

## Illinois WIC Program Nutrition Practice Standards (NPS)

### *Documenting in WIC MIS*

December 2024

Nutrition Practice Standards (NPS) assist staff in translating policy into practice. This guidance is intended to be used with IL WIC PM CS 11.2 and WIC MIS related resources to ensure accurate and complete documentation of the WIC participant assessment, nutrition education, and care plan.

#### General Guidelines

1. Local Agencies must document participant notes in the WIC MIS (I-WIC) to ensure continuity of care.
2. Notes transfer between agencies and should facilitate clear communication between staff as well as a seamless continuum of care for participants.
3. Information entered in the Nutrition Ed/Counseling, Breastfeeding, and General notes creates the participant's care plan. The Care Plan/SOAP Notes provide an optional way to document notes for high-risk participants, as it provides a follow up section within the note. Details on each note type and how to document (including examples) are addressed within this NPS.
4. Key elements of effective and efficient documentation include:
  - Consistent and organized in that it minimizes duplication of information. For example, participant data/notes should not be repeated in multiple places in the WIC MIS.
  - Clear so that other staff easily understand what the author is communicating, using only terminology approved by the Department (Addendum 1 *WIC Common Terminology & Approved Abbreviations*).
  - Complete and correct so that it creates an accurate picture of the participant, the visit, and relevant issues, describes or lists the services provided over time, and outlines a plan for future services.
  - Concise so that it contains minimal extraneous information.
5. When WIC staff enters a note or completes a certification in the MIS, the system captures the user's name/signature, this information does not need to be included in the note.
6. Unless documenting a referral, documentation for any non-WIC programs (e.g., Family Case Management, APORS, BBO) must be done outside of the WIC MIS. This includes any "note" or "alert" field.
7. Best practice is to complete notes prior to serving the next participant and at a minimum should be completed the day of the WIC visit, to ensure quality of care and accuracy. If unable to document the case note on the day of the visit, the note must identify "Late entry for WIC \_\_\_visit" at the top of the note(s).
8. Notes may be edited or removed the same day they are added but will be locked in the MIS once the *End of Day* process runs. The Nutrition Ed/Counseling notes may be marked "draft" and edited for up to 72 hours by the user who added the note. If "draft" is NOT checked, the note will be locked once *End of Day* runs.

## WIC Notes

**General Notes** are used to document information not found in Breastfeeding or Nutrition Ed/Counseling notes. They are intended to be general in nature and may not be necessary for every participant. Information that may be documented in General Notes includes:

