

Connecticut WIC Program Infant Nutrition Assessment Guidance

Question	Suggested Action
<p>Lab Screen</p> <p>Refer to specific risks related to infant/child growth are: FNS Nutritional Risk Criteria:</p> <p>#103 <i>Underweight/At Risk of Underweight</i> #114 <i>At Risk of Overweight</i> #115 <i>High Weight for Length</i> #121 <i>Short Stature</i></p>	<p>The Nutritionist can choose how to begin CT-WIC Guided Script to facilitate the flow of the appointment, it may be necessary to toggle between the Lab and Health Screens as you discuss growth.</p> <p>For infants/children Birth-24 months, growth is assessed based on the 2006 World Health Organization (WHO) international growth standards. In 2010, CDC recommended use of Birth to 24-month age/gender specific charts based on WHO international growth standards. http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5909a1.htm?s_cid=r5909a1_w</p> <ul style="list-style-type: none"> ▪ With the transition to use of optimal growth (growth standard) vs. a reference population, the Nutritionist may need to explain the difference to participants especially if the infant/child's provider isn't using the same growth curves. (<i>Refer to <u>Breastfeeding Content Sheet: Supporting Breastfeeding Using the WHO Growth Standards 0-24 months</u></i> for more information about how to interact with pediatricians about infants' growth assessment.) ▪ When the child transitions from the Birth-24 month curves to the 2000 CDC age/gender specific growth charts keep in mind these points apply: ▪ Child is moving from recumbent length to standing height measurements. Note that the difference between recumbent length and stature in national survey data is approximately a 0.8 cm (1/4 inch) difference. Standing height measures less than recumbent length. ▪ Breastfed reference population to a primarily formula-fed reference population. ▪ Weight-for-length chart to BMI-for-age chart. ▪ One set of cutoff values to another. <p><i>Sharing growth information with parents: Note, all Anthropometric and Biological data are found on the Lab Screen(s)</i></p> <ul style="list-style-type: none"> ▪ Show or print out plotted measurements ▪ Reassure parent that growth is normal if it consistently follows the curve of the chart ▪ Point out that growth patterns are best evaluated over a period of time vs. one single plot <p><i>Infant (Birth-24 months) with #115 High Weight for Length or #114 At Risk for Overweight</i> Review <i>Implications for WIC Nutrition Services</i> sections of #115 <i>High Weight for Length</i> or #114 <i>At Risk for Overweight</i> for counseling tips and how to discuss with families what these risks may imply. Parents or</p>

Question	Suggested Action
	<p>caregivers of infants identified with these risks can be provided information on actionable prevention strategies for overweight and obesity including discussions on recognition of satiety cues and age appropriate physical activity or play.</p> <p><i>If measurements obtained are different than what parent reports MD obtained:</i></p> <ul style="list-style-type: none"> ▪ Point out measuring technique used by WIC staff (baby on measuring board with flat surfaces for head and feet; infant undressed to dry diaper for weight) ▪ Scales are routinely calibrated <p>Training tip: This on-line module discusses the importance of accuracy and reliability in taking anthropometric measurements http://depts.washington.edu/growth/ (MCHB Growth Chart Training) and reviews appropriate anthropometric equipment selection, calibration and measurement techniques.</p> <p><i>Infant with inconsistent growth</i> (increase or decrease of >2 channels on growth chart):</p> <ul style="list-style-type: none"> ▪ As appropriate, have the WIC participant/guardian sign an authorization of release to send a nutrition assessment to the Health Care Provider communicating concerns for growth and requesting feedback on the stated plan. ▪ <p>Head Circumference: Connecticut WIC staff doesn't routinely measure head circumference in clinic. However, if head circumference measurements are available from the provider or FNS Nutrition Risk Criterion #152 <i>Low Head Circumference</i> (#9) is selected on the certification form the Nutritionist should follow up with the provider.</p> <p>To determine if the assessment is based on the 2006 World Health Organization (WHO) international growth standards, Birth to 24-month age/gender specific charts and not the 2000 CDC age/gender specific growth charts. WIC staff can use the HC information and re-plot on the Birth-24 month charts. This risk factor applies to infants and children up to 24 months of age.</p>

