

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

This guidance was designed to support CPAs in using a participant-centered (PC) approach during the category specific WIC Assessment. It reviews the screens in I-WIC to assist staff in understanding that some questions collect specific data, while others should be asked in a way that engages the participant/family in conversation, rather than reading each question verbatim off the screen. Before asking questions, consider if the participant has already provided the answer – confirm and probe as needed.

Setting the Stage and Explaining the WIC Visit

- Establish rapport and individualize the visit to the participant/family (address by name, if appropriate; ask about past experiences/knowledge/cultural practices, etc.)
- Explain what to expect during the WIC visit, how long the visit should take and why information is collected. Refer to *Welcome to WIC: WIC Program Explanation to Participants*.
 - **“Thank you for bringing (child’s name) to WIC Today! This visit will take about (__ minutes). Throughout your participation in WIC, we will ask questions and gather information to get a better understanding of your family’s overall nutrition practices and lifestyle. We will begin by completing a nutrition assessment, which includes: collecting measurements to plot your child’s growth and screen the parent’s weight status; we will also check the iron in the blood and discuss your child’s eating and physical activity habits. Afterwards, we can talk about some ideas for (child’s name) to continue growing healthy, how to use the WIC foods and if there are any resources that may benefit your family in the community, how does that sound?”**
- Possible starters to continue the conversation:
 - **“Tell me how you feel about how (Child’s name) is eating and what WIC can help you with today?”**
 - **“Last time you were here, you talked about (prior goal or secondary education topic), how is that going?”**

After completing the Cert Action screen, the Breastfeeding pop-up box will appear- it is required to complete, whether the child is or was breastfeeding. At the Recertification visit, this pop-up should occur only if the child was breastfeeding at the time of the last certification.

I-WIC Lab screen – Child

Infant/Child Height/Weight

Anthropometric Data

Non-WIC	Anthro Date	Act. Age	AGA	Weight			Height			BMI	BMI/ Age	Wt/ Age	Ht/ Age	Wt/ Ln	Reason
				* lbs	* oz	g	* in	* 1/8	R/S	cm					
<input type="checkbox"/>	11/29/2022	2 y, 10 m		34	0		27	4	5		31.61	100..	82.83	0.01	N/A

Bloodwork

Non-WIC	Date of Bloodwork	HGB	Hct	Lead Value	No Blood	Exemption Reasons	Date Created
<input type="checkbox"/>	11/29/2022		12		<input type="checkbox"/>		11/29/2022

Infant/Child Height/Weight tab:

- Add anthropometric and bloodwork data, per system and policy requirements. Blood lead verbally taken, if applicable.
WIC cannot take verbal birth data- select "unknown" if not provided in writing
- Add Immunization Status: select Reviewed or Referred on the screen. If referred, document on *Referral* screen.

Growth Chart tab:

- Review the age-appropriate growth chart(s)
 - If this is the first plot point on the chart, explain that WIC will continue to follow the child's growth while they are on WIC
 - If there are several plot points on the chart, explain the growth pattern

Moving to the Health screen, engage the parent/caregiver in questions related to growth:

- **"How do you feel about (child's name) growth- is it too slow, just right or too fast?"**
- **"When was (child's name) measured last at the doctor's office? What did they share?"** *if applicable, probe for any diagnosed growth-related medical conditions*

Reflect on the parent/caregiver's response:

- **"You are concerned with how (child's name) is growing"**
- **"You are happy with (child's name) size for their age based on the growth chart"**

I-WIC
 NUTRITION ASSESSMENT CHILD
 Cat: C2 (female)
 ID: 301 193 797
 DOB: 1/1/2020
 Age: 2 yrs, 10 mos
 Cert: 11/29/22 - 11/28/23
 SVT:
 Status: Pending

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

Appetite Health Other

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 ≥ 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

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

7. If yes, please select:

Milk (Lactose Intolerant) Egg Soy Fish Tree nuts

Milk (Allergy) Peanut Wheat Shellfish Other

Buttons: Save, Cancel, Next

Question #1: “Some moms have questions about feeding, growing, or other questions related to children; before we move on, what questions do you have?”

Question # 2: We reviewed the growth chart to see how _____ is growing:

- **“How do you feel about your child’s growth- is it too slow, just right or too fast?”**

Question #3: may assess along with growth discussion

Assessment methods of a parent with BMI ≥ 30 vary (self-reported, measure ht/wt in clinic or show abbreviated BMI table found in USDA RFJM risk #114)

For foster parent- select not present For parent refusing- select no, document in note

- **“Most families have similar eating and activity habits, which impacts how their children grow, we have measurements for (child’s name) and would like yours as well... Using this chart, please find your height in inches, would you say your weight is higher or lower than the number listed? Show abbreviated BMI table.**

Question #4 - #6:

- **“What health or medical conditions has your child ever been diagnosed with?”**

- **How about any food allergies or any medications they are currently taking?”**

If yes, click on details and select the condition(s), mark medications and/or food allergies- other is an option, for those not listed. *If applicable, probe for more information:*

- **“What did the doctor share about how to manage this condition?”**
- **“Tell me more about how often, when and how long they will be on this medicine.”**
- **“What have you done differently in feeding (child’s name) since being diagnosed?”**

Food packages should be modified prior to issuance, after confirmation of diagnosis

7. Does your child take any of the following?

- Vitamins/Minerals Yes No #/Wk: 7
- Excessive/Inadequate Excessive Inadequate
- Herbs, Supplements or Remedies Yes No

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 teeth/oral infections)
 Periodontal Disease
 Tooth Decay

