

WIC Assessment/Care Plan Form for Women

12/2012

Name	Age	Due Date	Date of Delivery
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Desired Health Outcomes:

Pregnant Woman: Delivers a healthy, full-term infant while maintaining optimal health status.

Breastfeeding/Postpartum Woman: Achieves optimal health during the childbearing years and reduces the risk of chronic disease

Health Determinant	What to Assess	Pregnant Cert Date	Breastfeeding Cert Date	Postpartum Cert Date
Receives ongoing preventive health care including prenatal or early postpartum care	Have you been to the doctor yet for this pregnancy? <ul style="list-style-type: none"> • Circle R if made referral for prenatal care Dr. Name _____ _____	Y N		
	Have you been to the doctor for your postpartum appointment? <ul style="list-style-type: none"> • Circle R if made referral for doctor 		Y N R	Y N R
	Have you seen a dentist in the past 12 months? <ul style="list-style-type: none"> • Circle R if made referral to dentist Dentist Name _____ _____	Y N	Y N R	Y N R

Health determinate	What to Assess	Definition of risk criteria	USDA risk	Pregnant	Breastfeeding	Postpartum
Achieves desirable postpartum weight or BMI	Pre-pregnancy weight status	Underweight: Pre-pregnancy BMI <18.5	101	1U		
	For Pregnant women:	Overweight: Pre-pregnancy BMI ≥25.0	111	10		
Achieves recommended maternal weight gain	For BF or PP women	Underweight Pre-pregnancy or current BMI <18.5	101		1U	1U
		Overweight Pre-pregnancy BMI ≥25	111		10	10
	For BF Mid-cert Women ≥6 months postpartum	Overweight Current BMI ≥25	111		10	
	Maternal pattern of weight gain	High Maternal Weight Gain	133	1E	1E	1E
		*Low Maternal Weight Gain	131	1I		
*Weight Loss During Pregnancy		132	1I			
	Physical Activity – What do you like to do for physical activity? What kinds of activities do you and your family do together?					

Health Determinants	What to assess	Definition of risk criteria	USDA Risk Code	Pregnant	
Remains free from nutrition related illness, complications or injury	Hemoglobin	Low Hemoglobin Level	201	2H	
	Pregnancy-related risk conditions, past and current	Age ≤ 17 at conception	331	3B	
		High parity and young age	333	3P	
		Lack of adequate prenatal care	334	3L	
		How is your pregnancy going?	Closely spaced pregnancies	332	3I
			*Multi-fetal gestation	335	3N
		Is this your first pregnancy?	Any history of preterm (≤ 37 wks) delivery	311	3J
			Any history of LBW infant (≤ 5 pounds 8 ounces)	312	3J
		Tell me about any problems you've had with a past pregnancy or delivery?	Any history of LGA infant (≥ 9 pounds)	337	3I
			History of spontaneous abortion, fetal or neonatal loss	321	3U
			Did you have any baby born early or premature?	*Any history of birth with congenital defect	339
		Pregnant woman currently breastfeeding		338	3X
		(Complete WIC System Fields)	*Any history of gestational diabetes	303	3K
			*Any history of preeclampsia	304	3K
	*Gestational Diabetes – this pregnancy		302	3K	
	Medical Conditions	Blood lead level ≥ 10 ug/DL	211	2L	
		Drug nutrient interactions	357	3H	
		Have you ever had any health problems, surgery or serious injuries?	Infectious disease in past 6 months	352	3M
			*Recent major surgery, trauma, burns	359	3R
			*Hypertension/ Prehypertension	345	3V
		Have you ever been told by a doctor that you have any medical problems?	Food Allergies	353	4A
			Lactose Intolerance	355	4A
			Celiac Disease	354	4A
			*Inborn errors of metabolism	351	4B
		Do you take any type of medications?	*Cancer	346	4C
			*Renal Disease	347	4C
			*Other Medical Conditions	360	4C
			*Gastrointestinal Disorders	342	4D
			*Nutrient Deficiency Diseases	341	4D
			*Diabetes	343	4F
			*Thyroid disorders	344	4F
			*Hypoglycemia	356	4F
			*Central Nervous System disorders	348	4G
			*Genetic/Congenital disorders	349	4G
			Developmental Delays	362	4G
			*Eating Disorders	358	4I
		Depression	361	4J	
Do you have any problems with your teeth?		Dental Problems	381	4H	
Family & social environment		Homeless	801	8A	
		Migrant	802	8A	
What else can I help you with?		Woman with limited ability	903	4E	
		Recipient of Abuse	901	4X	
Does anyone else living in the household smoke inside the home?		Environmental tobacco smoke exposure	904	4S	
Food Safety		Eating potentially harmful foods	427.5	8H	
		PICA – compulsive ingestion of nonfood items	427.3	8Q	
Avoids alcohol, tobacco, and illegal drugs	Substance Use During Pregnancy – 4P's form & WIC System Fields	Smoking	371	3D	
		Alcohol	372	3E	
		Illegal Drug Use	372	3F	
Consumes a variety of foods to meet energy and nutrient requirements	Nutrition practices	Eating a Diet very low in calories or nutrients; Inadequate vitamin/mineral supplementation	427.2	8L	
	Nutrition Survey Questions	Failure to meet dietary guidelines for Americans • ONLY if no other risk criteria identified	401	9X	
	Do you have enough food in the house?	Client has food security concerns		Y N	
On WIC in another state and has a valid Verification of Certification but specific risk criteria not available	Transfer of certification		502	8B	

