

WIC Assessment/Care Plan Form for Infants and CH1

12/2012

Childs name	Date of Birth
-------------	---------------

Desired Health Outcomes:

Infant: Achieves optimal growth and development in a nurturing environment and develops a foundation for healthy eating practices.

CH1: Achieves optimal growth and development in a nurturing environment and begins to acquire dietary and lifestyle habits associated with a lifetime of good health.

Health Determinant	What to Assess	Infant New Cert Date	Infant Mid Cert Date	CH1 Cert 1 Date	CH1 Cert 2 Date
		Age _____	Age _____	Age _____	Age _____
Receives ongoing health care	When was your child's last visit to the doctor? <ul style="list-style-type: none"> • (well baby; check-up) write in date • Circle R if made referral for doctor visit Dr. Name _____ _____	R	R	R	R
	May we look over your child's shot record today? <ul style="list-style-type: none"> • Immunization record brought in? • Immunization record current? • Circle R if made referral for immunizations 		Y N Y N R	Y N Y N R	Y N Y N R
	Has your child seen a dentist? <ul style="list-style-type: none"> • Circle R if made referral to dentist Dentist Name _____ _____			Y N R	Y N R
	Has this child had a blood lead screening test done in the past 12 months? <ul style="list-style-type: none"> • If no – make referral • Circle R if made referral to lead screening 			Y N R	Y N R

Health determinate	What to Assess	Definition of risk criteria	USDA risk	Infant New	Infant Mid Cert	CH1 Cert 1	CH1 Cert 2
Achieves normal growth pattern	Growth Pattern	Short Stature ≤ 2.3 rd percentile length-for-age	121	1A	1A	1A	1A
	<i>Infants and children birth to 23 months are plotted using WHO growth charts</i>	At risk of Short Stature >2.3 rd and ≤ 5 th percentile length-for-age	121	1A	1A	1A	1A
		Underweight ≤ 2.3 rd percentile weight-for-length	103	1C	1C	1C	1C
		At risk of Underweight >2.3 rd and ≤ 5 th percentile weight-for-length	103	1C	1C	1C	1C
		High Weight-for-Length ≥ 97.7 th percentile weight-for-length	115	1W	1W	1W	1W
		Inadequate growth (weight gain calculation)	135	1D	1D	1D	1D
		Physical Activity - what kinds of activities does your child enjoy?					
TV Time – About how many hours did your child watch television or videos/DVD's yesterday?							

Health Determinants	What to assess	Definition of risk criteria	USDA Risk Code	Infant New Cert	Infant Mid Cert
Remains free from nutrition related illness, complications or injury	Mother on WIC during Pregnancy	Infant (0-6 mos) of WIC/WIC eligible mother	701	7A	
	Hemoglobin : New infants 9-11 months	Low Hemoglobin Level < 11.0 (for altitudes 0 – 2999 ft)	201	2H	2H
	Birthweight/ gestational age at birth	LGA Infant (birthweight >9 lbs)	153	3O	3O
	Was your baby born early?	Low Birth Weight < 5 pounds 8 ounces	141	3S	3S
		Preterm ≤37 weeks gestation	142	3S	3S
	Medical Conditions	*Infant of mother with alcohol/drug abuse or mental retardation/ Infant with FAS	703	3G	3G
			382		
	How is your baby doing?	Drug/Nutrient Interactions	357	3H	3H
		Infectious disease in past 6 months	352	3M	3M
	What concerns do you have about _____ health?	*Recent major surgery, trauma, burns	359	3R	3R
		*Failure to thrive	134	3T	3T
	Have you ever been told by a doctor that your baby has any medical problems?	*Hypertension/ Prehypertension	345	3V	3V
		Food Allergies	353	4A	4A
		Lactose Intolerance	355	4A	4A
		Celiac Disease	354	4A	4A
		*Inborn errors of metabolism	351	4B	4B
	Does your baby have any health problems, surgery or serious injuries?	*Cancer	346	4C	4C
		*Renal Disease	347	4C	4C
		*Other Medical Conditions	360	4C	4C
		*Gastrointestinal Disorders	342	4D	4D
	Does your baby take any type of medication?	*Nutrient Deficiency Diseases	341	4D	4D
		*Diabetes	343	4F	4F
		*Thyroid disorders	344	4F	4F
		*Hypoglycemia	356	4F	4F
	Has your baby been seen by a doctor or other healthcare professional in the last 6 months?	*Central Nervous System disorders	348	4G	4G
		*Genetic/Congenital disorders	349	4G	4G
		Developmental Delays	362	4G	4G
		Results of blood lead test	Blood lead level >10 ug/dl	211	2L
	How do you care for your baby's teeth?	Dental Problems	381	4H	4H
	Family & Social Environment	Homeless or Migrant	801	8A	8A
		Foster care : new/change during last 6 mos	902	4E	4E
	What else can I help you with?	Child of limited ability caregiver	903	4E	4E
Recipient of Abuse		901	4X	4X	
Does anyone living in the household smoke inside the home?		Environmental tobacco smoke exposure		4S	4S
Food Safety	Feeding potentially contaminated foods	411.5	7H	7H	
	Inappropriate sanitation practices	411.9	7S	7S	
Consumes breastmilk and/ or iron fortified infant formula & other foods as developmentally appropriate to meet energy/ nutrient requirements	Nutrition practices	Diet very low calories/ nutrients; not providing essential dietary supplements	411.8	7L	7L
		Primary nutrient source inappropriate	411.11		
	Nutrition Survey Questions	Infrequent breastfeeding as only nutrition	411.1	7N	7N
		Dilution of formula inappropriate	411.7	6I	6I
		Improper use of bottles or cups	411.6	7F	7F
		Inappropriate complementary foods	411.2	7K	7K
		Dietary risk associated with complementary feeding practices	411.3	7C	7C
		• Use ONLY for infants 4-11 months with NO OTHER RISK	428	9Z	9Z
Establishes a trusting relationship with parent(s) that contributes to positive feeding experiences	Tell me how is breastfeeding going for you and the baby?	Breastfeeding Complications	603	6A	6A
	Nutrition Practices	Using feeding practices that disregard developmental needs of stages of child	411.4	7T	7T
	Breastfeeding Dyad • Use <u>only</u> if infant has no other <u>qualifying risk</u>	Breastfed infant of mother at nutritional risk – priority 1	702	6E	6E
		Breastfed infant of mother at nutritional risk – priority 4	702	6F	6F
On WIC in another state and has valid Verification of Certification but specific risk criteria not available	Transfer of Certification	502	8B	8B	

