

## I-WIC Assessment Guide: Children (C1, C2, C3, C4)

The following guidance is to assist a CPA in using a participant-centered (PC) approach during the category specific WIC assessment. CPAs should be familiar with the I-WIC screens to know some questions collect specific data and others the CPA should ask open-ended questions to engage the participant/family, rather than reading each question from the I-WIC screens.

### Setting the Stage & Explaining the WIC Visit

- Establish rapport and individualize visit to the family/participant (i.e. address by name, if acceptable; ask about past experiences/knowledge; cultural practices; etc.). Explain to parent/caregiver what to expect during WIC visit, time of visit, and why information is collected, possible explanation: **“Thank you for bringing (*Child’s name*) to WIC today; this visit will take about (*time*). Throughout your participation in WIC, we will ask questions and gather information to get a better understanding of your family’s overall nutrition and lifestyle practices. To start with we will complete a nutrition assessment, this includes: collecting measurements, to plot your child’s growth and screen the parent’s weight status, check the iron in the blood, and discuss your child’s eating and physical activity habits. Following, we can talk about some ideas for (*Child’s name*) to continue to grow healthy, how to use your WIC foods, and if there are community resources that may benefit your family, I will share those with you.”**
- Possible conversation starter questions:
  - “Tell me how you feel about how (*Child’s name*) is eating and what WIC can help you with today?”
  - “The last time you were here, you talked about \_\_\_\_ (*prior goal or secondary ed topic*), how is that going for you?”

Note: Upon completing the Cert Action screen, the Breastfeeding pop-up box will appear and is required to be completed, whether child is or was Breastfeeding. At the time of Recertification, this pop-up should occur only if was Breastfeeding at time of last certification.

### I-WIC Lab – Child

#### Infant/Child Height/Weight Tab:

Add Anthropometric & Bloodwork Data, per system requirements.

Note: WIC cannot take verbal Birth data, enter “Unknown” if not presented in writing. Add Immunization Status as Reviewed or Referred (and document on Referral screen).

#### Growth Chart Tab:

Review age appropriate growth chart. If 1<sup>st</sup> plot point, explain WIC will continue to follow growth while on WIC and if several points, explain growth pattern.

As CPA moves on to Health screen, may start to ask question(s) to parent/caregiver related to growth:

- “How do you feel about your child’s growth, do you feel it is too slow, just right, or too fast?”
- “When was the last time (*Child’s name*) was measured at the doctor’s office? What did they share about his/her growth?” (If applicable, probe for any diagnosed growth-related medical condition, i.e. Failure-to-Thrive)

Reflection on parent/caregiver’s responses, such as:

- “You are concerned with how (*Child’s name*) is growing.”
- “You are happy with (*Child’s name*) size for his/her age on the growth chart.”

## I-WICHealth – Child (2 pages)

1. Do you have any questions or concerns about your child's:

☐ Appetite ☐ Health

☐ Breastfeeding ☒ Weight Gain/Growth

☐ Formula Intake ☐ No Concerns

2. How do you feel about your child's growth? ☒ Too slow ☐ Just right ☐ Too fast

3. Parent present with BMI  $\geq 30$ ?

☒ Mother ☐ Yes ☒ No ☐ Not Present

☒ Father ☐ Yes ☒ No ☐ Not Present

4. Does your child have any health or medical issues? ☒ Yes ☐ No [Details](#)

5. Does your child regularly take any of the following medications? ☐ Yes ☒ No

☒ If yes, check all that apply:

☐ Antibiotic ☐ Hormones: Growth, Steroid, Other

☐ Blood Formation/Coagulation ☐ Insulin/Diabetic

☐ Cardiac/Blood Pressure/Lipid ☐ Thyroid/Anthyroid

☐ Digestive Enzymes ☐ Other

☐ Diuretic

6. Does your child have any food related allergies? ☐ Yes ☒ No

☒ If yes, please select:

☐ Milk (Lactose Intolerant) ☐ Egg ☐ Soy ☐ Fish ☐ Tree nuts

☐ Milk (Allergy) ☐ Peanut ☐ Wheat ☐ Shellfish ☐ Other

[Save](#) [Cancel](#) [Next](#)

