

# Training Outline

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Recorded PowerPoint –  
approx. 2 hours

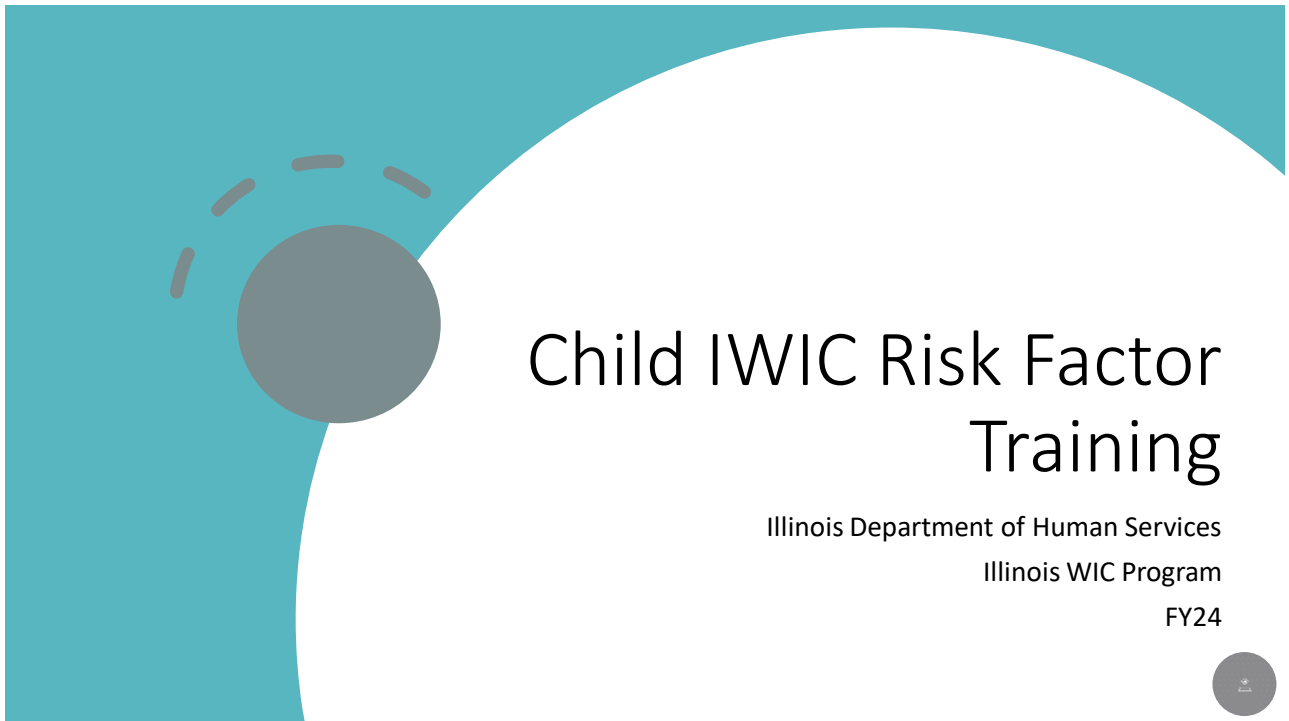
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Self-Study Module

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Review of IL WIC Policy  
& Addenda

1



Child IWIC Risk Factor  
Training

Illinois Department of Human Services  
Illinois WIC Program  
FY24



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## Objectives

- Describe USDA WIC Nutrition Risk and IWIC Nutrition Risk criteria related to Child participants.
- Demonstrate use of Value Enhanced Nutrition Assessment (VENA) during the WIC assessment process.



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## Keep In Mind

This training is designed to be self-paced.

Take time to review each section carefully.

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# Required Training Resources & Materials

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- USDA Value Enhanced Nutrition Assessment (VENA) Guidance <https://tinyurl.com/a462rtnw>
- Illinois WIC Policy Manual <https://tinyurl.com/2p8ww9xf>
  - IWIC Assessment Guide: Child
- USDA WIC Nutrition Risks & IWIC Nutrition Risk Criteria <https://tinyurl.com/2s4z277h>



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## Anthropometric / Biochemical Assessment & Risks

Read Certification Standards 5.1, 5.3, 5.4, & 12.4 in the Illinois WIC Policy Manual prior to beginning this section.



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# Child – Lab Screen

Infant/Child Height/Weight
Growth Chart

English(SAE)  Metric

| Non-WIC                  | * Anthro Date | Act. Age | AGA | Weight |      |                          | Height |       |     | BMI                      | BMI/ Age | Wt/ Age | Ht/ Age | Wt/ Ln | ? Reasons | Date Created |          |
|--------------------------|---------------|----------|-----|--------|------|--------------------------|--------|-------|-----|--------------------------|----------|---------|---------|--------|-----------|--------------|----------|
|                          |               |          |     | * lbs  | * oz | ?                        | * in   | * 1/8 | R/S |                          |          |         |         |        |           |              | ?        |
| <input type="checkbox"/> | 06/09/2022    | 9 m, 9 d |     | 22     | 0    | <input type="checkbox"/> | 30     | 2     | R   | <input type="checkbox"/> | N/A      | N/A     | 83.67   | 97.74  | 55.48     |              | 6/9/2022 |

Add Remove

\* Birth Weight  
 lbs  oz  Unknown

\* Birth Length  
 in  1/8  Unknown

\* Completed Weeks of Gestation  
 39  Unknown

Weight Change:       Height Change:       Time Interval:

Immunization Status  
 Reviewed  Referred

| Non-WIC                  | * Date of Bloodwork | HGB  | Hct | Lead Value | No Blood                 | Exemption Reasons | Date Created |
|--------------------------|---------------------|------|-----|------------|--------------------------|-------------------|--------------|
| <input type="checkbox"/> | 06/09/2022          | 11.6 |     |            | <input type="checkbox"/> |                   | 6/9/2022     |