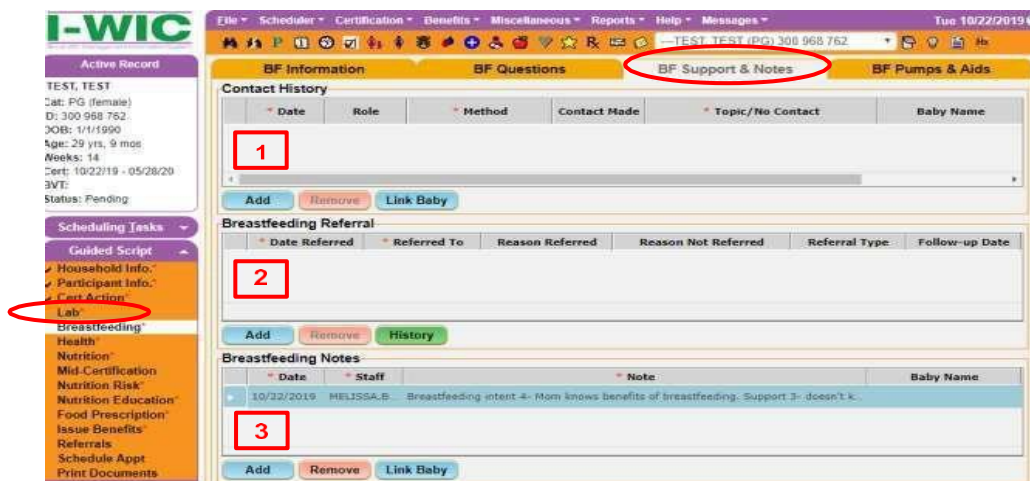
1. System-generated information:
  - Out of State transfers, certification completion, date of birth change.
2. Administrative activities:
  - Documentation of proofs obtained electronically prior to the applicant's certification appointment to streamline services. See Addendum *PPS Secure and Confidential Communication with WIC Participants* (IL WIC PM AD 5.2) for additional information.
  - Attempted contacts of PG applicant/participant for missed first appointment.
  - When unable to meet the required time frames (10/20 days) document the reason (e.g., participant's preference or lack of staffing).
  - Missed N/ED appointment where the appointment type BI was entered and one month of benefits provided (may include the reason the appointment was missed).
  - Explanation and statement of Department approval when replacement benefits are issued.
  - Clarification of income reassessment status.
  - Participant sanctions (document also scanned into the MIS).
  - Required education provided when Farmer's Market checks issued (can also be done with Nutrition Ed/Counseling Note).
  - Non-urgent communications with participant/HOH outside of WIC appointments.
3. When an Alert is used instead of a General Note:
  - An active alert pop-up message will display each time a record in the household is selected. Once an issue has been resolved, an alert should be made inactive.
  - Alerts will transfer when a participant moves to another household or clinic in Illinois.
  - Alert comments should be used for pertinent, high priority information and comments that are needed to be seen immediately when pulling up a participant record. Having low priority messages as an alert may desensitize staff to alerts and makes it easier to miss important messages.
4. Medically Prescribed Formula (MPF) documentation\*:
  - Documentation of MPF can also be done in the Nutrition Ed/Counseling, Care Plan/SOAP.
  - Rationale warranting the formula issued, previous formula(s) and diagnosis/medical condition(s).
  - Rationale for issuing Ready to Feed (RTF) formulas when a powdered option is available (for both MPF and Contract RTF formulas).
  - Clarification with Health Care Provider (HCP), if applicable.
  - Education provided regarding the WIC prescription and purchasing process (reviewed Family Shopping List and WIC Pharmacy Vendor(s)).
  - Plans for the participant's need to continue the MPF and follow up needed.
  - If applicable, scan the MPF form and Explanation of Benefits (EOB) letter into the participant's record.

Note
MPF
FORMULA CHANGE FROM GENTLEASE TO NEOCATE INFANT DUE TO SEVERE ISSUES WITH BOWELS (CONSTIPATION) AND NEWLY DIAGNOSED FOOD ALLERGIES: COW'S MILK PROTEIN, WHEAT, ASPARAGUS. MPF FOR 3 MONTHS. MOM DOES NOT KNOW WHAT WILL HAPPEN WITH FORMULA ONCE SAM TURNS 1 YEAR, APPT WITH MD IN 2 WEEKS.
DISCUSSED/HO: "LOOK AT ME KNOW" CONTINUING SOLIDS, ADDING FRESH F/V.
MOM WILL DISCUSS NEED FOR FORMULA AFTER 1 YEAR WITH MD. CPA PROVIDED NEW MPF FORM.

\*Use the Food Prescription note field (see p.6) or Alert to indicate when an infant/child is on MPF, or a new form is needed. This also alerts Frontline or CPA Assistants (CPAA) that follow up may be needed.

**Breastfeeding (BF) Support & Notes** are used to document breastfeeding support information for pregnant women and breastfeeding mom/baby dyads. Documentation of Breastfeeding notes occurs on the Breastfeeding screen, under the BF Support & Notes tab.