Quest. # 2: asked when reviewed growth chart and may assess Quest. # 3 along with growth discussion. Assessment of Parent present with BMI  $\geq 30$ , assessment methods vary (self-reported, collect weight & height, or ask using the abbreviated BMI table\*); if foster parent, check 'Not present.' If do use the abbreviated BMI table, provide an explanation & ask question(s), such as:

- **"Most families have similar eating and physical activity habits which impact how their children grow. We got measurements for (Child's name) and we would like to look at your weight/height as well. Using this chart\*, find your height in inches, would you say your weight is higher or lower than the number listed?"** (\*Abbreviated Body Mass Index (BMI) Table; see USDA RFJM risk #114 clarification. If parent refuses to answer, indicate as 'No' and document case note.)
- **"Before I ask you some health and nutrition questions, what questions or concerns do you have about your child's growth, appetite/eating, breastfeeding or formula, health, or any other questions or concerns?"**
- **"What health or medical conditions has your child ever been diagnosed with, any food allergies, sick recently, and/or currently taking any medications?"**

If yes, click on 'Details' to select condition(s); ask further probing questions to determine possible condition(s) and/or medication(s). If applicable, ask further questions, such as:

- **"What did your doctor share about how to manage this condition?"**
- (if on medication) **"Tell me more about how often, when do you give it, and how long will he/she be on this medicine?"**  
(Quest. # 6 confirm child has been medically diagnosed with food allergy or lactose intolerance; CPA should modify foods benefits prior to issuance, if needed)
- **"What have you had to do differently in feeding him/her since diagnosed with \_\_\_\_ (medical condition, food allergy, or lactose intolerance; question about special diets on Nutrition screen)?"**

7. Does your child take any of the following?

☒ Vitamins/Minerals ☐ Yes ☒ No  N/A

☐ Excessive/Inadequate ☐ Excessive ☐ Inadequate

8. Does your child regularly eat any non-food items? ☐ Yes ☒ No

If yes, please select: ☐ Ashes ☐ Clay ☐ Large amounts of ice

☐ Baby powder ☐ Cornstarch ☐ Other

☐ Baking Soda ☐ Dirt

9. Does your child have access to dental care? ☒ Yes ☐ No ☐ N/A

10. Does your child have any dental problems? ☐ Yes ☒ No ☐ N/A

If yes, please select:

☐ Gingivitis

☐ Oral Condition which Impairs Eating (tooth loss/ineffectively replaced tooth/oral infection)

☐ Periodontal Disease

☐ Tooth Decay

11. Does anyone living in the home smoke inside? ☐ Yes ☒ No

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Quest. # 7: ask questions to assess vitamins/minerals risk as excessive/inadequate and if herbs/supplements/teas/remedies (see below).

- **“What vitamins, minerals, supplements, and if any herbal supplements or home remedies do you currently offer (Child’s name)?” (if offered) “How many days a week?”**

*For children, Inadequate Dietary Supplement risk assessment includes: Vitamin D (not taking supplement and/or consuming < 32 oz/d Vit D. fortified milk) and Fluoride (assess water source/adequate fluoride), see risk criteria for specific criteria for Children.*

*Note: assessment of Vitamin D and/or Fluoride deficiency may be assessed when completing Nutrition screen; however, if applicable the CPA must return to this screen/field & mark as “Inadequate” in order to assign risk. Herbs/Supplements or Remedies only mark ‘yes’ (as risk will generate) when ‘taking any intake with potentially harmful effects’ (see risk definition).*

- **“Does your child eat any non-food items on a regular basis, items like baby powder, dirt, paint chips?”**
- **“As far as dental care, do (Child’s name) see a dentist? (if no, ask if family has access?) What concerns has a dentist or doctor shared about (Child’s name) teeth or oral care?”**
- **“What type of water do offer your child? Do you know if it has fluoride?” (if applicable, probe if water source is fluoride deficient (see risk definition) and if so, mark Inadequate under Vit/Min. refer to dentist as needed)**
- **“Last question related to health, then we will move on to eating habits, does anyone living in your home smoke inside the home?”**

## I-WIC Nutrition – Child (3 pages)

1. How do you feel about how much your child eats?  
☐ Eats too little ☐ Eats just enough ☐ Eats too much

2. If your child won't eat, what do you do?  
☐ Try to get child to eat ☐ Give different food ☐ Offer rewards  
☐ Save food for later ☐ Other  ☐ Not applicable

