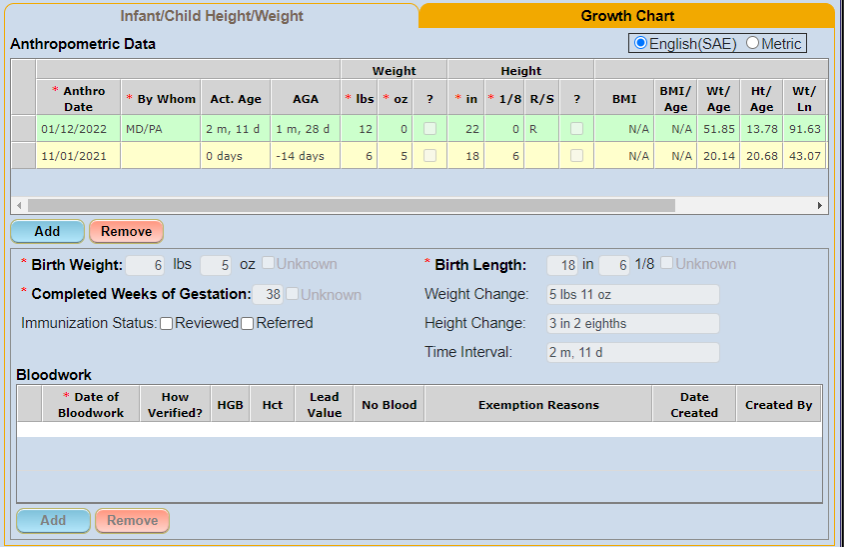


Connecticut WIC Program Infant Nutrition Assessment Guidance

The Nutrition Assessment Guidance provides an overview of the CT-WIC Screens including mandatory questions (**in bold**) and suggested probing questions. This tool can help you provide appropriate nutrition assessment to participants and identify and assign appropriate risks and is meant to be used in conjunction with the Infant/Child Certification Form and Supplement to Certification Form.

In the Suggested Actions column there are helpful links, references to Nutrition Risks that should be either auto-assigned or manually assigned by the Nutritionist based on the participant response.

The link to <https://connecticut.wicresources.org/> Connecticut's online nutrition education resources for staff and participants, is referenced in this tool as well.

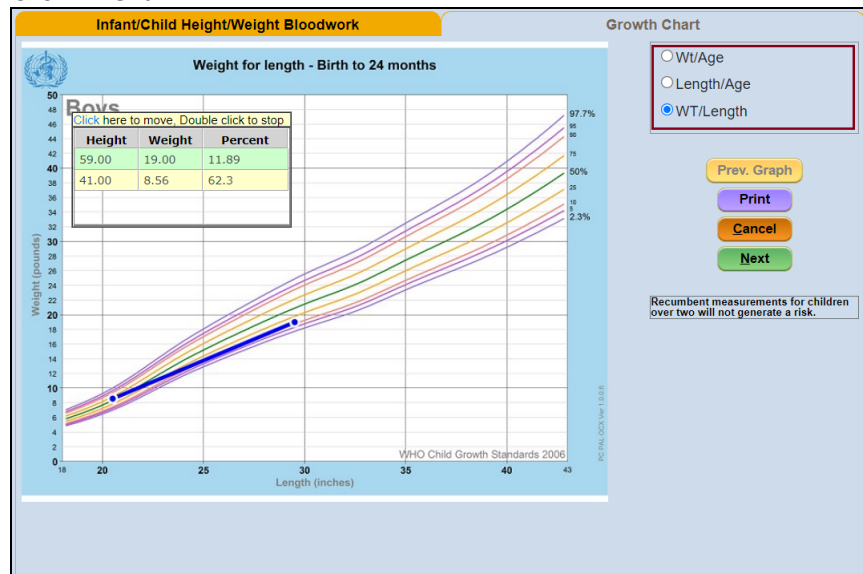
Question	Suggested Action
<p>Lab Screen</p>  <p>CT-WIC Lab Screen - Infants</p> <p>Anthropometric Data *Data can be entered or viewed as English (SAE) or Metric by selecting the option at the top right of the screen.</p>	<p>The Nutritionist can choose how to begin CT-WIC Guided Script to facilitate the flow of the appointment, it may be necessary to toggle between the Lab and Health Screens as you discuss growth.</p> <p>Refer to specific risks related to infant/child growth are: FNS Nutritional Risk Criteria:</p> <ul style="list-style-type: none"> #103 Underweight/At Risk of Underweight #114 At Risk of Overweight #115 High Weight for Length #121 Short Stature #141.01 Low Birth Weight or Very Low Birth Weight (<2 yrs) #153 Large for Gestational Age #201 Anemia #211 Elevated Blood Lead Levels <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=rr5909a1_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