1. The **Contact History** section may be used to document successful or attempted contacts and topics discussed at subsequent visits. If your agency has a Peer Counselor (PC) Program, do not link baby (*Link Baby* button) in Contact History grid until baby is 8 days old or older to ensure first week contacts are counted correctly on the PC Contact First Week Summary report.
2. The **Breastfeeding Referral** section is used to document and follow up on referrals. If applicable, choose the referral type *PN* for pregnant women, *PP* for breastfeeding woman or *No Referral Made*, and indicate the reason the participant was not referred.
3. The **Breastfeeding Notes** section may include information on the following (and does not need to be repeated in other “Notes” sections, refer to the *NPS Breastfeeding* for more details).
  - By starting with mom’s record, baby’s record can be linked (*Link Baby* button) and notes will automatically appear under both participants.
  - Pregnant women: feelings, knowledge and/or experiences with breastfeeding, level of intent and support to breastfeed, and prenatal education provided. Follow up on breastfeeding intent, support and progress at subsequent visits or telephone calls.
  - Breastfeeding women: how breastfeeding is going (any issues, problem solving, supplementation use, pumping/storage, weaning/stopped breastfeeding) and breastfeeding dyad or supplementation education provided.
  - Breastfeeding status change: When there is a change in breastfeeding status, a note should be added to include any breastfeeding concerns, supplementation use, etc. (see Addendum *NPS Breastfeeding* (IL WIC PM AD 10.1) for details).
  - Peer Counselor (PC) Programs have separate guidance for documenting contacts by a PC (see Addendum *NPS Breastfeeding Peer Counselor Program- Documentation in WIC MIS* IL BFPC PM 2.4).



**Nutrition Ed/Counseling Notes** are used to document nutrition education and counseling provided at the initial certification as well as subsequent visits. Refer to Addendum 2 (*Documenting Secondary Education Contacts*) for more details. Documentation of Nutrition Ed/Counseling notes includes:

1. **“Method”** of nutrition education provided for the appointment.
2. Select the best **“Topic”** based on the category specific education topics. At least one topic must be documented. If multiple topics are discussed add the main topic discussed and document additional topics reviewed in the ‘note’ section of the main topic (one row noting all topics discussed).
3. The **“Note”** section is used to document specifics of the nutrition education/counseling provided. Include, if applicable:
  - Who brought the child to the visit (e.g., Head of Household, Second Parent or Proxy).
  - Nutrition education provided (delivery method, topic).
    - Details should be relevant to the nutrition assessment and risk factors assigned, participant’s capacities, strengths, needs and/or concerns, food package prescription (reason for nutrition tailoring due to medical needs) \*, and individual care plan and related follow up.
    - Clarification of measurements errors or assigning risk factors.
    - Required education provided per IL WIC PM SFD 7.5, NE 2.1, and NE 5.2, including clarification of “Exit Counseling” or related handouts offered and/or declined.
    - Understanding of the nutrition education received, especially for high-risk participants.
    - Educational materials reviewed/provided.
  - Participant centered goal(s) or progress towards behavior change and goals and/or intent to change nutrition related behaviors.
  - Documentation of the WIC Program Explanation (WPE) per IL WIC PM NE 4.2.
  - Follow up planned for the next WIC visit, including type of secondary education preferred, if applicable.

Date	NE Date	Method	Topic	Note	Draft	User ID
4/27/2023	4/27/2023	Primary Individual	Foods To Support a Health...	FIRST PREGNANCY, NO C...	<input type="checkbox"/>	JESSICA.GADO...

**Note: Characters Remaining 1612**

First pregnancy. No concerns. MD appt. next month. Enjoys all foods including sub sandwiches and sushi. 2% milk 2x/day. Plans to formula feed.

WPE Covered.  
Discussed and reviewed H/O Stay healthy and connected with WIC during pregnancy; Discussed PNV and food safety.

Plans to start taking PNV each morning with juice for remainder of pregnancy.

Next appt. individual telephone [edu](#).