Question	Suggested Action
<p>Health Screen, Pg. 1</p> <p>Do you have any questions or concerns about your baby's? Please check all that apply.</p> <p>Weight Gain/Growth Breastfeeding Formula Intake Appetite Health No Concerns Other</p> <p>Does your baby have any health or medical issues/conditions? Yes/No</p> <p>For subsequent visits you may want to phrase as- Do you or your child have any changes to your health since the last visit? Please describe.</p> <p>For new clients: Who is your baby's doctor? When was his/her last appointment?</p> <p>Does your baby have any of these allergies?</p> <p>Milk Egg Soy Peanut None</p>	<p>It is good practice to give the participant an idea of how long you expect the visit to take up front. It is one strategy to keep the visit on track. Often times, participants' situations can be complicated requiring more time than originally planned. If an appointment is running long, you may want to check in with the participant to ensure that crucial information gathered and to verify, with the participant, if necessary, additional time can be accommodated. If not, make appropriate follow-up plans.</p> <p>Use this question to assess what concerns the parent has regarding her infant. This allows you to focus in the counseling portion of the visit on those concerns. Briefly address issues raised by the parent then explain gathering additional information helps you to better understand the situation and allows you to ask more focused questions and provide possible solutions/referrals.</p> <p>If yes /responded or selected— Find out more information, document in free text box and assign risk as appropriate. Ask for medical documentation when appropriate.</p> <p>If information about child's pediatrician and/or medical conditions is on the medical referral form or certification form the parent brings to the appointment, verify and document health/clinical and medical risk factors.</p> <p>CT-WIC auto-assigns FNS Nutrition Risk Criterion #353 <i>Food Allergy</i> based on checked boxes. Use this information to provide appropriate counseling and food package tailoring. Allergy FLAG will be RED on Food Prescription Screen.</p>

Question	Suggested Action
<p>Has your baby been experiencing? Constipation Diarrhea Eczema Reflux Infections Wheat/Gluten Intolerance Other</p> <p>Does your bay take? Check all that apply. Vitamins/Minerals Herbs Herbal Supplements Medications Other</p> <p>Why?</p> <p>Does your baby eat any foods that contain honey? Yes/No? If Yes, is selected CT-WIC auto-assigns FNS Nutrition Risk Criterion #411.5 <i>Feeding foods to an infant that could be contaminated with harmful microorganisms or toxins</i></p> <p>How do you clean your baby's teeth or gums? How often?</p> <p>Does anyone smoke inside the home? Yes/No CT-WIC auto-assigns FNS Nutrition Risk Criterion #904 <i>Environmental Tobacco Smoke</i> if checked.</p>	<p>This question provides an opportunity to learn about various supplements, vitamins and medications the participant is giving to her baby. Vitamin D is a necessary dietary supplement per <i>AAP Clinical Report: Prevention of Rickets and Vitamin D deficiency in infants, children and adolescents (2008.)</i> Recommendation is 400 IU of vitamin D children who are ingesting less than 1 liter per day of vitamin D-fortified formula.</p> <p>Based on assessment and if applies, Nutritionist may assign #411.10 <i>Feeding dietary supplements with potentially harmful consequences (Excessive Supplementation)</i> or #411.11 <i>Routinely not providing dietary supplements recognized by public health policy (Not providing fluoride or Vitamin D in required amounts)</i></p>

Question	Suggested Action
	<p>These questions are required for CT-WIC and CDC data collection. It is also in the Federal regulations and CT's State Plan to provide pregnant women and parents of children information on the risks of tobacco, drugs and alcohol. These can be sensitive questions to ask/answer so be aware and use cues from the participant when using probing questions.</p> <ul style="list-style-type: none"> ▪ Ask about second hand smoke exposure. If parent or guardian is a smoker, emphasize that it will be more difficult to quit with other smokers around. Discuss need for smoke-free environment for baby/children. Stress that second hand smoke will stay on clothing and hand, and that all smokers should change clothes and wash hands prior to holding baby. ▪ Ask about parent's tobacco use and desire and/or plans to quit. Ask about methods to quit that have been used. Refer to the Connecticut QUITLINE 1-866 END-HABIT (1-866-363-4224)