Question

Birth and Growth Data (middle of screen)

***Completed Weeks of Gestation:** When <37 weeks is entered in this field, CT-WIC will automatically calculate the AGA (Adjusted Gestational Age) field in the Anthropometric grid once the infant reaches 40 weeks of age. AGA will continue to be calculated until the child is 24 months (2 years) of age.

Growth Chart



CT-WIC Lab Screen – Growth Chart

Infant growth charts can be accessed on the Lab screen Growth Chart tab. The following growth charts can be viewed for infants: Weight/Age, Length/Age and WT/Length. Charts can be printed if a participant desires a copy.

NOTE: BMI is not calculated until children reach age 2.

Suggested Action

growth curves. (Refer to [Breastfeeding Content Sheet: Supporting Breastfeeding Using the WHO Growth Standards 0-24 months](#)) for more information about how to interact with pediatricians about infants' growth assessment.)

- When the child transitions from the Birth to 24-month curves to the 2000 CDC age/gender specific growth charts keep in mind these points apply:
 - Child is moving from recumbent (reclined) 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.
- *CT-WIC defaults the "R/S" (recumbent/standing) field to "R" from 0 to 24 months of age. When the child is 2 years of age and older, the "R" will change to "S" automatically.
- 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.

Sharing growth information with parents: Note, all Anthropometric and Biological data are found on the Lab Screen(s)

- 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 vs. one single plot

Infant (Birth-24 months) with #115 High Weight for Length or #114 At Risk for Overweight

Review *Implications for WIC Nutrition Services* sections of #115 *High Weight for Length* or #114 *At Risk for Overweight* for counseling tips and how to discuss with families what these risks may imply. Parents or 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.

Question

Training tip: This online module discusses the importance of accuracy and reliability in taking anthropometric measurements <https://depts.washington.edu/growth/index.htm> (MCHB Growth Chart Training) and reviews appropriate anthropometric equipment selection, calibration, and measurement techniques.

***Bloodwork**

This grid does not become enabled until an infant is 9 months of age. Refer to WIC Policy 200-08 Nutrition Assessment and Risk Determination for more information on the periodicity schedule.

Bloodwork								
* Date of Bloodwork	How Verified?	HGB	Hct	Lead Value	No Blood	Exemption Reasons	Date Created	Created By
03/22/2023				3.50	<input type="checkbox"/>		3/22/2023	BEAULIEUP

Suggested Action

If measurements obtained are different than what parent reports MD obtained:

- 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

Infant with inconsistent growth (increase or decrease of >2 channels on growth chart):

- 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.

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 *Low Head Circumference (#9)* is selected on the certification form the Nutritionist should follow up with the provider.

Anemia: While screening for anemia in infants <12 months of age is typically not completed, occasionally health care providers may choose to conduct this screening at this age. If Hemoglobin and/or Hematocrit levels are available from the provider, results must be documented in CT-WIC.

Anticipatory guidance for anemia prevention, or if anemia is indicated, discuss the following with the parent or caregiver:

- Foods high in iron and vitamin C
- Impact of untreated iron deficiency anemia
- Retest within 6 months of original test (if anemia indicated)
- Referral to provider for use of an iron supplement (if anemia indicated)