11. Is your child ever in an enclosed area while someone is using tobacco products? Yes No

Question #7:

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

Inadequate Dietary Supplement risk assessment includes Vitamin D (consuming <32oz/day vit D fortified milk and/or supplement) and Fluoride (see risk criteria for specific criteria). If intake is less than listed, document as inadequate for risk to generate. Reason risk is assigned must be explained in case notes

Question #8:

- **“Some children may put things in their mouth; however, some are truly eating items that are not food. Would you say that _____ has or is eating any non-food items like baby powder, dirt, paint chips...?”**

Question #9 - #10:

- **“As far as dental care, does (child’s name) see a dentist?”** *refer if no family access*
- **“What concerns did the dentist/doctor share regarding their teeth or oral care?”**
- **“What type of water do you offer your child? Do you know if it has fluoride?”**

If applicable, probe if water is fluoride deficient – update question #7 as needed

Question #11:

- **“And lastly before we move on to talking about (child’s name) eating habits, is (child’s name) ever in an enclosed area while someone is using tobacco products? Such as at home, daycare...”**

I-WIC Nutrition screen – 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 salt/sodium Macrobiotic PKU
 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

Question #1:

- **“Overall, how do you feel about how much (child’s name) eats: too little, just enough or too much?”**

Question #2:

- **“If (child’s name) won’t eat the foods you offer, what do you do?”**

List options on screen and probe to determine if discussing the Division of Resp. is needed

Question #3:

- **“Does your child follow a special diet? How about anyone in the home, where (child’s name) may eat the same foods?”**

Question #4:

- **“Thinking about what (child’s name) eats, would you say they eat each of these foods daily: Fruits, Vegetables, Whole Grains?”** *May provide examples of foods*

Question #5:

- **“Some foods can have hidden bacteria that can be harmful to young children. May I if your child eats any of these foods? ask from foods listed, may also show Food Safety Desktop tool: “Foods with Hidden Bacteria” for visual**

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 mixtures/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/go 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 training 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

Question #6 - #7:

- **“What type of milk does your child drink most often?”**
 - **“Tell me more about what (child’s name) has to drink every day?”**
- Probe to find out more information on the quantity of milk consumed as well as other beverages- when and where are they offered in addition to how much*
- Adjust response to Health question #7 as needed (vit D)*
- Regularly = daily/often and will generate a risk for soda, fruit/sports drinks or sweet tea (routine consumption of sugar containing fluids)*

Question #8 - #9:

- **“What is your child using to drink those items?”** *May provide examples listed*
 - **“When offering solid foods, what is used?”** *May provide examples listed*
- Ask probing questions as needed for question #9 based on responses*

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

Question #10:

Review list of items to inquire about and probe for additional information

- **“Let’s talk a little 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 they are hungry / full?”**
 - **“What are some favorite foods?”**
 - **“Are there any foods (child’s name) refuses?”**
 - **“So, mainly you offer what your family eats, do you cut up or give (child’s name) smaller piece?”**

Question #11:

- **“How often do you sit together and eat as a family?”**

Question #14:

- **“Would you say there are times when (child’s name) is hungry, and you just don’t have the money to buy food?”**

Question #15

- **“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?”** *Possible food referral*

Question #12 -#13

- **“The last couple of questions relate to how active your child is, how much time would you say (child’s name) spends actively playing every day?”** *May list options*
- **“How much time does (child’s name) spend in front of a screen each day? (such as TV/videos/phone/computer/tablet)”**

I-WIC Nutrition Risk screen – Child

NUTRITION ASSESSMENT CHILD
 Cat: C2 (female)
 ID: 801 193 787
 DOB: 11/12/2009
 Age: 2 yrs, 10 mos
 Cert: 11/29/22 - 11/28/23
 BVT:
 Status: Pending

Cert Start Date	Date	Detailed Description	Staff	Source	Note
11/29/2022	11/29/2022	425.02[5] - Routinely Feeding a ...	JESSICA.G.	SYSTEM	
11/29/2022	11/29/2022	353[3] - Food Allergies	JESSICA.G.	SYSTEM	
11/29/2022	11/29/2022	121[3] - Short Stature or At Risk...	JESSICA.G.	SYSTEM	
11/29/2022	11/29/2022	114[3] - Overweight or At Risk fo...	JESSICA.G.	SYSTEM	
11/29/2022	11/29/2022	113[3] - Obese	JESSICA.G.	SYSTEM	

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

1. Confirm all risks generated/appropriately assigned
 - a. If any risks listed should not have been generated, select the row with the risk and click the ‘Reason’ button to display a pop-up box showing the screen/question that generated the risk. The CPA can go back and correct, if needed
 - b. Click ‘Risk Help’ button to open/view the Illinois I-WIC Nutrition Risk Criteria document, as needed
2. Add a manual risk, if applicable:
 - a. 903 Foster Care – If child is in foster care, transitioned into foster care or moved from one foster care home to another in the past 6 months If no risks generated from the assessment, the Presumptive Eligibility risk will assign:
 - i. 401 Failure to Meet Dietary Guidelines – If the child is ≥ 2 years of age
 - ii. 428 Dietary Risk Associated with Complementary Feeding Practices – If the child is ≥ 12 months < 24 months of age

CPA will continue following the I-WIC “Guided Script” for the remaining screens needed to complete the certification

Upon completing the assessment, the CPA may summarize key points from the assessment to highlight any ‘change talk,’ concerns shared by the parent/caregiver and/or any behavior change opportunities identified as the visit moves into education.

Refer to *Welcome to WIC: WIC Program Explanation to Participants*.