

## WIC Assessment Guide: Pregnant (PG)

This guidance was designed to support CPA/CPA Assistant (CPAA) in using a participant-centered (PC) approach and ensure all applicable risk factors are assigned during the category specific WIC Assessment. It also reviews I-WIC screens to assist staff in understanding that some questions collect specific data, while others should be asked in a way that engages the head of household in conversation, rather than reading each question verbatim off the screen. This guidance is intended to be used in conjunction with the addenda *IWIC Flow Sheets* (IL WIC PM CS 11.1) and *NPS Counseling Approach* (IL WIC PM NE 4.1).

### Setting the Stage and Explaining the WIC Visit

- Open the conversation by introducing yourself and explaining the purpose of the visit:
  - **“Thank you for coming to WIC Today! This visit will take about ( \_\_ minutes). Throughout your time in WIC, we will ask questions and gather information to get a better understanding of your overall nutrition practices and lifestyle. We will begin with a nutrition assessment, which includes: collecting measurements, checking the iron in your blood and discussing your eating and physical activity habits. Afterwards, we can talk about some ideas for you to have a healthy pregnancy and the baby to grow healthy, how to use the WIC foods and if there are any resources that may benefit you or your family in the community. How does that sound to you? Would it be ok if we start by taking some measurements?”** (if applicable to clinic flow)
  
- Possible starters to continue the conversation:
  - **“Tell me how you are feeling about your pregnancy and what WIC can help you with today?”**
  - **“What have you noticed or what has changed for you, since you found out you were pregnant?”**

Upon completing the **Cert Action** screen, selecting ‘Add’ a pop-up box will appear asking if the participant is currently pregnant, click **‘OK’**. Complete the required fields on the screen, either enter LMP date or EDD date.

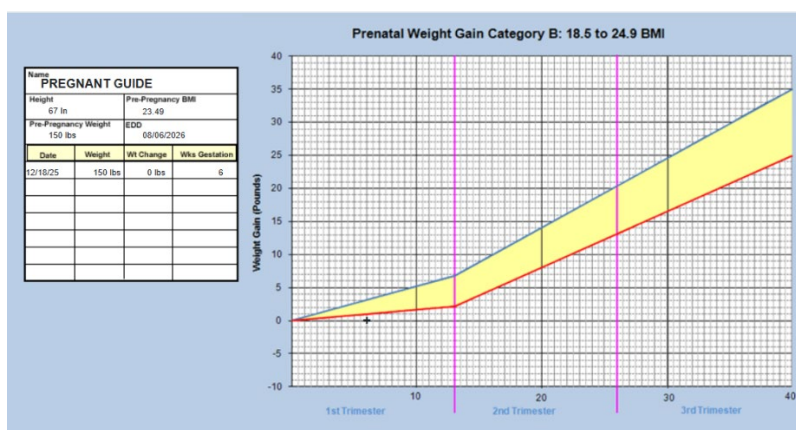
## I-WIC Lab screen – Pregnant (2 Tabs)

Follow the question prompts and ask further probing questions as needed.

### Height/Weight Tab:

Add anthropometric data, per *Addendums Anthropometric Flow Sheet & IWIC Flow Sheets* and policy requirements.

- “How many times have you gone to the doctor during this pregnancy?”
- “When did you first see a health care professional about this pregnancy?”
- “What was your weight before getting pregnant?”
  - Pre-pregnancy weight verbally declared OR if within 1<sup>st</sup> trimester (1-13 weeks) use weight at certification.
- Answer yes/no if pregnancy is multifetal gestation



### Prenatal Chart button:

Review Prenatal Weight Gain chart and recommended weight gain for participant’s pre-pregnancy weight status. IWIC has a ‘letter code’ for pre-pregnancy BMI status:

- A: Underweight (Pre-pregnancy BMI less than 18.5) 28-40 pounds
  - B: Normal (Pre-pregnancy BMI 18.5 – 24.9) 25-35 pounds
  - C: Overweight (Pre-pregnancy BMI greater than or equal to 25) 15-25 pounds
  - D: Obese (Pre-pregnancy BMI greater than or equal to 30) 11-20 pounds
- Manually assign risk 131 or 133 if plotting below or above the desired weight gain ranges in the *Nutrition Risk screen*.

Engage the participant in questions related to weight changes:

- “What have you heard about or experienced (with past pregnancies) regarding weight gain for a healthy pregnancy?”
- “How do you feel about weight changes during pregnancy?”

### Screenings tab:

Lead Screening Grid (Consider the previously recorded data):

- “Have you had a blood lead test in the past 12 months?”

Hemoglobin Grid (Consider the previously recorded data):

- “When was the last time you had a hemoglobin test?”

Data may be provided via referral data or collected on site per *IL WIC PM CS 6.3*.

## I-WIC Breastfeeding – Pregnant (4 tabs)

**BF Information & BF Pumps & Aids Tabs:** Pregnancy certification (new applicant), questions do not apply and fields are disabled.

### BF Questions Tab:

Follow the question prompts and ask further probing questions as needed.

If a pregnant participant is currently breastfeeding, ‘Are you experiencing any of the following?’ should be assessed for the listed potential/current breastfeeding complications, per USDA risk 602. If not currently breastfeeding, select ‘None’.

Refer to *NPS: Breastfeeding* for additional guidance.

**BF Information**

• How are you thinking about feeding your baby?

I want to nurse my baby from the breast

I want to pump and nurse from the breast

I want to pump only

I want to provide both formula and breast milk

I don't want to breastfeed

Other \_\_\_\_\_

• Have you ever breastfed/pumped?  Yes  No

• Tell me about your breastfeeding experience or what you have heard about breastfeeding?

\_\_\_\_\_

• Are you experiencing any of the following?

Cracked, bleeding or severely sore nipples

Severe breast engorgement

Flat or inverted nipples

Tandem nursing

Mastitis

40 years of age or older

No milk at 4 days postpartum

Other \_\_\_\_\_

Recurrent plugged ducts

None

### BF Support & Notes Tab:

Complete the 3 grids per policy and local agency guidance:

- Contact History
- Breastfeeding Referral
- Breastfeeding Notes

Breastfeeding Contacts: Refer to *NPS: Breastfeeding, Addendum 1 Recommended Breastfeeding Contact Schedule*.

Breastfeeding Notes & Referral: Refer to *NPS: Documenting in WIC MIS*.

Agency with Breastfeeding Peer Counselor program also refer to *NPS: Breastfeeding Peer Counselor Program-Documenting in WIC MIS*.

**BF Support & Notes**

**Contact History**

Date	Role	Method	Contact Made	Topic/No Contact	Baby Name

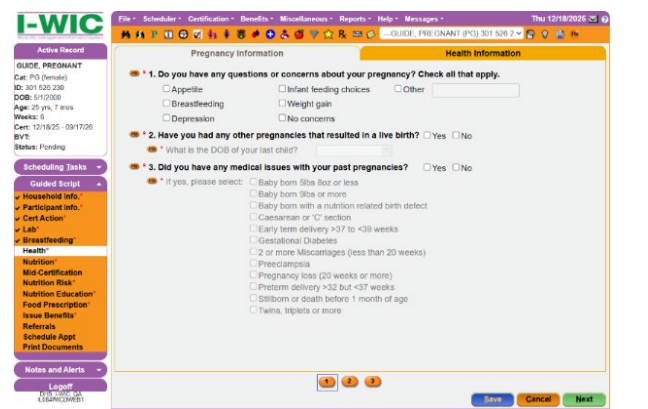
**Breastfeeding Referral**

Date Referred	Referred To	Reason Referred	Reason Not Referred	Referral Type	Follow-up Date

**Breastfeeding Notes**

Date	Staff	Note	Baby Name

**I-WIC Health screen – Pregnant (Pregnancy Information Tab: 3 pages & Health Information Tab: 1 page)**



Open with a springboard question to gather permission before proceeding:  
**“If it is alright with you, I would like to start by asking about your most recent and any past pregnancies?”** If applicable, refer to *IWIC: Recertifying After Pregnancy Loss* guidance.

Questions #1-2:

Follow the question prompts and ask further probing questions as needed.

