed, nutrition plan and goals set if necessary, referrals made, expected level of compliance (or barriers), plan for follow-up, identify protocol topics not discussed  <u>Topics:</u> As appropriate  <u>Handouts:</u> Healthy Eating During Pregnancy, additional topic specific material as appropriate</p> <p>Weight Gain Grid</p> <p><b>If High Risk:</b>  <u>Screen:</u> 113                      <u>Contact Type:</u> PI or PG  <u>Main concern:</u> Date, See Progress Notes, Optional: List of risk factors  <u>Topics:</u> As Above  <u>Handouts:</u> As Above  <u>Screen:</u> 114 or 115: SOAP format for documentation:  Date  S: Subjective statements of participant relevant to risk factors determined and nutrition education provided  O: GA of pregnancy, Ht, Wt, PPG WT, EDD, Medical Dx/Condition  Can combine A/P if desired  A: SWIS risk factor(s), assessed or anticipated risk(s) not identifiable by SWIS, participant's comprehension/receptiveness, expected compliance (or barriers), medical support/follow-up participant is receiving  P: Topics/issues discussed, goals set, plan for follow-up on current issues, identify protocol topics not discussed  Nutritionist's Signature</p>

Prenatal Women 2 <sup>nd</sup> trimester		
<p>Certification topics:</p> <ul style="list-style-type: none"> <li>• Health Concerns: Gestational Diabetes, Pre-eclampsia, pre-existing medical conditions/ diagnoses</li> <li>• Appropriate Weight Gain</li> <li>• Alcohol</li> <li>• Caffeine</li> <li>• Smoking</li> <li>• Drugs</li> <li>• Intake of: Medications (prescription/ OTC), Vitamin/mineral Supplements, Herbs/ Herbal Supplements</li> <li>• Importance of Dental Care</li> <li>• Importance of well rounded dietary intake</li> <li>• Key Nutrients: Folic Acid, Iron, Vit C, Calcium</li> <li>• 300 Extra Calories, Extra Protein</li> <li>• Importance of taking prenatal vitamins and iron supplements as prescribed</li> <li>• Fluid Needs</li> <li>• Food Safety</li> <li>• Physical Activity</li> <li>• Breastfeeding Promotion, Support, &amp; Referrals</li> <li>• Food Security</li> </ul>	<p>Additional topics if appropriate/Referrals:</p> <p>Pregnancy Associated Discomforts</p> <p>Health Concerns: Depression, Mood Swings</p> <p>Teen Pregnancy: Additional Key Nutrient Needs: Calcium, Protein, Calories, Iron</p> <p>Multi-fetal Gestation: Additional Key Nutrient Needs: Calories, Protein</p> <p>Vegetarian/Vegan: Additional Key Nutrients: B12, Zinc, Iron, Calcium</p> <p>Lactose Intolerance</p> <p>Housing Stability/Homelessness</p> <p>Drug use, Participation in Rehab or Treatment</p> <p>Domestic Violence</p> <p>Psychiatric issues/Depression</p> <p>Participant directed concerns/ questions</p> <p>Referrals: As appropriate, See SWIS Manual Appendix A</p>	<p>Documentation</p> <p><b>Standard Documentation:</b>  <u>Screen:</u> 113                      <u>Contact Type:</u> PI or PG  <u>Main Concern:</u> Date of appt, participant's weight, current weight gain in comparison to GA, participant concerns/interests, staff concerns, non-protocol topics discussed, nutrition plan and goals set if necessary, referrals made, expected level of compliance (or barriers), plan for follow-up, identify protocol topics not discussed  <u>Topics:</u> As appropriate  <u>Handouts:</u> Healthy Eating During Pregnancy, additional topic specific material as appropriate</p> <p>Weight Gain Grid</p> <p><b>If High Risk:</b>  <u>Screen:</u> 113                      <u>Contact Type:</u> PI or PG  <u>Main concern:</u> Date, See Progress Notes, Optional: List of risk factors  <u>Topics:</u> As Above  <u>Handouts:</u> As Above  <u>Screen:</u> 114 or 115: SOAP format for documentation:  Date  S: Subjective statements of participant relevant to risk factors determined and nutrition education provided  O: GA of pregnancy, Ht, Wt, PPG WT, EDD, Medical Dx/Condition  Can combine A/P if desired  A: SWIS risk factor, assessed or anticipated risk determined, participant's comprehension/ receptiveness, expected compliance (or barriers), medical support/follow-up participant is receiving  P: Topics/issues discussed, goals set, plan for follow-up on current issues, identify protocol topics not discussed  Nutritionist's Signature</p>

Prenatal Women 3 <sup>rd</sup> trimester		
Certification topics:	Additional topics if appropriate/Referrals:	Documentation
