WIC in the Medical Home
Appendices

APPENDIX 1: PEDIATRIC OFFICE PRE AND POST SURVEY

Name of this practice:

_____ Newport Pediatrics & Adolescent Medicine _____ University Pediatrics

Your role in this practice:

____ Staff Pediatrician ____ Resident Pediatrician ____ Other Clinical Staff
____ Office Staff

Please indicate your honest opinions about the WIC program using the best information available to you, even if you have no direct connection with the areas addressed by some questions.

1. How important would you say the WIC program is to the health of participating children? Please circle one answer.

Not Important				Very Important
1	2	3	4	5

2. Please rate how well the WIC program coordinates its services with your pediatric practice, even if you do not have a direct connection with these areas. Circle one answer on each line.

	Poor Coordination				Excellent Coordination
a. early feeding guidance	1	2	3	4	5
b. clinical measurement	1	2	3	4	5
c. nutrition assessment	1	2	3	4	5
d. information for parents about their child's growth and development	1	2	3	4	5

3. Please indicate whether you think each of the following early feeding practices is promoted by the WIC program, not promoted by WIC, or if you are not sure.

	Promoted By WIC	Not Promoted By WIC	Not Sure
a. exclusive breastfeeding for first 6 months	1	2	3
b. solids delayed until 4-6 months	1	2	3

c. bottle-feeding of juices after 6 months	1	2	3
d. cereal fed in bottle after 4 months	1	2	3
e. no cow's milk until after 12 months	1	2	3
f. only whole cow's milk recommended during 12-24 months	1	2	3

4. Please give your personal opinions about the advantages or disadvantages of providing WIC services in your practice as part of well-child visits. Please indicate whether you agree or disagree with each of the following statements by circling a response on each line.

a. The program puts too much emphasis on nutrition in our practice. **Agree** **Disagree**

b. Clinicians receive more timely nutritional assessments. **Agree** **Disagree**

c. We have access to up-to-date nutrition education materials. **Agree** **Disagree**

d. Participating children give fewer blood samples. **Agree** **Disagree**

e. Providing WIC services in our office makes staff and families feel uncomfortable. **Agree** **Disagree**

f. Communications between WIC and pediatricians have improved. **Agree** **Disagree**

g. WIC services interfere with patient flow. **Agree** **Disagree**

h. Scheduling patients when WIC staff is available is difficult. **Agree** **Disagree**

i. Family privacy about their participation in WIC is a concern. **Agree** **Disagree**

j. Families are more likely to stay in the WIC program. **Agree** **Disagree**

k. It is helpful to have a nutrition expert on site. **Agree** **Disagree**

l. WIC advice on early feeding practices can differ from what our practice endorses. **Agree** **Disagree**

m. This program puts a significant burden on our staff. **Agree** **Disagree**

n. We do not have the space to house another service. **Agree** **Disagree**

o. It can be confusing to have WIC staff here only part-time. **Agree** **Disagree**

p. Changing patient records to conform to WIC needs is difficult. **Agree** **Disagree**

q. Families receive nutrition counseling more often. **Agree** **Disagree**

r. Families receive better coordinated nutrition messages. **Agree** **Disagree**

s. Differences in clinical measurement of the child have been reduced. **Agree** **Disagree**

t. Families have easier access to WIC food services. **Agree** **Disagree**

u. Families are less likely to miss WIC appointments. **Agree** **Disagree**

Please write other comments anywhere on the form.

Thanks for your help!

APPENDIX 2: WIC PARENT TELEPHONE SURVEY

[Log sheet with interviewee information and calling record]

[Initial greeting and procedure for identifying the correct person for this interview]

Hello, I'm _____ calling for the Vermont WIC program.

> [If caller wishes to verify sponsorship of survey, provide WIC toll-free number, then recall on a later day].

To help us improve WIC services, we'd like to ask a few questions about your experiences with the program. The questions will take about 12 minutes.

Your answers will not affect your participation in the WIC program in any way. Your name will not be connected with your answers and all of your answers will be confidential. We will only report the collected answers from large groups of people that we interview, and this information will be used only to improve WIC services.

You can decide to not answer any of the questions, or to not participate in this survey. Is it o.k. to go ahead with the first question?

> **If YES, skip to next page**.
>
> If Respondent does not wish to proceed:
>
> *Could we call back at another time*? YES ____ NO ____
>
> If R agrees to a call at another time, note preferred dates and times. Close the call with a thank you.
>
> If R does not wish to be called back, close the call with a thank you and note any reasons given for refusal

When answering these questions please think about WIC appointments you had in the past year, and please include any WIC appointments whether these were in a WIC clinic or somewhere else.

The first group of questions is about your opinion of the service provided by the WIC program.

[1. Perceived Access to WIC Services]

During the past year, how convenient has it been to get each of the following WIC services? Has it been… very inconvenient, fairly inconvenient, fairly convenient or very convenient to …?

a. schedule appointments	1	2	3	4
b. arrange food deliveries	1	2	3	4
c. get answers to your nutrition questions	1	2	3	4
d. get information about other programs and services for your child (e.g. childcare, car seats)	1	2	3	4

1 = very inconvenient / 2 = fairly inconvenient / 3 = fairly convenient / 4 = very convenient

[2. Satisfaction With WIC]

During your appointments, how often did the WIC staff …? Would you say they never, sometimes, usually, or always did this?

a. take time to understand the specific needs of your child	**1**	**2**	**3**	**4**
b. respect you as an expert about your child	**1**	**2**	**3**	**4**
c. build your confidence as a parent	**1**	**2**	**3**	**4**
d. help you feel like a partner in your child's care	**1**	**2**	**3**	**4**
e. ask about how you are feeling as a parent	**1**	**2**	**3**	**4**

1 = never / 2 = sometimes / 3 = usually / 4 = always

[3. Perceived Benefits of Recommended Feeding Practices]

The next group of questions is about feeding babies during their first year.

For each of the following, please say if you think it doesn't matter, or if you think it might be important, or is somewhat important, or is very important to the health of a baby.

a. Wait to introduce juice until baby can drink from a cup.	1	2	3	4
b. Avoid putting baby to sleep with a bottle.	1	2	3	4
c. Wait to start solids until baby is 4-6 months old.	1	2	3	4
d. Stop feeding baby when he signals he's full, even if some food is left.	1	2	3	4
e. Feed only breast milk for the first 4-6 months.	1	2	3	4
f. At 10 to 12 months, let baby begin to self feed.	1	2	3	4
g. Wait to start cow's milk until after first birthday.	1	2	3	4
h. Throw away any leftover formula or baby food after feeding.	1	2	3	4

1 = doesn't matter / 2 = might be important / 3 = somewhat important / 4 = very important

[4. Confidence in Implementing Recommended Practices]

These questions are about how hard or easy it is for parents to use different ways of feeding a baby.

