

Local Agency Formula Quality/Safety Checklist Connecticut WIC Program

Date of complaint: _____

Local agency name: _____

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 # _____

Please obtain the following information about the product consumed for DCP:

Formula name and

Brand _____

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

- Batch or lot number _____
- UPC (under the bar code, it is 12 digits) _____
- Expiration date _____

- Where was the product purchased (name & address)?

- When was the product purchased? _____

- 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)

Additional Questions for WIC/DPH/Food Protection Program:

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

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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*"

How many bottles were given to the infant in a 24-hour time range? _____

How many ounces were in each bottle? _____

What type of water was used to prepare the formula (i.e. tap, purified baby water, bottled, etc)? _____

If using well water, has it been tested? _____

Are bottles/nipples sterilized? 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 _____ | | | |

Onset time for each symptom (how long after consuming did the infant begin to experience symptoms, i.e. hours, days, etc)?

Duration time of each symptom: does each symptom persist or has each symptom subsided?

If subsided, please provide when they subsided (hours, days, etc): _____

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

Health care provider's name and location _____

If healthcare involved: medical tests, examination, etc., administered: -

If hospitalized, provide the name, address and contact information of the hospital with dates of admission and discharge: _____

Treatment provided by healthcare provider or hospital: _____

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 |

Was the infant exposed to any pets? Yes No

Was the infant exposed to pet food? Yes No

Was the infant exposed to any reptiles such as turtles? Yes No

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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 "suspect" formula along with an unopened can (control sample) purchased at the same time from the same lot (when available), dropped off at the local WIC office, or picked up by the local WIC agency staff or DCP staff from the participant. This should be done at the earliest possible convenience of both parties. The formula must be stored securely by the local agency until retrieved by DCP.
- 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. The local agency will maintain a list of inspectors provided by DCP, and DCP will be provided with local agency contacts.
- 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. DCP will provide confirmation that the product was picked up via email.
- Notify the State WIC Office 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, or other approved facility. Consumer Protection and/or Food Protection will determine which lab(s) will test the formula.