No Verbal Data for:

- Current weight and length
- Birth weight and length
- Current hgb or hct value

Self-Reported Allowed:


- Blood lead status – not required

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# Risks Generated from the Lab Screen


|   |                             |            |  |             |
|---|-----------------------------|------------|--|-------------|
| 103<br>Underweight or At Risk of Underweight (Infants and Children) | Infant - [1]<br>Child - [3] | <br>X<br>X | <p><b>Underweight:</b></p> <p><b>Infant or Child less than 2 years old:</b> weight for recumbent length less than or equal to the 2.3<sup>rd</sup> percentile.</p> <div style="border: 1px solid blue; padding: 2px;"> <p><b>Child 2 to 5 years old:</b> BMI less than or equal to the 5<sup>th</sup> percentile.<br/>Only standing measurements may be used to plot on BMI and weight-for-stature growth charts.</p> </div> <p><b>At Risk of Underweight:</b></p> <p><b>Infant or Child less than 2 years old:</b> weight for recumbent length more than the 2.3<sup>rd</sup> to less than or equal to the 5<sup>th</sup> percentile.</p> <div style="border: 1px solid blue; padding: 2px;"> <p><b>Child 2 to 5 years old:</b> BMI greater than the 5<sup>th</sup> to less than or equal to 10<sup>th</sup> percentile.</p> </div> | Screen: Lab |
|---|-----------------------------|------------|--|-------------|

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|  |                        |  |  |             |
|--|------------------------|--|--|-------------|
| 113<br>Obese<br>(Children 2-5 yrs)   | Child - [3]            | X<br> | Child 2 to 5 years old with BMI $\geq$ to the 95th percentile.<br>Only standing measurements may be used to plot on BMI and weight-for-stature growth charts.                                      | Screen: Lab |
| 114<br>Overweight (Children 2-5 yrs) or<br>At Risk for Overweight (Infants and Children) | Child (2- 5 yrs) - [3] |  | <b>Overweight:</b><br>Child 2 to 5 years old with BMI $\geq$ to the 85th and < the 95th percentile.<br>Only standing measurements may be used to plot on BMI and weight-for-stature growth charts. | Screen: Lab |

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|  |                             |   |   |             |
|--|-----------------------------|---|---|-------------|
| 115<br>High Weight for Length<br>(Infants and Children < 24 months)        | Infant - [1]<br>Child - [3] | X<br>X<br> | Infant or Child less than 2 years old with high weight for recumbent length $\geq$ to the 97.7 <sup>th</sup> percentile.  | Screen: Lab |
| 121<br>Short Stature or At Risk of Short Stature<br>(Infants and Children) | Infant - [1]<br>Child - [3] |   | <b>Short Stature:</b><br>Infant or Child less than 2 years old: with recumbent length for age $\leq$ the 2.3 <sup>rd</sup> percentile.<br><div style="border: 1px solid black; padding: 2px; margin: 5px 0;">Child 2 to 5 years old: with standing height for age <math>\leq</math> the 5<sup>th</sup> percentile.</div> <b>At Risk of Short Stature:</b><br>Infant or Child less than 2 years old: with recumbent length for age greater than the 2.3 <sup>rd</sup> to less than or equal to the 5 <sup>th</sup> percentile.<br>For infant/ child born less than or equal to 37 weeks gestation, the assignment of this risk is based on adjusted gestational age.<br>Child 2 to 5 years old with standing height for age greater than the 5 <sup>th</sup> to less than or equal to the 10 <sup>th</sup> percentile. | Screen: Lab |


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|  |                             |        |  |             |
|--|-----------------------------|--------|--|-------------|
| 115<br>High Weight for Length<br>(Infants and Children < 24 months)        | Infant - [1]<br>Child - [3] | X<br>X | Infant or Child less than 2 years old with high weight for recumbent length $\geq$ to the 97.7 <sup>th</sup> percentile.   | Screen: Lab |
| 121<br>Short Stature or At Risk of Short Stature<br>(Infants and Children) | Infant - [1]<br>Child - [3] |        | <p><b>Short Stature:</b><br/>Infant or Child less than 2 years old: with recumbent length for age <math>\leq</math> the 2.3<sup>rd</sup> percentile.</p> <p>Child 2 to 5 years old: with standing height for age <math>\leq</math> the 5<sup>th</sup> percentile.</p> <p><b>At Risk of Short Stature:</b><br/>Infant or Child less than 2 years old: with recumbent length for age greater than the 2.3<sup>rd</sup> to less than or equal to the 5<sup>th</sup> percentile.</p> <p>For infant/ child born less than or equal to 37 weeks gestation, the assignment of this risk is based on adjusted gestational age.</p> <p>Child 2 to 5 years old with standing height for age greater than the 5<sup>th</sup> to less than or equal to the 10<sup>th</sup> percentile.</p> | Screen: Lab |



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|   |                             |  |   |             |
|---|-----------------------------|--|---|-------------|
| 141<br>Low Birth Weight and Very Low Birth Weight | Infant - [1]<br>Child - [3] | X<br> | <p><b>Very Low Birth Weight (VLBW):</b> Infant or child under 2 whose birth weight is less than 3 pounds 5 ounces or 1500 grams.</p> <p><b>Low Birth Weight (LBW):</b> Infant or child under 2 whose birth weight is less than 5 pounds 8 ounces or 2500 grams.</p> | Screen: Lab |
|---|-----------------------------|--|---|-------------|

|                                       |                             |  |  |   |
|---------------------------------------|-----------------------------|--|--|---|
| 142<br>Preterm or Early Term Delivery | Infant - [1]<br>Child - [3] |  | <p><b>Preterm Delivery:</b><br/>Infant or Child less than 2 years old; born at &lt;37 weeks gestation.</p>                         | <p>Screen: Lab</p> <p><b>Question:</b> Completed Weeks Gestation</p> <p><b>Answer that generates risk:</b> <math>\leq 36</math></p> |
|                                       |                             |  | <p><b>Early Term Delivery:</b><br/>Infant or Child less than 2 years old; born <math>\geq 37</math> to &lt;39 weeks gestation.</p> | <p>Screen: Lab</p> <p><b>Question:</b> Completed Weeks Gestation</p> <p><b>Answer that generates risk:</b> 37-38</p>                |



