



**POLICY:** Local programs shall document nutrition education provided to WIC participants in the “Nutrition Education” function of TWIST.

**PURPOSE:** To ensure quality participant care and to provide information for long-term planning and the most efficient use of WIC funds.

**RELEVANT REGULATIONS:** 7 CFR §246.11¶(c)(4)—Procedures to ensure that nutrition education is offered  
 7 CFR §246.11¶(e)(4)—Documentation of nutrition education provided  
 7 CFR §246.11¶(e)(5)—Provision of individual care plan based on need  
 7 CFR Part 246 Federal Register, Vol. 59, No. 48, Friday, March 11, 1994

**OREGON WIC PPM REFERENCES:** ♦661—Competent Professional Authority: Appropriate Counseling for Risk Level  
 ♦810—Nutrition Education: Making Education Available  
 ♦821—Nutrition Education: Telephone Contacts for High Risk Clients with the RD  
 ♦835—Nutrition Education: Attendance or Refusal

**DEFINITIONS:** *High-risk care plan* An individual care plan developed for a high-risk participant.

*High-risk participants* Individuals with a health risk that has been identified to meet one of the state’s high-risk criteria.

*Non-WIC Nutrition education* Nutrition education not sponsored by the WIC program.

**APPENDICES:** 830.4 Appendix A Sample WIC Nutrition Education Agreement  
 830.5 Appendix B Sample WIC Nutrition Education Documentation  
 830.6 Appendix C Sample WIC Nutrition Education Documentation

**PROCEDURE:**

*Certification visit* 1.0 The first nutrition education contact must be documented in the participant’s TWIST record on the “NE Provided” screen. Documentation will include at a minimum:

*Documentation* 1.1 The date the education took place.

1.1.1 The first nutrition education contact must be documented within two working days of the individual’s certification date.

1.2 Whether the contact was individual (one-to-one) or group (a class).

**NUTRITION EDUCATION: Documentation, cont.**

*(Documentation:)*

- 1.3 The counseling topics discussed. Topics should address nutritional risk(s) identified at certification and individual nutritional needs.
- 1.4 Any educational materials provided to the participant on the “Material Provided” screen.
- 1.5 Identification of a participant behavior change or next steps on the “Next Steps” screen, as well as the status of the Next Step.
- 1.6 When appropriate, include the participant’s response to the topics discussed (e.g., understood, many questions, etc.) on the “Progress Notes” screen.
- 1.7 All pregnant women will be encouraged to breastfeed unless contraindicated for health reasons.
- 1.8 A second nutrition education contact will be identified and scheduled or “requested” using either the “Schedule Appointment” screen or the “Schedule Non-WIC NE” function. Refer to ♦835—Nutrition Education: Attendance or Refusal for documentation requirements if the participant refuses a second nutrition education contact.
  - 1.8.1 The second nutrition education contact should be appropriate to the individual participant’s nutritional needs and, whenever possible, address nutritional risk(s) identified at certification.
- 1.9 For required qualifications of staff who provide nutrition education, see ♦810—Nutrition Education: Making Education Available.

***Second nutrition education contact***

- 2.0 The second nutrition education contact will be documented using the “Appointment Scheduler” function or the “Schedule Non-WIC NE” function. Documentation shall include at a minimum:
  - 2.1 The date the education took place.
  - 2.2 Whether it was an individual or group contact.
  - 2.3 For individual contacts: document the topics discussed, behavior change or goal identified and what future follow-up (if any) is needed. See ¶1.1 through ¶1.6 of this policy.
  - 2.4 The name of the competent professional authority (CPA) who did the individual or group presentation.

***Documentation of group nutrition education***

- 3.0 Local programs shall document and monitor the provision of nutrition education services (other than the initial provision of such services) to individuals who are included in group nutrition education classes using the “Group Education Classes” screen in the “Appointment Scheduler” module in TWIST. Documentation shall include at a minimum:
  - 3.1 The participant’s name and WIC identification number;
  - 3.2 The date the education contact took place;
  - 3.3 The class topic and class title; and
  - 3.4 The name of the CPA or other qualified person facilitating the class.

**NUTRITION EDUCATION: Documentation, cont.**

***Second contact,  
multiple family  
members***

4.0 When the second nutrition education contact is provided to more than one family member at the same time, document the completion of the contact in each family member's record.

4.1 If only one family member is actually scheduled for the appointment in TWIST but multiple family members should receive credit for the family-based NE provided, the topic(s) discussed must be documented in each family member's record in the "NE Topics" field or the "Progress Notes" field.

**EXAMPLE:** More than one family member is due to receive a second individual NE contact in the same month. Your program actually books only one member into an individual appointment slot in the "Appointment Scheduler" in TWIST. When the family members come to the appointment, family-based NE is provided. The family member booked into the appointment is marked as "show." For the remaining family members, the NE topic(s) discussed is documented in the "Progress Notes" field in each family member's record.