<ul style="list-style-type: none"> <li>Health Concerns: Gestational Diabetes, Pre-eclampsia, Toxemia, pre-existing medical conditions/diagnoses</li> <li>Appropriate Weight Gain</li> <li>Alcohol</li> <li>Caffeine</li> <li>Smoking</li> <li>Drugs</li> <li>Intake of: Medications (prescription/ OTC), Vitamin/mineral Supplements, Herbs/ Herbal Supplements</li> <li>Importance of Dental Care</li> <li>Importance of well rounded dietary intake</li> <li>Key Nutrients: Folic Acid, Iron, Vit C, Calcium</li> <li>300 Extra Calories, Extra Protein</li> <li>Importance of taking prenatal vitamins and iron supplements as prescribed</li> <li>Fluid Needs</li> <li>Food Safety</li> <li>Physical Activity</li> <li>Food Security</li> </ul> <p><b>Preparation for Infant Feeding</b></p> <ul style="list-style-type: none"> <li><b>If Planning to BF: Support, Referrals, BF initiation, expectations for BF frequency and why important, signs of successful BF, recommendation to avoid formula introduction in early phase of lactation</b></li> <li><b>If Planning Artificial Feeding: WIC contract formula</b></li> </ul> <p><b>Instruction to inform WIC office of infant's delivery for purposes of certification.</b></p>	<p>Pregnancy Associated Discomforts</p> <p>Health Concerns: Depression, Mood Swings</p> <p>Teen Pregnancy: Additional Key Nutrient Needs: Calcium, Protein, Calories, Iron</p> <p>Multi-fetal Gestation: Additional Key Nutrient Needs: Calories, Protein</p> <p>Vegetarian/Vegan: Additional Key Nutrients: B12, Zinc, Iron, Calcium</p> <p>Lactose Intolerance</p> <p>Housing Stability/Homelessness</p> <p>Drug use, Participation in Rehab or Treatment</p> <p>Domestic Violence</p> <p>Psychiatric issues/Depression</p> <p>Participant directed concerns/ questions</p> <p>Referrals: As appropriate, See SWIS Manual Appendix A</p>	<p><b>Standard Documentation:</b>  <u>Screen:</u> 113                      <u>Contact Type:</u> PI or PG  <u>Main Concern:</u> Date of appt, participant's weight, current weight gain in comparison to GA, participant concerns/interests, staff concerns, non-protocol topics discussed, nutrition plan and goals set if necessary, referrals made, expected level of compliance (or barriers), plan for follow-up, identify protocol topics not discussed  <u>Topics:</u> As appropriate  <u>Handouts:</u> Healthy Eating During Pregnancy, Breastfeeding, additional topic specific material as appropriate</p> <p>Weight Gain Grid</p> <p><b>If High Risk:</b>  <u>Screen:</u> 113                      <u>Contact Type:</u> PI or PG  <u>Main concern:</u> Date, See Progress Notes, Optional: List of risk factors  <u>Topics:</u> As Above  <u>Handouts:</u> As Above  <u>Screen:</u> 114 or 115: SOAP format for documentation:  Date  S: Subjective statements of participant relevant to risk factors determined and nutrition education provided  O: GA of pregnancy, Ht, Wt, PPG WT, EDD, Medical Dx/Condition  Can combine A/P is desired  A: SWIS risk factor, assessed or anticipated risk determined, participant's comprehension/receptiveness, expected compliance (or barriers), medical support/follow-up participant is receiving  P: Topics/issues discussed, goals set, plan for follow-up on current issues, identify protocol topics not discussed  Nutritionist's Signature</p>

Prenatal Women Second Nutrition Education Contacts/Follow-Up		
Topics to include:	Optional, if appropriate:	Documentation
<ul style="list-style-type: none"> <li>Weight Gain</li> <li>Health Concerns: Gestational Diabetes, Pre-eclampsia, Toxemia, Depression, Mood Swings, Anemia</li> </ul> <p>Preparation for Infant Feeding:</p> <ul style="list-style-type: none"> <li>If Planning to BF: Support, Referrals, BF initiation, expectations for BF frequency and why important, signs of successful BF, recommendation to avoid formula introduction in early phase of lactation</li> <li>If Planning Artificial Feeding: WIC contract formula</li> </ul> <p>Instruction to inform WIC office of infant's delivery for purposes of certification.</p>	<p>Update on Previous Discomforts</p> <p>Change in Appetite</p> <p>Change in Sleep Pattern</p> <p>Change in Smoking Status</p> <p>Update on Pregnancy: Mom's health, infant's health/growth</p> <p>Update on behavior changes made to improve dietary intake</p> <p>Update on behavior changes made improve health: dental care, caffeine, medications, alcohol, drugs</p> <p>Participant directed concerns/ questions</p> <p>Referrals: As appropriate, See SWIS Manual Appendix A</p>	<p><b>Standard Documentation:</b>  <u>Screen:</u> 113      <u>Contact Type:</u> SI or SG  <u>Main Concern:</u> Date of appt, participant's weight, current weight gain in comparison to GA, participant concerns/interests, staff concerns, non-protocol topics discussed, nutrition plan and goals set if necessary, referrals made, expected level of compliance (or barriers), plan for follow-up  <u>Topics:</u> As appropriate  <u>Handouts:</u> Breastfeeding, additional topic specific material as appropriate</p> <p>Update Weight Gain Grid</p> <p><b>If High Risk:</b>  <u>Screen:</u> 113      <u>Contact Type:</u> SI or SG  <u>Main concern:</u> Date, See Progress Notes, Optional: additional risk factors  <u>Topics:</u> As Above  <u>Handouts:</u> As Above  <u>Screen:</u> 114 or 115:  Date  Current weight; GA of pregnancy; changes in: medical status, medications, vitamin/ mineral supplementation; topics/issues discussed; progress in relation to goals previously set; if appropriate: medical support/follow-up participant is receiving, new goals set; plan for follow-up on current issues, Nutritionist's Signature</p>

Infant Certification		