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# Lab Risks – cont.

|                                      |  |           |  |   |           |        |      |  |
|--------------------------------------|--|-----------|--|---|-----------|--------|------|--|
| 201<br>Low Hematocrit/Low Hemoglobin | Pregnant – [1]                                 | X         | High Risk will be generated when the most recent hemoglobin value is $\leq 10.0g$ or hematocrit value is $\leq 31\%$ , and the test date meets the criteria listed below for the participant's category and age. | Screen: Lab and Health (smoking status) |           |        |      |  |
|                                      | Breastfeeding – [1]                            | X         |  |   |           |        |      |  |
|                                      | Non-Breastfeeding – [6]                        | X         |  |   |           |        |      |  |
|                                      | Infant – [1]                                   | X         |  |   |           |        |      |  |
|                                      | Child – [3]                                    | X         |  |   |           |        |      |  |
|                                      | Pregnant Women                                 |           |  | Nonsmoker                               |           | Smoker |      |  |
|                                      |  | Hgb <g/dL |  | Hct <%                                  | Hgb <g/dL | Hct <% |      |  |
|                                      | First Trimester (0-13 Weeks or 15-89 Days)     |           |  | 11.0                                    | 33.0      | 11.3   | 34.0 |  |
|                                      | Second Trimester (14-26 Weeks or 90-179 Days)  |           |  | 10.5                                    | 32.0      | 10.8   | 33.0 |  |
|                                      | Third Trimester (27-40+ Weeks or 180-325 Days) |           |  | 11.0                                    | 33.0      | 11.3   | 34.0 |  |
|                                      | Nonpregnant Women                              |           |  | Nonsmoker                               |           | Smoker |      |  |
|                                      |  | Hgb <g/dL |  | Hct <%                                  | Hgb <g/dL | Hct <% |      |  |
|                                      | 12 - <15 Years                                 |           |  | 11.8                                    | 35.7      | 12.1   | 36.7 |  |
| 15 - <18 Years                       |  |           | 12.0   | 35.9                                    | 12.3      | 36.9   |      |  |
| $\geq 18$ Years                      |  |           | 12.0   | 35.7                                    | 12.3      | 36.7   |      |  |
| Infants/Children                     |  |           | Age  |   | Hgb <g/dL | Hct <% |      |  |
| Infants                              |  |           | 6 - <12 Months   |   | 11.0      | 33.0   |      |  |
| Children                             |  |           | 1 - <2 Years   |   | 11.0      | 32.9   |      |  |
|                                      |  |           | 2 - 5 Years  |   | 11.1      | 33.0   |      |  |

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# Lab Risks – cont.

|                                   |                         |   |  |
|-----------------------------------|-------------------------|---|--|
| 211<br>Elevated Blood Lead Levels | Pregnant – [1]          | X | Blood lead level of $\geq 3.5$ mcg/dL within the past 12 months. |
|                                   | Breastfeeding – [1]     | X |  |
|                                   | Non-Breastfeeding – [6] | X |  |
|                                   | Infant – [1]            | X |  |
|                                   | Child – [3]             | X |  |

**Self-Reported Diagnosis (SRD):** Presence of condition diagnosed, documented, or reported by a health care provider or as self-reported by the applicant, participant or caregiver.

**Lead in Infants and Children**

Similarly, children with pica may also have an elevated BLL. (For more information about pica please see the *Lead in Pregnant Women*, above and Risk #425 *Inappropriate Nutrition Practices for Children*.)

Lead poisoning is most common in children, especially those living in low income, migrant, or new refugee households. CDC recommends blood lead screening for all children at high risk for elevated BLLs with follow-up screening within 12 months.

**Nutrition and Lead Absorption**

Adequate consumption of calcium, iron, selenium, and zinc along with vitamins C, D and E decreases the absorption of lead in adults and lowers the susceptibility to the toxic effects in children (2). Nutritional status affects the absorption, deposition, and excretion of lead and thus may affect lead toxicity. Infants and children with a BLL  $\geq 5$   $\mu$ g/dL should be assessed for the adequacy of their diet with a focus on increasing iron, calcium, and vitamin C, as follows:

- Iron deficiency anemia (IDA) can be an indicator of lead poisoning as they often coexist. Iron status should be evaluated and nutritional supplementation may be recommended by the participant's health care provider to correct and prevent IDA. Testing for IDA should occur (4):
  - Once between ages 9-12 months,
  - Again 6 months later, and
  - Annually from ages 2 to 5 years.

**Implications for WIC Nutrition Services**

WIC nutrition services may benefit participants with lead exposure or elevated blood lead levels (BLL) by:

- Reinforcing primary prevention strategies to avoid lead exposure effects such as offering to explain risk factors and common sources to lead treatment programs in health departments. Other CDC resources include:
  - Calcium: Low-fat dairy, bone-in canned fish, and fortified foods. <http://ods.od.nih.gov/factsheets/Calcium-HealthProfessionals/>
  - Iron: Lentils and beans, fortified cereals, red meats, fish, and eggs. <http://ods.od.nih.gov/factsheets/Iron-HealthProfessionals/>
  - Vitamin C: Citrus fruits, tomatoes, and other fruits and vegetables. <http://ods.od.nih.gov/factsheets/VitaminC-HealthProfessionals/>
- Helping to determine source(s) of lead exposure and counsel participants on ways to reduce exposure, including identification and assessment of pica behavior. (See Risk #427 *Inappropriate Nutrition Practices for Women and Risk #428 *Inappropriate Nutrition Practices for Children*.)*
- Working with local lead treatment programs to determine sources of lead exposure and support their recommendations for reducing further exposure.
- Providing breastfeeding support to mothers with elevated BLLs to help them continue to breastfeed. Discard their breast milk.
- Working with healthcare providers to support breastfeeding as long as lead exposure occurs in a breastfeeding dyad.