For each of the following, please say if you think it is very hard, somewhat hard, somewhat easy, or very easy to use this way of feeding a baby.

a. Wait to introduce juice until baby can drink from a cup.	1	2	3	4
b. Avoid putting baby to sleep with a bottle.	1	2	3	4
c. Wait to start solids until baby is 4-6 months old.	1	2	3	4
d. Stop feeding baby when he signals he's full, even if some food is left.	1	2	3	4
e. Feed only breast milk for the first 4-6 months.	1	2	3	4
f. At 10 to 12 months, let baby begin to self feed.	1	2	3	4
g. Wait to start cow's milk until after first birthday.	1	2	3	4
h. Throw away any leftover formula or baby food after feeding.	1	2	3	4

1 = very hard / 2 = somewhat hard / 3 = somewhat easy / 4 = very easy

[5. Perceived Social Norms for Recommended Practices]

These questions ask for your best guess about how common these feeding practices are among families in your community. There are no right or wrong answers. Please make your best guess.

For……would you guess that in your community very few families, some families, a lot of families, or most families with babies feed them this way?

a. Wait to introduce juice until baby can drink from a cup.	1	2	3	4
b. Avoid putting baby to sleep with a bottle.	1	2	3	4
c. Wait to start solids until baby is 4-6 months old.	1	2	3	4
d. Stop feeding baby when he signals he's full, even if some food is left.	1	2	3	4
e. Feed only breast milk for the first 4-6 months.	1	2	3	4
f. At 10 to 12 months, let baby begin to self feed.	1	2	3	4
g. Wait to start cow's milk until after first birthday.	1	2	3	4
h. Throw away any leftover formula or baby food after feeding.	1	2	3	4

1 = very few families / 2 = some families /3 = a lot of families / 4 = most families

[6. Messages About Recommended Practices]

The last group of baby feeding questions asks whether you got advice about these feeding methods from WIC or from your baby's doctor during the past year.

You can just say yes or no for each one that I ask about.

Did you get advice about … from WIC? From your baby's doctor?

[If mother mentions hearing feeding behavior from both sources, from another source, doesn't remember hearing it, or never heard it, note response using codes 3, 4, 5 or 6 – do not give mom these choices verbally. If 1 and 2 are both yes, use code 3 and ask follow-up question, otherwise skip to next feeding practice.]

a. Wait to introduce juice until baby can drink from a cup. 1 2 [or 3 4 5 6]

.

1 =WIC nurse or nutritionist only / 2 =doctor only / 3 =both WIC nurse or nutritionist and doctor / 4 =heard unsure of source / 5 =don't remember / 6 =never heard

[If 3] Was the advice you got from WIC and from your baby's doctor about [feeding method] the same advice or different advice? **1 2 3 4**

1 = definitely different / 2 = somewhat different / 3 = generally same / 4 = exactly the same

b. Avoid putting baby to sleep with a bottle. 1 2 [or 3 4 5 6]

1 = WIC nurse or nutritionist only / 2 = doctor only / 3 = both WIC nurse or nutritionist and doctor / 4 = heard unsure of source / 5 = don't remember / 6 = never heard

[If 3] Was the advice you got from WIC and from your baby's doctor about [feeding method] the same advice or different advice? **1 2 3 4**

1 = definitely different / 2 = somewhat different / 3 = generally same / 4 = exactly the same

c. Wait to start solids until baby is 4-6 months old. **1 2 [or 3 4 5 6]**

1 = WIC nurse or nutritionist only / 2 = doctor only / 3 = both WIC nurse or nutritionist and doctor / 4 = heard unsure of source / 5 = don't remember / 6 = never heard

[If 3] Was the advice you got from WIC and from your baby's doctor about [feeding method] the same advice or different advice? **1 2 3 4**

1 = definitely different / 2 = somewhat different / 3 = generally same / 4 = exactly the same

d. Stop feeding baby when he signals he's full, even if some food is left. **1 2 [or 3 4 5 6]**

1 = WIC nurse or nutritionist only / 2 = doctor only / 3 = both WIC nurse or nutritionist and doctor / 4 = heard unsure of source / 5 = don't remember / 6 = never heard

[If 3] Was the advice you got from WIC and from your baby's doctor about [feeding method] the same advice or different advice? **1 2 3 4**

1 = definitely different / 2 = somewhat different / 3 = generally same / 4 = exactly the same

e. Feed only breast milk for the first 4-6 months. 1 2 [or 3 4 5 6]

1 = WIC nurse or nutritionist only / 2 = doctor only / 3 = both WIC nurse or nutritionist and doctor / 4 = heard unsure of source / 5 = don't remember / 6 = never heard

[If 3] Was the advice you got from WIC and from your baby's doctor about [feeding method] the same advice or different advice? **1 2 3 4**

1 = definitely different / 2 = somewhat different / 3 = generally same /4 = exactly the same

f. At 10 to 12 months, let baby begin to self feed. 1 2 [or 3 4 5 6]

1 =WIC nurse or nutritionist only / 2 =doctor only / 3 =both WIC nurse or nutritionist and doctor / 4 =heard unsure of source / 5 =don't remember / 6 =never heard

[If 3] Was the advice you got from WIC and from your baby's doctor about [feeding method] the same advice or different advice? **1 2 3 4**

1 = definitely different / 2 = somewhat different / 3 = generally same /4 = exactly the same

g. Wait to start cow's milk until after first birthday. 1 2 [or 3 4 5 6]

1 =WIC nurse or nutritionist only / 2 =doctor only / 3 =both WIC nurse or nutritionist and doctor / 4 =heard unsure of source / 5 =don't remember / 6 =never heard

[If 3] Was the advice you got from WIC and from your baby's doctor about [feeding method] the same advice or different advice? **1 2 3 4**

1 = definitely different / 2 = somewhat different / 3 = generally same /4 = exactly the same

h. Throw away any leftover formula or baby food after feeding. **1 2 [or 3 4 5 6]**

1 =WIC nurse or nutritionist only / 2 =doctor only / 3 =both WIC nurse or nutritionist and doctor / 4 =heard unsure of source / 5 =don't remember / 6 =never heard

[If 3] Was the advice you got from WIC and from your baby's doctor about [feeding method] the same advice or different advice? **1 2 3 4**

1 = definitely different / 2 = somewhat different / 3 = generally same /4 = exactly the same

[**Descriptors and Closing]**

I have just a couple of more questions for you.