Certification Topics:	Additional topics if appropriate/Referrals:	Documentation
<ul style="list-style-type: none"> <li>• Feeding on Demand</li> <li>• Feeding Cues</li> <li>• Breastfeeding: Mom's impression of how BF is going, latch/positioning, frequency of feeds, supply/demand, milk expression, assess current BF support, offer additional resources, plans for exclusivity/supplementation, recommendations for Vitamin D supplementation and possibly iron if indicated by Pediatrician</li> <li>• Benefits of skin-to-skin contact for BF and FF infants</li> <li>• Formula feeding: Formula preparation and storage, contract formula policy, policy on formula changes</li> <li>• Food Safety/Sanitation with feeding</li> <li>• Recommendations for delay of water and solids</li> <li>• Signs an infant is getting enough to eat</li> <li>• Expectations for growth spurts and changes in eating and sleeping patterns</li> <li>• Food Security</li> </ul> <p><b>Separate BF note under Mom may be appropriate depending on circumstances. If deemed unnecessary, refer to note in infant's file and select appropriate topics codes to assign secondary education credit for Mom.</b></p>	<p>Additional BF topics: Proper latch and positions, tips for letdown, access to breast pump, storage of breast milk,</p> <p>Feeding concerns: spitting up, burping, timed feedings, expectations for sleeping patterns, propping bottle</p> <p>Medications/Medical Conditions</p> <p>Reflux</p> <p>Family Care/Foster Care</p> <p>Caregiver directed concerns/ questions</p> <p>Referrals: As appropriate, See SWIS Manual Appendix A</p>	<p><b>Standard Documentation:</b>  <u>Screen:</u> 113                      <u>Contact Type:</u> PI or PG  <u>Main Concern:</u> Date of appt, caregiver's choice of feeding methods, pattern of feeding, ability to identify feeding cues, non-protocol topics discussed, nutrition plan and goals set if necessary, referrals made, expected level of compliance (or barriers), plan for follow-up, identify protocol topics not discussed  <u>Topics:</u> As appropriate  <u>Handouts:</u> Feeding Your Baby – Birth to 4 Mo</p> <p>Weight Gain Grid – If Premature: calculate and plot based on corrected age/Gestational Adjusted Age (GAA). * <i>DO NOT plot on CDC Growth Chart until corrected age &gt; or = 40 weeks.</i></p> <p><b>If High Risk:</b>  <u>Screen:</u> 113                      <u>Contact Type:</u> PI or PG  <u>Main concern:</u> Date, See Progress Notes, Optional: List of risk factors  <u>Topics:</u> As Above  <u>Handouts:</u> As Above  <u>Screen:</u> 114 or 115: SOAP format for documentation:  Date  S: Subjective statements of caregiver relevant to risk factors determined and nutrition education provided  O: Birth weight, length, gestational age, Medical Dx/Condition  Can combine A/P if desired  A: SWIS risk factor, assessed or anticipated risk determined, caregiver's comprehension/receptiveness, expected compliance (or barriers), medical support/follow-up caregiver is receiving  P: Topics/issues discussed, goals set, plan for follow-up on current issues, identify protocol topics not discussed  Nutritionist's Signature</p>

Infant Second Contact (0-4 months)		
Topics:	Additional topics if appropriate/Referrals:	Documentation
<ul style="list-style-type: none"> <li>• Assessment of current BF or FF pattern/amounts</li> <li>• Additional BF or FF support as needed</li> <li>• Developmental signs of readiness for solids</li> <li>• Food Safety</li> <li>• Assessment of current use of free water</li> <li>• Importance of dental care</li> <li>• Upcoming changes to infant's food package</li> <li>• Anticipatory guidance/ assessment of infant's developmental readiness for solids as compared to current use of solids</li> </ul>	<p>Formula preparation and storage</p> <p>Proper use of bottle</p> <p>Anticipatory Guidance re: BF and teething/biting</p> <p>Infant eating at Daycare</p> <p>Medications/Medical Conditions</p> <p>Reflux</p> <p>Anticipatory guidance in preparation of infant cereal and infant foods</p> <p>Importance of introduction to cup</p> <p>Family Care/Foster Care</p> <p>Caregiver directed concerns/questions</p> <p>Referrals: As appropriate, See SWIS Manual Appendix A Referrals: As appropriate</p>	<p><b>Standard Documentation:</b>  <u>Screen:</u> 113                      <u>Contact Type:</u> SI or SG  <u>Main Concern:</u> Date of appt, pattern of feeding, caregiver's ability to identify developmental signs of readiness for solids, non-protocol topics discussed, nutrition plan and goals set if necessary, referrals made, expected level of compliance (or barriers), plan for follow-up, identify protocol topics not discussed  <u>Topics:</u> As appropriate  <u>Handouts:</u> Feeding Your Baby – Birth to 1 Yr, Feeding Your Baby – 4 to 8 Mo</p> <p><b>If High Risk:</b>  <u>Screen:</u> 113                      <u>Contact Type:</u> SI or SG  <u>Main concern:</u> Date, See Progress Notes, Optional: Additional risk factors  <u>Topics:</u> As Above  <u>Handouts:</u> As Above  <u>Screen:</u> 114 or 115:  Date  Current weight/length if available; changes in: medical status, medications, vitamin/ mineral supplementation; topics/issues discussed; progress in relation to goals previously set; if appropriate: adjusted gestational age, medical support/follow-up caregiver is receiving, new goals set, caregiver's comprehension/receptiveness, expected compliance (or barriers), plan for follow-up on current issues, identify protocol topics not discussed, Nutritionist's Signature</p> <p><u>Best Practice:</u> SOAP format for documentation:  <b>If BF, refer to note in infant's file and select appropriate topics codes to assign secondary education credit for Mom.