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**Illinois WIC Program Nutrition Practice Standards (NPS)  
Growth of Infants and Children  
January 2019, August 2022**

Nutrition Practice Standards are provided to assist staff in translating policy into practice. This guidance is intended to be used in conjunction with resources listed at the end of this document.

**Healthy Weight**

Maintaining a healthy weight is important for the overall health and well-being of children. Children's weight status encompasses many factors including growth pattern, familial obesity, medical risks, and nutrition and physical activity habits. Two of the most important determinants of healthy weight are nutrition and physical activity. A balanced, nutritious, diet along with regular activity is key to the prevention of overweight and obesity and one reason the nutrition education offered by WIC is so important.

**Body Mass Index**

Body mass index (BMI) is a measure used to determine childhood overweight and obesity. For children, BMI is age- and sex-specific and is often referred to as BMI-for-age. A child's weight status is determined using an age- and sex-specific percentile for BMI rather than the BMI categories used for adults. This is because children's body composition varies between sexes and as they age. Therefore, BMI levels among children need to be expressed relative to other children of the same age and sex.

In children a high amount of body fat can lead to weight-related diseases and other health issues. Similarly, being underweight can put one at risk of negative health outcomes. Although BMI does not directly measure body fat, it is a useful screening tool because it correlates with both body fat and health risks. Children with BMI's between the 85<sup>th</sup> and 94<sup>th</sup> percentiles are defined as *overweight* and often have excess body fat and health risks associated with excess weight for height. For some, however, this BMI category reflects high lean body mass rather than legitimately high levels of body fat. The professional judgement of a CPA is imperative when making referrals. Children with BMI's at or above the 95<sup>th</sup> percentile are categorized as obese; for the majority, this correlates with the presence of excess body fat and its associated health risks.

| Body Mass Index Percentile Categories for Children |                |
|--|----------------|
| Body Mass Index Percentile                         | Definition     |
| <5 <sup>th</sup> %                                 | Underweight    |
| 25 <sup>th</sup> -84 <sup>th</sup> %               | Healthy weight |
| 85 <sup>th</sup> -94 <sup>th</sup> %               | Overweight     |
| ≥95 <sup>th</sup> %                                | Obese          |

**Growth Charts**

Growth charts are meant to be used as a screening tool and they comprise only one aspect of overall growth. Centers for Disease Control and Prevention (CDC) recommends use of the World Health Organization (WHO) growth charts to monitor growth for all children from birth up to 2 years of age and use of the CDC growth charts for children age 2 years and older.

WHO and CDC growth charts are similar in that both describe weight-for-age, length (or stature)-for-age, weight-for-length (or stature) and body mass index (BMI) for age. They differ in the approach taken to create the growth charts.

- WHO growth charts are international **standards** that show how healthy children should grow. The standards describe growth of children living in six countries (including the U.S.) in environments believed to support optimal growth. One of several criteria defined for optimal growth is breastfeeding. WHO growth charts use the growth of breastfed infants as the norm for growth. WHO growth charts should be used with all children from birth up to 2 years of age, regardless of type of feeding.
- CDC growth charts are a **growth reference**, not a standard, which represents how U.S. children and teens grew primarily during the 1970s, 1980s, and 1990s. CDC recommends using these references from ages 2 through 19 to track weight, stature, and body mass index from childhood through the age of 19 years.

**Growth Pattern**

Physical growth in infants and children is an important indicator of health and wellness. Changes in growth can indicate inappropriate feeding dynamics or concerns of medical, nutritional, or emotional origin. Consistent growth patterns typically indicate healthy growth. A single plot on a growth chart does not show a true reflection of a child's growth. Normal growth is usually identified by a series of measurements indicating consistent growth, regardless of the percentile followed. The curved lines on the growth chart show selected percentiles that indicate the rank of the child's measurements. For example, when the dot is plotted on the 95<sup>th</sup> percentile line on the CDC BMI-for-age growth chart, it means that 5 of 100 children (5%) of the same age and sex in the reference population have a higher BMI-for-age.

The WHO growth standard charts use the 2<sup>nd</sup> and the 98<sup>th</sup> percentiles as the outer most percentile cutoff values indicating abnormal growth. The CDC growth reference charts use the 5<sup>th</sup> and the 95<sup>th</sup> percentiles as the outermost percentile cutoff values indicating abnormal growth. Values that plot outside those established parameters suggest the need to recheck measurements. It is important to know that some children will consistently plot at established cutoff percentiles. Generally, a growth pattern following a particular percentile curve is considered normal, even if it is at the extremes of the reference growth curves. A child **consistently** growing above the 95<sup>th</sup> percentile or below the 5<sup>th</sup> percentile on any chart is probably growing normally. Children whose growth parameters are at the extremes of the growth curve, but whose growth rates are normal are likely to be healthy. Accelerated or slowed growth rates, however, are rarely normal and warrant further evaluation.

