

Local Agency Formula Quality/Safety Checklist Connecticut WIC Program

Local agency staff taking complaint: _____

State agency staff contacted: _____

Participant contact information

Participant's and caregiver's (if applicable) name: _____

Address _____

Phone number: _____ Cell phone: _____

WIC Family ID # _____

Participant age _____

Medical rationale for formula, if applicable _____

When did the participant start consuming the formula and how long was it consumed?

Is he/she currently still consuming the same formula? ☐ Yes ☐ No

What are the reported/perceived health symptoms attributed to consumption of the formula in question?

- | | | | |
|--|--------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Fever | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Stomach pain |
| <input type="checkbox"/> Blood in stools | <input type="checkbox"/> Rash | <input type="checkbox"/> Hives | <input type="checkbox"/> Trouble breathing |
| <input type="checkbox"/> Other _____ | | | |

When did the symptoms begin and for how long? _____

Have you contacted or seen your doctor/health care provider because of the perceived symptoms? ☐ Yes ☐ No

Health care provider's name _____

Any relevant health/WIC background of participant, (particularly information that would put the participant at higher risk for potential health consequences of an adverse reaction to the formula), such as:

- | | |
|---|--|
| <input type="checkbox"/> Prematurity | <input type="checkbox"/> Compromised immune status |
| <input type="checkbox"/> Chronic medical conditions, list _____ | |
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Other |

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Please obtain the following information about the product consumed:

Formula name _____

Packaging: ☐ Ready-to-feed ☐ Powder ☐ Concentrate Can size _____

- Batch or lot number _____
- Expiration date _____

- Where was the product purchased? _____
- When was the product purchased? _____
- How much of the product is left? (Including opened/unopened formula containers and formula in feeding bottles) _____
- How was the product prepared/stored by the participant/caregiver? _____

If relevant to the situation, refer to "WIC 400-10 *Formula Storage Guidelines*"

- Product appearance _____
 - Any signs of compromised packaging integrity (dented container, holes in product, swollen cans) ☐ Yes ☐ No
 - Formula appearance
 - ☐ Foreign objects/flecks/residue ☐ Unusual color or smell
 - ☐ Curdling or separation of soluble parts of formula from the liquid portion)

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Obtaining Participant Consent and Coordinating Formula Pick-up with the State Lab or Agricultural Experiment Station:

If it is determined that the formula will be tested by either the Consumer Protection Agency or the Food Protection Program:

- Arrange with the participant to have the formula dropped off at the local WIC office or picked up by the local WIC agency. This should be done at the earliest possible convenience of both parties.
- Contact the participant and explain the appropriate "*Consent to Release Participant Information*" form to the participant, parent or legal caretaker and ask him/her to sign it when the formula is returned to the local agency. (See 400-16 "*Connecticut WIC Program Consent to Release Participant Information*" forms)
- The local WIC agency and the agency testing the formula will need to coordinate arrangements for pick-up of the product at the local WIC office.
- Make a list of the product(s) and item(s) received from the participant/caregiver and have this signed by the agency that picks up the formula, with the date and time noted.
- Verify to the State WIC Office by phone that the formula was picked up by the Consumer Protection Agency or the Food Protection Program.
- The formula will be tested either at the DPH state lab in Hartford and/or the Connecticut agricultural experiment station in New Haven. Consumer Protection and/or Food Protection will determine which lab(s) will test the formula.