Question	Suggested Action
<p>Breastfeeding Information Screen</p> <p>Has the baby ever breastfed (given breastmilk)? Yes/No</p> <p>Is the baby currently breastfeeding? Yes/No</p> <p>Frequency? Exclusively Fully Mostly Limited</p> <p>Date Breastfeeding Ceased</p> <p>Reason Breastfeeding Ceased</p> <p>Is the baby currently receiving any supplemental formula? Yes/No</p> <p>First formula at ____ weeks</p> <p>Reason Formula Added</p>	<p>These questions are required for CT-WIC data collection. The Breastfeeding Information Screen allows you to set or change/update the infant feeding category of all infants.</p> <p>Based on the answers provided, fields on this screen will either be enabled, or disabled.</p> <p>Frequency is only enabled and answered for infants currently breastfeeding or given expressed breastmilk.</p> <p>Select based on the following definitions: Exclusively = (only breastfeeding or expressed breastmilk given since birth- 6 months); Fully= (only breastmilk or expressed breastmilk given at the current time); Mostly = (more than half of milk feeds are breastmilk or expressed breastmilk); Limited (less than half of milk feeds are breastmilk or expressed breastmilk). The answer to this question sets the participant category and food package parameters for this participant. See Breastfeeding/Postpartum Women Nutrition Assessment Guidance for more details on breastfeeding intensity definitions.</p> <p>This will be enabled only when the Is the baby currently breastfeeding question is answered as “No”. Enter the date breastfeeding ended.</p> <p>Once the Date Breastfeeding Ceased has been entered, you will need to select from a drop-down menu, the reason the baby stopped breastfeeding or stopped being given expressed breastmilk. If the reason is selected is “Other” document in the Breastfeeding Notes Screen.</p> <p>If the answer to this question is “No”, the First formula at ____ weeks and Reason Formula Added fields will be disabled. If the answer is “Yes”, Date and Reason Formula Added fields will be enabled.</p> <p>Fill in the number of weeks when formula added. Note, if formula was added anytime from 0-7 days, enter 1 week.</p> <p>Select from a drop-down menu the Reason Formula Added. If the reason is selected is “Other” document in the Breastfeeding Notes Screen.</p>

Question	Suggested Action
<p>Verified?</p> <p>New Category</p> <p>How is breastfeeding going?</p> <p>How many times is a baby breastfeeding or given breastmilk in a day (24 hour period)</p> <p>Are there any concerns about breastfeeding?</p>	<p>This should be reflected as the date the New Category for the participant was “verified” based on the answer to the preceding breastfeeding questions.</p> <p>This field should auto-populate based on the answered to the preceding questions.</p> <p>The following are not mandatory system questions, but to ensure appropriate breastfeeding assessment it is expected that all breastfed infants have at least the number of times breastfeeding or given breastmilk in a day entered.</p>
<p>Nutrition Screen(s), Pg. 1</p> <p>How do you know if your baby is hungry?</p> <p>How many times in 24 hours are you feeding your baby?</p> <p>Breastfeeding ___?___ times in 24 hours FNS Nutrition Risk Criterion #411.7 <i>Routinely limiting the frequency of breastfeeding of the exclusively breastfeeding infant when breast milk is the sole source of nutrients</i>, may be manually selected for IBE infants (< 6 months of age) who are being offered the breast less than 8 times in a 24 hour period.</p> <p>Formula ___?___ times in 24 hours. ___?___ ounces/bottle</p>	<p>Based on the infant category, questions on this screen will be enabled or disabled. Based on type of feeding method: breastfeeding, combination or formula, provide education and counseling as indicated.</p> <ul style="list-style-type: none"> ▪ It is important to assess the mother’s knowledge of hunger cues- Ask parent “How does your baby let you know he is hungry?” If needed, provide parent information on infant hunger cues; review that crying is a late hunger cue. Responding to hunger cues will help baby learn to trust that the parent will provide for her needs. Based on response to question, the Nutritionist may manually assign, FNS Nutrition Risk Criterion #411.7 <i>Routinely limiting the frequency of breastfeeding of the exclusively breastfeeding infant when breast milk is the sole source of nutrients</i>, for IBE infants (< 6 months of age) who are being offered the breast less than 8 times in a 24 hour period. ▪ Satiety cues—ask parent, “How does your baby let you know he is full?” If indicated, inform parent what baby may do to indicate satiety. Responding to infant satiety will avoid overfeeding and help baby learn to quit eating when full, which may have implications to avoid overeating later in life. If formula feeding, <i>explain baby does not always have to finish drinking everything in the bottle.</i> ▪ Counsel on need to have all caregivers sensitive to baby’s hunger/satiety cues. ▪ Discuss importance of holding baby for every feeding.