3. Does your child follow a special diet?  
☐ Diabetic ☐ High calorie ☐ High protein/low carb ☐ Kosher  
☐ Lacto-ovo ☐ Lactose free/restricted ☐ Low calorie ☐ Low cholesterol  
☐ Low fat ☐ Low sodium ☐ Macrobiotic ☐ PFOU  
☐ Vegan ☐ Vegetarian ☐ Weight loss ☐ None of the above  
☐ Other

4. Does your child eat these foods every day?  
☐ Fruit ☐ Yes ☐ No  
☐ Vegetables ☐ Yes ☐ No  
☐ Whole grains ☐ Yes ☐ No

5. Does your child eat raw, undercooked or unpasteurized foods?  
☐ Soft cheese ☐ Juice unpasteurized ☐ Deli meats/hot dogs not steaming  
☐ Sprouts raw ☐ Fish high in mercury ☐ Meat/poultry/eggs raw/undercooked  
☐ Milk unpasteurized ☐ Fish/shellfish raw/undercooked/smoked  
☐ No

- “Overall, how do you feel about how much (*Child's name*) eats: Too little, just enough, or too much?”
- “If (*Child's name*) won't eat foods you offer, what do you do?” (may need to list options & probe to determine education on Div. of Responsibility later)
- “Does your child follow a special diet? Does anyone else, in the home follow a special diet that your child may also then eat those same foods?”
- “Thinking about what (*Child's name*) eats, would you say (*Child's name*) eats each of these daily--fruits, vegetables, and whole grains?”
- “Some foods can have hidden potential bacteria, so we ask to see if your child may eat any of these foods and/or how they are cooked: (foods listed)?”

Note: Food Safety Desktop tool 'Foods with hidden bacteria' may be used also.

6. What milk does your child drink most often?  
☐ Breast milk ☐ Formula ☐ Low-fat/1% cow's or lactose free  
☐ Rice beverages ☐ Whole Cow's or lactose free ☐ Reduced fat/2% cow's or lactose free  
☐ Goat/sheep's milk ☐ Nut milks ☐ Fat-free/skim cow's or lactose free  
☐ Soy beverages (fortified) ☐ Soy beverages (unfortified) ☐ Homemade nutmilk/non-dairy creamer  
☐ Canned evaporated milk ☐ Sweetened condensed milk ☐ Other   
☐ None

7. Does your child regularly drink any of the following:  
☐ Breast milk ☐ Coffee or tea ☐ Diet soda  
☐ Formula ☐ 100% Fruit juice ☐ Soda, fruit/sport drinks or sweetened tea  
☐ Water ☐ None of these ☐ Other

8. What does your child use to eat or drink?  
☐ Breast ☐ Bottle ☐ Cup ☐ Cup with lid ☐ Spoon fed  
☐ Spoon/fork ☐ Fingers ☐ Tube fed

9. Does your child:  
☐ Fall asleep to bed with a bottle  
☐ Use a bottle without restriction (e.g., walking around) or as a pacifier  
☐ Carry around and drink from a covered or flaking cup  
☐ Use a bottle to drink fruit juice, diluted cereal or other foods  
☐ Use a bottle for feeding/drinking > 14 months of age  
☐ Use a pacifier dipped in sweetener (sugar, honey, etc.)  
☐ None of the above

### Page 2, Quest. # 6-9

- “What type of milk does your child drink most often? Tell me more about what (*Child's name*) has to drink every day.” (Probe milk quantity? other beverages-when & where offered? how much?)
  - Quest. #6: consuming < 32 oz/d of Vit. D fortified formula or milk (and no Vit. D Supplement) is Inadequate Vit. D risk; CPA to document as “Inadequate” on Health screen for risk to generate.
  - Quest. # 7: assess if ‘regularly’ (daily/often); as risk generates if mark soda, fruit/sport drinks or sweetened tea--‘routine use of sugar containing fluids.’
- “What is your child using to drink those items (bottle, sippy cup, open cup, a straw)?” (ask probing questions as needed for Quest. # 9)
- “When offering solid foods, what is used: spoon, fork, fingers or do you spoon feed?”