Question #3:

- **“Tell me about this most recent pregnancy... were you full term or pre-term?”**
  - **“What size was the baby?”**
  - **“Did you or baby have any pregnancy related medical conditions such as (refer to list)?”**

Question #4:

- **“Are you currently taking any medications?”**
  - If on medications; **“Tell me more about what it is for, and how long you will be on this?”**

Question #5:

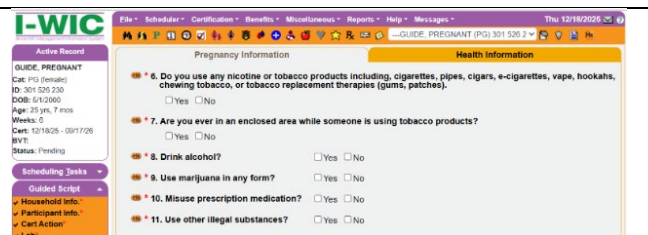
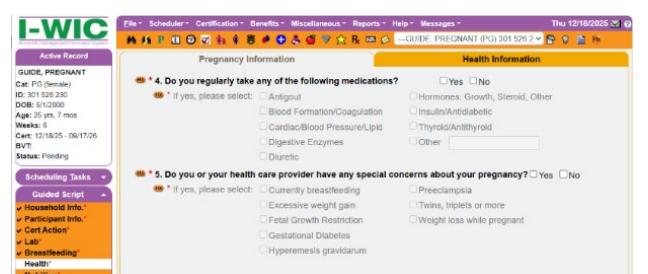
- **“Are you regularly taking any of the following medications?”**
  - If yes, please select:
    - Anesthetic
    - Blood Formations/Coagulation
    - Cardiac/Blood Pressure/Lipid
    - Digestive Enzymes
    - Diarrhetic
    - Hormones: Growth, Steroid, Other
    - Insulin/Antidiabetic
    - Thyroid/Antithyroid
    - Other
- **“Do you or your health care provider have any special concerns about your pregnancy?”**
  - If yes, please select:
    - Currently breastfeeding
    - Excessive weight gain
    - Fetal Growth Restriction
    - Gestational Diabetes
    - Hyperemesis gravidarum
    - Preeclampsia
    - Twins, triplets or more
    - Weight loss while pregnant

Before completing the next questions, use transparency as a way to ask potential sensitive topic:

- **“This last series of pregnancy questions are about the use of any tobacco, alcohol, or other substances, they are mainly a yes/no or numbered response. Please know your responses are confidential and we ask them to all adult participants for WIC program data, as well as the opportunity to share any education or referrals that we may be able to provide you and your family.”**

Questions #6-11:

Follow the question prompts and ask further probing questions as needed.



**Health Info. Tab:** Follow the question prompts and ask further probing questions as needed.

Question #1-4:

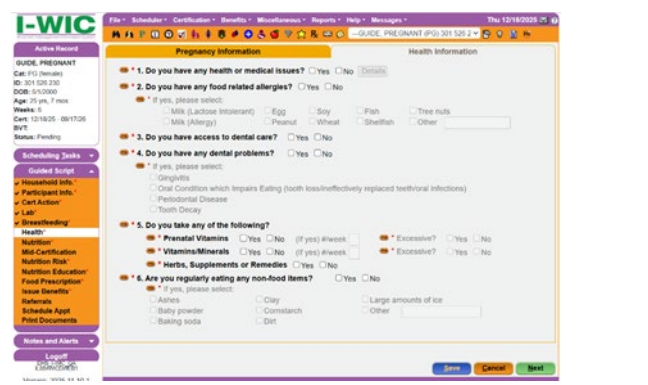
- **“Do you have any current medical conditions, medications, or any allergies/intolerances?”**
  - If confirmed food allergy or intolerance- tailor food package, as needed
- **“Are you experiencing any tooth pain, impacting your ability to eat and drink?”** (possible referral)

Question #5:

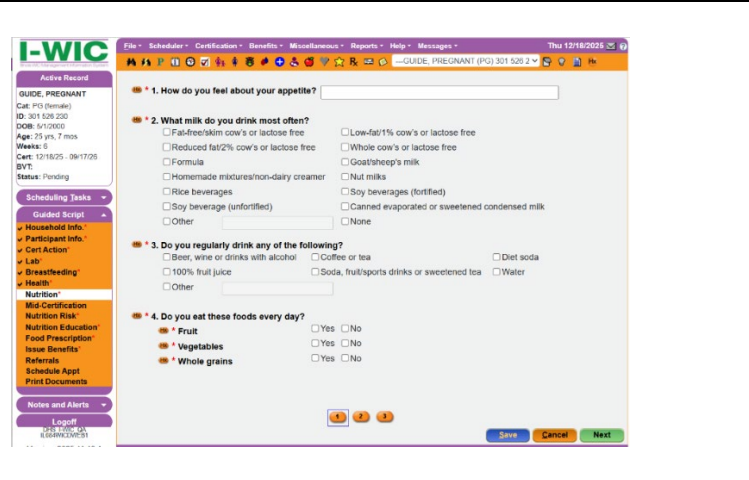
- **“What vitamins, minerals, supplements and if any, herbal supplements or home remedies do you currently take?”** If yes, **“how many days a week?”**

Question #6:

- **“Pica is a condition where an individual might eat non-food items, like cornstarch, excessive amounts of ice or frost. Do you find yourself eating non-food items regularly?”**



**I-WIC Nutrition screen – Pregnant (3 pages)**



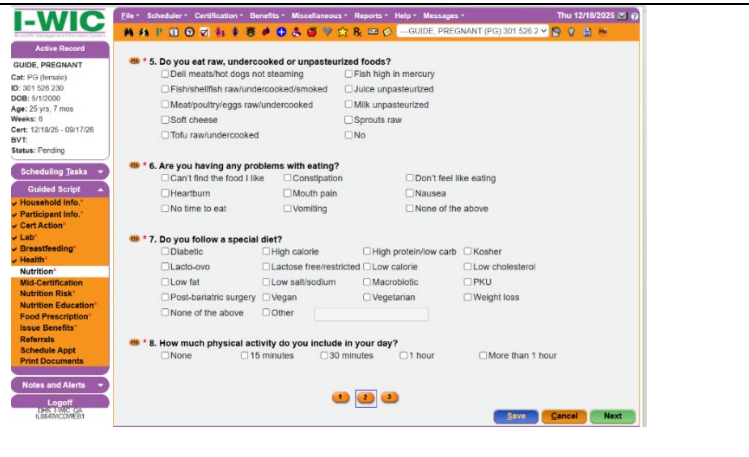
Question #1-3:  
Follow the question prompts and ask further probing questions as needed.

Question #4:  

- “Based upon what you eat on a daily basis would you say yes or no that you eat the following: Fruits? Vegetables? Whole grains?”

 Affirm or Reflect on responses to ensure understanding and offer praise. Evoke protective factors.
 

- “It sounds like you are making nutritious choices for yourself!”
- “What are some things you do to help your family eat healthy foods?”
- “For you, what is your biggest motivator?”

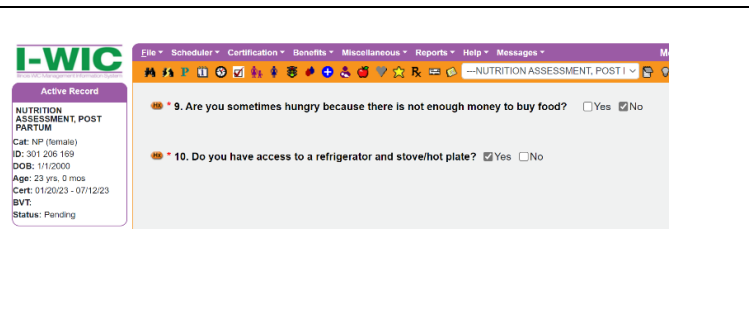


Question #5-7:  
Follow the question prompts and ask further probing questions as needed.

- “Tell me about your typical mealtimes/feeding routines.”
- “Share with me, are you following a special diet or are having any problems when eating, like heart burn, maybe not feeling like eating or no time to eat?”

Question #8:  

- “What would you say describes your daily physical activity right now; none, 15 or 30 minutes, 1 hour or more than an hour every day? This might include things like walking, swimming, riding a stationary bike, or yoga”



Question #9:  

- “WIC has community food resources that we can share with you if needed, would you say there are times when you are hungry and you just don't have the money to buy food?”

Question #10:  

- “In order to help me determine which WIC foods to offer you, do you currently have access to refrigeration and a stove/hot plate for cooking?”