Question	Suggested Action
<p>How do you know if your baby is full or satisfied?</p> <p>If baby is breastfed, ask about output.</p> <p>How many wet diapers does your baby have in 24 hours?</p> <p>How many bowel movements in 24 hours?</p> <p>If your baby is formula-fed, how do you feel it is going?</p> <p>Current formula? Power Concentrate Ready-to-Feed Other</p> <p>How are you mixing/preparing the</p>	<p>Used in combination, with the other infant feeding questions these questions give you valuable information on baby's intake. This series of questions assess for adequacy of intake, <i>especially in newborns</i>. It can help determine mother's perception of how infant feeding is going regardless of method. Questions related to infant output can help assess adequate intake, <i>especially in exclusively breastfed newborns</i>. Specifically, probing on wet diapers and bowel movements can help reassure the mother that the breastfed infant's intake is adequate. Conversely, if output is inadequate, it can also provide information on when a referral for lactation support is indicated.</p> <p>Assess for special needs: Assess pumping needs (if necessary—includes sick babies, mother returning to work, other separation situations); Refer mom to IBCLC or CLC in local agency as needed. Assess for other lactation issues (including <i>pain, perceived insufficient milk supply, poor positioning, engorgement, sleepy baby</i>); refer mom to outside IBCLC or CLC in local agency as needed.</p> <ul style="list-style-type: none"> ▪ If baby is nursing for long time periods (45-60 min/feeding), refer mom to outside IBCLC or CLC in local agency as needed. <p>Reassurance for BF mom:</p> <ul style="list-style-type: none"> ▪ Feeding frequency normally decreases as baby gets older ▪ It is normal to feed as often as every 2 hours throughout the day and night. <p>Points to discuss for mom giving formula—</p> <ul style="list-style-type: none"> ▪ Inquire about type and <u>how</u> formula is being mixed. ▪ Assess for correct mixing technique and review proper formula dilution if needed. ▪ Review importance of checking formula can appearance and product expiration date before purchasing ▪ Adequate formula intake varies. Refer to age-appropriate Infant Feeding Guide for typical intakes. ▪ Discuss importance of holding baby for every feeding. <p>Based on assessment, FNS Nutrition Risk Criterion #411.6 Routinely feeding inappropriately diluted formula may be manually assigned if</p>

Question	Suggested Action
<p>formula?</p> <p>Do you ever feed your baby from a bottle?</p> <p>Do you hold your baby while he/she drinks from the bottle? Yes/No?</p> <p>What do you do with formula/breastmilk left in the bottle after a feeding? Nutrition Risk Criterion #411.9 <i>Routinely using inappropriate sanitation in preparation, handling and storage of expressed breastmilk or formula</i></p> <p>Do you put any other foods or fluids in your baby's bottle? Yes/No</p> <p>CT-WIC auto-assigns FNS Nutrition Risk Criterion #411.2 <i>Routinely using nursing bottles or cups improperly if "Yes", is checked.</i></p>	<p>parent or caretaker is not following manufacturer's instructions for preparation.</p> <p>This question is required for all infants, even breastfeeding to assess for safe handling of expressed breastmilk and/or formula. If "Yes" is checked, it will enable questions 7-9. If "No" 7-9 remain disabled.</p> <p>Based on the response, either affirm the preferred behavior or provide counseling or education on the risks of propping the bottle, which include but are not limited to, choking, disregard of infant feeding cues and/or satiety, limited interaction during mealtimes. CT-WIC auto-assigns FNS Nutrition Risk Criterion #411.2 <i>Routinely using nursing bottles or cups improperly</i>, if "No" is checked</p> <p>Address food safety issues with human milk collection or handling and formula preparation and storage. Published guidelines on the handling and storage of infant formula indicate that it is unsafe to feed an infant prepared formula which, for example: has been held at room temperature longer than 1 hour or longer than recommended by the manufacturer; has been held in the refrigerator longer than recommended by the manufacturer; remains in a bottle one hour after the start of feeding; and/or remains in a bottle from an earlier feeding, is fed using improperly cleaned bottles. (1, 9, 20). See WIC Works Resource system for detailed explanation of how to discuss appropriate human milk storage guidelines with participants. For purposes of WIC Eligibility Determination, there is not a clear cut-off value to determine unsafe refrigeration limits for human milk due to lack of consensus among leading organizations.</p> <p>Based on response, counsel appropriately. Discuss importance of breast milk or formula as main part of baby's food intake and the need to delay introduction of all other foods until 6 months.</p> <p><i>If baby is developmentally ready for cereal, counsel parent to begin with spoon-feeding of smooth, thin cereal (1 tsp dry infant cereal mixed with 1 Tb breast milk or iron-fortified formula).</i></p> <p>Explain how holding off on solids until baby demonstrates developmental readiness promotes positive feelings associated with feeding for the baby and increases baby's success with feeding.</p>
<p>Nutrition Screen(s), Pg. 2 New foods, Drinks and Healthy Habits</p>	<p>This series of questions now replaces the traditional 24-food frequency or dietary recall. The goal is to use these basic questions to engage the participant in a conversation about the baby's developmental progression and mealtime behaviors.</p>