7. How many children do you have? _____

8. [**ONLY IF Q7 > 1**] What is the age of your oldest child? _____

My last two questions are about your age and education. We need this information so that we can describe the entire group of people who are interviewed for this survey.

9. Please tell me what year you were born in:_____

10. What is the highest grade or year of school you completed?

[Read only if necessary]

a. __ Never attended school or only attended kindergarten
b. __ Grades 1-8 (elementary)
c. __ Grades 9-11 (some high school)
d. __ Grade 12 or GED (high school graduate)
e. __ College 1-3 years (some college or technical school)
f. __ College four years or more (college graduate)

Thank you very much. That is the end of my questions.

If you have any other comments or suggestions about this survey or about the WIC program, I'd be happy to include them with the other information.

[If hesitant, assure R that names are not included with comments or other information]

[Note comments or if R offered none]

We appreciate your help. Thanks for your time and attention. Goodbye.

[note any unusual circumstances]

APPENDIX 3: PEDIATRIC PRACTICE ASSESSMENT

1. What is the size of your practice? How many births annually? How many children under five?
2. What percent of your caseload is on Medicaid? On WIC?
3. Are you interested in providing coordinated services?
4. How many well child visits are scheduled each day? What time of day are they scheduled? How much time is allotted for each visit? How much time is spent with nurse? How much time is spent with Pediatrician? How many providers practice each day?
5. What drives your current visit schedule? (Ex. Periodicity schedule, Bright Futures, other?)
6. Describe the nutrition content of well child visits from 2 days to 2 years. Describe the frequency of visits.
7. How are appointments scheduled? What type of scheduling system do you use? Is your scheduling software able to be updated to add the nutritionist as a provider? What are your business hours?
8. What do you use for growth charts? Do you have standard procedures for obtaining weight, length, and height, and head circumference?
9. Does your practice do lead/hgb tests?
10. In your opinion, what are the key issues facing families with young children in your practice?
11. What do you see as the opportunities and challenges of what we are envisioning?
12. What do you see as WIC's strengths? What makes WIC marketable to you?

APPENDIX 4: MEMORANDUM OF UNDERSTANDING (MOU)

This is an agreement between _____, hereinafter referred to as "_____", and The Vermont Department of Health, Burlington District Office, hereinafter referred to as "BDO".

I. Background

Between October 2003 and September 2005, the Vermont Department of Health WIC Program and _____ staff collaborated under a USDA WIC Special Project Grant titled "WIC in the Medical Home :Improving Early Feeding Practices". During the grant period, WIC nutritionists were co-located with medical staff at _____to deliver WIC nutrition services as a part of the periodic health supervision (HS) visit for children ages birth to 2 years. At the end of the grant period, all parties expressed a strong commitment to continue the collaboration, based on both process data and anecdotal evidence.

II. Purpose and Scope

The purpose of this MOU is to identify the roles and responsibilities of each party as they relate to the continued provision of WIC nutrition services by the BDO to eligible patients of _____, now that the above grant has ended.

III. _____: Responsibilities under This MOU

- Provide space in the pediatric practice for joint visits by BDO nutrition staff.
- Provide on-site parking for BDO nutritionists.
- Collaborate with WIC staff to develop scheduling systems that will maximize use of the nutritionists' time and fill their appointment slots efficiently.
- Allow BDO nutritionists confidential access to the _____patient schedules and medical records on a need-to- know basis.
- Collaborate with WIC staff to create age-specific encounter forms that include enhanced nutrition education.
- Assume translator costs for joint visits where a medical appointment has been scheduled.
- Participate in meetings with BDO staff as needed.
- Participate in the planning and conducting of training of both WIC and pediatric staff.
- Comply with WIC confidentiality protocols.

IV. BDO: Responsibilities Under This MOU

- Provide _____with WIC nutrition staff two mornings per week.
- Provide nutritionist consultation services to _____clinical staff outside of WIC participants as time allows.
- Provide _____with WIC-approved nutrition education materials at the request of _____staff.
- Collaborate with _____staff to develop scheduling systems that will maximize use of the nutritionists' time and fill their appointment slots efficiently.

- Assist _____in identifying children due for HS visits that have not scheduled in a timely manner.
- Collaborate with _____staff to create age-specific encounter forms that include enhanced nutrition education.
- Participate in meetings with _____staff as needed.
- Participate in the planning and conducting of training of both WIC and pediatric staff.
- Comply with _____confidentiality protocols.

V. Modification/Termination
It is understood and agreed that either party may reasonably modify or terminate their responsibilities after discussion in a timely manner with the other party.

VI. Funding
It is understood and agreed that this MOU does not include any reimbursement or exchange of funds between the two parties.

VII. Effective Date and Signatures
This MOU shall be effective upon the signature of the two parties.

_____ _____
Signature Date Signature Date

APPENDIX 5: SCHEDULING INSTRUCTIONS FOR PEDIATRIC PRACTICES

Combined WIC and Well-Child Appointments

1. Please screen all newborns to see if the family is getting WIC *or* would like to apply. If YES:
   - Please schedule a combined WIC/Health Supervision appointment for the 2 week visit. Consult the MD and WIC nutritionist schedules to ensure that both are available.
2. For all patients newborn to 18 months:
   - At check-out, please ask parents if they need a WIC appointment at their next well-child visit. (They will have been instructed to ask for a combined appointment at check-out, but sometimes they forget to ask!).
   - Please schedule a combined WIC/Health Supervision appointment for the appropriate visit. Consult the MD and WIC nutritionist schedules to ensure that both are available.
   - Please remind families to bring their insurance card and completed WIC paperwork to the visit.
3. If someone needs a combined WIC/Well-child appt and you **can't** schedule them at a time when WIC is available:
   - Please leave a note or voice message for the WIC nutritionists with the patient's name and date and time of medical appointment.
   - WIC will follow-up with that family.
   - This applies to the newborns, as well as the older babies

APPENDIX 6: WIC REMINDER TICKET

Instructions:

- WIC nutritionist fills out top portion and gives this reminder to parent;
- Parent gives to pediatric scheduler at check-out;
- Scheduler fills out bottom and returns to WIC nutritionist.

Please schedule my next appointment jointly with WIC.