</b></p>

Infant Mid-certification (5-7 months)		
Mid-certification topics:	Additional topics if appropriate:	Documentation
<ul style="list-style-type: none"> <li>Review of weight and length, growth pattern of infant (individual growth pattern, expected growth for age)</li> <li>Assessment of current BF or FF pattern/amounts</li> <li>Additional BF or FF support as needed</li> <li>Review introduction of solids</li> <li>Assess current intake of solids</li> <li>Importance of introducing one new food at a time</li> <li>Developmental signs of readiness for finger/table foods</li> <li>Food Safety</li> <li>Tips for and importance of Self-feeding</li> <li>Caution with high allergy foods, foods to avoid, choking hazards</li> <li>Assessment of teething status and impact on feeding</li> <li>Importance of dental care and fluoride source</li> <li>Importance of introduction to cup</li> <li>Upcoming changes to infant's food package</li> <li>Food Security</li> <li>Importance of meal/snack planning, family meals, and role modeling</li> </ul>	<p>Preparation and storage of infant foods, including homemade if appropriate</p> <p>Tips for alleviating teething discomfort</p> <p>Tips for managing teething and BF</p> <p>Infant eating at Daycare</p> <p>Allergies</p> <p>Medications/Medical Conditions</p> <p>Reflux</p> <p>Family Care/Foster Care</p> <p>Caregiver directed concerns/questions</p>	<p><b>Standard Documentation:</b>  <u>Screen:</u> 113                      <u>Contact Type:</u> SI or SG  <u>Main Concern:</u> Date of appt, pattern of feeding, caregiver's ability to identify developmental signs of readiness for finger/table foods, non-protocol topics discussed, nutrition plan and goals set if necessary, referrals made, expected level of compliance (or barriers), plan for follow-up, identify protocol topics not discussed  <u>Topics:</u> As appropriate  <u>Handouts:</u> Feeding Your Baby – 8 to 12 Mo</p> <p>Weight Gain Grid – – If Premature: calculate and plot based on corrected age/Gestational Age Adjustment (GAA). * DO NOT plot on CDC Growth Chart until corrected age &gt; or = 40 weeks.</p> <p><b>If High Risk:</b>  <u>Screen:</u> 113                      <u>Contact Type:</u> SI or SG  <u>Main concern:</u> Date, See Progress Notes, Optional: Additional risk factors  <u>Topics:</u> As Above  <u>Handouts:</u> As Above  <u>Screen:</u> 114 or 115:  Date  Current weight/length if available; changes in: medical status, medications, vitamin/ mineral supplementation; topics/issues discussed; progress in relation to goals previously set; if appropriate: adjusted gestational age, medical support/follow-up caregiver is receiving, new goals set, caregiver's comprehension/receptiveness, expected compliance (or barriers), plan for follow-up on current issues, identify protocol topics not discussed, Nutritionist's Signature</p> <p><u>Best Practice:</u> SOAP format for documentation</p>
<p><b>If BF, BF follow-up education and corresponding documentation expected for Mom as well as infant.</b></p>	<p>Referrals: As appropriate, See SWIS Manual Appendix A</p>	

Infant Second Contact (8-11 months)		
Topics:	Optional, if appropriate:	Documentation
<ul style="list-style-type: none"> <li>• Review introduction of finger/table foods</li> <li>• Assess current intake of finger/table foods</li> <li>• Assess caregiver's confidence with and infant's tolerance of variety in foods/textures</li> <li>• Review high allergy foods, choking hazards</li> <li>• Assess current intake high allergy foods, choking hazards</li> <li>• Food Safety</li> <li>• Tips for and importance of Self-feeding</li> <li>• Importance of meal/snack planning, family meals, and role modeling</li> <li>• Assess current intake of dairy products</li> <li>• Discuss weaning to whole cows' milk at 12 months of age</li> <li>• Assess cup use</li> <li>• Discuss importance of and tips to assist with weaning from bottle</li> <li>• Assess dental care</li> <li>• Discussed recommendation of AAP for dental visits to begin at 12 months of age</li> <li>• Medical Documentation needed for recertification at 12 months of age</li> </ul>	<p>Plans for duration of BF</p> <p>Tips for weaning from BF if requested</p> <p>Infant eating at Daycare</p> <p>Policy