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10. Are there any other feeding concerns, such as the Parent/Caretaker:

- ☐ Does not allow child to self-feed
- ☐ Ignores hunger cues
- ☐ Feeds foods of inappropriate consistency, size or shape
- ☐ Feeds foods of inappropriate texture based on developmental stage
- ☐ Follows a rigid feeding schedule
- ☒ None of the above

11. How often do you sit together and have a meal as a family?

- ☐ All of the time
- ☒ Most of the time
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

12. How many hours a day does your child have screen time? (TV, video, cell, etc.)

- ☐ <0 +1 hr
- ☐ 1 hr
- ☒ 2 hrs
- ☐ 3 hrs
- ☐ 4 hrs
- ☐ 5+ hrs
- ☐ None

13. How much time does your child spend in active play?

- ☐ None
- ☐ 15 minutes
- ☐ 30 minutes
- ☐ 1 hour
- ☒ >1 hour

14. Is your child sometimes hungry because there is not enough money to buy food?

- ☐ Yes
- ☒ No

15. Do you have access to a refrigerator and stove/hot plate?

- ☒ Yes
- ☐ No

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Quest. 10, review list of items to inquire about and use probing questions:

- “Let’s talk a little bit about mealtimes and how you feed (Child’s name).”
  - “What times of the day do you feed (Child’s name)? What does (Child’s name) do to let you know (Child’s name) is hungry and full? What are some favorite foods? What about refuses to eat? So mainly you offer what your family eats and do you cut up/give in smaller pieces?”
  - “How often do you sit together and eat as a family?”
  - “Would you say there are times when (Child’s name) is hungry, and you just don’t have the money to buy food? In order to help me determine which WIC foods may be best to offer you, do you currently have access to refrigeration and a stove/hot plate for cooking?” (food assistance referral may be needed, based upon information shared)
- “Last couple of questions relate to how active your child is; how much time is your child actively playing every day?” (may need to list choices)
- “How much time spent on ‘screen time’ from the tv or videos, cell phone, computer/tablet?” (may need to list choices)

Affirmation or Reflection on parent/caregiver’s responses, such as:

- “You have done a good job getting him/her to use a cup.”
- “You sound frustrated with how much \_\_\_\_ (beverage) (Child’s name) wants or is drinking.”

“It sounds like you are ready to work with (Child’s name) on \_\_\_\_ (desired feeding skill or habit identified that she wants to change).”

CPA may choose to Reflect and/or Summarize, highlighting any key points from the assessment.

## I-WIC Nutrition Risk – Child

Cert Start Date	Date	Detailed Description	Staff	Source	Note
5/2/2018	7/2/2018	A24.00(4) - Unintentional Asymptomatic	AMC00000	SYSTEM	
5/2/2018	7/2/2018	401(1) - Breastfeeding Mother of	AMC00000	SYSTEM	
5/2/2018	7/2/2018	911(1) - History of Fracture of	AMC00000	SYSTEM	

Nutrition Risk screen is for the CPA to review following assessment to:

- 1) confirm all risks generated/appropriately assigned. If any risks listed should have not been generated, CPA can select the risk row and 'Reason' button to display a pop-up box to show screen/field risk generated from and CPA can go back and correct data if needed. CPA may use the 'Risk Help' button to open/view the Illinois I-WIC Nutrition Risk Criteria document as needed.
- 2) add manually assigned risk (if applicable); options for Child category:
  - Foster Care (risk 903) - child either transitioned into foster care or moved from one foster care home to another in the past 6 months
- 3) If no risks generated from assessment for a Child, the Presumptive Eligibility risk would generate as follows:
  - a. If the Child is  $\geq 2$  years of age, risk 401 Failure to Meet Dietary Guidelines would generate.
  - b. If the Child is  $\geq 12$  months < 24 months of age, risk 428 Dietary Risk Associated with Complementary Feeding Practices would generate.

CPA will continue follow the I-WIC "Guided Script" for remaining screens to complete the Child Certification.

Upon completing assessment, before education, the CPA may Summarize key points from assessment to highlight any 'change talk', parent's concern(s), and/or include any behavior change opportunities that CPA identified to move onto Education.