## I-WIC Nutrition Risk screen – Pregnant

**Active Record**  
 GUIDE, PREGNANT  
 Cat: PG (female)  
 ID: 301 526 230  
 DOB: 5/1/2000  
 Age: 25 yrs, 7 mos  
 Weeks: 6  
 Cert: 12/18/2025 - 08/17/2026  
 BVT:  
 Status: Pending

**Nutrition Risk**  
 High Risk

Cert Start Date	Date	Detailed Description	Staff	Source	Note
12/18/2025	12/18/2025	901[4] - Recipient of Abuse	GINNY.REL	SYSTEM	
12/18/2025	12/18/2025	427.02[4] - Diet Very Low Calori...	GINNY.DEL	SYSTEM	
12/18/2025	12/18/2025	131[1] - Low Maternal Weight G...	GINNY.DEL	SYSTEM	

Buttons: Add, Remove, Reason, Risk Help, Save, Cancel, Next

Review the Nutrition Risk screen to confirm all risks generated/appropriately assigned:

- Inappropriate risk(s) - select the row with the risk and click the 'Reason' button to display a pop-up box showing the screen/ question that generated the risk. Return to that screen to correct, if needed.
- Click 'Risk Help' button to open/view the Illinois I-WIC Nutrition Risk Criteria document, as needed
- If applicable, only risk that can be added manually:
  - 131 Low Maternal Weight Gain/ 133 High Maternal Weight Gain
    - If plotting below or above the desired weight gain ranges. IWIC has a 'letter code' for pre-pregnancy BMI status:
      - Underweight (Pre-pregnancy BMI less than 18.5) 28-40 pounds
      - Normal (Pre-pregnancy BMI 18.5 – 24.9) 25-35 pounds
      - Overweight (Pre-pregnancy BMI greater than or equal to 25) 15-25 pounds
      - Obese (Pre-pregnancy BMI greater than or equal to 30) 11-20 pounds
  - 334 Lack of Adequate Prenatal Care
  - 903 Foster Care – If Pregnant participant transitioned into foster care or moved from one foster care home to another in the past 6 months
  - If no risks, the presumptive eligibility risk 401 Failure to meet Dietary Guidelines will auto-assign. Once assigned, this cannot be removed.

Document in note field risk clarification per *NPS Documenting in WIC MIS*.

If participant is high risk (red heart icon):

- Refer to *IWIC Appointment Types* and WIC policy regarding High-Risk follow-up.

CPAAs must refer high risk participants per *PPS Guidelines for Referrals for CPA Assistants*.

Follow the "Guided Script" in WIC MIS for the remaining screens needed to complete the certification. Transition from assessment to Nutrition Services:

- Summarize key points from the assessment.
- Highlight participant concerns and reflect motivation to change.
- Transition to education and collaborate on goal setting.

Refer to *PPS: WIC Program Explanation (WPE)*.

## WIC Assessment Guide: Breastfeeding (BE, BP) & Postpartum (NP) Categories

This guidance was designed to support CPA/CPA Assistant (CPAA) in using a participant-centered (PC) approach and ensure all applicable risk factors are assigned during the category specific WIC Assessment. It also reviews I-WIC screens to assist staff in understanding that some questions collect specific data, while others should be asked in a way that engages the head of household in conversation, rather than reading each question verbatim off the screen. This guidance is intended to be used in conjunction with the addenda *IWIC Flow Sheets* (IL WIC PM CS 11.1) and *NPS Counseling Approach* (IL WIC PM NE 4.1).

### Setting the Stage and Explaining the WIC Visit

- Open the conversation by introducing yourself and explaining the purpose of the visit:
  - **“Thank you for coming to WIC Today! This visit will take about ( \_\_ minutes). Throughout your time in WIC, we will ask questions and gather information to get a better understanding of your overall nutrition practices and lifestyle. We will begin with a nutrition assessment, which includes: collecting measurements, checking the iron in your blood and discussing your eating and physical activity habits. Afterwards, we can talk about some ideas to keep you healthy, help the baby to grow, support you in feeding your baby, how to use the WIC foods and if there are any resources that may benefit you or your family in the community. How does that sound to you? Would it be ok if we start by taking some measurements?”** (if applicable to clinic flow)
- Possible starters to continue the conversation:
  - **“WIC is here for you and your baby, before we get started, what do you want to share or make sure we cover today?”**
  - **“Tell me how you are feeling after your pregnancy and what WIC can help you with today?”**

### IWIC Cert Action screen- Postpartum

\* Is the baby currently breastfeeding or being given pumped breast milk?  
 No  Yes

\* Is the baby currently receiving any supplemental formula?  
 No  Yes

\* Frequency of Breastfeeding  
 Some  BF Amount Guide

Was this baby ever breastfed or fed breast milk?  
 No  Yes  Unknown

\* How old was this baby when he/she was first fed something other than breast milk (i.e., formula, water, infant cereal, etc.)?  Months  Weeks  Days  Unknown

Age BF Ended:  Months  Weeks  Days  Unknown

Reason BF Ceased

Did you breastfeed as long as you desired?  
 No  Yes

New Category

Cert End Date

Save
Cancel
Close

Complete the required fields, enter EDD & ADD dates.  
 If applicable, refer to *IWIC: Pregnancy Loss* document, check the box ‘Assign NP status due to perinatal loss or adoption’.

Follow the question prompts and ask further probing questions as needed.  
 Refer to the *NPS: Breastfeeding* for guidance on completing this screen.

Upon completing the Cert Action screen, the Breastfeeding Status pop-up box will appear. Completing this is required, whether the infant is or was breastfeeding to determine the Breastfeeding status and appropriate WIC category (BE, BP or FF).

Note: Take your time, once this pop up is saved, a participant’s category cannot be changed for 24 hours.

## I-WIC Lab screen – Breastfeeding/Postpartum (2 Tabs)

Follow the question prompts and ask further probing questions as needed.

### Height/Weight Tab:

Add anthropometric data, per *Addendums Anthropometric Flow Sheet & IWIC Flow Sheets* and policy requirements.

- **“What was your weight before getting pregnant and at delivery?”**

Note: No BMI or Prenatal Weight Gain charts for Postpartum category in the MIS.

Ask general question(s) about how they feel about weight gain/desired weight changes:

- **“How did you feel about your weight changes during your pregnancy?”**

### Screenings tab:

Lead Screening Grid (Consider the previously recorded data):

- **“Have you had a blood lead test in the past 12 months?”**

Hemoglobin Grid (Consider the previously recorded data):

- **“When was the last time you had a hemoglobin test?”**

Data may be provided via referral data or collected on site per *IL WIC PM CS 6.3*.

## I-WIC Breastfeeding – Breastfeeding/Postpartum (3 or 4 tabs)

**BF Information Tab:** Based upon the completed Breastfeeding Status Pop Up Box, on the Cert Action screen, this screen will autofill. (no screen image)

Follow the question prompts and ask further probing questions as needed.

**BF Questions Tab:** (Breastfeeding Infants Only):

Engage the parent/caregiver in questions related to BF:

- “How is feeding your baby going?”

Complete questions listed on the screen and probe further as needed:

- “Have you had any challenges when trying to feed your baby?”

Reflect on the parent/caregiver’s response:

- “You want what is best for the baby.”
- “You are committed to breastfeeding.”

**BF Support & Notes Tab:**

Complete the 3 grids per policy and local agency guidance:

- Contact History
- Breastfeeding Referral
- Breastfeeding Notes

Enter all Contacts on the adult participant’s record for this screen.

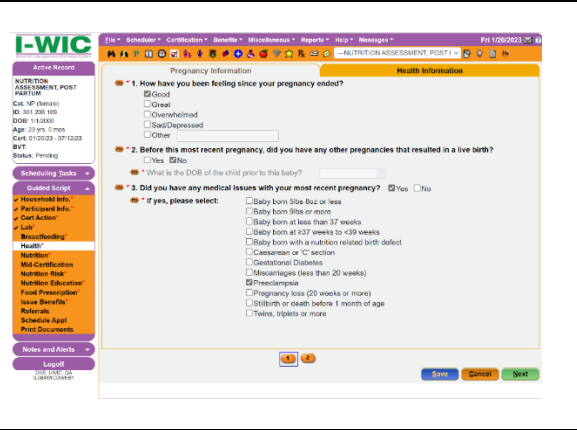
- Select the “Link Baby” button under “Contact history\*” and “Breastfeeding Notes” to populate information from adult’s screen to infant’s screen.

\*BFPC program - Do not link baby in the Contact History grid until infant is 8 days old or older for first-week contacts to be counted correctly

Refer to the *NPS: Documenting in WIC MIS* and *NPS: BFPC -Documenting in WIC MIS* for guidance on completing this screen.

**BF Pumps & Aids Tab:** Document any breastfeeding pumps and aids per local agency guidance. (no screen image)

**I-WIC Health screen – Breastfeeding/Postpartum (Pregnancy Information Tab: 2 pages & Health Information Tab: 2 pages)**

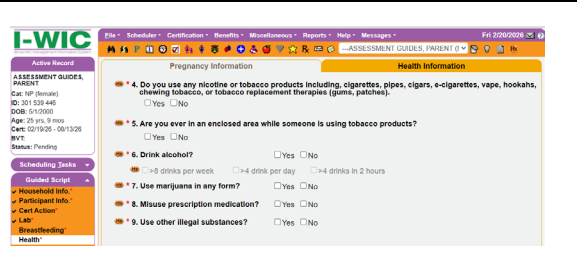


Open with a springboard question to gather permission before proceeding:  
**“If it is alright with you, I would like to start by asking about your most recent and any past pregnancies?”** If applicable, refer to *IWIC: Recertifying After Pregnancy Loss* guidance.

Questions #1-2:  
 Follow the question prompts and ask further probing questions as needed.