Patient name_____

Age_____

_____

Joint appt scheduled ___y

Date / Time joint appt _____

Joint appt scheduled ___n

Date / Time medical only appt_____

APPENDIX 7: NUTRITION EDUCATION FLOW SHEETS

Two Week – One Month Visit
Two Month Visit
Four Month Visit
Six Month Visit
Nine Month Visit
Twelve Month Visit
Fifteen Month Visit
Eighteen Month Visit
Twenty-Four Month Visit

WIC in the Medical Home
2 Week to 1 Month Visit

Date:_____ Type of Visit: Well WIC Group F/U Other _____
Health Care Provider: _____
Child's Name:_____DOB:_____Town:_____
Mother (or Head of Household):_____ DOB: _____

Assessment / History				Today's Measurements	Anticipatory Guidance
Birth Wt: Ln: Gestational Age: (wks)				Infant's Age: Weight:	Desired Outcomes: Baby breast feeds or bottle feeds successfully. Family responds to baby's hunger/satiety cues.
Type/Amount of Feeding:				Length: HC:	Breastfeeding: Hunger & Satiety Cues:
85a	Breastmilk, Fe Formula	Y	N	Wt/Ln%:	Sleep:
78	Frequent Breastfeedings	Y	N	Mother (BF/PP):	Back to Sleep:
85b	No Cow's Milk	Y	N	Weight:	Work/School Plans:
85c	Delay Solids	Y	N	Height:	Appropriate Use of Bottles:
85g	No Solids in Bottle	Y	N	BMI:	Appropriate Nutrition:
85r	Appropriate Feeding Schedule	Y	N	Hgb:	Readiness for Solids:
87a	Approp Liquids in Bottle	Y	N	Preg Weight Gain:	Growth Spurts/Disorganized Behavior Temperament:
85d	Proper Formula Dilution	Y	N	Prepreg Weight:	
85s	Proper Sanitation	Y	N	**WIC Cert Codes:**	Age-Appropriate Play:
Other Information:				Mother: Infant:	Vitamin D Other:

WIC			IZ's	Educational Materials	
	Income	Food Packages:	Hep B		Feeding Guide 0-8 Mo
	Identity/Residency	Breastpump			Breastfeeding Basics
	Rights/Responsibilities				Working & Breastfeeding You Can Do It
	Healthy Babies, Kids, and Families N Y [S I]				Bottle Feeding Your Baby
Participant Plan					HT Powder Formula
Child:					Growing Up Healthy Y/N
Mother:					
VDH Certifier Name and Title:					

Guidelines

I. Purpose

- To document health and nutritional status, record anthropometric measurements, and to determine WIC program eligibility for children.
- To identify inadequate child diet and inappropriate feeding practices as defined for the WIC special grant project "WIC in the Medical Care Home";
- To assist in providing nutrition and health education;
- To document nutrition education contact; and
- To communicate between WIC program and primary care providers.

II. When to Use

Complete flow sheet for the well child visit at the primary healthcare provider's office (also known as the child's "medical home"), closest to the age described, at which WIC certification and /or nutrition education are provided.

III. Instructions for Completion

The form is to be completed by Vermont Department of Health (VDH) staff, serving as the WIC certifier and/or nutrition educator, at the time of the child's well child visit with their primary healthcare provider. For joint well child and WIC certification visits, the mother or of household will have completed the WIC application and the VDH Health and Nutrition Screening Form, which will be reviewed with them by VDH staff.

LINE 1: Enter date of today's visit, and circle the type of visit: **Well**- well child visit with enhanced nutrition education; **WIC**- WIC certification visit; **Group**- attendance at a class; **F/U**- follow up visit independent of certification or regular well-child visit; **Other**- situations not described above.

Enter the health care provider's name.

LINE 2: Enter the child's name, date of birth and town of residence

LINE 3: Enter the mother's or head of household's name and date of birth

Assessment and History Section

Enter the infant's birth weight and birth length. Enter gestational age if pre-term, or mark as full-term.

Type/Amount of Feeding: brief notation of frequency, type and amounts of foods consumed (i.e. breastfed 10 times/day, or 6 oz. Fe formula q4h)

The following list specifically targets inappropriate feeding practices as described in the WIC special projects grant. Circle Y for yes or N for no. A No indicates an inappropriate feeding practice and a point for nutrition education. The alpha-numeric codes refer to specific WIC eligibility criteria.

- Breastmilk, Fe (iron) formula - infant is fed breastmilk and/or iron fortified formula as primary source of nutrients during first 6 months.
- Frequent breastfeedings- fully breastfed infant is receiving at least 8 feedings in 24 hours when less than two months of age

- No cow's milk- infant is not being fed whole, low-fat, reduced fat, skim, or non-fat milk (fresh, canned, evaporated, or sweetened condensed), or any recipes containing these products as the primary source of milk before the first birthday.
- Delay Solids- infant is not being fed solid foods before four months of age
- No solids in bottle - infant is not being fed cereal or other solids via bottle
- Appropriate feeding schedule- infant is not being fed on a highly restrictive or infrequent schedule; infant is not being force-fed
- Appropriate liquids in bottle - bottle feedings limited only to breast milk, formula, or appropriate amounts of plain water
- Proper formula dilution – parents are following recommended or specifically prescribed formula dilution (no routine over dilution or under dilution of formula)
- Proper Sanitation – parents are using safe and appropriate formula preparation, handling and sanitation techniques in preparing bottles, such as washing equipment with soap and hot water; and discarding any unused portion of feeding in bottle
- Other Information--Note any other pertinent information discussed.

Today's Measurements Section

For the day of the medical care home visit, record **child**'s age (in months), weight, length, head circumference (HC) and weight for length (as indicated on the NCHS growth chart).

For breastfeeding **Mother**- If certification visit, circle BF (breastfeeding) or PP (postpartum-not breastfeeding). Record today's weight, height (may be verbal report), and Body Mass Index (BMI). Record hemoglobin (Hgb) if available as well as pregnancy weight gain and prepregnancy weight as reported by the mother.

WIC Cert Codes Section

List all applicable eligibility criteria for WIC certification for infant and mother in respective spaces.

Anticipatory Guidance Section

Desired Outcomes: Baby breast feeds or bottle feeds successfully. Family responds to baby's hunger and satiety cues.

- Breastfeeding- Breastfeeding is the preferred method of feeding for the first year or beyond, with exclusive breastfeeding for the first six months. Vitamin D supplementation is recommended for breastfed infants, and formula fed infants consuming less than 500 ml of vitamin D-fortified formula per day. The risk of Vitamin D deficiency and consequent rickets in breastfed infants is greater for mothers who are vitamin D deficient and infants not exposed to adequate sunlight, particularly as skin pigmentation increases. Current recommendations state that a supplement of 200 IU per day should begin within the first two months of life. Families should discuss this with their pediatrician.
- Hunger and satiety cues- Infants should be fed when they are hungry, and until they seem full. Feed at the early signs of hunger, rather than waiting until baby is actively agitated. Signs of hunger include hand to mouth activity, rooting, and fussing, whereas fullness or satiety may be expressed by turning the head, closing the mouth, or showing interest in other things Discuss nutritive and non-nutritive sucking, and identifying non-hunger cries, as well as techniques to address crying other than feeding.