Question	Suggested Action
<p>Is your baby drinking anything other than breastmilk or formula? Water 100% Juice Other</p> <p>CT-WIC auto-assigns FNS Nutrition Risk Criterion #411.3 <i>Routinely offering complementary foods* or other substances that are inappropriate in type or timing</i> if Juice is checked and infant is <6 months.</p>	<p>Refer to the age appropriate ReNEW Feeding Guides and Guidelines for Use for specific information.</p> <p>Discuss importance of breast milk or formula as main part of baby's food intake and the need to delay introduction of all other foods until 6 months.</p> <p>Juice—</p> <ul style="list-style-type: none"> ▪ Advise delay of juice until at least 6 months ▪ Discuss avoidance of substituting juice for formula or breast milk feedings ▪ After 6 months, when juice is initiated, limit to no more than 4 ounces/day in a cup ▪ Offer juice in small open-mouth cups <p>Other—</p> <ul style="list-style-type: none"> ▪ Counsel parent to provide breast milk or formula only in bottles. ▪ Sodas, fruit beverages, or teas are not appropriate for infants <p>If parent reports giving baby water, discuss importance of not substituting water for formula or breast milk feeds. Water should only be provided if physician has recommended it. Too much water may over-hydrate infant and may cause "water intoxication".</p>
<p>Have you offered your baby a cup? Yes/No</p> <p>If yes, what do you put in the cup?</p>	<p>Based on assessment, FNS Nutrition Risk Criteria #411.2 <i>Routinely using nursing bottles or cups improperly</i> may be manually assigned by Nutritionist on Nutrition Risk drop down menu.</p>
<p>Does your baby take a bottle at naptime or bedtime? If yes, what do you put in the bottle? CT-WIC auto-assigns FNS Nutrition Risk Criterion #411.2 <i>Routinely using nursing bottles or cups improperly</i> if "Yes", is checked.</p>	<p>Based on response, risk code FNS Nutrition Risk Criterion #411.2 <i>Routinely using nursing bottles or cups improperly</i> is auto-assigned. Affirm mom for positive behavior; provide information on risks of bottle use at nap and bedtime.</p>