Question	Suggested Action
	<p>Elevated Blood Lead Level: Lead poisoning testing is the law in Connecticut. It is required to test children between the ages of 9 and 35 months. Most providers will test at 12 months and 24 months. If lead levels are available from the provider, results must be documented in CT-WIC.</p> <p>If an elevated blood lead level is indicated, discuss the following with the parent or caregiver:</p> <ul style="list-style-type: none"> • Eating a variety of foods, importance of foods high in calcium, iron, and zinc. • Impacts of untreated lead poisoning • Referral to provider for further testing, treatment • Referral to a Regional Lead Treatment Center (LRTC) in Connecticut (CCMC in Hartford and Yale-New Haven Hospital in New Haven) • Referral to Local Health Department <p>Visit the State of Connecticut Department of Public Health Lead Information webpage.</p>
<p>Health Screen, Pg. 1</p> <p>1. Do you have any questions or concerns about your baby's:</p> <p><input type="checkbox"/> Weight Gain/ Growth <input type="checkbox"/> Health <input type="checkbox"/> Breastfeeding <input checked="" type="checkbox"/> No Concerns <input type="checkbox"/> Formula Intake <input type="checkbox"/> Other _____ <input type="checkbox"/> Appetite</p> <p>2. Does your baby have any health or medical issues? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Details</p> <p>3. Does your baby have any of these allergies?</p> <p><input type="checkbox"/> Milk <input type="checkbox"/> Peanut <input checked="" type="checkbox"/> None <input type="checkbox"/> Egg <input type="checkbox"/> Soy</p> <p>4. Has your baby been experiencing?</p> <p><input type="checkbox"/> Constipation <input type="checkbox"/> Wheat/ Gluten Intolerance <input type="checkbox"/> Diarrhea <input type="checkbox"/> Infections <input type="checkbox"/> Eczema <input type="checkbox"/> Other _____ <input type="checkbox"/> Reflux <input checked="" type="checkbox"/> None</p> <p>5. Does your baby take? Check all that apply:</p> <p><input checked="" type="checkbox"/> Vitamins/ Minerals <input type="checkbox"/> Herbs <input type="checkbox"/> Herbal Supplements/ Teas <input type="checkbox"/> Medications _____</p> <p>6. Does your baby eat any foods that contain honey? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>7. How do you clean your baby's teeth or gums? _____</p> <p>How often? Not daily _____</p> <p>8. In the past week, have you/child been in an enclosed space where tobacco/nicotine was used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>CT-WIC Health Screen – Infants</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, 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>

1. Do you have any questions or concerns about your baby's? Please check all that apply.

- Weight Gain/Growth
- Breastfeeding
- Formula Intake
- Appetite
- Health
- No Concerns
- Other

2. Does your baby have any health or medical issues/conditions?
Yes/No

Use this question to assess what concerns the parent has regarding their infant. This allows you to focus 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.

If **yes** /responded or selected—

Select the applicable medical condition from the Medical Conditions pop-up. Any medical condition selected here will have the FNS Risk system generated on the Nutrition Risk screen once the Nutrition Risk screen is entered.

Find out more information, document in free text box on the Nutrition Risk screen as appropriate. Ask for medical documentation when appropriate.

If information about the child's pediatrician and/or medical conditions is on the medical referral/certification form or the medical documentation form the parent brings to the appointment, verify and document health/clinical and medical risk factors.

Question

Medical Condition	Diagnosed
AIDS	<input type="checkbox"/>
Arthritis, Juvenile Rheumatoid	<input type="checkbox"/>
Asthma, Moderate or Severe Persistent	<input type="checkbox"/>
Bronchiolitis(3 episodes in last 6 months)	<input type="checkbox"/>
Cancer	<input type="checkbox"/>
Cardiorespiratory Diseases	<input type="checkbox"/>
Celiac Disease	<input type="checkbox"/>
Cerebral Palsy	<input type="checkbox"/>
Cleft Lip or Palate	<input type="checkbox"/>
Crohn's Disease	<input type="checkbox"/>
Cystic Fibrosis	<input type="checkbox"/>
Developmental,Sensory, or Motor Disabilities	<input type="checkbox"/>
Diabetes Mellitus	<input type="checkbox"/>
Down Syndrome	<input type="checkbox"/>
Drug Nutrient Interactions	<input type="checkbox"/>
Farly term Deliverv	<input type="checkbox"/>

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.

For new clients: Who is your baby's doctor?
When was his/her last appointment?

* Proof of Identity: Birth Certificate-Wallet size
 Special Needs:
 Reason for Ineligibility:
 Physician Name: DR. BROWN Physician Phone: (860)867-5432
 * Birth Hospital: Middlesex Hospital

CT-WIC Participant Information Screen: Physician Name and Phone Field

Suggested Action

The **Participant Information Screen** has a field that records medical provider information. Documenting a provider's information can be helpful to WIC staff for future appointments and counseling, especially when attempting to obtain anthropometric data or bloodwork results.