- Sleep- Babies sleep frequently between feedings; some may be sleeping for an extended period at night. Co-sleeping with mother may prompt more small "comfort" feedings.
- Back to sleep- Positioning babies on their back for sleep reduces the risk of SIDS. Firm bedding is important; sleeping on soft bedding, such as a couch, increases the risk of SIDS, as does co-sleeping with siblings.
- Work/school plans –Breastfeeding mothers planning to return to work or school can express and store breast milk for their babies. A back to work plan with family, employer and child care provider is helpful. Breastpumps are available through WIC.
- Appropriate use of bottles- Babies and children are at risk for baby bottle tooth decay if put to bed with a bottle. Parents and caregivers should hold their infant while feeding so that they can identify hunger and satiety cues, and promote trust and security. Family and caregivers should not prop bottles. Babies should be fed only breastmilk, iron-fortified infant formula or appropriate amounts of plain water in the bottle.
- Appropriate nutrition- Breastfeeding is ideal for the entire first year; if formula fed, iron fortified formula should be continued for the first year. Excessive water, caffeine-containing beverages, and foods with either high sugar or high fat foods dull the appetite for nutrient rich foods. Honey should be avoided as it contains botulism spores which can seriously affect infants.
- Readiness for solids - Discuss developmental readiness for solid food as evidenced by the infant's ability to sit with support and to have good head and neck control, etc. Explain to parents that offering cereal in a bottle will deprive the baby of later opportunities to develop self-feeding skills and self-regulate food intake properly.
- Growth spurts, temperament- There are predictable times in their baby's development when her behavior will seem to fall apart. Typically, these periods of disorganization precede a spurt in some area of development. Normal infant development is an ongoing cycle of spurts followed by regressions. Infants may get overloaded with stimuli and fuss as a result, most likely towards the end of the day.
- Age appropriate play- Physical activity is important right from birth. Parents should give babies tummy time every day on a safe, clean surface.
- Other- Note any other pertinent information discussed.

WIC Section
Complete checklist. Assess need for breast pump according to VDH guidelines.

IZ Section - denotes immunizations given at visit.

Educational Materials - Check those distributed at this visit.

Participant Plan Section
For both child and mother, note any pertinent information and assessment from visit and a nutrition education plan.

The form is signed by the VDH WIC certifier/nutrition educator completing the form.

IV. Filing

Three copies: one is filed in the patient medical record at the primary healthcare provider's office, one copy is filed in the child's VDH chart, and one copy is maintained at the project office.
In addition, the WIC 106 form is opened, and all pertinent information entered, including project enrollment. For non-certification visits, any new information such as measurements or eligibility criteria changes is entered, as well as enrollment in the project.

WIC in the Medical Home

2 Month Visit

Date:_____ Type of Visit: Well WIC Group F/U Other _____

Health Care Provider: _____

Child's Name:_____DOB:_____Town:_____

Mother (or Head of Household):_____ DOB: _____

Assessment / History				Today's Measurements	Anticipatory Guidance
Birth Wt: Ln: Gestational Age: (wks)				Infant's Age: Weight:	Desired Outcomes: Baby bonds with parents and develops a sense of trust. Family acquires a sense of competence in meeting baby's needs.
Type/Amount of Feeding:				Length: HC:	Breastfeeding (including Vit D): Hunger & Satiety Cues:
85a	Breastmilk, Fe Formula	Y	N	Wt/Ln%:	Sleep:
78	Frequent Breastfeedings	Y	N	Mother (BF/PP):	Back to Sleep:
85b	No Cow's Milk	Y	N	Weight:	Work/School Plans:
85c	Delay Solids	Y	N	Height:	Appropriate Use of Bottles:
85g	No Solids in Bottle	Y	N	BMI:	Appropriate Nutrition:
85r	Appropriate Feeding Schedule	Y	N	Hgb:	Readiness for Solids:
87a	Appropriate Liquids in Bottle	Y	N	Preg Weight Gain:	Distractibility/Disorganized Behavior/
85d	Proper Formula Dilution	Y	N	Prepreg Weight:	Temperament:
85s	Proper Sanitation	Y	N	WIC Cert Codes:	Age-Appropriate Play:
Other Information:				Mother: Infant:	Other:

WIC				IZ's	Educational Materials	
	Income	Food Packages:		Hep B		Feeding Guide 0 - 8 Mo
	Identity/Residency		Breastpump	DtaP		Breastfeeding Basics
	Rights/Responsibilities			Hib IPV PCV		Working & Breastfeeding You Can Do It
	Healthy Babies, Kids, and Families N Y [S I]					Bottle Feeding Your Baby
Participant Plan						HT Powder Formula
Child:						After You Deliver
Mother:						Playing w/ Your Baby
VDH Certifier Name and Title:						

Guidelines

I. Purpose

- To document health and nutritional status, record anthropometric measurements, and to determine WIC program eligibility for children.
- To identify inadequate child diet and inappropriate feeding practices as defined for the WIC special grant project "WIC in the Medical Care Home";
- To assist in providing nutrition and health education;
- To document nutrition education contact; and
- To communicate between WIC program and primary care providers.

II. When to Use

Complete flow sheet for the well child visit at the primary healthcare provider's office (also known as the child's "medical home"), closest to the age described, at which WIC certification and /or nutrition education are provided.

III. Instructions for Completion

The form is to be completed by Vermont Department of Health (VDH) staff, serving as the WIC certifier and/or nutrition educator, at the time of the child's well child visit with their primary healthcare provider. For joint well child and WIC certification visits, the mother or of household will have completed the WIC application and the VDH Health and Nutrition Screening Form, which will be reviewed with them by VDH staff.

LINE 1: Enter date of today's visit, and circle the type of visit: **Well**- well child visit with enhanced nutrition education; **WIC**- WIC certification visit; **Group**- attendance at a class; **F/U**- follow up visit independent of certification or regular well-child visit; **Other**- situations not described above.

Enter the health care provider's name.

LINE 2: Enter the child's name, date of birth and town of residence

LINE 3: Enter the mother's or head of household's name and date of birth

Assessment and History Section

Enter the infant's birth weight and birth length. Enter gestational age if pre-term, or mark as full-term.