Question	Suggested Action
<p>Has your baby started? Check all that apply.</p> <p>Baby cereal Baby vegetables Baby fruits Strained/baby meats Eggs Yogurt Mashed beans Table/Finger foods Other</p> <p>Does your baby eat with the rest of the family? Yes/No</p> <p>What do you do if your baby doesn't try/eat a new food you've offered?</p>	<p>6-8 months— <i>Discuss developmental readiness for progressing solid food textures.</i> Baby is ready for <u>more texture</u>, when:</p> <ul style="list-style-type: none"> ▪ Able to sit alone easily ▪ Can bite off food ▪ Can chew with rotary motion ▪ Can move food side-to-side in mouth <p>Baby is ready for <u>finger foods</u>, when:</p> <ul style="list-style-type: none"> ▪ Palmar (whole hand) grasp changes to pincer grasp (thumb and forefinger) <p>Discuss progression of feeding solid foods:</p> <ul style="list-style-type: none"> ▪ Offer one new food each week ▪ Offer plain foods rather than mixtures ▪ Offer new foods along with familiar foods ▪ As solid food intake increases, breastfeeds or formula intake <u>may decrease</u> <p>9-12 months— Discuss skills baby can be expected to develop:</p> <ul style="list-style-type: none"> ▪ Picking up small pieces of table foods ▪ Drinking from open-mouth cup ▪ Controlling food in mouth ▪ Improved chewing <p>Talk about meal schedule:</p> <ul style="list-style-type: none"> ▪ Offer 3 meals and 2-3 small snacks/day ▪ Offer meals in family-style setting <p>Discuss what to offer at meals and snacks:</p> <ul style="list-style-type: none"> ▪ Offer variety of table foods—soft meats and vegetables; cheese; eggs; mashed cooked legumes; small slices of bread, tortilla or cracker; dry cereals. ▪ Offer expressed breast milk, iron-fortified formula or water in a cup at each meal and snack. ▪ Limit juice to 4 ounces/day in an open-mouth cup ▪ Avoid using spill-proof cups. <p>Discuss parent's job and infant's job in feeding:</p> <ul style="list-style-type: none"> ▪ Parent offers healthy choices in a family-style meal setting ▪ Baby decides whether to eat food that's offered, and if so, decides how much to eat. <p>Based on the information gathered, you may provide information/resources to address the parent's concerns, questions or identified barriers to positive health outcomes. Nutritionist may need to manually assign, FNS Nutrition Risk Criteria #411.4 <i>Routinely using feeding practices that disregard the developmental needs or stage of the infant</i> or #411.8 <i>Routinely feeding a diet very low in calories or essential</i></p>

Question	Suggested Action
	<i>nutrients.</i>
<p>Does your family have enough food? Yes/No</p> <p>Do you have access to stove, refrigerator or hot plate? Yes/No</p> <p>Do you have adequate (food) storage? Yes/No?</p>	<p>These questions allow the nutritionist to gauge household food security and provide appropriate referrals. Document referrals made in Referral Screen.</p> <p>If No, then Inadequate Storage FLAG is highlighted RED on Food Prescription Screen.</p>

For Infant Mid-Certification update the Lab and Breastfeeding Screens as needed and complete the Mid-Certification Screen. Note that questions are enabled or disabled based on infant category. **Nutritionist must access the Breastfeeding Screen to change the participant category based on current feeding method.**

Mid-Certification - Windows Internet Explorer

http://ctwic.dph.ct.gov/CTWIC/Clinic/WebForms/Template.aspx?fiFAIyRDbGluaWNJZD0xMDEmVXNlclRva2VuPTlwMDk1OTgmVXNlck5hbWU9TE9OQ1pBS01+IUajJA==

File Scheduler Certification Benefits Miscellaneous Reports Help Messages Fri 1/8/2016

CT-WIC Connecticut

Selected Record

JANUARY, NEW
 Cat: IBE (male)
 ID: 300 871 262
 DOB: 1/1/2016
 Age: 1 wks, 0 days
 Cert: 01/05/16 - 12/31/16
 BVT: 4/6/2016
 Status: Active

Scheduling Tasks
 Guided Script
 Family Info.*
 Participant Info.*
 Cert Action*
 Lab*
 Breastfeeding*
 Health*
 Nutrition*
 Mid-Certification
 Nutrition Risk*
 Nutrition Education*
 Referrals
 Food Prescription*
 Issue Benefits*
 Schedule Appt
 Print Documents

Notes and Alerts

Version: 0.2.0.5

Mid-Certification Assessment Screen (IBE) Date:

1. Has your baby's health changed in the last few months?

2. How do you feel your baby is growing?

3. How do you feel your baby is eating?

4. Current Formula: [text field]
 How many times in a 24 hour period are your feeding your baby?
 [text field] times/24 hours [text field] ounces/bottle

5. Is your baby drinking anything other than breastmilk or formula?
 Yes No If yes, what? [text field]

6. How does your baby feed himself/herself? [text field]

7. Has your baby started? Check all that apply.
 Baby cereal Strained baby meats Mashed beans
 Baby vegetables Eggs Table/finger foods
 Baby fruits Yogurt Other [text field]

8. Does your baby eat with the rest of the family? Yes No

9. What do you do if your baby doesn't try/eat a new food you've offered?
 [text field]

10. Does your family have enough food? Yes No

Save Cancel Next

LONCZAKM 010301 Family Strides: Main office CTWIC

http://ctwic.dph.ct.gov/CTWIC/Clinic/WebForms/Intake/MidCert.aspx 100%