***Non-WIC second  
nutrition education  
contact***

5.0 When the second nutrition education contact is provided by a non-WIC agency, the education will be documented in the individual's record or, in the case of education provided in a group setting, documented in the "Schedule Non-WIC NE" function on the "Next Appointment" screen.

5.1 For high-risk participants who receive a second nutrition education contact from a non-WIC RD, it is recommended that the WIC program obtain a copy of the participant's high-risk care plan to keep on file. This also serves as documentation of the non-WIC second nutrition education contact.

5.2 Local programs who use non-WIC nutrition education for the participant's second nutrition education contact shall have a written agreement with the agency providing the nutrition education. Refer to the appendices for sample agreement and documentation forms.

5.2.1 Keep a copy of the agreement on file at the local program for monitoring purposes.

***Written agreement  
required***

***Participant does not  
attend education  
session***

6.0 If a participant misses a nutrition education contact, is unable to attend, or refuses to attend, document this in the individual's record.

6.1 Local programs will document participant attendance in the "Appointment Scheduler" module in TWIST. TWIST will automatically "no-show" participants who don't attend their second NE appointment.

6.2 Local programs will document participant refusal using the "NE Refusal" button.

**NUTRITION EDUCATION: Documentation, cont.**

(Participant does not attend education session:)

6.3 For high-risk participants, attempt to reschedule the nutrition education activity.

6.3.1 The only time rescheduling a contact for a high-risk participant should not be attempted is when a participant explicitly refuses to participate in nutrition education or counseling. A “no-show” for a nutrition education appointment is not considered a refusal to participate.

**Nutrition high-risk care plans**

7.0 Nutrition high-risk care plans will be written by a registered dietitian or nutritionist with a Master’s degree in nutrition (see ♦661—Competent Professional Authority: Appropriate Counseling for Risk Level). The plan should include, at a minimum:

- Date of counseling;
- Any progress made in resolving nutritional risk;
- Nutrition education and counseling provided;
- Identification of a participant behavior change whenever possible;
- A plan for future intervention that addresses nutritional risk(s); and
- The name and title of the RD/nutritionist.

7.1 The nutrition high-risk care plan shall be developed during a face-to-face contact with the participant. See ♦821—Nutrition Education: Telephone Contacts for High Risk Clients with the RD for exceptions.

7.2 The nutritionist has the option of formatting the nutrition high-risk care plan however he or she deems appropriate. SOAP charting is encouraged.

7.3 The nutrition high-risk care plan and subsequent progress notes must be entered in the “Progress Notes” screen in TWIST. ★

**REFERENCES:**

1. *WIC Nutrition Services Standards*, Food and Nutrition Service and The National Association of WIC Directors, 2001.

**If you need this in large print or an alternate format,  
please call (971) 673-0040.  
WIC is an equal opportunity program and employer.**

### WIC Nutrition Education Agreement

*OSU Extension Service* provides nutrition education to nutritionally at risk families and caretakers. We agree to provide documentation of nutrition education presented to WIC participants through our services, on request of the WIC participant. Documentation will be provided directly to the WIC participant, using the WIC Nutrition Education Documentation form provided, and will include the date, WIC participant's name, nutrition education topic, agency, and signature and credentials of the person presenting the education session. This agreement is intended as a means of facilitating access to nutrition education by participants of both our agency and the WIC program, and implies no obligation to provide information other than as noted above. The WIC participant remains responsible for providing this documentation to the WIC clinic.

\_\_\_\_\_  
Agency Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
WIC Program Representative

\_\_\_\_\_  
Date

## WIC Nutrition Education Documentation

**The following nutrition education session:**

\_\_\_\_\_

Nutrition education topic

**was attended by:** \_\_\_\_\_, **WIC ID number** \_\_\_\_\_

WIC participant's name

\_\_\_\_\_  
Name of agency providing nutrition education

\_\_\_\_\_  
Signature and credentials of the person providing the nutrition education

\_\_\_\_\_  
Date

**Return this form to your WIC office to receive credit for education attended.**

### WIC Nutrition Education Documentation

Date: \_\_\_\_\_

WIC participant's name: \_\_\_\_\_ WIC ID #: \_\_\_\_\_ - \_\_\_\_\_

Education is an important part of the WIC program. WIC participants are offered at least two nutrition education visits every six months.

We always like to see you at WIC, but we also want to help you make the most of your time. Nutrition education from sources other than WIC may count as one of your education visits when approved by WIC. This **nutrition education must relate to the dietary needs of the person on WIC.**

If you receive nutrition education from another source, please have the health care provider record what was covered and ask them to sign this form. In order to receive education credit from WIC you will need to return this form to your WIC office by the 20<sup>th</sup> of \_\_\_\_\_.

Referring certifier: \_\_\_\_\_

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#### Nutrition education topics covered by contracted service provider

Additional  
Notes/Comments:

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Received from: \_\_\_\_\_

Name and credentials of the person providing the nutrition education

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Name of agency providing the nutrition education

Telephone