**Explaining Growth Charts**

Allow parent/caregiver to view the growth chart. Explain that consistent growth along the same growth curve is more important than the percentile itself. An example phrase might include: "Your child has always grown along the 25<sup>th</sup> percentile for [Ex: ht, wt, BMI] which means if we lined 100 little girls/boys up, your child would be the 25<sup>th</sup> child for [ex: height] meaning there are 75 children that are taller and 24 children that are shorter than your child. He/she is growing consistently for his/her needs." **Ask:** "Now that we've looked at your child's growth chart, tell me how you're feeling about your child's growth?"; "What has your doctor shared or told you about your child's growth?"; "Make note of parent's/caregiver's response as part of your assessment and summarize after the assessment process is complete."

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# Growth Charts



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## Knowledge Check

Caregivers can verbally  
report their child's weight  
and length.

**TRUE**  
— OR —  
**FALSE**



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## Knowledge Check

Hemoglobin screening is a  
requirement of the WIC  
program.

**TRUE**  
— OR —  
**FALSE**



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# Lab Risk Wrap-Up

| Anthropometric Risks                          |  |
|---|--|
| 103 Underweight or at risk of underweight     | 113 Obese                                    |
| 114 Overweight and at risk for overweight     | 115 High weight for length                   |
| 121 Short stature or at risk of short stature | 141 Low birth weight / very low birth weight |
| 142 Preterm / Early term                      |  |
| Biochemical Risks                             |  |
| 201 Low hemoglobin                            | 211 Elevated blood lead                      |



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Health Screen  
Assessment &  
Risks



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# Child Health Screen

*Most families have similar eating and activity habits. We have measurements for Jamie. If you don't mind, I'd like to show you a chart to help assess your weight for height. Would that be ok?*

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

Appetite       Health       Other

Breastfeeding       Weight Gain/Growth

Formula Intake       No Concerns

**Hx \* 2. How do you feel about your child's growth?**       Too slow       Just right       Too fast

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

**Hx \* Mother**       Yes       No       Not Present

**Hx \* Father**       Yes       No       Not Present

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# Child Health Screen

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

**Hx \* Mother**       Yes       No       Not Present

**Hx \* Father**       Yes       No       Not Present

## Assess using BMI Table:

- In person: *Using this chart, find your height. Would you say your weight is above or below that number?*
- On Phone: *Do you know how tall you are? Would you say your weight is above or below xxx pounds?*

Abbreviated Body Mass Index (BMI) Table\*

| Height | Inches | Weight (lbs)<br>equal to<br>BMI 30 |
|--------|--------|------------------------------------|
| 4'10"  | 58     | 143                                |
| 4'11"  | 59     | 148                                |
| 5'0"   | 60     | 153                                |
| 5'1"   | 61     | 158                                |
| 5'2"   | 62     | 164                                |
| 5'3"   | 63     | 169                                |
| 5'4"   | 64     | 174                                |
| 5'5"   | 65     | 180                                |
| 5'6"   | 66     | 186                                |
| 5'7"   | 67     | 191                                |
| 5'8"   | 68     | 197                                |
| 5'9"   | 69     | 203                                |
| 5'10"  | 70     | 209                                |
| 5'11"  | 71     | 215                                |
| 5'12   | 72     | 221                                |
| 6'1"   | 73     | 227                                |
| 6'2"   | 74     | 233                                |
| 6'3"   | 75     | 240                                |

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Overweight (Children  
2-5 yrs) or  
At Risk for Overweight  
(Infants and Children)

|                             |  |  |   |
|-----------------------------|--|--|---|
| Infant - [1]                |  | <b>At Risk of Overweight (&lt;12 months Infant of Obese mother):</b><br>Infant (<12 mos) born to a Woman with a BMI $\geq$ to 30 at time of conception or during the first trimester of the pregnancy.<br><br>BMI must be based on self-reported prepregnancy weight and height or on a documented measured weight and height.   | Screen: Health<br><br><b>Question:</b> Parent present with BMI $\geq$ 30? Mother<br><br><b>Answer that generates risk:</b><br>yes |
| Child - [3]                 |  | <b>At Risk of Overweight (<math>\geq</math>12 months Child of Obese mother):</b><br>Child ( $\geq$ 12 mos) with a biological mother whose BMI $\geq$ to 30 at the time of certification.<br><br>BMI must be based on self-reported weight and height or on weight and height measurements taken at the time of certification. If the mother is pregnant or has had a baby within the past six months, use her prepregnancy weight to assess for obesity. | Screen: Health<br><br><b>Question:</b> Parent present with BMI $\geq$ 30? Mother<br><br><b>Answer that generates risk:</b><br>yes |
| Infant - [1]<br>Child - [3] |  | <b>At Risk of Overweight (Infant or Child of Obese father):</b><br>Infant or Child with a biological father whose BMI $\geq$ to 30 at the time of certification.<br><br>BMI must be based on father's self-reported weight and height or on weight and height measurements taken by staff at the time of the certification.  | Screen: Health<br><br><b>Question:</b> Parent present with BMI $\geq$ 30? Father<br><br><b>Answer that generates risk:</b><br>yes |



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## Child Health Screen

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

*What health or medical conditions does your child have?*

- 134 Failure to Thrive
- 151 Small for Gestational age
- 341 Nutrient Deficiency or Disease
- 342 Gastrointestinal Disorders
- 343 Diabetes Mellitus
- 344 Thyroid Disorders
- 345 Hypertension and Prehypertension
- 346 Renal Disease
- 347 Cancer
- 348 Central Nervous System Disorders
- 349 Genetic or Congenital Disorders
- 351 Inborn Errors of Metabolism
- 352.01 Acute Infectious Disease
- 352.02 Chronic Infectious Disease



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## Child Health Screen, continued

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

*What health or medical conditions does your child have?*

- 354 Celiac Disease
- 356 Hypoglycemia
- 359 Recent Major Surgery, Trauma, Burn
- 360 Other Medical Conditions
- 362 Developmental, Sensory or Motor Delays interfering with the ability to eat
- 382 Fetal Alcohol Spectrum Disorder (FASD)
- 901 Recipient of Abuse
- 902 Woman or Infant/Child of Primary Caregiver with limited ability to make feeding decisions and/or prepare food