- Question #3:
- **“Tell me about this most recent pregnancy... were you full term or pre-term?”**
    - **“What size was the baby?”**
    - **“Did you or baby have any pregnancy related medical conditions such as (refer to list)?”**

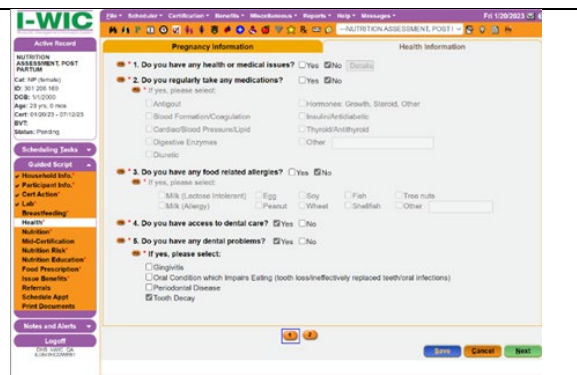
Note: C-section here does not generate risk 359; if Pt had C-Section in past 2 months, assign risk under “Health” question #1, see below.



Before completing the next questions, use transparency as a way to ask potential sensitive topic:

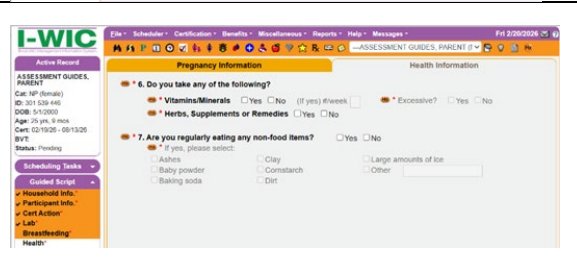
- **“This last series of pregnancy questions are about the use of any tobacco, alcohol, or other substances, they are mainly a yes/no or numbered response. Please know your responses are confidential and we ask them to all adult participants for WIC program data, as well as the opportunity to share any education or referrals that we may be able to provide you and your family.”**

Questions #4-9:  
 Follow the question prompts and ask further probing questions as needed.



**Health Info. Tab:**  
 Follow the question prompts and ask further probing questions as needed.

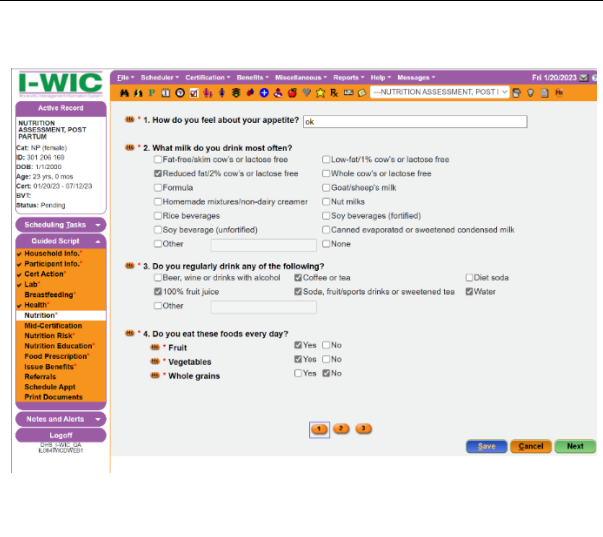
- Question #1-5:
- **“Do you have any current medical conditions, medications, or any allergies/intolerances?”**
    - If confirmed food allergy or intolerance- tailor food package, as needed
  - **“Are you experiencing any tooth pain, impacting your ability to eat and drink?”** (possible referral)



- Question #6:
- **“What vitamins, minerals, supplements and if any, herbal supplements or home remedies do you currently take?”**
    - If yes, “how many days a week?”

- Question #7:
- **“Pica is a condition where an individual might eat non-food items, like cornstarch, excessive amounts of ice or frost. Do you find yourself eating non-food items regularly?”**

**I-WIC Nutrition screen – Breastfeeding/Postpartum (3 pages)**



Follow the question prompts and ask further probing questions as needed.

Question #1:

- **“Since the end of your pregnancy, how do you feel your appetite has been?”**

Question #2 - #3:

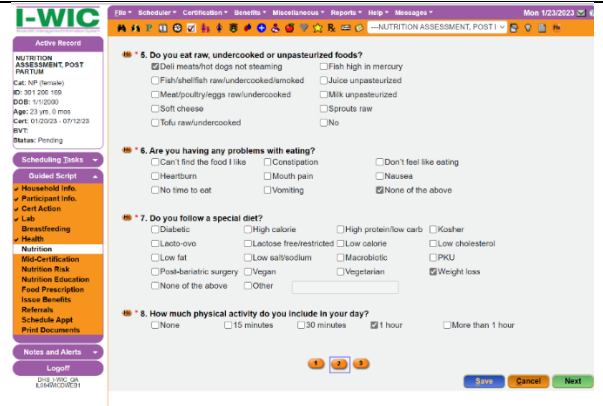
- **“Let’s first talk about what you like to drink; what kind of milk do you drink most often?”**
  - **“In addition to milk, what else do you drink regularly?”** Provide choices.

Question #4:

- **“Can you give me an idea of what are some of the foods you are eating?”**
  - **“Would you say yes or no that you eat the following every day: Fruits? Vegetables? Whole grains?”**

Affirm or Reflect on responses to ensure understanding and offer praise:

- **“It sounds like you are making nutritious choices for yourself!”**



Question #5:

- **“Tell me about your typical mealtimes/feeding routines.”**

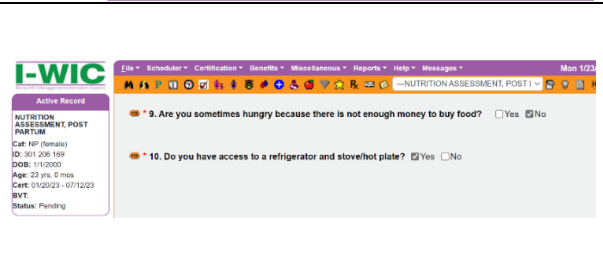
Note: Consumption of these foods only generate a risk for pregnant participants.

Question #6 - #7: Consider any responses from the health screen

- **“Are you following a special diet or are having any problems when eating, like heart burn, maybe not feeling like eating or no time to eat?”**

Question #8:

- **“What would you say describes your daily physical activity right now?”**



Question #9:

- **“WIC has community food resources that we can share with you if needed, would you say there are times when you are hungry, and you just don’t have the money to buy food?”**

Question #10:

- **“In order to help me determine which WIC foods to offer you, do you currently have access to refrigeration and a stove/hot plate for cooking?”**

## I-WIC Nutrition Risk screen – Breastfeeding/Postpartum

The screenshot shows the I-WIC Nutrition Risk screen. On the left, there is a sidebar with various navigation options. The main content area is titled 'Nutrition Risk' and includes a 'High Risk' checkbox. Below this is a table with the following data:

Cert Start Date	Date	Detailed Description	Staff	Source	Note
1/20/2023	1/23/2023	427.02(6) - Diet Very Low Calori...	JESSICA G. [Red Heart Icon]	SYSTEM	

At the bottom of the table, there are 'Add' and 'Remove' buttons. Below the table, there are buttons for 'Reason', 'Risk Help', 'Save', 'Cancel', and 'Next'.

Review the Nutrition Risk screen to confirm all risks generated/appropriately assigned:

- Inappropriate risk(s) - select the row with the risk and click the 'Reason' button to display a pop-up box showing the screen/ question that generated the risk. Return to that screen to correct, if needed.
- Click 'Risk Help' button to open/view the Illinois I-WIC Nutrition Risk Criteria document, as needed
- If applicable, only risk that can be added manually:
  - 903 Foster Care – If participant transitioned into foster care or moved from one foster care home to another in the past 6 months
  - If no risks, the presumptive eligibility risk 401 Failure to meet Dietary Guidelines will auto-assign. Once assigned, this cannot be removed.

Document in note field risk clarification per *NPS Documenting in WIC MIS*.

If participant is high risk (red heart icon):

- Refer to *IWIC Appointment Types* and WIC policy regarding High-Risk follow-up.

CPAAs must refer high risk participants per *PPS Guidelines for Referrals for CPA Assistants*.

Follow the "Guided Script" in WIC MIS for the remaining screens needed to complete the certification. Transition from assessment to Nutrition Services:

- Summarize key points from the assessment.
- Highlight participant concerns and reflect motivation to change.
- Transition to education and collaborate on goal setting.

Refer to *PPS: WIC Program Explanation (WPE)*.