Health Determinants	What to assess	Definition of risk criteria	USDA Risk Code	CH1	
				Cert 1	Cert 2
Remains free from nutrition related illness, complications or injury	Hemoglobin : Must be done at each CH1 certification visit	Low Hemoglobin Level < 11.0 (for altitudes 0 – 2999 ft)	201	2H	2H
	Birthweight / gestational age at birth Was your child born early?	Low Birth Weight ≤ 5 pounds 8 ounces	141	3S	3S
		Preterm ≤ 37 weeks gestation	142	3S	3S
	Medical Conditions How is _____ doing? Has your child ever had any health problems, surgery or serious injuries? Have you ever been told by a doctor that your child has any medical problems? Does your child take any type of medication? Has your child been seen by a doctor or other healthcare professional in the last 6 months?	*Child with fetal alcohol syndrome	382	3G	3G
		Drug/Nutrient Interactions	357	3H	3H
		Infectious disease in past 6 months	352	3M	3M
		*Recent major surgery, trauma, burns	359	3R	3R
		*Failure to thrive	134	3T	3T
		*Hypertension/ Prehypertension	345	3V	3V
		Food Allergies	353	4A	4A
		Lactose Intolerance	355	4A	4A
		Celiac Disease	354	4A	4A
		*Inborn errors of metabolism	351	4B	4B
		*Cancer	346	4C	4C
		*Renal Disease	347	4C	4C
		*Other Medical Conditions	360	4C	4C
		*Gastrointestinal Disorders	342	4D	4D
		*Nutrient Deficiency Diseases	341	4D	4D
	*Diabetes	343	4F	4F	
	*Thyroid disorders	344	4F	4F	
	*Hypoglycemia	356	4F	4F	
	*Central Nervous System disorders	348	4G	4G	
	*Genetic/Congenital disorders	349	4G	4G	
	Developmental Delays	362	4G	4G	
	Depression	361	4J	4J	
	Result of blood lead test	Blood lead level >10 ug/dl	211	2L	2L
	Does your child have problems with his/her teeth?	Dental Problems	381	4H	4H
Family & social environment What else can I help you with?	Homeless	801	8A	8A	
	Migrant	802	8A	8A	
	Foster care (new or change in past 6 mos)	902	4E	4E	
	Child of limited ability caregiver	903	4E	4E	
	Recipient of Abuse	901	4X	4X	
Does anyone living in the household smoke inside the home?	Environmental tobacco smoke exposure	904	4S	4S	
Food Safety	Feeding potentially contaminated foods	425.5	5H	5H	
	PICA – ingestion of nonfood items	425.9	5Q	5Q	
Consumes a variety of foods to meet energy and nutrient requirements	Nutrition practices	Diet very low calories/ nutrients; not providing essential dietary supplements	425.6 425.8	5L	5L
		Using Inappropriate beverages as primary milk source	425.1	5N	5N
	Nutrition Survey Questions	Routinely Feeding child sugar-containing fluids	425.2	5S	5S
		Dietary risk associated with complementary feeding practices – • Use ONLY for CH1 with no other risk	401	9Z	9Z
	Do you have enough food in the house?	Client has food security concerns		Y	N
Achieves developmental milestones including self-feeding	Nutrition practices	Improper use of bottles, cups or pacifiers	425.3	5K	5K
		Using feeding practices that disregard developmental needs of stages of child	425.4	5T	5T
On WIC in another state and has valid Verification of Certification but specific risk criteria not available		Transfer of Certification	502	8B	8B