for medical documentation if child will not be transitioning to whole cows' milk at 12 months of age</p> <p>ID, Income, Residency Documentation needed at 12 months of age if not already reviewed by Program Assistant</p> <p>Caregiver directed concerns/questions</p> <p>Referrals: As appropriate, See SWIS Manual Appendix A</p>	<p><b>Standard Documentation:</b>  <u>Screen:</u> 113                      <u>Contact Type:</u> SI or SG  <u>Main Concern:</u> Date of appt, pattern of feeding, caregiver's ability to identify ways to include infant in family meals, steps being taken to prepare for weaning (BF, FF, bottle) as appropriate, non-protocol topics discussed, nutrition plan and goals set if necessary, referrals made, expected level of compliance (or barriers), plan for follow-up, identify protocol topics not discussed  <u>Topics:</u> As appropriate  <u>Handouts:</u> As appropriate</p> <p><b>If High Risk:</b>  <u>Screen:</u> 113                      <u>Contact Type:</u> SI or SG  <u>Main concern:</u> Date, See Progress Notes, Optional: Additional risk factors  <u>Topics:</u> As Above  <u>Handouts:</u> As Above</p> <p><u>Screen:</u> 114 or 115:  <u>Performance Standard:</u>  Date  Current weight/length if available; changes in: medical status, medications, vitamin/ mineral supplementation; topics/issues discussed; progress in relation to goals previously set; if appropriate: adjusted gestational age, medical support/follow-up caregiver is receiving, new goals set, caregiver's comprehension/receptiveness, expected compliance (or barriers), plan for follow-up on current issues, identify protocol topics not discussed  Nutritionist's Signature</p> <p><u>Best Practice:</u> SOAP format for documentation:  <b>If BF, refer to note in infant's file and select appropriate topics codes to assign secondary education credit for Mom.</b></p>

Postpartum Women Certification (all categories)		
Certification Topics:	Additional topics if appropriate/Referrals:	Documentation
<p>Exclusive breastfeeding:</p> <ul style="list-style-type: none"> <li>• Importance of Self-care</li> <li>• Family/friend support system &amp; accepting help</li> <li>• Nutrient/Fluid needs</li> <li>• Key Nutrients: Fe, Folic Acid, Vit A, Vit C, Calcium</li> <li>• Cont Prenatal Vit or OTC Multivit/Mineral</li> <li>• PP Care/OB/GYN visits</li> <li>• Weight Loss/Management</li> <li>• Food Safety</li> <li>• Importance of Well Child-Care/Immunizations</li> <li>• Mom describe: infant's feeding pattern, signs hunger/satiety, growth/growth spurts, milk supply, latch/positioning, use of skin-to-skin contact</li> <li>• Infant supplementation: Vit D, Fe</li> <li>• Developmental signs of readiness for solids</li> <li>• PP Depression</li> <li>• Alcohol</li> <li>• Drugs</li> <li>• Caffeine</li> <li>• Food Security</li> </ul>	<p>Anemia/Fe rich foods/Vit C</p> <p>Smoking Status/2ndhand smoke</p> <p>Community BF Support</p> <p>Breast Milk Expression/Breast Pump use &amp; access</p> <p>BF and returning to work</p> <p>Breast milk storage: home and work</p> <p>Family Planning</p> <p>Housing Stability/Homelessness</p> <p>Drug use, Participation in Rehab or Treatment</p> <p>Participant directed concerns/questions</p> <p>Referrals: As appropriate, See SWIS Manual Appendix A</p>	<p><b>Standard Documentation:</b>  <u>Screen:</u> 113                      <u>Contact Type:</u> PI or PG  <u>Main Concern:</u> Date of appt, participant concerns/interests, staff concerns, non-protocol topics discussed, nutrition plan and goals set if necessary, referrals made, expected level of compliance (or barriers), plan for follow-up, identify protocol topics not discussed, refer to note on feeding under infant  <u>Topics:</u> As appropriate  <u>Handouts:</u> Healthy Eating After You Delivery, Breastfeeding, additional topic specific material as appropriate</p> <p><b>If High Risk:</b>  <u>Screen:</u> 113                      <u>Contact Type:</u> PI or PG  <u>Main concern:</u> Date, See Progress Notes, Optional: List of risk factors  <u>Topics:</u> As Above  <u>Handouts:</u> As Above  <u>Screen:</u> 114 or 115: SOAP format for documentation:  Date  S: Subjective statements of participant relevant to risk factors determined and nutrition education provided  O: PP: Wt, HT, HGB/HCT; # of weeks Gestation at delivery, Medical Dx/Condition  A: SWIS risk factor, assessed or anticipated risk determined, participant's comprehension/receptiveness, expected compliance (or barriers), medical support/follow-up participant is receiving  P: Topics/issues discussed, goals set, plan for follow-up on current issues, identify protocol topics not discussed  Nutritionist's Signature</p> <p><b>Secondary nutrition education note should be documented under infant. See Infant Second Contact (0-4 Months).</b></p>

Postpartum Women Certification (all categories)		
Certification Topics:	Additional topics if appropriate/Referrals:	Documentation