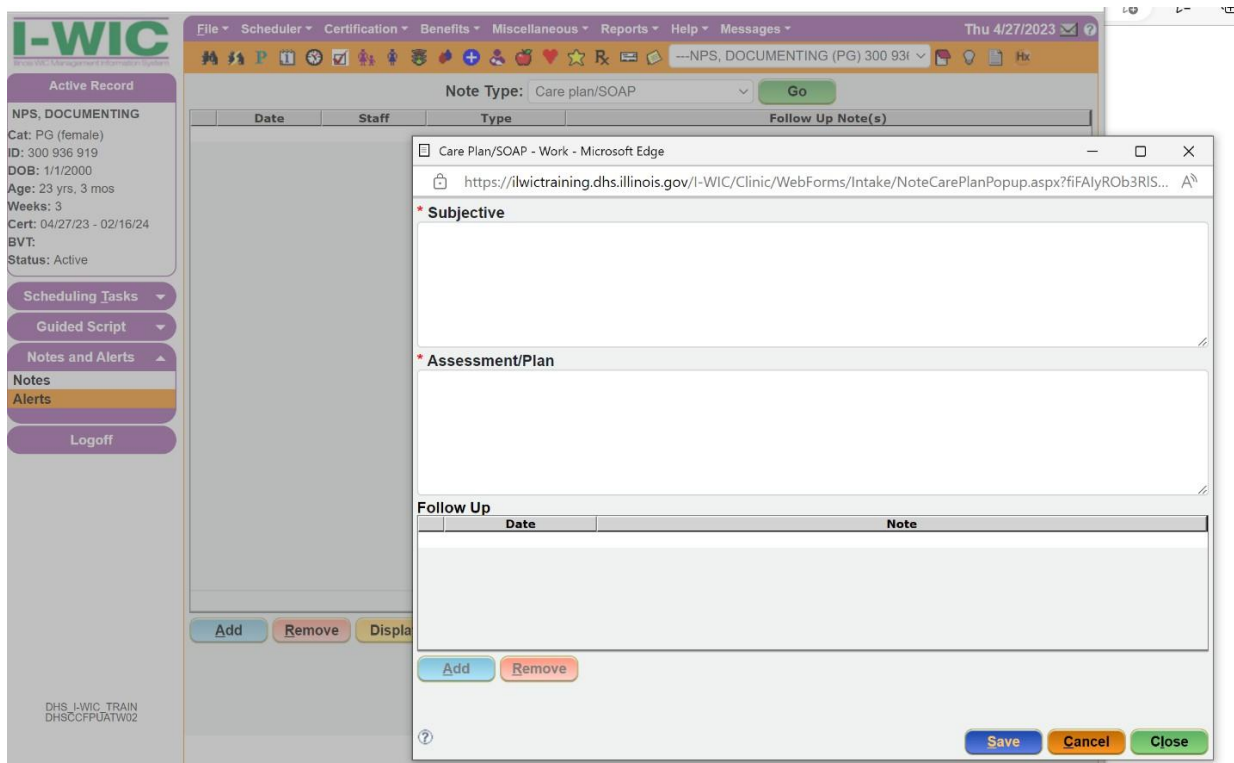
*\*Use the Food Prescription note field (see p.6) to document nutrition tailoring due to medical need(s).*

**Care Plan/SOAP notes** If an agency chooses to use this note type for documenting, only information that is relevant to WIC and not documented within the other note type(s) or already in the MIS should be included. A notation must be made on the Nutrition Ed/Counseling screen to “see Care Plan/SOAP note” and information required in the Nutrition Ed/Counseling note must be included.

This note type uses “SAP” format and includes subjective information and a summary of the assessment and plan. Addendum 3 (*SAP Format*) identifies information that would be appropriate to include under each section of the SAP note.

The “Follow Up” section is important for High-Risk participants and used to track progress on the care plan at subsequent visits (appointment type: HR F/U of HGB) to follow up on the plan. This section of the Care Plan/SOAP note is enabled the day after the note is completed.

Documentation of Care plan/SOAP note occurs on the Notes screen, note type: “Care Plan/SOAP”.



The **note fields** on the following screens should be utilized to document as follows:

