

Relevant WIC Nutrition Assessment Information for a Child (1 Year to 5 Years of Age)

ANTHROPOMETRIC

What to Assess (Relevant Information)	What to Collect	What to Do	
		Assign Risk	Suggestions for Further Assessment*
Growth Pattern	Current age. Current weight. Current length. Gestational age at birth. If unable to get an accurate weight or length, consider using alternative measurement techniques. (See Appendix E.)	103 Underweight or at risk of becoming underweight 121 Short stature or at risk of short stature 113 Overweight(> 2yrs of age) 114 (> 2yrs of age)At risk of becoming overweight	Determine possible contributors (e.g., nutritional, medical, developmental or social factors that may affect growth).
	Biological mother's current BMI OR if pregnant or has had baby within past 6 months, pregravid BMI. Biological father's current BMI.	114 At risk of becoming overweight	Assess caregiver(s)' knowledge and attitudes regarding development of good eating habits, satiety cues and nutrition.
	2 weights taken at least 3 months apart OR 2 weights taken at least 6 months (+ or - 2 weeks) apart.	135 Inadequate growth	Assess health, nutrition, cultural and economic contributors to growth pattern (e.g., medical condition or recent illness, developmental delay, feeding problems/inappropriate practices, and possible abuse or neglect.)
Birth Weight/ Gestational age at birth (children < 24 months calories, of age)	Birth weight. Gestational age at birth. Diagnosis of small for gestational age.	141 Low birth weight 142 Prematurity 151 Small for gestational age	Assess caregiver's knowledge of feeding needs and ability to follow feeding instructions. Assess child's need for additional special formula, or human milk fortifier.

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BIOCHEMICAL

What to Assess (Relevant Information)	What to Collect	What to Do	
		Assign risk	Suggestions for Further Assessment*
Hemoglobin or Hematocrit	Blood hemoglobin or hematocrit level.	201 Low hematocrit/ low hemoglobin	Assess factors that may affect hemoglobin/hematocrit levels (e.g., medical condition or recent illnesses/ infections, appetite, diet, factors that might inhibit dietary iron absorption, and lead poisoning). Assess whether it is likely to be a nutritional or physiological anemia.
Blood Lead Levels	Lead testing in past 12 months. Blood lead level.	211 Elevated blood lead levels	Ask about potential sources of lead exposure (e.g., age of housing, recent renovation, pica, occupational exposure, lead-glazed containers used for food preparation or storage). Assess food sources of calcium and iron and regular meals and snacks.

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CLINICAL

What to Assess (Relevant Information)	What to Collect	What to Do	
		Assign risk	Suggestions for Further Assessment*
Medical Conditions	Failure to thrive.	134 Failure to thrive	Ask about factors that may impact or contribute to failure to thrive (e.g. birth status, illnesses, developmental delay, medications, feeding practices). Assess potential for abuse, neglect, or a poor psychological environment.
	Nutrition-related medical condition or illness.	341-349 351-356 360-362 382 Nutrition-related risk conditions	Ask about special diet and medications prescribed to manage or treat condition. Assess current and potential impact on nutritional intake, nutritional needs (increased need for specific nutrients, special diet low in essential nutrients), and breastfeeding. Assess understanding of and compliance with treatment plan. Assess level of access to follow-up medical care.
	Prescription medications with nutrition implications.	357 Drug-nutrient interactions	Assess understanding of nutrient and drug interactions and strategize to minimize them.
	Over-the-counter medications with nutrition implications.	357 Drug-nutrient interactions	Assess understanding of nutrient and drug interactions and strategize to minimize them.
	Major surgery, trauma, or burns in past 2 months.	359 Recent major surgery, trauma, burns	Ask about special diet and prescribed medications. Assess understanding of and compliance with treatment plan. Assess level of access to follow-up medical care.

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CLINICAL (continued)

What to Assess (Relevant Information)	What to Collect	What to Do	
		Assign risk	Suggestions for Further Assessment*
Medical Conditions (continued)	Major surgery, trauma, or burns >2 months ago with continued need for nutritional support.	359 Recent major surgery, trauma, burns	Obtain documentation of need for continued nutritional support. Ask about special diet and prescribed medications, assess, and document impact on nutritional needs and diet intake. Assess level of access to follow-up medical care.

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DIETARY

What to Assess (Relevant Information)	What to Collect	What to Do	
		Assign risk	Suggestions for Further Assessment*
Nutrition Practices	Primary milk source.	425.1 Routinely feeding inappropriate beverages as the primary milk source.	Assess caregiver's cultural, economic, or medical reasons for providing inappropriate beverages as primary milk source.
	Intake of sugar-containing beverages.	425.2 Routinely feeding a child any sugar- containing fluids	Assess for beverages common to a particular culture and/or region.
	Age and status of weaning from bottle. Bottle and cup feeding practices. Pacifier practices.	425.3 Routinely using nursing bottles, cups, or pacifiers improperly	Assess developmental skills related to feeding. Assess cultural, medical, and other influences on these feeding practices.
	Feeding practices related to developmental stage/needs: <ul style="list-style-type: none"> • Response to hunger and satiety cues. • Use of foods associated with choking. • Self-feeding skills. • Food textures. 	425.4 Routinely using feeding practices that disregard the developmental needs or stage of the child	Assess caregiver's knowledge of appropriate beverages feeding management skills (e.g., forcing a child to eat certain type/amount of foods/beverages). Assess the availability of developmentally appropriate foods and utensils. Assess family dynamics that affect feeding (e.g., number of caregivers, daily schedules, and other environmental factors). Assess the potential for choking. Assess caregiver's need for anticipatory guidance.