<p>Some breastfeeding/some formula:</p> <ul style="list-style-type: none"> <li>• Importance of Self-care</li> <li>• Family/friend support system &amp; accepting help</li> <li>• Nutrient/Fluid needs</li> <li>• Key Nutrients: Fe, Folic Acid, Vit A, Vit C, Calcium</li> <li>• Cont Prenatal Vit or OTC Multivit/Mineral</li> <li>• PP Care/OB/GYN visits</li> <li>• Weight Loss/Management</li> <li>• Food Safety</li> <li>• Importance of Well Child-Care/Immunizations</li> <li>• Mom Describe: Infant's feeding pattern, signs of hunger/satiety, growth/growth spurts, milk supply, latch/positioning, use of skin-to-skin contact</li> <li>• Milk supply esp. imp w/combo feeding methods</li> <li>• Frequency of nursing or milk expression</li> <li>• Formula prep/storage/food safety</li> <li>• Infant supplementation: Vit D, Fe</li> <li>• Developmental signs of readiness for solids</li> <li>• PP Depression</li> <li>• Alcohol</li> <li>• Drugs</li> <li>• Caffeine</li> <li>• Food Security</li> </ul>	<p>Anemia/Fe rich foods/Vit C</p> <p>Smoking Status/2ndhand smoke</p> <p>Community BF Support</p> <p>Breast Milk Expression/Breast Pump use &amp; access</p> <p>BF and returning to work</p> <p>Breast milk storage: home and work</p> <p>Family Planning</p> <p>Housing Stability/Homelessness</p> <p>Drug use, Participation in Rehab or Treatment</p> <p>Participant Directed Questions/Concerns</p> <p>Referrals: As appropriate, See SWIS Manual Appendix A</p>	<p><b>Standard Documentation:</b>  <u>Screen:</u> 113                      <u>Contact Type:</u> PI or PG  <u>Main Concern:</u> Date of appt, participant concerns/interests, staff concerns, non-protocol topics discussed, nutrition plan and goals set if necessary, referrals made, expected level of compliance (or barriers), plan for follow-up, identify protocol topics not discussed, refer to note on feeding under infant  <u>Topics:</u> As appropriate  <u>Handouts:</u> Healthy Eating After You Delivery, Breastfeeding, additional topic specific material as appropriate</p> <p><b>If High Risk:</b>  <u>Screen:</u> 113                      <u>Contact Type:</u> PI or PG  <u>Main concern:</u> Date, See Progress Notes, Optional: List of risk factors  <u>Topics:</u> As Above  <u>Handouts:</u> As Above  <u>Screen:</u> 114 or 115: SOAP format for documentation:  Date  S: Subjective statements of participant relevant to risk factors determined and nutrition education provided  O: PP: Wt, HT, HGB/HCT; # of weeks Gestation at delivery, Medical Dx/Condition  A: SWIS risk factor, assessed or anticipated risk determined, participant's comprehension/receptiveness, expected compliance (or barriers), medical support/follow-up participant is receiving  P: Topics/issues discussed, goals set, plan for follow-up on current issues, identify protocol topics not discussed  Nutritionist's Signature</p> <p><b>Secondary nutrition education note should be documented under infant. See Infant Second Contact (0-4 Months).</b></p>



Breastfeeding Follow-up		
Topics:	Additional topics if appropriate/Referrals:	Documentation
<p>Exclusive breastfeeding:</p> <ul style="list-style-type: none"> <li>• Pattern of feedings</li> <li>• Time Mom spends away from infant</li> <li>• Mom's appetite</li> <li>• Mom's Vit/min supplementation</li> <li>• Nursing/Milk Expression</li> <li>• BF support</li> <li>• Infant Growth</li> <li>• Infant Vit/min supplementation</li> <li>• Complementary foods/fluids</li> <li>• Mom's plan for cont BF</li> </ul>	<p>Weight Loss/Management</p> <p>Tips for weaning from BF if requested</p> <p>Smoking Status/2ndhand smoke</p> <p>PP Depression</p> <p>Community BF Support</p> <p>Breast Milk Expression/Breast Pump use and access</p> <p>BF and returning to work</p> <p>Family Planning</p> <p>Weaning</p> <p>Update on behavior changes made improve health: dental care, caffeine, medications, alcohol, drugs</p> <p>Participant directed concerns/questions</p> <p>Referrals: As appropriate, See SWIS Manual Appendix A</p>	<p><b>Standard Documentation:</b>  <u>Screen:</u> 113                      <u>Contact Type:</u> SI or SG  <u>Main Concern:</u> Date of appt, participant concerns/interests, staff concerns, non-protocol topics discussed, nutrition plan and goals set if necessary, referrals made, expected level of compliance (or barriers), plan for follow-up  <u>Topics:</u> As appropriate  <u>Handouts:</u> Breastfeeding, additional topic specific material as appropriate</p> <p><b>If High Risk:</b>  <u>Screen:</u> 113                      <u>Contact Type:</u> SI or SG  <u>Main concern:</u> Date, See Progress Notes, Optional: Additional risk factors  <u>Topics:</u> As Above  <u>Handouts:</u> As Above  <u>Screen:</u> 114 or 115:  Date  Changes in: medical status, medications, vitamin/mineral supplementation; topics/issues discussed; progress in relation to goals previously set; if appropriate: medical support/follow-up participant is receiving, new goals set; plan for follow-up on current issues, Nutritionist's Signature</p> <p><u>Best Practice:</u>  SOAP format for documentation:  <b>Secondary nutrition education note should be documented under infant. See Infant Second Contact for appropriate age of infant.</b></p>