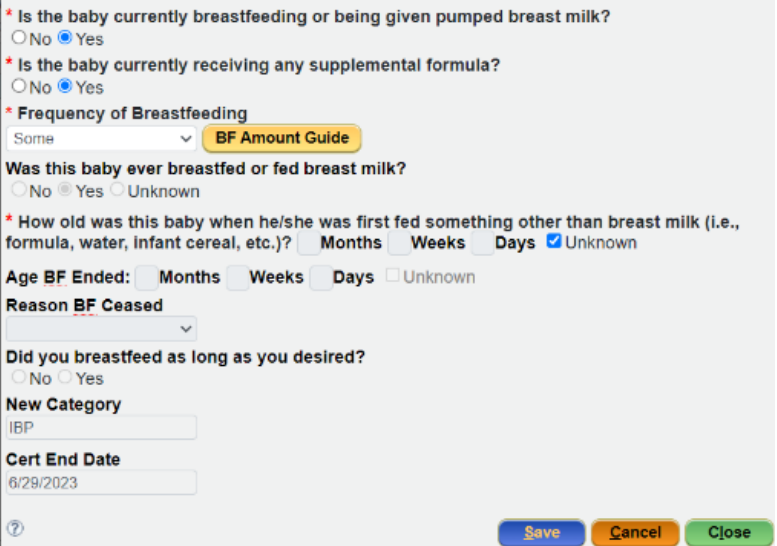
## WIC Assessment Guide: Infant (IBE, IBP, IFF)

This guidance was designed to support CPA/CPA Assistant (CPAA) in using a participant-centered (PC) approach and ensure all applicable risk factors are assigned during the category specific WIC Assessment. It also reviews I-WIC screens to assist staff in understanding that some questions collect specific data, while others should be asked in a way that engages the head of household in conversation, rather than reading each question verbatim off the screen. This guidance is intended to be used in conjunction with the addenda *IWIC Flow Sheets* (IL WIC PM CS 11.1) and *NPS Counseling Approach* (IL WIC PM NE 4.1).

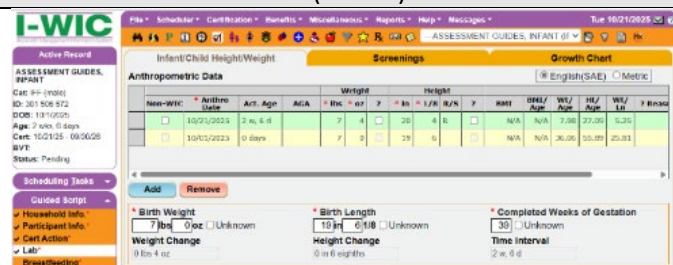
### Setting the Agenda and Explaining the WIC Visit

- Open the conversation by introducing yourself and explaining the purpose of the visit:
  - **“Thank you for bringing (infant’s name) to WIC Today! This visit will take about ( \_\_ minutes). Throughout your participation in WIC, we will ask questions and gather information to get a better understanding of your family’s overall nutrition practices and lifestyle. We will begin by completing a nutrition assessment, which includes collecting measurements to plot your baby’s growth and screen the parent’s weight status; we check the iron levels of older infants and discuss your baby’s feedings. Afterwards, we can talk about some ideas for (infant’s name) to continue growing healthy, how to use the WIC foods and if there are any resources that may benefit your family in the community. Would it be ok if we start by taking some measurements?”** (if applicable to clinic flow)
- Possible starter to continue the conversation:
  - **“WIC is here for you and your baby, before we get started, what do you want to share or make sure we cover today?”**

### IWIC Cert Action screen- Infant

	<p>Follow the question prompts and ask further probing questions as needed.</p> <p>Upon completing the Cert Action screen, the Breastfeeding Status pop-up box will appear. Completing this is required, whether the infant is or was breastfeeding to determine the Breastfeeding status and appropriate WIC Infant category (IBE, IBP or IFF).</p> <p><u>Note:</u> Take your time, once this pop up is saved, a participant’s category cannot be changed for 24 hours.</p> <p>Refer to the <i>NPS: Breastfeeding</i> for guidance on completing this screen.</p>
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## IWIC Lab screen – Infant (3 Tabs)



Follow the question prompts and ask further probing questions as needed.

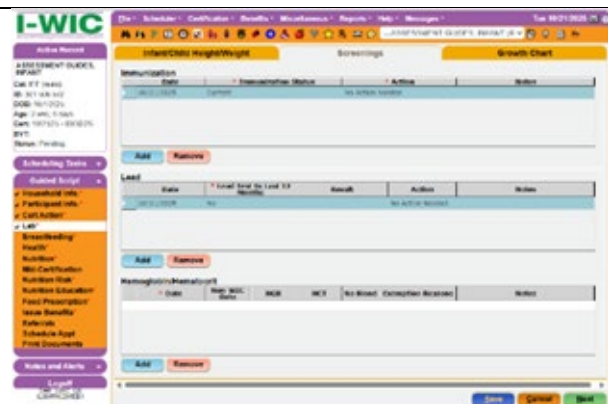
### Infant/Child Height/Weight tab:

Add anthropometric data, per *Addendums Anthropometric Flow Sheet & IWIC Flow Sheets* and policy requirements.

- “When was (infant’s name) measured last at the doctor’s office? Did they provide you with this information?”
- “Would you have something in writing, like birth certificate, electronic record, discharge records, crib card, etc. with the baby’s birth weight and length?”
- “Your baby was born at how many weeks of gestation?”

Inform a few other questions then will review growth chart for infant:

- “Before we look at how these measurements plot on the growth chart, we have a few other questions to go over. Would that be alright?”



### Screenings tab:

Immunization Grid:

- “Do you have the baby’s vaccination/shot records?” (Review Vaccination or I-Care record if available)

Lead Screening Grid (Consider the infant’s age):

- “Has your baby had a blood lead test in the past 12 months?”

Hemoglobin Grid (Consider the infant’s age):

- “Has your baby had a hemoglobin test?”

Data may be provided via referral data or collected on site per *IL WIC PM CS 6.3*.



### Growth Chart tab:

Review and explain the age-appropriate growth chart(s)

Refer to *NPS Growth of Infants and Children* for guidance.

Engage the parent/caregiver in questions related to growth:

- “When was (infant’s name) measured last at the doctor’s office? What did they share?” if applicable, probe for any diagnosed growth-related medical conditions
- “Now that we’ve looked at your child’s growth chart, tell me how you’re feeling about your child’s growth.” (Health Assessment question #2: is it too slow, just right or too fast?)

Reflect on the parent/caregiver’s response:

- “You are happy with (infant’s name) size for their age based on the growth chart.”

**I-WIC Breastfeeding – Infant (2-3 tabs depending on breastfeeding status)**

**BF Information Tab:** Based upon the completed Breastfeeding Status Pop Up Box, on the Cert Action screen, this screen will autofill. (no screen image)

Follow the question prompts and ask further probing questions as needed.

**BF Questions Tab (Breastfeeding Infants Only):**

Engage the parent/caregiver in questions related to BF:

- **“How is feeding your baby going?”**

Complete questions listed on the screen and probe further as needed:

- **“Have you had any challenges when trying to feed your baby?”**

Reflect on the parent/caregiver’s response:

- **“You want what is best for the baby.”**
- **“You are committed to breastfeeding.”**

**BF Support & Notes Tab:**

Complete the 3 grids per policy and local agency guidance:

- Contact History
- Breastfeeding Referral
- Breastfeeding Notes

Enter all Contacts on the adult participant’s record for this screen.

- Select the *“Link Baby”* button under *“Contact history\*”* and *“Breastfeeding Notes”* under parent account to populate information from adult’s screen to infant’s screen.

\*BFPC program - Do not link baby in the Contact History grid until infant is 8 days old or older for first-week contacts to be counted correctly

Refer to the *NPS: Documenting in WIC MIS* and *NPS: BFPC -Documenting in WIC MIS* for guidance on completing this screen.

## I-WIC Health screen – Infant (2 pages)

**Active Record**  
 NUTRITION ASSESSMENT, INFANT  
 Cat: #F (female)  
 ID: 301206168  
 DOB: 11/20/23  
 Age: 2 wks, 5 days  
 Cert: 01/20/23 - 12/31/23  
 BVT:  
 Status: Pending

**Scheduling Tasks**

**Guided Script**  
 ✓ Household Info.  
 ✓ Participant Info.  
 ✓ Cert Action  
 ✓ Lab  
 ✓ Breastfeeding  
 ✓ Health  
 Nutrition  
 Mid-Certification  
 Nutrition Risk  
 Nutrition Education  
 Food Prescription  
 Issue Benefits  
 Referrals  
 Schedule Appt  
 Print Documents

**Notes and Alerts**

**Logoff**  
 IWS:WIC, CA  
 L08MWC@WEB1

**1. Do you have any questions or concerns about your baby's?**  
 Appetite  Breastfeeding  Formula Intake  
 Health  Weight Gain/Growth  No Concerns  
 Other

**2. How do you feel about your baby's growth?**  Too slow  Just right  Too fast

**3. Parent present with BMI ≥ 30?**  
 \* Mother  Yes  No  Not present  
 \* Father  Yes  No  Not present

**4. Does your baby have any health or medical issues?**  Yes  No

**5. Does your baby regularly take any of the following medications?**  Yes  No  
 \* If yes, please select:  
 Anticout  Hormones: Growth, Steroid, Other  
 Blood Formation/Coagulation  Insulin/Antidiabetic  
 Cardio/Blood Pressure/Lipid  Thyroid/Antithyroid  
 Digestive Enzymes  Other  
 Diuretic

**6. Does your baby have any food related allergies?**  Yes  No  
 \* If yes, please select:  
 Milk (Lactose Intolerant)  Egg  Soy  Fish  Tree nuts  
 Milk (Allergy)  Peanut  Wheat  Shellfish  Other

Save Cancel Next

Follow the question prompts and ask further probing questions as needed.

