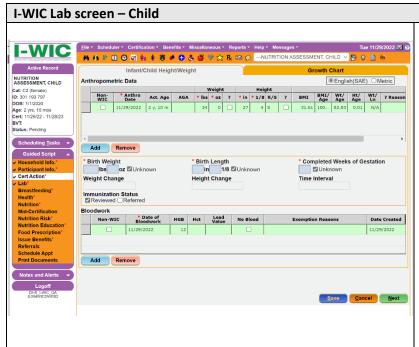
WIC Assessment Guide: Children (C1, C2, C3, C4)

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?"
 - o "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.



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)
 - o 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
- o 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"



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

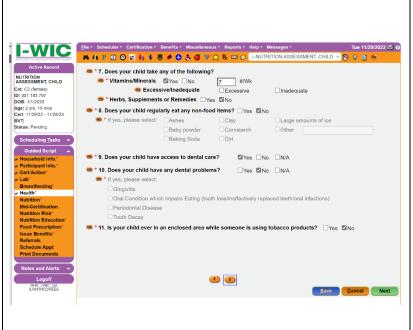
"Most families have similar eating and activity habits, which impacts how their children grow, we have measurements for (child's name) and would like yours as well... Using this chart, please find your height in inches, would you say your weight is higher or lower than the number listed? Show abbreviated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



Question #7:

- "What vitamins, minerals, supplements and if any, herbal supplements or home remedies do you currently offer (child's name)?"
 - o 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

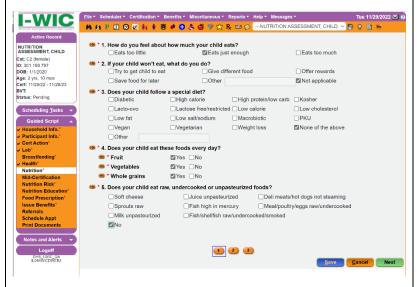
Question #8:

 "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)



Question #1:

"Overall, how do you feel about how much (child's name) eats: too little, just enough or too much?"

Question #2:

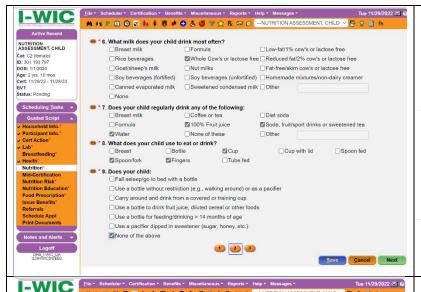
- "If (child's name) won't eat the foods you offer, what do you do?"

 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



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

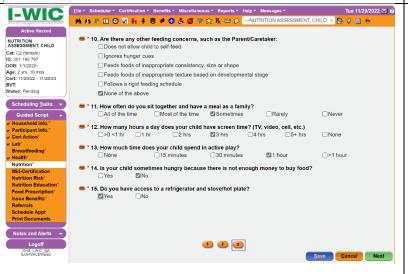
Adjust response to Health question #7 as needed (vit D)

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



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?"
 - o "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)"



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.