Breastfeeding Follow-up		
Topics:	Additional topics if appropriate/Referrals:	Documentation
<p>Some breastfeeding/some formula:</p> <ul style="list-style-type: none"> <li>• Pattern of feedings</li> <li>• Time Mom spends away from infant</li> <li>• Mom's appetite</li> <li>• Mom's Vit/min supplementation</li> <li>• Nursing/Milk Expression</li> <li>• BF support</li> <li>• Amount/Pattern of formula use</li> <li>• Infant Growth</li> <li>• Infant Vit/min supplementation</li> <li>• Complementary foods/ fluids</li> <li>• Mom's plan for cont BF</li> </ul>	<p>Weight Loss/Management</p> <p>Tips for weaning from BF if requested</p> <p>Smoking Status/2ndhand smoke</p> <p>PP Depression</p> <p>Community BF Support</p> <p>Breast Milk Expression/Breast Pump use &amp; access</p> <p>BF and returning to work</p> <p>Family Planning</p> <p>Weaning</p> <p>Update on behavior changes made improve health: dental care, caffeine, medications, alcohol, drugs</p> <p>Participant directed concerns/questions</p> <p>Referrals: As appropriate, See SWIS Manual Appendix A</p>	<p><b>Standard Documentation:</b>  <u>Screen:</u> 113                      <u>Contact Type:</u> SI or SG  <u>Main Concern:</u> Date of appt, participant concerns/interests, staff concerns, non-protocol topics discussed, nutrition plan and goals set if necessary, referrals made, expected level of compliance (or barriers), plan for follow-up  <u>Topics:</u> As appropriate  <u>Handouts:</u> Breastfeeding, additional topic specific material as appropriate</p> <p><b>If High Risk:</b>  <u>Screen:</u> 113                      <u>Contact Type:</u> SI or SG  <u>Main concern:</u> Date, See Progress Notes, Optional: Additional risk factors  <u>Topics:</u> As Above  <u>Handouts:</u> As Above  <u>Screen:</u> 114 or 115:  Date  Changes in: medical status, medications, vitamin/mineral supplementation; topics/issues discussed; progress in relation to goals previously set; if appropriate: medical support/follow-up participant is receiving, new goals set; plan for follow-up on current issues, Nutritionist's Signature</p> <p><u>Best Practice:</u>  SOAP format for documentation:  <b>Secondary nutrition education note should be documented under infant. See Infant Second Contact for appropriate age of infant.</b></p>

Postpartum Second Contacts		
Topics:	Additional topics if appropriate:	Documentation
<ul style="list-style-type: none"> <li>Follow-up on participant's concerns, participant's risks, and any goals/plans made during previous primary nutrition education</li> <li>Discuss topics identified as not covered during previous primary nutrition education</li> <li>Inquire into any changes in health or nutrition status since previous primary nutrition education</li> </ul>	<p>Weight Loss/Management</p> <p>Smoking Status/2ndhand smoke</p> <p>PP Depression</p> <p>Family Planning</p> <p>Update on behavior changes made, improve health: dental care, caffeine, medications, alcohol, drugs</p> <p>Participant directed concerns/questions</p> <p>Referrals: As appropriate, See SWIS Manual Appendix A</p>	<p><b>Standard Documentation:</b>  <u>Screen:</u> 113                      <u>Contact Type:</u> SI or SG  <u>Main Concern:</u> Date of appt, participant concerns/interests, staff concerns, non-protocol topics discussed, nutrition plan and goals set if necessary, referrals made, expected level of compliance (or barriers), plan for follow-up  <u>Topics:</u> As appropriate  <u>Handouts:</u> Breastfeeding, additional topic specific material as appropriate</p> <p><b>If High Risk:</b>  <u>Screen:</u> 113                      <u>Contact Type:</u> SI or SG  <u>Main concern:</u> Date, See Progress Notes, Optional: Additional risk factors  <u>Topics:</u> As Above  <u>Handouts:</u> As Above</p> <p><u>Screen:</u> 114 or 115:  Date  Changes in: medical status, medications, vitamin/mineral supplementation; topics/issues discussed; progress in relation to goals previously set; if appropriate: medical support/follow-up participant is receiving, new goals set; plan for follow-up on current issues, Nutritionist's Signature</p> <p><u>Best Practice:</u>  SOAP format for documentation:  <b>Secondary nutrition education note should be documented under infant. See Infant Second Contact for appropriate age of infant.</b></p>







Child Second Contact (19-23 months)		
Topics:	Optional, if appropriate:	Documentation