CT-WIC auto-assigns FNS Nutrition Risk Criterion #353 *Food Allergy* based on checked boxes. Use this information to provide appropriate counseling and food package tailoring. **Allergy FLAG will be RED on Food Prescription Screen.**

Ask follow-up questions based on selected responses. If parent states infant is experiencing constipation or diarrhea, ask for more information. For example, you may want to know, Has the infant been seen by the health care provider? What

Question	Suggested Action
<p>3. Does your baby have any of these allergies? Milk Egg Soy Peanut None</p> <div data-bbox="115 448 804 574" style="border: 1px solid blue; background-color: #d9e1f2; padding: 5px;"><p>Hx * 3. Does your child have any of these allergies?</p><p><input checked="" type="checkbox"/> Milk <input type="checkbox"/> Peanut <input type="checkbox"/> None <input type="checkbox"/> Egg <input type="checkbox"/> Soy</p></div> <p>CT-WIC Health Screen: Q3</p> <div data-bbox="115 607 921 711" style="border: 1px solid blue; background-color: #d9e1f2; padding: 5px;"><p>Flags Medical Condition <u>Milk Allergy.</u> Peanut Allergy Kosher Inadequate Storage Egg Allergy Soy Allergy</p></div> <p>CT-WIC Food Prescription Screen: Allergy Indicator</p> <p>4. Has your baby been experiencing? Constipation Diarrhea Eczema Reflux Infections Wheat/Gluten Intolerance Other</p> <p>5. Does your bay take? Check all that apply. Vitamins/Minerals Herbs Herbal Supplements Medications Other Why?</p>	<p>did the HCP say? How long has the infant been experiencing these symptoms? Any changes to the infant's intake? If so, what? Over, the goal of this question is to determine if there are any current health concerns related to intake and provide referral to health care provider as needed.</p> <p>This question provides an opportunity to learn about various supplements, vitamins, and medications the participant is giving to their 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. The 2020-2025 Dietary Guidelines also has a section on Vitamin D intake for Infants and Toddlers, Chapter 2, pg. 56.</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>6. 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>7. How do you clean your baby's teeth or gums? How often?</p> <p>8. 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>The 2020-2025 Dietary Guidelines also has a section on Vitamin D intake for Infants and Toddlers, Chapter 2, pg. 61. This section of the DGA reviews the honey recommendations.</p> <p>Ask if honey has been given to the infant, by itself or mixed in with food or drink. Honey contains botulism spores and when ingested the spores release a toxin in the body. The toxin is absorbed in the intestines and can cause nervous system issues such as muscle weakness. This can also cause poor sucking and feeding issues. If the infant is experiencing these issues after consuming honey, recommend the parent/caregiver call the pediatrician right away.</p> <p>Place holder for CT-DHP information</p> <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/nicotine, substances, and alcohol and resources available. 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 secondhand 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 secondhand smoke will stay on clothing and hand, and that all smokers should change clothes and wash hands prior to holding baby. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>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).</p> </div>

Breastfeeding Information Screen

Date Assigned	Category	Frequency
3/28/2022	IBP Infant BF Partially	Limited
10/20/2021	IBP Infant BF Partially	Mostly

Has the baby ever breastfed? Yes No
 Is the baby currently breastfeeding? Yes No
 * Frequency: Limited

Date BF Ceased:
 Reason BF Ceased:

Is the baby currently receiving any supplemental formula? Yes No
 Reason Formula Added:
 Is the child receiving any complimentary foods? Yes No
 Difficulty Latching or Nursing

First formula at 2 weeks
 Verified: 03/28/2022
 New Category:

How is breastfeeding going?
 How many times is the baby breastfeeding or given breast milk in a day (24 hours)?
 Are there any concerns about breastfeeding?

CT-WIC BF Information Screen

Has the baby ever breastfed (given breastmilk)?

Yes/No

Is the baby currently breastfeeding?

Yes/No

Frequency?

Exclusively

Fully

Mostly

Limited

For Infant categories, these questions are required for CT-WIC data collection and Food Package assignment. The Breastfeeding Information Screen allows you to set the infant feeding category of all infants at a certification appointment.