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## Child Health Screen

**Hx** \* 5. Does your child regularly take any of the following medications?  Yes  No

**Hx** \* If yes, check all that apply.

|   |   |
|---|---|
| <input type="checkbox"/> Antigout                     | <input type="checkbox"/> Hormones: Growth, Steroid, Other |
| <input type="checkbox"/> Blood Formation/Coagulation  | <input type="checkbox"/> Insulin/Antidiabetic             |
| <input type="checkbox"/> Cardiac/Blood Pressure/Lipid | <input checked="" type="checkbox"/> Thyroid/Antithyroid   |
| <input type="checkbox"/> Digestive Enzymes            | <input type="checkbox"/> Other <input type="text"/>       |
| <input type="checkbox"/> Diuretic                     |   |

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

**Hx** \* If yes, please select:

|   |   |                                |                                    |   |
|---|---|--------------------------------|------------------------------------|---|
| <input checked="" type="checkbox"/> Milk (Lactose Intolerant) | <input checked="" type="checkbox"/> Egg | <input type="checkbox"/> Soy   | <input type="checkbox"/> Fish      | <input type="checkbox"/> Tree nuts                  |
| <input type="checkbox"/> Milk (Allergy)                       | <input type="checkbox"/> Peanut         | <input type="checkbox"/> Wheat | <input type="checkbox"/> Shellfish | <input type="checkbox"/> Other <input type="text"/> |

- 357 Drug Nutrient Interactions
- 353 Food Allergies
- 355 Lactose Intolerance

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# Child Health Screen

**Hx \* 7. Does your child take any of the following?**

**Hx \* Vitamins/Minerals**  Yes  No  #/Wk

**Hx Excessive/Inadequate**  Excessive  Inadequate

**Hx \* Herbs, Supplements or Remedies**  Yes  No

|  |             |  |   |
|--|-------------|--|---|
| 425.07<br>Feeding dietary supplements with potentially harmful consequences  | Child - [5] | <p>Examples of dietary supplements, if fed in excess of recommended dosage, may be toxic or have harmful consequences:</p> <ul style="list-style-type: none"> <li>• Single or multi-vitamins;</li> <li>• Mineral supplements; and</li> <li>• Herbal or botanical supplements/remedies/teas.</li> </ul> <p>Like drugs, herbal and botanical preparations have chemical and biological activity, may have side effects, and may interact with certain medications.</p> <p><b>Any intake of herbs/teas with potentially harmful effects to children.</b></p>  | <p><b>Screen:</b> Health</p> <p><b>1. Question:</b> "Does your baby/child take any of the following: Vitamins/Minerals"</p> <p><b>Answer that generates risk:</b> "Excessive"</p> <p><b>And/or</b></p> <p><b>2. Question:</b> "Do you give your child any herbs, supplements"</p> |
| 425.08<br>Routinely not providing dietary supplements recognized as essential by national public health policy when a child's diet alone cannot meet nutrient requirements | Child - [5] | <p>Based on a child's specific needs and environmental circumstances.</p> <ul style="list-style-type: none"> <li>• Not providing 400 IU of vitamin D if a child consumes less than 1 liter (or 1 quart) of vitamin D fortified milk or formula.</li> </ul> <p>For children living in fluoride deficient areas:</p> <ul style="list-style-type: none"> <li>• Providing children less than 36 months of age with less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride.</li> <li>• Providing children 36-60 months of age with less than 0.50 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride.</li> </ul> | <p><b>Screen:</b> Health</p> <p><b>Question:</b> "Does your baby/child take any of the following: Vitamins/Minerals"</p> <p><b>Answers that generate risk:</b></p> <ul style="list-style-type: none"> <li>• "Inadequate" – when checked</li> <li>• "No" - when checked</li> </ul> |

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**Hx \* 8. Does your child regularly eat any non-food items?**  Yes  No

**Hx \* If yes, please select:**  Ashes  Clay  Large amounts of ice

Baby powder  Cornstarch  Other

Baking Soda  Dirt

**Hx \* 9. Does your child have access to dental care?**  Yes  No  N/A

**Hx \* 10. Does your child have any dental problems?**  Yes  No  N/A

**Hx \* If yes, please select:**

Gingivitis

Oral Condition which Impairs Eating (tooth loss/ineffectively replaced teeth/oral infections)

Periodontal Disease

Tooth Decay

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

|  |   |   |  |
|--|---|---|--|
| 425.09<br>Routine ingestion of non-food items (pica) | Child - [5]   | <p>Examples of <b>inappropriate non-food items:</b> ashes, carpet fibers, cigarettes or cigarette butts, clay, dust, foam rubber, paint chips, soil, and starch (laundry and cornstarch).</p>   | <p><b>Screen:</b> Health</p> <p><b>Question:</b> "Does your child regularly eat any non-food items?"</p> <p><b>Answer that generates risk:</b> "Yes"</p>                                   |
| 383<br>Oral Health Conditions                        | Pregnant - [1]<br>Breastfeeding - [1]<br>Non-Breastfeeding - [6]<br>Infant - [1]<br>Child - [3] | <p>Presence of Oral Health conditions per SRD:</p> <ul style="list-style-type: none"> <li>• Dental caries (i.e. cavities or tooth decay)</li> <li>• Periodontal diseases (i.e. gingivitis and periodontitis)</li> <li>• Tooth loss, ineffectively replaced teeth or oral infections which impair the ability to ingest food in adequate quantity or quality</li> </ul> <p><b>Self-Reported Diagnosis (SRD):</b> Presence of condition diagnosed, documented, or reported by a health care provider or as self-reported by the applicant, participant, or caregiver.</p> | <p><b>Screen:</b> Health</p> <p><b>Question:</b> "Do you/your baby/child have any dental problems?"</p> <p><b>Answer that generates risk:</b> "Yes and specific condition is selected"</p> |
| 904<br>Environmental Tobacco Smoke Exposure          | Pregnant - [1]<br>Breastfeeding - [1]<br>Non-Breastfeeding - [6]<br>Infant - [1]<br>Child - [3] | <p>Environmental tobacco smoke (ETS) exposure is defined (for WIC eligibility purposes) as exposure to smoke from tobacco products inside enclosed areas, like the home, place of child care, etc. ETS is also known as secondhand, passive, or involuntary smoke. The ETS definition also includes the exposure to the aerosol from electronic nicotine delivery systems.</p>  | <p><b>Screen:</b> Health</p> <p><b>Question:</b> Are you ever in an enclosed area while someone is using tobacco products?</p> <p><b>Answer that generates risk:</b> "Yes"</p>             |