Screen In I-WIC	What to Document														
<b>Nutrition Risk</b>	<ul style="list-style-type: none"> <li>Reason for manually assigned “High Risk” to the participant’s Nutrition Risk screen.</li> <li>Clarification of Nutrition Risk(s): For example: Inadequate vitamins/minerals- vitamin D or fluoride I/C risk 411.11 or folic acid, iodine, iron PG/NP/BF risk 427.04, Recent Major Surgery, Trauma, Burns risk 359 to document C-section or Infant of a WIC/eligible mom risk 701 to document why mom would have been eligible for WIC.</li> </ul> <div data-bbox="423 495 1536 573" style="border: 1px solid gray; padding: 5px; margin-top: 10px;"> <table border="1"> <thead> <tr> <th>Cert Start Date</th> <th>Date</th> <th>Detailed Description</th> <th></th> <th>Staff</th> <th>Source</th> <th>Note</th> </tr> </thead> <tbody> <tr> <td>8/2/2024</td> <td>10/17/2024</td> <td>411.11[4] - Routinely Not Providing Essentia...</td> <td><input type="checkbox"/></td> <td>JENNIFER.L.NA...</td> <td>SYSTEM</td> <td>No Vit. D supplementation.</td> </tr> </tbody> </table> </div>	Cert Start Date	Date	Detailed Description		Staff	Source	Note	8/2/2024	10/17/2024	411.11[4] - Routinely Not Providing Essentia...	<input type="checkbox"/>	JENNIFER.L.NA...	SYSTEM	No Vit. D supplementation.
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<b>Food Prescription</b>	<ul style="list-style-type: none"> <li>Modifications/nutrition tailoring to the participant’s food package, due to medical need(s) must be documented (e.g., eliminating foods from a food package due to an allergy).</li> <li>Reason for VOID/Reissue.</li> <li>If a participant is on an MPF, when a new MPF form is needed.</li> </ul> <div data-bbox="500 825 1336 913" style="border: 1px solid gray; padding: 5px; margin-top: 10px;"> <table border="1"> <thead> <tr> <th>Description</th> <th>Effect Date</th> <th>End Date</th> <th>D...</th> <th>Note</th> </tr> </thead> <tbody> <tr> <td>Custom - INFANT, FULLY FORMULA, 0-3 MON...</td> <td>07/30/2024</td> <td>08/25/2024</td> <td><input type="checkbox"/></td> <td>Alimentum. New Rx needed 12/1/24.</td> </tr> </tbody> </table> </div>	Description	Effect Date	End Date	D...	Note	Custom - INFANT, FULLY FORMULA, 0-3 MON...	07/30/2024	08/25/2024	<input type="checkbox"/>	Alimentum. New Rx needed 12/1/24.				
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**Addendum 1:**

**WIC Common Terminology & Approved Abbreviations**

The table below outlines the WIC common terminology and approved abbreviations. To maintain consistency, integrity and understandability of documentation, any other terms used in WIC documentation should be typed out in their entirety.

<b>A</b>				<b>G</b>	
Adverse Pregnancy Outcome Reporting System	APORS	Cup	c	Gastro-esophageal Reflux (Disease)	GER(D)
		<b>D</b>			
Afternoon	PM	Date of Birth	DOB	Gastrointestinal	GI
Anthropometric measurements	Anthros	Department	dept	Gestational Age	GA
Appointment	Appt	Department of Human Services	DHS	Gestational Diabetes Mellitus	GDM
As needed	PRN	Dept of Children & Family Services	DCFS	Gravida	G
		Dept of Healthcare & Family Service	HFS	Growth and development	G/D
<b>B</b>		Developmental Therapy	DT	<b>H</b>	
Benefit Issuance	BI	Diagnosis	Dx	Handout	HO
Benefits Valid Through	BVT	Discontinue(d)	d/c	Head of Household	HOH
Better Birth Outcomes	BBO	<b>E</b>		Height	Ht
Birth Certificate	Birth cert	Education	Ed	Hematocrit	Hct
Birth Control	BC	Electronic Benefit Transfer	EBT	Hemoglobin	Hgb
Body Mass Index	BMI	Emergency Room	ER	High Risk Follow-up	HR F/U
Breastfeeding	BF	Expected Date of Confinement	EDC	History	hx
Breastfeeding Status Change	BFC	Expires/Expiration	exp	Hour	hr
Breastfeeding Peer Counselor	BFPC	<b>F</b>		Household	HH
By mouth	PO	Face-to-Face	F2F	Human Milk	HM
<b>C</b>		Failure to Thrive	FTT	Hypertension	Htn
Calories	kcal	Family Case Management	FCM	<b>I</b>	
Case manager	CM	Family Shopping List	FSL	Identification	ID
Certification	Cert	Farmers' Market	FM	Immunizations	Imms
Certified Lactation Counselor	CLC	Father of baby/child	FOB/FOC	Inches	in or "
Certified Lactation Specialist	CLS	Feet/foot	ft or '	Individual Education	Ind Ed
Cesarean section	C/S	Follow-up	F/U	Information	info
Competent Professional Authority	CPA	Food Package Change	FPC	International Board Certified Lactation Consultant	IBCLC
Competent Professional Authority Assistant	CPAA	Formula feeding/fed	FF		
Complains of	c/o	Foster parent	FP		
		Fruit/Vegetable	F/V		