Type/Amount of Feeding: brief notation of frequency, type and amounts of foods consumed (i.e. breastfed 10 times/day, or 6 oz. Fe formula q4h)

The following list specifically targets inappropriate feeding practices as described in the WIC special projects grant. Circle Y for yes or N for no. A No indicates an inappropriate feeding practice and a point for nutrition education. The alpha-numeric codes refer to specific WIC eligibility criteria.

- Breastmilk, Fe (iron) formula - infant is fed breastmilk and/or iron fortified formula as primary source of nutrients during first 6 months.

- Frequent breastfeedings- fully breastfed infant is receiving at least 6 feedings in 24 hours when two months of age or older (8 feedings in 24 hours when less than two months of age)
- No cow's milk- infant is not being fed whole, low-fat, reduced fat, skim, or non-fat milk (fresh, canned, evaporated, or sweetened condensed), or any recipes containing these products as the primary source of milk before the first birthday.
- Delay Solids- infant is not being fed solid foods before four months of age
- No solids in bottle - infant is not being fed cereal or other solids via bottle
- Appropriate feeding schedule- infant is not being fed on a highly restrictive or infrequent schedule; infant is not being force-fed
- Appropriate liquids in bottle - bottle feedings limited only to breast milk, formula, or appropriate amounts of plain water
- Proper formula dilution – parents are following recommended or specifically prescribed formula dilution (no routine over dilution or under dilution of formula)
- Proper Sanitation – parents are using safe and appropriate formula preparation, handling and sanitation techniques in preparing bottles, such as washing equipment with soap and hot water; and discarding any unused portion of feeding in bottle
- Other Information--Note any other pertinent information discussed.

Today's Measurements Section

For the day of the medical care home visit, record **child**'s age (in months), weight, length, head circumference (HC) and weight for length (as indicated on the NCHS growth chart).

For breastfeeding **Mother**- If certification visit, circle BF (breastfeeding) or PP (postpartum-not breastfeeding). Record today's weight, height (may be verbal report), and Body Mass Index (BMI). Record hemoglobin (Hgb) if available as well as pregnancy weight gain and pre-pregnancy weight as reported by the mother.

WIC Cert Codes Section

List all applicable eligibility criteria for WIC certification for infant and mother in respective spaces.

Anticipatory Guidance Section

Desired Outcomes: Baby bonds with parents and develops a sense of trust. Family acquires a sense of competence in meeting baby's needs.

- Breastfeeding- Breastfeeding is the preferred method of feeding for the first year or beyond, with exclusive breastfeeding for the first six months. Feeding frequency changes with the introduction of solids. Vitamin D supplementation is recommended for breastfed infants, and formula fed infants consuming less than 500 ml of vitamin D-fortified formula per day. The risk of Vitamin D deficiency and consequent rickets in breastfed infants is greater for mothers who are vitamin D deficient and infants not exposed to adequate sunlight, particularly as skin pigmentation increases. Current recommendations state that a supplement of 200 IU per day should begin within the first two months of life. Families should discuss this with their pediatrician.
- Hunger and satiety cues- Infants should be fed when they are hungry, and until they seem full. Feed at the early signs of hunger, rather than waiting until baby is actively agitated. Signs of hunger include hand to mouth activity, rooting, and fussing, whereas fullness or satiety may be expressed by turning the head, closing the mouth, or showing interest in other things Discuss nutritive and non-nutritive

sucking, and identifying non-hunger cries, as well as techniques to address crying other than feeding.

- Sleep- Babies continue to sleep frequently between feedings; some may be sleeping for an extended period at night. Co-sleeping with mother may prompt more small "comfort" feedings.
- Back to sleep- Positioning babies on their back for sleep reduces the risk of SIDS. Firm bedding is important; sleeping on soft bedding, such as a couch, increases the risk of SIDS, as does co-sleeping with siblings.
- Work/school plans –Breastfeeding mothers planning to return to work or school can express and store breast milk for their babies. A back to work plan with family, employer and child care provider is helpful. Breastpumps are available through WIC.
- Appropriate use of bottles- Babies and children are at risk for baby bottle tooth decay if put to bed with a bottle. Parents and caregivers should hold their infant while feeding so that they can identify hunger and satiety cues, and promote trust and security. Family and caregivers should not prop bottles. Babies should be fed only breastmilk, iron-fortified infant formula or appropriate amounts of plain water in the bottle.
- Appropriate nutrition- Breastfeeding is ideal for the entire first year; if formula fed, iron fortified formula should be continued for the first year. Excessive water, caffeine-containing beverages, and foods with either high sugar or high fat foods dull the appetite for nutrient rich foods. Honey should be avoided as it contains botulism spores which can seriously affect infants.
- Readiness for solids - Discuss developmental readiness for solid food as evidenced by the infant's ability to sit with support and to have good head and neck control, etc. Explain to parents that offering cereal in a bottle will deprive the baby of later opportunities to develop self-feeding skills and self-regulate food intake properly.
- Distractibility, Disorganized Behavior, Temperament - There are predictable times in their baby's development when her behavior will seem to fall apart. Typically, these periods of disorganization precede a spurt in some area of development. Normal infant development is an ongoing cycle of spurts followed by regressions. Infants may get overloaded with stimuli and fuss as a result, most likely towards the end of the day.
- Age appropriate play- Physical activity is important right from birth. Parents should give babies tummy time every day on a safe, clean, blanketed floor.
- Vitamin D -
- Other - Note any other pertinent information discussed.

WIC Section

Complete checklist. Assess need for breast pump according to VDH guidelines.

IZ Section - denotes immunizations given at visit.

Educational Materials - Check those distributed at this visit.

Participant Plan Section

For both child and mother, note any pertinent information and assessment from visit and a nutrition education plan.

The form is signed by the VDH WIC certifier/nutrition educator completing the form.

IV. Filing

Three copies: one is filed in the patient medical record at the primary healthcare provider's office, one copy is filed in the child's VDH chart, and one copy is maintained at the project office.