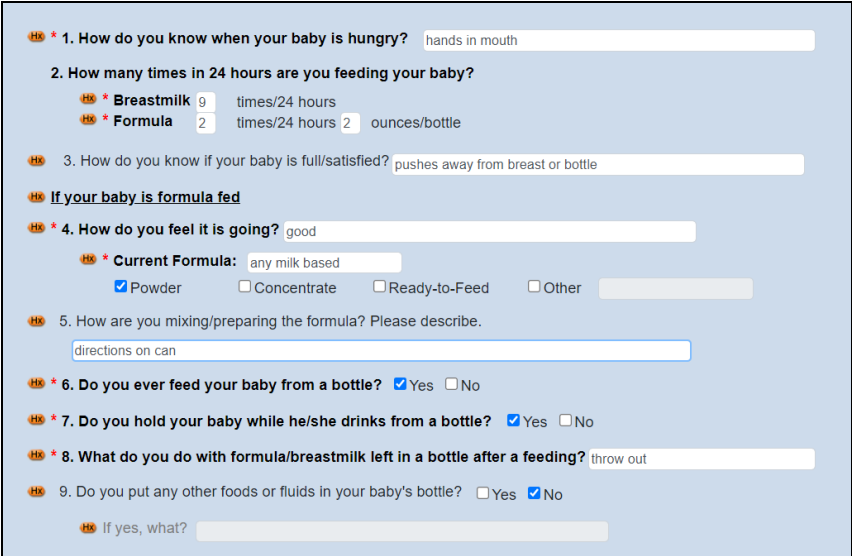
NOTE: Breastfeeding Status Changes must be completed on the Cert Action screen by clicking on the BF Status Change pop-up. The questions on the BF Status Change pop-up are the same as the questions on the BF Information screen, but for the status change to work in CT-WIC, it must be completed from the Cert Action screen.

Based on the answers provided, fields on this screen will either be enabled, or disabled.

Frequency is only enabled and answered for infants currently breastfeeding or given expressed breastmilk.

Select based on the following definitions: **Exclusively** = (only breastfeeding or expressed breastmilk given since applies to infants' 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.

Question	Suggested Action
<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>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 will be enabled only when the <i>Is the baby currently breastfeeding</i> question is answered as “No”. Enter the date breastfeeding ended.</p> <p>Once the <i>Date Breastfeeding Ceased</i> 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 <i>First formula at ___ weeks</i> and <i>Reason Formula Added</i> fields will be disabled. If the answer is “Yes”, <i>Date and Reason Formula Added</i> 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 0 weeks.</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> <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. Once the screen is saved, this field clears out. This is because the New Category is now captured in the <i>BF Status History</i> grid at the top of the screen.</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. Other questions related to infant input and output are also appropriate here.</p>

Question	Suggested Action
<p>Nutrition Screen(s), Pg. 1</p>  <p>CT-WIC Nutrition Screen, page 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>How do you know if your baby is full or satisfied?</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>

Question	Suggested Action
<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>	<ul style="list-style-type: none"> ▪ Counsel on need to have all caregivers sensitive to baby's hunger/satiety cues. ▪ Discuss importance of holding baby for every feeding. <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, especially in exclusively breastfed newborns. 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 pain, perceived insufficient milk supply, poor positioning, engorgement, sleepy baby); 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>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>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

Question	Suggested Action
<p>How are you mixing/preparing the 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</i> if "Yes", is checked.</p>	<ul style="list-style-type: none"> ▪ Adequate formula intake varies. Refer to <i>age-appropriate Infant Feeding Guide</i> for typical intakes. ▪ Discuss <i>importance of holding baby</i> for every feeding. <p>Based on assessment, FNS Nutrition Risk Criterion #411.6 Routinely feeding inappropriately diluted formula may be manually assigned if 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>