<b>K</b>		<b>P</b>			
Kilogram	Kg	Para	P	Speech-Language Pathologist	SLP
<b>L</b>		Participant	Pt	Speech Therapy	ST
La Leche League	LLL	Pediatrician	Ped	Supplemental Nutrition Assistance Program	SNAP
Large for Gestational Age	LGA	Peer Counselor	PC		
Last menstrual period	LMP	Physical Therapy	PT	Supplementing	supp
Liter	L	Physician	Dr/MD/PCP/HCP	<b>T</b>	
Low Birth Weight	LBW	Pick up	P/U	Tablespoon	tbsp
<b>M</b>		Postpartum	NP	Teaspoon	tsp
Maximum	max	Pounds	lbs	Telephone Education	Tel Ed
Medically Prescribed Formula	MPF	Powdered	pwd	Temperature	temp
Medications	meds	Pregnant	PG	Temporary Assistance for Needy Families	TANF
Message	msg	Prenatal Vitamin	PNV		
Mid-certification	midcert	Prescription	Rx	Times	x
Milligrams	mg	Priority Certification	PCert	Total Parenteral Nutrition	TPN
Minimum	min	<b>Q</b>		Treatment	tx
Milliliter	ml	Quart	qt	<b>U</b>	
Minutes	min	<b>R</b>		Up to date	Utd
Morning	AM	Ready to Feed/Ready to Use	RTF/RTU	<b>V</b>	
Mother of baby/child	MOB/MOC	Recertification	recert	Vegetables	veg
Multivitamin	MVI	Registered Dietitian	RD	Very Low Birth Weight	VLBW
<b>N</b>		Registered Nurse	RN	Vitamin	vit
Nasogastric	NG	Related to	r/t	Voicemail	VM
Nausea/Vomiting	N/V	Release of Information	ROI	<b>W</b>	
Neonatal Intensive Care Unit	NICU	Reschedule	r/s	Week	wk
No known allergies	NKA	Risk Factor	RF	Weight	Wt
No show	n/s	<b>S</b>		WIC Program Explanation	WPE
Not available/not applicable	N/A	Satter Division of Responsibility	sDOR	With	w/
Nothing by mouth	NPO	Schedule	sch	Within normal limits	WNL
Nutrition Education	N/Ed	Self-Study Module	SSM	Without	w/o
<b>O</b>		Signs/symptoms	s/s	<b>Y</b>	
Obstetrics	OB	Skin-to-skin	S2S	Year	yr
Occupational Therapy	OT	Small for Gestational Age	SGA	Years old	y/o
Ounces	oz	Special Supplemental Nutrition Program for Women, Infants, and Children	WIC		
Out of State Transfer	OST				



## Addresses

The address line in the WIC MIS has a 30-character limit; if addresses entered are longer than this, the demographic information will not be communicated to the EBT system, and a card will not be able to be assigned. The table below provides USPS approved street suffix name and the abbreviations.

Street Name	Abbreviation
Alley	Aly
Avenue	Ave
Boulevard	Blvd
Bypass	Byp
Center	Ctr
Circle	Cir
Commons	Cmns
Corner	Cor
Court	Ct
Crossing	Xing
Drive	Dr
Estate	Est
Expressway	Expy
Fields	Flds
Fort	Ft
Freeway	Fwy
Garden	Gdn
Heights	Hts
Highway	Hwy
Hills	Hls
Lane	Ln
Meadows	Mdws
Mount	Mt
Parkway	Pkwy
Place	Pl
Ridge	Rdg
Road	Rd
Route	Rte
Station	Sta
Street	St
Terrace	Ter
Trailer	Trlr
Valley	Vly
Village	Vlg

## Names

Enter the participant's name as it appears on the proof of Identity, letters only. Do not enter special characters into WIC MIS (i.e., @, #, \$, \*, " ", -, etc.) for applicant names or other fields. Use of the "Soundex" feature when conducting a Statewide Search may help capture previously entered similar names, thus avoiding duplicate records.