Question #1:

- **“Some moms have questions about feeding, growing, or other questions related to babies; before we move on, what questions do you have so far?”**

Question # 2: If not already asked when reviewed growth chart.

- **“How do you feel about your baby’s growth- is it too slow, just right or too fast?”**

Question #3:

- **“Most families have similar eating and activity habits, which impacts how their children grow, we have measurements for (infant’s name) – having yours will help us know where your child may trend in the future. Using this chart, please find your height in inches, would you say your weight is higher or lower than the number listed?”**
  - Assessment methods of a parent with BMI ≥ 30 may include: self-reported, measure ht/wt in clinic or using abbreviated BMI chart/table found in USDA Risk Manual, risk #114 (visual assessment is not an allowable method).
  - Foster parent- select ‘Not present’; if parent refuses- select ‘No’, document in note

Question #4 - #6:

- **“Can you share if your baby has any medical conditions, allergies, and/or currently taking any medications?”** If yes, click on ‘Details’ and select the condition(s), mark medications and/or food allergies- other is an option, for those not listed.  
 If applicable, probe for more information:
  - **“Can you tell me more about what the doctor shared?”**

**Active Record**  
 NUTRITION ASSESSMENT, INFANT  
 Cat: #F (female)  
 ID: 301206168  
 DOB: 11/20/23  
 Age: 2 wks, 5 days  
 Cert: 01/20/23 - 12/31/23  
 BVT:  
 Status: Pending

**Scheduling Tasks**

**Guided Script**  
 ✓ Household Info.  
 ✓ Participant Info.  
 ✓ Cert Action  
 ✓ Lab  
 ✓ Breastfeeding  
 ✓ Health  
 Nutrition  
 Mid-Certification  
 Nutrition Risk  
 Nutrition Education  
 Food Prescription  
 Issue Benefits  
 Referrals  
 Schedule Appt  
 Print Documents

**Notes and Alerts**

**Logoff**  
 IWS:WIC, CA  
 L08MWC@WEB1

**7. Does your baby take any of the following?**  
 \* Vitamins/Minerals  Yes  No #/WK  
 \* Excessive/Inadequate  Excessive  Inadequate

\* Herbs, Supplements or Remedies  Yes  No

**8. Does your baby have access to dental care?**  Yes  No  N/A

**9. Does your baby have any dental problems?**  Yes  No  N/A  
 \* If yes, please select:  
 Gingivitis  
 Oral Condition which Impairs Eating (tooth loss/ineffectively replaced teeth/oral infections)  
 Periodontal Disease  
 Tooth Decay

**10. Is your baby ever in an enclosed area while someone is using tobacco products?**  Yes  No

Save Cancel Next

Question #7:

- **“What vitamins, minerals, supplements and if any, herbal supplements or home remedies do you currently offer (infant’s name)?”**
  - If yes, **“how many days a week?”**
  - If no supplement & intake is less than 32oz/day of vitamin D fortified formula, select ‘Inadequate’ to generate risk. Refer to *risk 411.11* for specific criteria (Vitamin D and Fluoride) and *NPS: Documenting in WIC MIS*.

Question #8 -#9: (Consider the infant’s age)

Complete questions listed on the screen and probe further as needed.

Question #10:

- **“Is (infant’s name) ever in an enclosed area with someone who is using tobacco products? Such as at home, daycare, or in a vehicle?”**

I-WIC Nutrition screen – Infant (3 pages)

**1. In addition to breast milk and/or formula, do you routinely give your baby any other beverages?**

- Low iron formula
- 100% Fruit juice
- Cow's milk
- Substitute milk (rice, soy, nut)
- Canned evaporated or sweetened condensed milk
- None of the above
- Water
- Sugar sweetened drinks
- Goat/sheep's milk
- Homemade mixtures/non-dairy creamer
- Other

**2. How do you prepare and handle breast milk or formula?**  Sanitary  Unsanitary  N/A

**3. How do you mix the formula?**  Diluted correctly  Diluted incorrectly  N/A

**4. How do you store the formula or breast milk?**  Stored correctly  Stored incorrectly  N/A

**5. Does your baby:**

- Fall asleep/go to bed with a bottle
- Use a bottle that is propped when feeding
- Carry around and drink from a covered or training cup
- Use a bottle without restriction (e.g., walking around) or as a pacifier
- Use a bottle that has other foods (cereal, sweeteners or other solids) added to it
- Routinely use a bottle to drink liquids other than breast milk, formula, or water (such as fruit juice, soda, sweetened tea, etc.)
- None of the above

Follow the question prompts and ask further probing questions as needed. Adjust questions based on breastmilk and/or formula.

Question #1- #4:

- If breastfeeding: **“Please share what you do if you express or pump your breastmilk, what do you put it in, how and where do you store it and for how long?”**
- If formula feeding: **“Please share what formula you are offering (powder, liquid?) Walk me through your process when preparing the bottles- from cleaning bottles and nipples to how you mix and store the formula?”**

Question #5: may need to review choices to ask age-appropriate questions

- **“Tell me when do you offer the bottle, how is it usually offered and how frequently?”**
- For older infants **“Does (infant’s name) carry around the bottle and drink it as needed? Is anything offered in the bottle besides formula or breastmilk currently?”**

Possible affirmations/reflections on the parent/caregiver’s feeding:

- **“You are doing a great job and following safe feeding practices for (infant’s name)!”**
- **“You are confident in feeding your baby- you got this!”**

**6. What does your baby use to eat or drink?**

- Breast
- Bottle
- Cup
- Cup with lid
- Spoon fed
- Spoon/fork
- Fingers
- Tube fed

**7. Does your baby follow a special diet?**

- Diabetic
- High calorie
- High protein/low carb
- Kosher
- Lacto-ovo
- Lactose free/restricted
- Low calorie
- Low cholesterol
- Low fat
- Low salt/sodium
- Macrobiotic
- PKU
- Vegan
- Vegetarian
- Weight loss
- None of the above
- Other

**8. At what age did your baby start any foods or beverages other than breast milk or formula?**

- Before 6 months
- 6 months or older
- Unknown
- N/A

**9. Does your baby eat these foods every day?**

- \* Fruit**  Yes  No  N/A
- \* Vegetables**  Yes  No  N/A
- \* Whole grains**  Yes  No  N/A

Follow the question prompts and ask further probing questions as needed. Consider the infant’s age and developmental readiness (WIC offers infant foods at 6 months).

Question #6 - #9 Ask questions such as:

- **“What is used to feed (infant’s name); breastfeeding, bottles, any cups, spoons or hand-feedings happening using fingers?”**
- **“Is your baby following any special diet? Are you or anyone in the home on a special diet that affects what you might offer the baby?”**
- **“At what age did you start (infant’s name) on any other food or beverage other than breastmilk or formula?”**
- **“Would you say (infant’s name) eats the following foods daily; fruits, vegetables and whole grains such as infant cereal, whole wheat toast squares, or dry cereal like Cheerios?”**

## I-WIC Nutrition screen – Infant (3 pages)

**10. Does your baby eat raw, undercooked or unpasteurized foods?**

Honey  Milk unpasteurized  Deli meats/hot dogs not steaming  
 Soft cheese  Juice unpasteurized  Meat/poultry/eggs raw/undercooked  
 Sprouts raw  Fish high in mercury  Fish/shellfish raw/undercooked/smoked  
 Donor human milk acquired directly from individuals or the Internet  
 No  N/A

**11. How often do you sit together and have a meal as a family?**

All of the time  Most of the time  Sometimes  Rarely  Never

**12. Are there any other feeding concerns, such as the Parent/Caretaker:**

Does not allow baby to self-feed  
 Ignores hunger cues  
 Feeds foods of inappropriate consistency, size or shape  
 Feeds foods of inappropriate texture based on developmental stage  
 Follows a rigid feeding schedule  
 None of the above

**13. Do you have access to a refrigerator and stove/hot plate?**  Yes  No

**14. Is your baby sometimes hungry because there is not enough money to buy food or formula?**

Yes  No

**15. Was mom on WIC during the pregnancy?**  Yes  No, would have been eligible  No

Follow the question prompts and ask further probing questions as needed.