Health Determinants	What to assess	Definition of risk criteria	USDA Risk Code	Breastfeeding	Postpartum	
Remains free from nutrition related illness, complications or injury	Hemoglobin	Low Hemoglobin Level	201	2H	2H	
	Pregnancy related risk conditions with THE MOST RECENT PREGNANCY	Age ≤ 17 at conception	331	3B	3B	
		High parity and young age	333	3P	3P	
		Closely spaced pregnancies	332	3I	3I	
		How is it being a new mom?	*Multi-fetal gestation	335	3N	3N
		Did you have any problems during your pregnancy or delivery?	History of preterm (≤ 37 wks) delivery	311	3J	3J
			History of LBW infant (≤ 5 pounds 8 ozs)	312	3J	3J
			History of LGA infant (≥ 9 pounds)	337	3I	3I
		Was your baby born early/premature?	History of spontaneous abortion, fetal or neonatal loss	321	3U	3U
			History of birth with congenital defect	339	3W	3W
		Was your baby born with any health problems?	*History of gestational diabetes	303	3K	3K
	*History of preeclampsia		304	3K	3K	
	Medical Conditions		Infectious disease in past 6 months	352	3M	3M
		*Recent major surgery, trauma, burns	359	3R	3R	
		*Hypertension/ Prehypertension	345	3V	3V	
		Have you ever had any health problems, surgery or serious injuries?	Drug Nutrient Interactions	357	3H	3H
			Food Allergies	353	4A	4A
			Lactose Intolerance	355	4A	4A
			Celiac Disease	354	4A	4A
		Have you ever been told by a doctor that you have any medical conditions?	*Inborn errors of metabolism	351	4B	4B
			*Cancer	346	4C	4C
			*Renal Disease	347	4C	4C
	*Other Medical Conditions		360	4C	4C	
	What concerns do you or your doctor have about your health?	*Gastrointestinal Disorders	342	4D	4D	
		*Nutrient Deficiency Diseases	341	4D	4D	
		*Diabetes or Pre-Diabetes	343/363	4F	4F	
		Do you take any type of medications?	*Thyroid disorders	344	4F	4F
	*Hypoglycemia		356	4F	4F	
	*Central Nervous System disorders		348	4G	4G	
	*Genetic/Congenital disorders		349	4G	4G	
	For BF1 Mid-cert: Have you seen a doctor or other healthcare professional in the last 6 months?		Developmental Delays	362	4G	4G
			*Eating Disorders	358	4I	4I
		Depression	361	4J	4J	
Do you have problems with your teeth?	Blood lead level >10 ug/dl	211	2L	2L		
	Dental Problems	381	4H	4H		
Family & social environment	Homeless	801	8A	8A		
	Migrant	802	8A	8A		
	What else can I help you with?	Woman with limited ability	903	4E	4E	
		Recipient of Abuse	901	4X	4X	
Does anyone else living in the household smoke inside the home?	Environmental tobacco smoke exposure	904	4S	4S		
Food safety	PICA – compulsive ingestion nonfood items	425	8Q	8Q		
Avoids alcohol, tobacco, and illegal drugs	Use of tobacco, alcohol or illegal drugs	Smoking	371	3D	3D	
		Alcohol Use	372	3E	3E	
		Illegal Drug Use	372	3F	3F	
Consumes a variety of foods to meet energy and nutrient requirements	Nutrition practices	Diet Very Low in calories/nutrients; Inadequate vitamin/mineral supplement	427	8L	8L	
	Nutrition Survey Questions	Failure to meet dietary guidelines • ONLY if no other risk criteria identified	401	9X	9X	
		Do you have enough food in the house?	Client has food security concerns		Y N	Y N
Breastfeeds her infant successfully	Factors affecting breastfeeding	Breastfeeding Complications	602	6A		
		Breastfeeding Mother of Priority 4 infant	601	6B		
		Breastfeeding Mother of Priority 2 Infant	601	6C		
		Breastfeeding Mother of Priority 1 Infant	601	6D		
How is breastfeeding going for you? What type of support do you have for breastfeeding?	Transfer of Certification		502	8B	8B	
On WIC in another state and has valid Verification of Certification but specific risk criteria not available						
BF1 Mid-cert Date	Do weight and diet survey; Follow-up on risk codes – circle any new risks and note date Provide breastfeeding support					