**Addendum 2**

**Documenting Secondary Education Contacts**

Secondary education contacts include individual education, education provided during mid-certification and follow up visits, group education, internet education, self-study modules (SSM), or interactive bulletin boards and are completed by the participant/parent or proxy.

- The local agency should have a method for scheduling secondary education and documenting the preferred type of nutrition education (N/ED), e.g., using the “Appointment Note” or adding a separate column to your clinic schedule for the different types of secondary education contacts.
- The local agency must document completion of nutrition education in the WIC MIS on the Nutrition Education screen (for each participant). Missed appointments should be monitored to further education efforts.
- For more details on how to complete these contacts in the WIC MIS, review the I-WIC Flow Sheets (IL WIC PM CS 11.1): *Secondary Education Appointment: Individual Education (Telephone or Secured Video Chat)*, *Secondary Education Appointment: WIChealth.org*, and *Mid-Certification Appointment: In Person*.

On the Nutrition Education screen, the following must be documented:

<b>Type of Education</b>	<b>Method</b>	<b>Main Topic</b>	<b>Requirements on Nutrition/Ed screen’s Note section</b>
<b>Education during CERT/PCERT/RECERT</b>	<b>Primary Individual</b>	Based on what was discussed	Addressed in the Nutrition Ed/Counseling Notes section of the NPS
<b>Group Education</b>	<b>Primary Group</b> - first group nutrition education session <b>Secondary Group</b> - subsequent group nutrition education session(s)	This will auto-populate on the screen based on the class attended	Indicate “group session completed”
<b>Internet Education</b>	This will auto-populate on the screen once a lesson has been completed at WIChealth.org. Review the <i>I-WIC flowsheet: Secondary Education Appointment: WIChealth.org</i> for more information.		
<b>Self-Study Module (SSM)/Interactive Bulletin Board</b>	<b>Secondary Individual</b>	Based on SSM/board completed	Indicate “SSM/Interactive board completed.” If applicable, add the title and participant’s goal for follow up at the next WIC visit
<b>Individual Nutrition Education (In-person or Telephone, Mid-Cert, High Risk Follow up)</b>	<b>Secondary Individual</b>	Based on what was discussed	Indicate type of Individual Nutrition Education completed. Follow up on nutrition/health condition, MPF, referral, progress on goal(s) from last assessment per IL WIC PM NE 5.3

### Addendum 3:

#### SAP Format

Notes entered in the WIC MIS may follow the SAP\* format when documenting. The following identifies information that would be appropriate to include under each section of the SAP note.

**Subjective** data refers to statements made by the participants.

- About feeding/eating/breastfeeding practices and preferences.
- Regarding nutrition related health and wellness (mental, emotional, physical) and concerns and/or needs shared.
- Progress on the goal/plan from the last visit.

**Assessment** is the health professional's view of the participant's nutrition problems, taking into consideration the subjective and objective data (already documented throughout the WIC MIS).

Information that may be documented includes:

- Interpretation of growth pattern/weight gain and nutrition related risks and concerns.
- Description of the nutrition practices or feeding pattern/relationships identified.
- Explanation of any causes or contributing factors related to nutrition risk factors assigned.
  - Examples: social, situational, physical, developmental, cultural, psychological, pathological, and/or environmental factors.
  - Signs or symptoms.

**Plan** identifies the participant's next step(s) as determined by the participant with guidance from the CPA/CPAA. Information that may be documented includes:

- Explanation of individualized food plan.
- Nutrition, breastfeeding education details.
- Participant centered goal(s).
- Follow up planned for the next visit.

Referrals not documented on the Breastfeeding Referral screen will be documented on the general **Referrals** screen of the MIS. If there is no applicable referral from the list provided on the Referrals screen, you may document within the pertaining note.

**Follow up** that may be documented includes:

- Progress on goal(s) set by the participant at the last visit.
- Any changes concerns or needs in feeding/eating practices, preferences, breastfeeding attitudes and nutrition related health and wellness.
- Any new goal(s) set with the participant.

*\*SAP format is used, not SOAP, as objective information is already found on other screens in the MIS.*