Question #10-11”

- **“Tell me about your typical mealtimes/feeding routines for the baby.”**

Question #12:

- **“How does the baby show you they are hungry and full?”**
- **“Tell me what you are offering and how often?”**

Question #13-14:

- **“To determine which WIC formula/foods may be best to offer you, do you currently have access to refrigeration and a stove or hot plate?”**
- **“Would you say there are times when (infant’s name) is hungry, and you just don’t have the money to buy formula or food?”**

- Possible food assistance referral

Question #15:

- **“Please remind me, were you on WIC during this pregnancy?”**
- If not, refer to *USDA risk 701* (infant must be less than 6 months).

## I-WIC Nutrition Risk screen – Infant

Cert Start Date	Date	Detailed Description	Staff	Source	Note
1/20/2023	1/20/2023	411.11[4] - Routinely Not Providi...	JESSICA.G...	SYSTEM	
1/20/2023	1/20/2023	701[2] - Infant (0 - 6 months) of...	JESSICA.G...	SYSTEM	
1/20/2023	1/20/2023	904[1] - Environmental Tobacco ...	JESSICA.G...	SYSTEM	
1/20/2023	1/20/2023	411.02[4] - Routinely Using Nurs...	JESSICA.G...	SYSTEM	
1/20/2023	1/20/2023	411.04[4] - Feeding Practices tha...	JESSICA.G...	SYSTEM	
1/20/2023	1/20/2023	121[1] - Short Stature or At Risk...	JESSICA.G...	SYSTEM	
1/20/2023	1/20/2023	153[1] - Large for Gestational Ag...	JESSICA.G...	SYSTEM	
1/20/2023	1/20/2023	362[1] - Developmental, Sensory...	JESSICA.G...	SYSTEM	
1/20/2023	1/20/2023	114[1] - Overweight or At Risk fo...	JESSICA.G...	SYSTEM	

Review the Nutrition Risk screen to confirm all risks generated/appropriately assigned:

- Inappropriate risk(s) - select the row with the risk and click the ‘Reason’ button to display a pop-up box showing the screen/ question that generated the risk. Return to that screen to correct, if needed.
- Click ‘Risk Help’ button to open/view the Illinois I-WIC Nutrition Risk Criteria document, as needed
- If applicable, only risk that can be added manually:
  - 903 Foster Care – If Infant transitioned into foster care or moved from one foster care home to another in the past 6 months.
- 2. If no risks, infants 4-12 months, Presumptive Eligibility risk 428 will auto-assign. Document in note field risk clarification per *NPS Documenting in WIC MIS*.

If participant is high risk (red heart icon):

- Refer to *IWIC Appointment Types* and WIC policy regarding High-Risk follow-up.
- CPAAs must refer high risk participants per *PPS Guidelines for Referrals for CPA Assistants*.

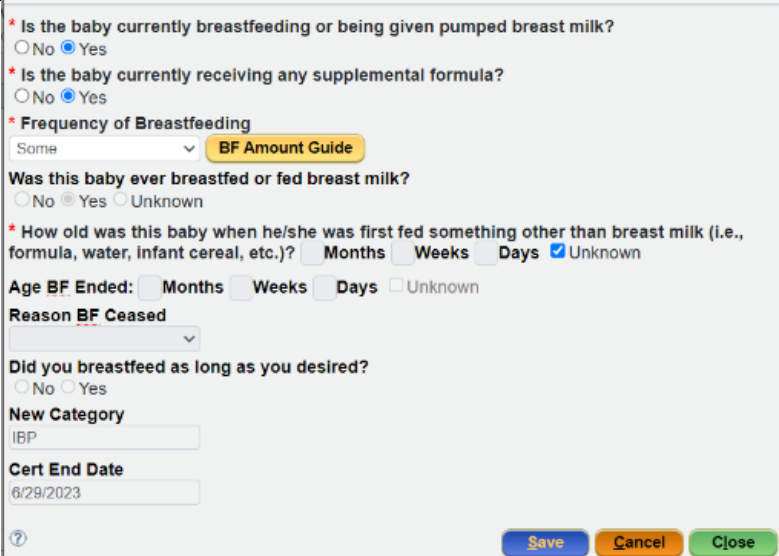
Follow the “Guided Script” in WIC MIS for the remaining screens needed to complete the certification. Transition from assessment to Nutrition Services:

- Summarize key points from the assessment.
- Highlight participant concerns and reflect motivation to change.
- Transition to education and collaborate on goal setting.

Refer to *PPS: WIC Program Explanation (WPE)*.

## WIC Assessment Guide: Children (C1, C2, C3, C4)

This guidance was designed to support CPA/CPA Assistant (CPAA) in using a participant-centered (PC) approach and ensure all applicable risk factors are assigned during the category specific WIC Assessment. It also reviews I-WIC screens to assist staff in understanding that some questions collect specific data, while others should be asked in a way that engages the head of household in conversation, rather than reading each question verbatim off the screen. This guidance is intended to be used in conjunction with the addenda *IWIC Flow Sheets* (IL WIC PM CS 11.1) and *NPS Counseling Approach* (IL WIC PM NE 4.1).

Setting the Stage and Explaining the WIC Visit	
<ul style="list-style-type: none"> <li>• Open the conversation by introducing yourself and explaining the purpose of the visit:                             <ul style="list-style-type: none"> <li>○ <b>“Thank you for bringing (child’s name) to WIC Today! This visit will take about ( __ minutes). Throughout your participation in WIC, we will ask questions and gather information to get a better understanding of your family’s overall nutrition practices and lifestyle. We will begin by completing a nutrition assessment, which includes collecting measurements to plot your child’s growth and screen the parent’s weight status; we will also check the iron in the blood and discuss your child’s eating and physical activity habits. Afterwards, we can talk about some ideas for (child’s name) to continue growing healthy, how to use the WIC foods and if there are any resources that may benefit your family in the community. Would it be ok if we start by taking some measurements?”</b> (if applicable to clinic flow)</li> </ul> </li> <li>• Possible starters to continue the conversation:                             <ul style="list-style-type: none"> <li>○ <b>“Tell me how you feel about how (Child’s name) is eating and what WIC can help you with today?”</b></li> <li>○ <b>“Last time you were here, you talked about (prior goal or secondary education topic), how is that going?”</b></li> </ul> </li> </ul>	
IWIC Cert Action screen- Child	
	<p>Follow the question prompts and ask further probing questions as needed.</p> <p>Upon completing the Cert Action screen, the Breastfeeding Status pop-up box will appear. Completing this is required for a C1.</p> <p>Refer to the <i>NPS: Breastfeeding</i> for guidance on completing this screen.</p>

## IWIC Lab Screen – Child (3 Tabs)

**Anthropometric Data**

Non-WIC	Antenna Date	Act. Age	AGA	Wt	Ht	BMI	WHI/ Age	WHI/ Age	WHI/ Ln	WHI/ Ln	7 Recs
<input type="checkbox"/>	10/28/2025	1 y, 3 m		22	30		N/A	N/A	56.79	21.53	75.55
<input type="checkbox"/>	07/04/2024	0 days		7	20		N/A	N/A	68.61	81.25	42.35

Birth Weight: 7 lbs, 10 oz  Unknown  
 Birth Length: 20 in  Unknown  
 Completed Weeks of Gestation: 39  Unknown  
 Weight Change: 14 lbs 6 oz  
 Height Change: 10 in  
 Time Interval: 1 y, 3 m

Follow the question prompts and ask further probing questions as needed.

### Infant/Child Height/Weight tab:

Add anthropometric data, per *Addendums Anthropometric Flow Sheet & IWIC Flow Sheets* and policy requirements.

- “When was (child’s name) measured last at the doctor’s office? Did they provide you with this information?”

Inform a few other questions then will review growth chart for Child:

- “Before we look at how these measurements plot on the growth chart, we have a few other questions to go over. Would that be alright?”

**Immunization**

Date	Immunization Status	Action	Notes

**Lead**

Date	Lead Test In Last 12 Months	Result	Action	Notes

**Hemoglobin/Hematocrit**

Date	Non-WIC Date	HGB	HCT	No Blood	Exemption Reasons	Notes

### Screenings tab:

Immunization Grid:

- “Do you have the child’s vaccination/shot records?” (Review Vaccination or I-Care record if available)

Lead Screening Grid (Consider the previously recorded data):

- “Has your child had a blood lead test in the past 12 months?”

Hemoglobin Grid (Consider the previously recorded data):

- “Has your child had a hemoglobin test?”

Data may be provided via referral data or collected on site per *IL WIC PM CS 6.3*.