High Risk Care plan * risk codes	Is client under routine care of health care provider? Y N Discuss current plan of care/client understanding of plan of care Referral Progress	
PGW Staff initials 2nd N Ed Staff initials & date 2nd N Ed Staff initials & date	Client wants to work on Staff concern Follow-up at next visit Materials Provided	Progress:
BF1 BF2 PPW Staff initials 2nd N Ed Staff initials & date	Client wants to work on Staff concern Follow-up at next visit Materials Provided	Progress
BF1 Mid-cert Staff initials & date 2nd N Ed Staff initials & date	Client wants to work on Staff concern Follow-up at next visit Materials Provided	Progress

WIC Assessment/Care Plan Form for Infants and CH1

12/2012

Childs name	Date of Birth
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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
		*Nutrient Deficiency Diseases	341	4D	4D
	Does your baby take any type of medication?	*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		
		Primary nutrient source inappropriate	411.1	7N	7N
		Infrequent breastfeeding as only nutrition	411.7	6I	6I
		Dilution of formula inappropriate	411.6	7F	7F
		Improper use of bottles or cups	411.2	7K	7K
		Inappropriate complementary foods	411.3	7C	7C
		Dietary risk associated with complementary feeding practices	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
		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
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

WIC Assessment/Care Plan Form for Children ages 2 – 4

12/2012

Childs name	Date of Birth
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Desired Health Outcome for Children ages 2 – 4

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	Cert 1 Date Age _____	Cert 2 Date Age _____	Cert 3 Date Age _____	Cert 4 Date Age _____
Receives ongoing health care	When was your child's last visit to the doctor? <ul style="list-style-type: none"> • Routine visit/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 R	Y N R	Y N R	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	Y N R	Y N R
	Has your 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	Y N R	Y N R