Question	Suggested Action									
	<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</p> <div style="border: 1px solid black; padding: 5px;"> <p>Hx * 10. Is your baby drinking anything other than breastmilk or formula? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Hx * Check all that apply</p> <p><input checked="" type="checkbox"/> Water</p> <p><input type="checkbox"/> 100% juice</p> <p><input type="checkbox"/> Other <input type="text"/></p> <p>Hx 11. Have you offered your baby a cup? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Hx If yes, what do you put in the cup? <input type="text"/></p> <p>Hx * 12. Does your baby take a bottle at naptime or bedtime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Hx If yes, what do you put in the bottle? <input type="text"/></p> <p>Hx 13. Has your baby started? Check all that apply.</p> <table border="0"> <tr> <td><input type="checkbox"/> Baby cereal</td> <td><input type="checkbox"/> Baby vegetables</td> <td><input type="checkbox"/> Baby fruits</td> </tr> <tr> <td><input type="checkbox"/> Strained/baby meats</td> <td><input type="checkbox"/> Eggs</td> <td><input type="checkbox"/> Yogurt</td> </tr> <tr> <td><input type="checkbox"/> Mashed beans</td> <td><input type="checkbox"/> Table/finger foods</td> <td><input type="checkbox"/> Other <input type="text"/></td> </tr> </table> <p>Hx 14. Does your baby eat with the rest of the family? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Hx What do you do if your baby doesn't try/eat a new food you've offered? <input type="text"/></p> <p>Hx * 15. Does your family have enough food? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Hx * 16. Do you have access to a refrigerator and stove/hot plate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Hx 17. Do you have adequate storage? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> </div> <p>CT-WIC Nutrition Screen, Pg. 2</p> <p>New foods, Drinks and Healthy Habits</p> <p>Is your baby drinking anything other than breastmilk or formula?</p> <p>Water</p> <p>100% Juice</p> <p>Other</p>	<input type="checkbox"/> Baby cereal	<input type="checkbox"/> Baby vegetables	<input type="checkbox"/> Baby fruits	<input type="checkbox"/> Strained/baby meats	<input type="checkbox"/> Eggs	<input type="checkbox"/> Yogurt	<input type="checkbox"/> Mashed beans	<input type="checkbox"/> Table/finger foods	<input type="checkbox"/> Other <input type="text"/>	<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> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p>Refer to the age-appropriate Nutrition Guide found at https://connecticut.wicresources.org/ for specific information.</p> </div> <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
<input type="checkbox"/> Baby cereal	<input type="checkbox"/> Baby vegetables	<input type="checkbox"/> Baby fruits								
<input type="checkbox"/> Strained/baby meats	<input type="checkbox"/> Eggs	<input type="checkbox"/> Yogurt								
<input type="checkbox"/> Mashed beans	<input type="checkbox"/> Table/finger foods	<input type="checkbox"/> Other <input type="text"/>								

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<p>CT-WIC auto-assigns FNS Nutrition Risk Criterion #411.3 <i>Routinely offering complementary foods*</i> or other substances that are inappropriate in type or timing if Juice is checked and infant is <6 months.</p> <p>Have you offered your baby a cup? Yes/No If yes, what do you put in the cup?</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>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>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>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>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> <p>6-8 months— Discuss developmental readiness for progressing solid food textures. 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>

Question	Suggested Action
<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>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 nutrients.</i></p>
<p>Does your family have enough food? 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>

Question	Suggested Action
<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>If No, then Inadequate Storage FLAG is highlighted RED on Food Prescription Screen.</p>
<p>Mid-Certification</p> <p>Mid-Certification Assessment Screen (IBP)</p> <p>Date: 5/27/2022</p> <p>Hx * 1. Has the baby's health changed in the last few months? _____</p> <p>Hx * 2. How do you feel the baby is growing? _____</p> <p>Hx * 3. How do you feel the baby is eating? _____</p> <p>Hx 4. Is your baby drinking? <input type="checkbox"/> Water <input type="checkbox"/> 100% juice <input type="checkbox"/> Other _____</p> <p>Hx 5. How does the baby feed himself/herself? _____</p> <p>Hx 6. Has the baby started? Check all that apply. <input type="checkbox"/> Baby cereal <input type="checkbox"/> Strained baby meats <input type="checkbox"/> Mashed beans <input type="checkbox"/> Baby vegetables <input type="checkbox"/> Eggs <input type="checkbox"/> Table/finger foods <input type="checkbox"/> Baby fruits <input type="checkbox"/> Yogurt <input type="checkbox"/> Other _____</p> <p>Hx 7. Does the baby eat with the rest of the family? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Hx 8. What do you do if the baby doesn't try/eat a new food you've offered? _____</p> <p>Hx 9. Does your family have enough food? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>CT-WIC Mid-Certification Screen</p>	<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.</p>