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## Knowledge Check

Children who are taking less than 1 quart (4 cups) milk or formula per day should be assigned risk 425.8 – routinely not providing dietary supplements.

**TRUE**  
— OR —  
**FALSE**



31

## Knowledge Check

When assessing parental BMI, staff should always weigh and measure the parent(s).

**TRUE**  
— OR —  
**FALSE**



33

# Knowledge Check

**CPA:** What vitamins, minerals or other supplements are you offering Jonathan?

**Caregiver:** He's not taking anything.

**CPA:** Does Jonathan drink milk or another Vit. D fortified drink?

**Caregiver:** Yes, he loves milk. I'd say he drinks about 2 cups a day.

**CPA:** Great, and what about water. Are you using tap or bottled water?

**Caregiver:** We use mainly tap water. Should he be taking a vitamin?

**CPA:** Doctors often recommend additional Vit. D. We can talk more about that in just a few minutes if you'd like.

**Hx \* 7. Does your child take any of the following?**

**Hx \* Vitamins/Minerals**  Yes  No  #/Wk

**Hx Excessive/Inadequate**  Excessive  Inadequate

**Hx \* Herbs, Supplements or Remedies**  Yes  No

35

**Hx \* 7. Does your child take any of the following?**

**Hx \* Vitamins/Minerals**  Yes  No  #/Wk

**Hx Excessive/Inadequate**  Excessive  Inadequate

**Hx \* Herbs, Supplements or Remedies**  Yes  No

The caregiver told you he is not taking any additional vitamins or supplements.

Because he is consuming less than 1 quart (4 cups) of Vit. D fortified milk, risk 425.8 should be assigned.

36





# Nutrition Screen

**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 3 & 4: 425.06 Routinely feeding a diet very low in calories and/or essential nutrients

Question 5: 425.05 Feeding foods to a child that could be contaminated with harmful microorganisms or toxins

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# Nutrition Screen

**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

Question 6: 425.01 Routinely feeding inappropriate beverages as primary milk source

Note: if the child is 12-24 months of age and drinking fat-free, low-fat, or reduced fat milk, risk 425.01 would apply

Question 7: 425.02 Routinely feeding a child any sugar-containing fluids

40

# Nutrition Screen

**Hx \* 8. What does your child use to eat or drink?**

Breast       Bottle       Cup       Cup with lid       Spoon fed  
 Spoon/fork       Fingers       Tube fed

**Hx \* 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 9: 425.03 Routinely using nursing bottles, cups, or pacifiers inappropriately



41

# Nutrition Screen

**Hx \* 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

Question 10: 425.04 Routinely using feeding practices that disregard the developmental needs or states of the child



42

# Nutrition Screen

**Hx \* 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

**Hx \* 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

**Hx \* 13. How much time does your child spend in active play?**  
 None     15 minutes     30 minutes     1 hour     >1 hour

**Hx \* 14. Is your child sometimes hungry because there is not enough money to buy food?**  
 Yes     No

**Hx \* 15. Do you have access to a refrigerator and stove/hot plate?**  
 Yes     No



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## Knowledge Check

Children between the ages of 12 and 24 months should be encouraged to drink non-fat or reduced fat milks.

**TRUE**  
 — OR —  
**FALSE**



44

## Knowledge Check

Occasionally drinking soft drinks, sweetened tea or other sugar-containing fluids is not a concern.

**TRUE**  
— OR —  
**FALSE**



46

## Knowledge Check

While learning to drink from a cup, WIC staff should encourage families to allow the child to carry around a covered or training cup.

**TRUE**  
— OR —  
**FALSE**



48

## Knowledge Check

Healthy eating relationships begin with the parent offering nutritious foods and understanding it's the child's choice how much and whether to eat.

**TRUE**  
— OR —  
**FALSE**



50

## Knowledge Check

Hard cheeses, processed cheese, cream cheese, cottage cheese and yogurt should not be fed to young children due to the risk of food-borne-illness.

**TRUE**  
— OR —  
**FALSE**



52

## Knowledge Check

Well-balanced vegetarian diets with dairy and eggs are generally a healthy and safe eating pattern for young children.

**TRUE**  
— OR —  
**FALSE**

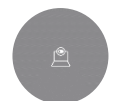


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## Knowledge Check

Excessive amounts of vitamins, minerals or herbals may have adverse effects such as harmful nutrient interactions, toxicity, and could cause defects in fetal development.

**TRUE**  
— OR —  
**FALSE**



56

## Knowledge Check

The AAP recommends  
Vitamin D supplementation  
to children ingesting less  
than 4 cups per day of milk.

**TRUE**  
— OR —  
**FALSE**

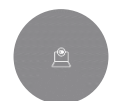


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## Knowledge Check

PICA is an eating disorder in  
which a person eats things  
not usually considered food.