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DIETARY (continued)

What to Assess (Relevant Information)	What to Collect	What to Do	
		Assign risk	Suggestions for Further Assessment*
Nutrition Practices (continued)	Intake of potentially contaminated foods.	425.5 Feeding foods to child that could be contaminated with harmful microorganisms	Assess knowledge of safe food handling. Assess access to safe water and refrigeration.
	Usual meal pattern. Consumption of a diet very low in calories and/or essential nutrients.	425.6 Routinely feeding a diet very low in calories and/or essential nutrients	Assess for cultural, medical, family, religious, and other reasons affecting usual meal pattern.
	Use of dietary supplements: <ul style="list-style-type: none"> • Excessive or inappropriate. • Fluoride intake (age and fluoride content of drinking water supply.) 	425.7 Feeding dietary supplements with potentially harmful consequences 425.8 Routinely not providing dietary supplements ... when an infant's diet cannot meet nutrient requirements	Assess potential for toxicity or harm to the child. Assess barriers to obtaining appropriate supplementation (e.g. health beliefs, religious or cultural practices, finances).
	Eating nonfood substances (pica).	425.9 Routine ingestion of nonfood items	Assess potential for toxicity or harm to child.
Ability to Transition to Complementary Feeding (Child 12 to 23 Months of Age)	Absence of any other risk. NOTE: A complete assessment including risk 425 must be completed prior to assigning risk 428.	428 Dietary risk associated with complementary feeding practices	Assess caregiver's need for anticipatory guidance.
Ability to Meet Dietary Guidelines for Americans (Children > 24 Months of Age)	Absence of any other risk. NOTE: A complete assessment including risk 425 must be completed prior to assigning risk 401.	401 Ability to meet Dietary Guidelines for Americans	

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ENVIRONMENTAL AND FAMILY FACTORS

What to Assess (Relevant Information)	What to Collect	What to Do	
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Environmental and Family Factors	Primary nighttime residence (homelessness).	801 Homelessness	Assess food preparation and food storage equipment. Assess level of access to safe and adequate water.
	Migrant status.	802 Migrancy	Assess food preparation and food storage equipment.
	Abuse or neglect in past 6 months.	901 Recipient of abuse	If child now lives in a shelter for victims of domestic violence, ask about food preparation and food storage equipment.
	Primary caregiver's ability to make appropriate feeding decisions and/or prepare food.	902 Woman, or infant/child of primary caregiver with limited ability to make feeding decisions and/or prepare food	Assess caregiver's support system for feeding decisions and food preparation.
	Foster care status.	903 Foster care	Ask about child's adaptation to current foster care.
	Exposure to environmental tobacco smoke.	N/A	Assess caregiver's understanding of the potential health risks.

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OTHER HEALTH ISSUES AND TECHNICAL REQUIREMENTS

What to Assess (Relevant Information)	What to Collect	What to Do	
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Oral Health	<p>Presence of early childhood caries or smooth surface decay of teeth.</p> <p>Dental problems that impair ability to eat food in quantity and quality.</p>	381 Dental problems	<p>Assess possible dietary causes of caries (e.g. such as putting child to bed with bottle and/or use of juice and sugared drinks in bottle).</p> <p>Assess access to dental care. Ask about dental treatment already in progress.</p> <p>Assess for appropriate oral health practices (e.g. when teeth appear, start using a soft children's toothbrush)</p> <p>Assess caregiver's knowledge of relationship between oral health and overall health.</p>
<p>Well Childcare:</p> <p><i>Immunization Status</i></p> <p><i>Blood Lead Screen</i></p> <p><i>Oral Health Care</i></p>	<p>Medical home. Scheduling of visits.</p> <p>Immunization record.</p> <p>Screening for children 1-5 years of age.</p> <p>Dental home for older children 1-5 years of age. Last visit.</p>	N/A	<p>Determine barriers to obtaining care (e.g., beliefs, finances, alien status, lack of insurance, and transportation).</p> <p>Determine barriers to obtaining immunizations and lead screening (e.g., beliefs, finances, alien status, lack of insurance, and transportation).</p> <p>Assess barriers to obtaining oral health care and screenings (e.g., beliefs, finances, alien status, lack of insurance, childcare, and transportation).</p>
Food Security	Availability of safe and nutritious foods.	N/A	<p>Assess community availability, participation in food assistance programs, and equipment for food preparation and storage.</p> <p>Assess availability of adequate and safe water.</p>
Physical activity	Parental attitude and knowledge about infant's	N/A	Assess barriers to physical activity (e.g., safety concerns, time constraints, hours of TV/video watched per day.)

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