<ul style="list-style-type: none"> <li>Follow-up on caregiver's concerns, child's risks, and any goals/plans made during previous primary nutrition education</li> <li>Discuss topics identified as not covered during previous primary nutrition education</li> <li>Inquire into any changes in health or nutrition status since previous primary nutrition education</li> <li>Medical Documentation needed for recertification at 24 months of age</li> </ul>	<p>Support for BF toddler or weaning</p> <p>ID, Income, Residency Documentation needed at 18 months of age if not already reviewed by Program Assistant</p> <p>Caregiver directed concerns/questions</p> <p>Newsletter or seasonal topic if no lingering issues noted by caregiver or Nutritionist</p> <p>Referrals: As appropriate, See SWIS Manual Appendix A</p>	<p><b>Standard Documentation:</b>  <u>Screen:</u> 113                      <u>Contact Type:</u> SI or SG  <u>Main Concern:</u> Date of appt, progress in relation to goals previously set, nutrition plan and goals set if necessary, referrals made, expected level of compliance (or barriers), plan for follow-up  <u>Topics:</u> As appropriate  <u>Handouts:</u> As appropriate</p> <p><b>If High Risk:</b>  <u>Screen:</u> 113                      <u>Contact Type:</u> SI or SG  <u>Main concern:</u> Date, See Progress Notes, Optional: Additional risk factors  <u>Topics:</u> As Above  <u>Handouts:</u> As Above  <u>Screen:</u> 114 or 115:  Date  Current weight/length if available; changes in: medical status, medications, vitamin/ mineral supplementation; topics/issues discussed; progress in relation to goals previously set; if appropriate: adjusted gestational age, medical support/follow-up caregiver is receiving, new goals set, caregiver's comprehension/receptiveness, expected compliance (or barriers), plan for follow-up on current issues  Nutritionist's Signature</p> <p><u>Best Practice:</u> SOAP format for documentation</p>

Child Certification (Ages 2-5)		
Topics:	Optional, if appropriate:	Documentation
<ul style="list-style-type: none"> <li>Review of weight and length, BMI/age% growth pattern of child (individual growth pattern, expected growth for age)</li> <li>24 Month Hgb/Hct results and implications, Iron rich foods, Vitamin C</li> <li>Lead results (if available) and implications, if no Lead results available recommendation for screening</li> <li>Caregiver reporting of child's adherence to recommended immunization schedule</li> <li>Child's exposure to secondhand cigarette smoke</li> <li>Health Concerns: Medical Conditions/Diagnoses, Medications (prescription, OTC), Vitamin/Mineral Supplementation, Herb/Herbal Supplement use</li> <li>Dental Concerns: Oral Hygiene, Dental Home, Fluoride Sources and Supplementation</li> <li>BF status</li> <li>Weaning from bottle/"sippy" cup</li> <li>Importance of using "regular" cup</li> <li>Importance of transitioning from whole milk to reduced, low fat, non-fat</li> <li>Upcoming changes to child's food package</li> <li>Self-feeding status</li> <li>Developmental readiness for utensils</li> <li>Family hx of food allergies, current use of high allergy foods,</li> <li>Assess child's willingness to try new foods/textures and family plan for handling this issue</li> <li>Food Jags</li> <li>Exposure to and influence of peer eating (child care, preschool)</li> </ul> 	<p>Support for BF toddler or weaning</p> <p>Picky eating vs normal waxing/waning of food intake</p> <p>Child Eating at Daycare or Head Start</p> <p>Family Care/Foster Care</p> <p>Caregiver directed concerns/questions</p> <p>Referrals: As appropriate, See SWIS Manual Appendix A</p> <hr/> <p><b>***Carried over from previous column:</b></p> <ul style="list-style-type: none"> <li>Juice intake, use of 100% juice vs other CHO containing fluids</li> <li>Food Safety, Fish Advisory, Listeria</li> <li>Importance of meal/snack planning, family meals, and role modeling</li> <li>Division of Responsibility in Feeding Relationship</li> <li><b>Physical Activity</b></li> <li>Food Security</li> </ul>	<p><b>Standard Documentation:</b>  <u>Screen:</u> 113                      <u>Contact Type:</u> PI or PG  <u>Main Concern:</u> Date of appt, Caregivers report of current feeding practices, pattern of feeding, non-protocol topics discussed, nutrition plan and goals set if necessary, referrals made, expected level of compliance (or barriers), caregiver's comprehension/receptiveness, plan for follow-up, identify protocol topics not discussed  <u>Topics:</u> As appropriate  <u>Handouts:</u> As appropriate</p> <p>Weight Gain Grid</p> <p><b>If High Risk:</b>  <u>Screen:</u> 113                      <u>Contact Type:</u> PI or PG  <u>Main concern:</u> Date, See Progress Notes, Optional: List of risk factors  <u>Topics:</u> As Above  <u>Handouts:</u> As Above  <u>Screen:</u> 114 or 115: SOAP format for documentation  Date  S: Subjective statements of caregiver relevant to risk factors determined and nutrition education provided  O: Current: weight, length, Medical Dx/Condition  A: SWIS risk factor, assessed or anticipated risk determined, caregiver's comprehension/receptiveness, expected compliance (or barriers), medical support/follow-up caregiver is receiving  P: Topics/issues discussed, goals set, plan for follow-up on current issues, identify protocol topics not discussed  Nutritionist's Signature</p>