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WIC in the Medical Home

4 Month Visit

Date:_____ Type of Visit: Well WIC Group F/U Other _____

Health Care Provider: _____

Child's Name:_____DOB:_____Town:_____

Mother (or Head of Household):_____ DOB: _____

Assessment / History				Today's Measurements	Anticipatory Guidance
Birth Wt: Ln: Gestational Age: (wks)				Infant's Age: Weight:	Desired Outcomes: Baby grows and develops at an appropriate rate and solids are not introduced before baby is developmentally ready. Family makes eye contact with and talks to baby during feedings.
Type/Amount of Feeding:				Length: HC:	Hunger & Satiety Cues: Breastfeeding (including Vit D):
85a	Breastmilk, Fe Formula	Y	N	Wt/Ln%:	Sleep:
78	Frequent Breastfeedings	Y	N	Mother (BF/PP):	Back to Sleep:
85b	No Cow's Milk	Y	N	Weight:	Work/School Plans:
85g	No Solids in Bottle	Y	N	Height:	Appropriate Use of Bottles:
85r	Appropriate Feeding Schedule	Y	N	BMI:	Appropriate Nutrition:
87a	Appropriate Liquids in Bottle	Y	N	Hgb:	Readiness for Solids:
87b	No Bottle to Bed	Y	N	Preg Weight Gain:	Feeding Skills Development:
87d	No Bottle Propping	Y	N	Prepreg Weight:	Growth Spurts/Disorganized Behavior/Temperament:
85d	Proper Formula Dilution	Y	N	**WIC Cert Codes:**	
85s	Proper Sanitation	Y	N	Mother:	Age-Appropriate Play:
Other Information:				Infant:	Other:

WIC			IZ's	Educational Materials	
	Income	Food Packages:	Hep B		Feeding Guide 0 - 8 Mo
	Identity/Residency	Breastpump	DtaP		Breastfeeding Basics
	Rights/Responsibilities		Hib IPV PCV		Working & Breastfeeding You Can Do It
	Healthy Babies, Kids, and Families N Y [S I]				Bottle Feeding Your Baby
Participant Plan					HT Powder Formula
Child:					After You Deliver
Mother:					Playing w/ Your Baby
VDH Certifier Name and Title:					

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- To assist in providing nutrition and health education;
- To document nutrition education contact; and
- To communicate between WIC program and primary care providers.

II. When to Use

Complete flow sheet for the well child visit at the primary healthcare provider's office (also known as the child's "medical home"), closest to the age described, at which WIC certification and /or nutrition education are provided.

III. Instructions for Completion

The form is to be completed by Vermont Department of Health (VDH) staff, serving as the WIC certifier and/or nutrition educator, at the time of the child's well child visit with their primary healthcare provider. For joint well child and WIC certification visits, the mother or of household will have completed the WIC application and the VDH Health and Nutrition Screening Form, which will be reviewed with them by VDH staff.

LINE 1: Enter date of today's visit, and circle the type of visit: **Well**- well child visit with enhanced nutrition education; **WIC**- WIC certification visit; **Group**- attendance at a class; **F/U**- follow up visit independent of certification or regular well-child visit; **Other**- situations not described above.

Enter the health care provider's name.

LINE 2: Enter the child's name, date of birth and town of residence

LINE 3: Enter the mother's or head of household's name and date of birth

Assessment and History Section

Enter the infant's birth weight and birth length. Enter gestational age if pre-term, or mark as full-term.

Type/Amount of Feeding: brief notation of frequency, type and amounts of foods consumed (i.e. breastfed 10 times/day, or 6 oz. Fe formula q4h)

The following list specifically targets inappropriate feeding practices as described in the WIC special projects grant. Circle Y for yes or N for no. A No indicates an inappropriate feeding practice and a point for nutrition education. The alpha-numeric codes refer to specific WIC eligibility criteria.

- Breastmilk, Fe (iron) formula - infant is fed breastmilk and/or iron fortified formula as primary source of nutrients during first 6 months.
- Frequent breastfeedings- fully breastfed infant is receiving at least 6 feedings in 24 hours when two months of age or older

- No cow's milk- infant is not being fed whole, low-fat, reduced fat, skim, or non-fat milk (fresh, canned, evaporated, or sweetened condensed), or any recipes containing these products as the primary source of milk before the first birthday.
- No solids in bottle - infant is not being fed cereal or other solids via bottle
- Appropriate feeding schedule- infant is not being fed on a highly restrictive or infrequent schedule; infant is not being force-fed
- Appropriate liquids in bottle - bottle feedings limited only to breast milk, formula, or appropriate amounts of plain water
- No Bottle to Bed - infant is not put to bed with a bottle, or allowed to sleep with bottle in mouth such that cariogenic liquid components reside in the oral cavity for an extended period.
- No Bottle Propping- infant is held during bottle feedings
- Proper formula dilution – parents are following recommended or specifically prescribed formula dilution (no routine over dilution or under dilution of formula)
- Proper Sanitation – parents are using safe and appropriate formula preparation, handling and sanitation techniques in preparing bottles, such as washing equipment with soap and hot water; and discarding any unused portion of feeding in bottle
- Other Information--Note any other pertinent information discussed.

Today's Measurements Section

For the day of the medical care home visit, record **child**'s age (in months), weight, length, head circumference (HC) and weight for length (as indicated on the NCHS growth chart).

For breastfeeding **Mother**- If certification visit, circle BF (breastfeeding) or PP (postpartum-not breastfeeding). Record today's weight, height (may be verbal report), and Body Mass Index (BMI). Record hemoglobin (Hgb) if available as well as pregnancy weight gain and prepregnancy weight as reported by the mother.

WIC Cert Codes Section

List all applicable eligibility criteria for WIC certification for infant and mother in respective spaces.

Anticipatory Guidance Section

Desired Outcomes: Baby grows and develops at an appropriate rate and solids are not introduced before baby is developmentally ready. Family makes eye contact with and talks to baby during feedings.

- Hunger and satiety cues- Infants should be fed when they are hungry, and until they seem full. Feed at the early signs of hunger, rather than waiting until baby is actively agitated. Signs of hunger include hand to mouth activity, rooting, and fussing, whereas fullness or satiety may be expressed by turning the head, closing the mouth, or showing interest in other things Discuss nutritive and non-nutritive sucking, and identifying non-hunger cries, as well as techniques to address crying other than feeding.
- Breastfeeding- Breastfeeding is the preferred method of feeding for the first year or beyond, with exclusive breastfeeding for the first six months. Feeding frequency changes with the introduction of solids. Vitamin D supplementation is recommended for breastfed infants, and formula fed infants consuming less than 500 ml of vitamin D-fortified formula per day. The risk of Vitamin D deficiency and consequent rickets in breastfed infants is greater for mothers who are vitamin D deficient and infants not exposed to adequate sunlight, particularly as skin

pigmentation increases. Current recommendations state that a supplement of 200 IU per day should begin within the first two months of life. Families should discuss this with their pediatrician.