**TRUE**  
— OR —  
**FALSE**



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- 903 – Foster Care**
- Entering foster care system during the previous 6 months or moving from one foster care home to another.
  - Risk should not be assigned for consecutive certifications while the child remains in the same foster home.

Current
History

**Nutrition Risk**  
 High Risk

| Cert Start Date | Date       | Detailed Description                 |                                     | Staff        | Source | Note |
|-----------------|------------|--------------------------------------|-------------------------------------|--------------|--------|------|
| 7/20/2022       | 12/12/2022 | 425.06[5] - Routinely Feeding Di...  | <input type="checkbox"/>            | JENNIFER.... | SYSTEM |      |
| 7/20/2022       | 12/12/2022 | 425.08[5] - Routinely Not Providi... | <input type="checkbox"/>            | JENNIFER.... | SYSTEM |      |
| 7/20/2022       | 12/12/2022 | 360[3] - Other Medical Conditions    | <input checked="" type="checkbox"/> | JENNIFER.... | SYSTEM |      |

**Manually Assigned Risk Options**  
 903 Foster care

**Remove Risk**

Select the risk to be removed – click ‘remove’.

Go back into the assessment screen(s) and correct the question that was answered incorrectly.

Toggle back to the Risk Screen to make sure it was removed.

**Remove Risk**

Select the risk to be removed – click ‘remove’.

Go back into the assessment screen(s) and correct the question that was answered incorrectly.

Toggle back to the Risk Screen to make sure it was removed.

Add
Remove

Reason
Risk Help
Save
Cancel
Next

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## These Risks Should Rarely Auto-Generate

|   |   |   |   |
|---|---|---|---|
| <p>428<br/>Dietary Risk<br/>Associated with Complementary Feeding Practices</p> | <p>Infant – [4]<br/>(≥4 mos to &lt;12 mos)</p> <p>Child – [5]<br/>(≥12 mos - &lt;24 mos)</p>          | <p>An infant or a Child is at risk of inappropriate complementary feeding practices if they have begun to or are about to:</p> <ul style="list-style-type: none"> <li>• Consume complementary foods and beverages;</li> <li>• Eat <u>independently</u>;</li> <li>• Wean from breastmilk or infant formula;</li> <li>• Transition from a diet based on infant/toddler foods to one based on the Dietary Guidelines for Americans; and</li> <li>• Other.</li> </ul> <p>This risk may only be assigned to infants 4 - 12 months old and children 12 - 24 months old for whom a complete nutrition assessment (to include an assessment for risk #411, Inappropriate Nutrition Practices for Infants, or #425, Inappropriate Nutrition Practices for Children) has been performed and <u>no other risk(s) are identified</u>. Justification citing one of the feeding practices listed above must also be documented when assigning this risk.</p> <p>This would be the <u>only</u> risk assigned to the participant.</p> | <p>System-generated on Nutrition Risk screen when there are no other risks. May not be manually assigned.</p> |
| <p>401<br/>Failure to Meet Dietary Guidelines for Americans</p>                 | <p>Pregnant - [4]<br/>Breastfeeding - [4]<br/>Non-Breastfeeding - [6]<br/>Child (≥ 2 years) - [5]</p> | <p>Women and children two years of age and older who meet the income, categorical, and residency eligibility requirements may be presumed to be at nutrition risk for failure to meet Dietary Guidelines for Americans. Based on an individual’s estimated energy needs, the failure to meet Dietary Guidelines for Americans is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products and meat or beans.)</p> <p>This risk may be assigned only to individuals (2 years and older) for whom a complete nutrition assessment (to include an assessment for risk #425, Inappropriate Nutrition Practices for Children, or #427, Inappropriate Nutrition Practices for Women) has been performed and no other risk(s) are identified. #401 would be the <u>only</u> risk assigned to the participant.</p>   | <p>System-generated on Nutrition Risk screen when there are no other risks. May not be manually-assigned.</p> |

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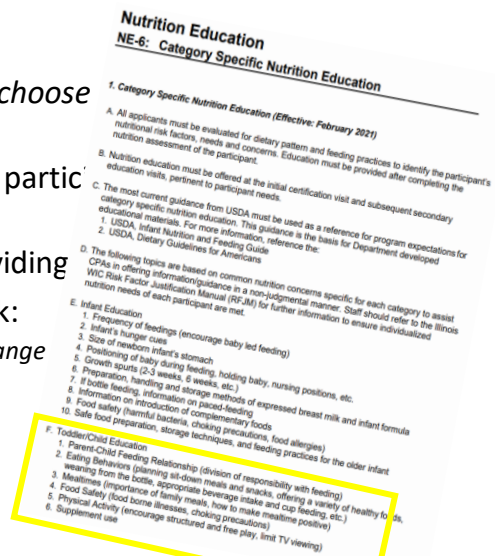
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### Before beginning this section, read:

- Nutrition Education 6.1 in the Illinois WIC Policy Manual
- NPS Effective Counseling Methods



- Summarize what you've heard.
- *Participant Centered Counseling tools you might choose*
  - *Circle charts, scaling, or explore-offer-explore*
- Offer a menu of education choices and allow the participant to choose what's most important to them.
- Ask permission before sharing information / providing
- Invite the participant to set a goal for change. Ask:
  - *Out of all the information we've covered, is there one change on?*
  - *Why is this change important to you?*
  - *What ideas do you have for making that change?*



Policy Reference NE 6

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Need More  
Tips?

Check out *Dawn Clifford's MI Tips* on YouTube!

<https://www.youtube.com/c/DawnClifford%E2%80%99sMITips/videos>



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Thank you!  
We Hope You Enjoyed This  
Training

Please contact your Regional Nutritionist Consultant  
with questions.



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# Congratulations!

You have successfully completed  
Child Risk Factor Training

Child Risk Factor Training

This certificate is awarded to:

\_\_\_\_\_  
Completed on  
\_\_\_\_\_