Health Determinants	What to assess	Definition of risk criteria	USDA Risk Code	Cert 1	Cert 2	Cert 3	Cert 4
Achieves normal growth pattern	Growth Pattern Trend of growth looking at points over time	Short Stature ≤ 5 th percentile height-for-age	121	1A	1A	1A	1A
		At risk of Short Stature >5 th and ≤10 th percentile height-age	121	1A	1A	1A	1A
		Underweight ≤ 5 th percentile BMI-for-age	103	1C	1C	1C	1C
		At risk of Underweight >5 th and ≤ 10 th percentile BMI-age	103	1C	1C	1C	1C
		Obese ≥95 th percentile BMI-for-age	113	1Q	1Q	1Q	1Q
		Overweight ≥ 85 th and< 95 th percentile BMI-age	114	1R	1R	1R	1R
		Inadequate growth	135	1D	1D	1D	1D
Physical Activity – What types 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	Cert 1	Cert 2
Remains free from nutrition related illness, complications or injury	Hemoglobin: Every 12 months if normal, • If low – repeat in 6 months	Low Hemoglobin Level < 11.1 (for altitudes < 2999 ft)	201	2H	2H
	Medical Conditions How is _____ doing? Has your child ever had any health problems, surgery or 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 mo		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	5L	5L
	Nutrition Survey Questions	Using Inappropriate beverages as primary milk source	425.1	5N	5N
		Routinely Feeding child sugar-containing fluids	425.2	5S	5S
		Failure to Meet Dietary Guidelines • Use ONLY if no other risk criteria identified	401	9X	9X
	Do you have enough food in the house?	Client has food security concerns		Y N	Y N
Achieves developmental milestones including self-feeding	Nutrition practices	Improper use of bottles, cups or pacifiers	425.3	5K	5K
	Nutrition Survey Questions	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

Health Determinants	What to assess	Definition of risk criteria	USDA Risk Code	Cert 3	Cert 4
Remains free from nutrition related illness, complications or injury	Hemoglobin: Every 12 months if normal • If low repeat in 6 months	Low Hemoglobin Level < 11.1 (for altitudes < 2999 ft)	201	2H	2H
	Medical Conditions	*Child with fetal alcohol syndrome	382	3G	3G
		Drug/Nutrient Interactions	357	3H	3H
	How is _____ doing?	Infectious disease in past 6 months	352	3M	3M
		*Recent major surgery, trauma, burns	359	3R	3R
		*Failure to thrive	134	3T	3T
	Has your child ever had any health problems, surgery or injuries?	*Hypertension/Prehypertension	345	3V	3V
		Food Allergies	353	4A	4A
		Lactose Intolerance	355	4A	4A
		Celiac Disease	354	4A	4A
	Have you ever been told by a doctor that your child has any medical problems?	*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
	Does your child take any type of medication?	*Nutrient Deficiency Diseases	341	4D	4D
		*Diabetes	343	4F	4F
		*Thyroid disorders	344	4F	4F
	Has your child been seen by a doctor or other healthcare professional in the last 6 months?	*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 mo	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	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
		Failure to Meet Dietary Guidelines • ONLY if no other risk criteria identified	401	9X	9X
	Do you have enough food in the house?	Client has food security concerns		Y N	Y N
Achieves developmental milestones including self-feeding	Nutrition practices	Improper use of bottles, cups or pacifiers	425.3	5K	5K
	Nutrition Survey Questions	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

<p>High Risk Care Plan</p> <p>* risk codes</p>	<p>Is child under routine care of health care provider Y N</p> <p>Discuss current plan of care</p> <p>Parent Understanding of plan of care</p> <p>Referral/follow-up</p>	
<p>Cert 1</p> <p>Staff initials</p> <p>2nd N Ed Staff initials & date</p>	<p>Parent wants to work on</p> <p>Staff concern</p> <p>Follow-up at next visit</p> <p>Materials Provided</p>	<p>Progress</p>
<p>Cert 2</p> <p>Staff initials</p> <p>2nd N Ed Staff initials & date</p>	<p>Parent wants to work on</p> <p>Staff concern</p> <p>Follow-up at next visit</p> <p>Materials Provided</p>	<p>Progress</p>
<p>Cert 3</p> <p>Staff initials</p> <p>2nd N Ed Staff initials & date</p>	<p>Parent wants to work on</p> <p>Staff concern</p> <p>Follow-up at next visit</p> <p>Materials Provided</p>	<p>Progress</p>
<p>Cert 4</p> <p>Staff initials</p> <p>2nd N Ed Staff initials & date</p>	<p>Parent wants to work on</p> <p>Staff concern</p> <p>Follow-up at next visit</p> <p>Materials Provided</p>	<p>Progress</p>