**Boys**

Weight for age - Birth to 24 months  
CHILD ASSESSMENT GUIDES

Weight (pounds)

Age (Completed months)

Wt/Age  
Ht/Age  
Wt/ST

Recumbent measurements for children over two will not generate a risk.

+ Indicates No Risk assigned  
+ Indicates Risk assigned.

### Growth Chart tab:

Review and explain the age-appropriate growth chart(s)

Refer to *NPS Growth of Infants and Children* for guidance.

Engage the parent/caregiver in questions related to growth:

- “When did (child’s name) last go to the doctor’s office? What did they share?” if applicable, probe for any diagnosed growth-related medical conditions
- “Now that we’ve looked at your child’s growth chart, tell me how you’re feeling about your child’s growth.” (Health Assessment question #2: is it too slow, just right or too fast?)

Reflect on the parent/caregiver’s response:

- “You are happy with (child’s name) size for their age based on the growth chart.”

I-WIC Health screen – Child (2 pages)

**1. Do you have any questions or concerns about your child's:**

- Appetite  Health  Other
- Breastfeeding  Weight Gain/Growth
- Formula Intake  No Concerns

**2. How do you feel about your child's growth?**  Too slow  Just right  Too fast

**3. Parent present with BMI ≥ 30?**

- 3.1. Mother**  Yes  No  Not Present
- 3.2. Father**  Yes  No  Not Present

**4. Does your child have any health or medical issues?**  Yes  No

**5. Does your child regularly take any of the following medications?**  Yes  No

**6. Does your child have any food related allergies?**  Yes  No

**6.1. If yes, please select:**

- Milk (Lactose Intolerant)  Egg  Soy  Fish  Tree nuts
- Milk (Allergy)  Peanut  Wheat  Shellfish  Other

Question #1:

- “Some moms have questions about feeding, growing, or other questions related to children; before we move on, what questions do you have?”

Question # 2: If not already asked:

- “How do you feel about your child’s growth- is it too slow, just right or too fast?”

Question #3:

- “Most families have similar eating and activity habits, which impacts how their children grow, we have measurements for (child’s name)- having yours will help us know where your child may trend in the future. Using the chart, please find your height in inches, would you say your weight is higher or lower than the number listed?”
  - Assessment methods of a parent with BMI ≥ 30 vary (self-reported, measure ht/wt in clinic or using abbreviated BMI chart/table found in USDA Risk Manual, risk #114)
  - Foster parent- select ‘Not present’; if parent refuses- select ‘No’, document in note

Question #4 - #6:

- “Can you share if your child has any medical conditions, allergies, and/or currently taking any medications?” If yes, click on ‘Details’ and select the condition(s), mark medications and/or food allergies- other is an option, for those not listed. If applicable, probe for more information:
  - “Can you tell me more about what the doctor shared?”

**7. Does your child take any of the following?**

- 7.1. Vitamins/Minerals**  Yes  No  #/Wk
- 7.2. Excessive/Inadequate**  Excessive  Inadequate
- 7.3. Herbs, Supplements or Remedies**  Yes  No

**8. Does your child regularly eat any non-food items?**  Yes  No

**8.1. If yes, please select:**

- Ashes  Clay  Large amounts of ice
- Baby powder  Cornstarch  Other
- Baking Soda  Dirt

**9. Does your child have access to dental care?**  Yes  No  N/A

**10. Does your child have any dental problems?**  Yes  No  N/A

**10.1. If yes, please select:**

- Gingivitis
- Oral Condition which Impairs Eating (tooth loss/ineffectively replaced teeth/oral infections)
- Periodontal Disease
- Tooth Decay

**11. Is your child ever in an enclosed area while someone is using tobacco products?**  Yes  No

Question #7:

- “What vitamins, minerals, supplements and if any, herbal supplements or home remedies do you currently offer (child’s name)?”
  - If yes, “how many days a week?”
  - If no supplement & intake is less than 32 oz/day of vitamin D fortified milk, select ‘Inadequate’ to generate risk. Refer to *risk 425.08* for specific criteria (Vitamin D/Fluoride supplementation) and *NPS: Documenting in WIC MIS*.

Question #8:

- “Would you say that (child’s name) has or is eating any non-food items like baby powder, dirt, paint chips (refer to screen)?”

Question #9 - #10:

Complete questions listed on the screen and probe further as needed.

Question #11:

- “Is (child’s name) ever in an enclosed area while someone is using tobacco products? Such as at home, daycare, or in a vehicle?”

## I-WIC Nutrition screen – Child (3 pages)

Question #1-3:

Follow the question prompts and ask further probing questions as needed.

Question #4:

- “Would you say (child’s name) eats the following foods daily; fruits, vegetables and whole grains such as infant cereal, whole wheat toast squares, or dry cereal like Cheerios?”

Question #5:

- “Some foods can have hidden bacteria that can be harmful to young children. May I ask if your child eats any of these foods?”

Question #6 - #7:

- “Tell me more about what (child’s name) has to drink every day and what type of milk?”
  - Probe further to determine quantity of milk.

Refer to *risk 425.02*, risk will generate for daily intake of soda, fruit/sports drinks or sweet tea ('regularly' = routinely consuming sugar containing fluids).

Question#8 - #9

Follow the question prompts and ask further probing questions about behaviors associated with eating and drinking.

Follow the question prompts and ask further probing questions as needed

Question #10-13:

- “Tell me about mealtimes and how you feed (child’s name):”
  - “What times of the day do you feed (child’s name)?”
  - “What does (child’s name) do to let you know they are hungry / full?”
  - “Do you cut up or give (child’s name) smaller piece?”

Question #14-15:

- “Would you say there are times when (child’s name) is hungry, and you just don’t have the money to buy food?”
- “To determine which WIC foods may be best to offer you, do you currently have access to refrigeration and a stove/ hot plate?”
  - Possible food assistance referral

## I-WIC Nutrition Risk screen – Child

**Active Record**  
 NUTRITION ASSESSMENT, CHILD  
 Cat: C2 (female)  
 ID: 301 193 787  
 DOB: 11/1/2020  
 Age: 2 yrs, 10 mos  
 Cert: 11/29/22 - 11/28/23  
 BVT:  
 Status: Pending

**Scheduling Tasks**

**Guided Script**

- Household Info.
- Participant Info.
- Cert Action
- Lab
- Breastfeeding
- Health
- Nutrition
- Mid-Certification
- Nutrition Risk
- Nutrition Education
- Food Prescription
- Issue Benefits
- Referrals
- Schedule Appt
- Print Documents

**Notes and Alerts**

**Logoff**

DRS I-WIC EA  
LAWKOWIEC

**Nutrition Risk**

High Risk

Cert Start Date	Date	Detailed Description	Reason	Staff	Source	Note
11/29/2022	11/29/2022	425 02[5] - Routinely Feeding a ...	<input type="checkbox"/>	JESSICA.G.	SYSTEM	
11/29/2022	11/29/2022	353[3] - Food Allergies	<input type="checkbox"/>	JESSICA.G.	SYSTEM	
11/29/2022	11/29/2022	121[3] - Short Stature or At Risk...	<input type="checkbox"/>	JESSICA.G.	SYSTEM	
11/29/2022	11/29/2022	114[3] - Overweight or At Risk fo...	<input type="checkbox"/>	JESSICA.G.	SYSTEM	
11/29/2022	11/29/2022	113[3] - Obese	<input checked="" type="checkbox"/>	JESSICA.G.	SYSTEM	

**Add** **Remove**

**Reason** **Risk Help** **Save** **Cancel** **Next**

Review the Nutrition Risk screen to confirm all risks generated/appropriately assigned:

- Inappropriate risk(s) - select the row with the risk and click the 'Reason' button to display a pop-up box showing the screen/ question that generated the risk. Return to that screen to correct, if needed.
- Click 'Risk Help' button to open/view the Illinois I-WIC Nutrition Risk Criteria document, as needed
- If applicable, only risk that can be added manually:
  - 903 Foster Care – If child transitioned into foster care or moved from one foster care home to another in the past 6 months
- If no risks, the Presumptive Eligibility risk will assign:
  - 401 Failure to Meet Dietary Guidelines – If the child is  $\geq 2$  years of age
  - 428 Dietary Risk Associated with Complementary Feeding Practices – If the child is  $\geq 12$  months < 24 months of age

Document in note field risk clarification per *NPS Documenting in WIC MIS*.

If participant is high risk (red heart):

- Refer to *IWIC Appointment Types* and WIC policy regarding High-Risk follow-up.
- CPA Assistant's must refer high risk participants per *PPS Guidelines for Referrals for CPA Assistants*.

Follow the "Guided Script" in WIC MIS for the remaining screens needed to complete the certification. Transition from assessment to Nutrition Services:

- Summarize key points from the assessment.
- Highlight participant concerns and reflect motivation to change.
- Transition to education and collaborate on goal setting.

Refer to *PPS: WIC Program Explanation (WPE)*.