- Sleep- Babies continue to sleep frequently between feedings; some may be sleeping for an extended period at night. Co-sleeping with mother may prompt more small "comfort" feedings.
- Back to sleep- Positioning babies on their back for sleep reduces the risk of SIDS. Firm bedding is important; sleeping on soft bedding, such as a couch, increases the risk of SIDS, as does co-sleeping with siblings.
- Work/school plans –Breastfeeding mothers planning to return to work or school can express and store breast milk for their babies. A back to work plan with family, employer and child care provider is helpful. Breastpumps are available through WIC.
- Appropriate use of bottles- Babies and children are at risk for baby bottle tooth decay if put to bed with a bottle. Parents and caregivers should hold their infant while feeding so that they can identify hunger and satiety cues, and promote trust and security. Family and caregivers should not prop bottles. Babies should be fed only breastmilk, iron-fortified infant formula or appropriate amounts of plain water in the bottle.
- Appropriate nutrition- Breastfeeding is ideal for the entire first year; if formula fed, iron fortified formula should be continued for the first year. Excessive water, caffeine-containing beverages, and foods with either high sugar or high fat foods dull the appetite for nutrient rich foods. Honey should be avoided as it contains botulism spores which can seriously affect infants.
- Readiness for solids - Discuss developmental readiness for solid food as evidenced by the infant's ability to sit with support and to have good head and neck control, etc. Explain to parents that offering cereal in a bottle will deprive the baby of later opportunities to develop self-feeding skills and self-regulate food intake properly.
- Feeding Skills Development- When an infant can sit with support and has good head and neck control, advise parents to use a spoon when offering foods, and place infant in a sitting position for feedings. When the palmar grasp is evident, encourage parents to offer foods for self feeding, such as teething biscuits, pizza crusts.
- Growth spurts, temperament- There are predictable times in their baby's development when her behavior will seem to fall apart. Typically, these periods of disorganization precede a spurt in some area of development. Normal infant development is an ongoing cycle of spurts followed by regressions. Infants may get overloaded with stimuli and fuss as a result, most likely towards the end of the day.
- Age appropriate play- Physical activity is important right from birth. Parents should give babies tummy time every day on a safe, clean, blanketed floor.
- Other- Note any other pertinent information discussed.

WIC Section
Complete checklist. Assess need for breast pump according to VDH guidelines.

IZ Section - denotes immunizations given at visit.

Educational Materials - Check those distributed at this visit.

Participant Plan Section

For both child and mother, note any pertinent information and assessment from visit and a nutrition education plan.

The form is signed by the VDH WIC certifier/nutrition educator completing the form.

IV. Filing

Three copies: one is filed in the patient medical record at the primary healthcare provider's office, one copy is filed in the child's VDH chart, and one copy is maintained at the project office.

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WIC in the Medical Home

6 Month Visit

Date:_____ Type of Visit: Well WIC Group F/U Other _____

Health Care Provider: _____

Child's Name:_____DOB:_____Town:_____

Mother (or Head of Household):_____ DOB: _____

Assessment / History				Today's Measurements	Anticipatory Guidance
Birth Wt: Ln: Gestational Age: (wks)				Infant's Age: Weight:	Desired Outcomes: Baby enjoys eating. Family provides a pleasant eating environment. Breastfeeding:
Type/Amount of Feeding:				Length:	Hunger & Satiety Cues:
85a	Breastmilk, Fe Formula	Y	N	HC:	Vit/Fe/Fl Supplements:
85b	No Cow's Milk	Y	N	Wt/Ln%:	Sleep:
85g	No Solids in Bottle	Y	N	Breastfeeding Mother	Back to Sleep:
85m	Addt'l Iron Source if Breastfeeding	Y	N	Weight:	Work/School Plans:
85n	App. Nutrient-dense Foods	Y	N	Height:	Appropriate Use of Bottles:
85h	Not feeding choking hazard foods	Y	N	BMI:	Appropriate Nutrition:
85r	Approp Feeding Schedule	Y	N	Hgb:	Making Baby Food:
87a	Appropriate Liquids in Bottle	Y	N	Preg Weight Gain:	Feeding Skills Development:
87b	No Bottles to Bed	Y	N	Prepreg Weight:	Feeding as Social Interaction:
87c	Not Using Bottle as Pacifier	Y	N	**WIC Cert Codes:**	Age-Appropriate Play:
87d	No Bottle Propping	Y	N	Mother:	Other:
Other Info:				Infant:	

WIC			IZ's	Educational Materials	
	Income	Food Packages:	Hep B		Working & Breastfeeding You Can Do It
	Identity/Residency	Breastpump	DtaP		Feeding Guide 0 –8 mos
	Rights/Responsibilities		Hib IPV PCV		Feeding Guide 9 - 12 Mo
	Healthy Babies, Kids, and Families N Y [S I]				Making Your Own Baby Food
Participant Plan					HT Powder Formula
Child:					Playing w/ Your Baby
Mother:					
VDH Certifier Name and Title:					

Guidelines

I. Purpose

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- To document nutrition education contact; and
- To communicate between WIC program and primary care providers.

II. When to Use

Complete flow sheet for the well child visit at the primary healthcare provider's office (also known as the child's "medical home"), closest to the age described, at which WIC certification and /or nutrition education are provided.

III. Instructions for Completion

The form is to be completed by Vermont Department of Health (VDH) staff, serving as the WIC certifier and/or nutrition educator, at the time of the child's well child visit with their primary healthcare provider. For joint well child and WIC certification visits, the mother or of household will have completed the WIC application and the VDH Health and Nutrition Screening Form, which will be reviewed with them by VDH staff.

LINE 1: Enter date of today's visit, and circle the type of visit: Well- well child visit with enhanced nutrition education; WIC- WIC certification visit; Group- attendance at a class; F/U- follow up visit independent of certification or regular well-child visit; Other- situations not described above.

Enter the health care provider's name.

LINE 2: Enter the child's name, date of birth and town of residence

LINE 3: Enter the mother's or head of household's name and date of birth

Assessment and History Section

Enter the infant's birth weight and birth length. Enter gestational age if pre-term, or mark as full-term.

Type/Amount of Feeding: brief notation of frequency, type and amounts of foods consumed (i.e. breastfed 10 times/day, or 6 oz. Fe formula q4h)

The following list specifically targets inappropriate feeding practices as described in the WIC special projects grant. Circle Y for yes or N for no. A No indicates an inappropriate feeding practice and a point for nutrition education. The alpha-numeric codes refer to specific WIC eligibility criteria.

- Breastmilk, Fe (iron) formula - infant is fed breastmilk and/or iron fortified formula as primary source of nutrients during first 6 months.

- No cow's milk- infant is not being fed whole, low-fat, reduced fat, skim, or non-fat milk (fresh, canned, evaporated, or sweetened condensed), or any recipes containing these products as the primary source of milk before the first birthday.
- No solids in bottle - infant is not being fed cereal or other solids via bottle
- Additional Iron source if Breastfeeding - – breast fed infants are offered iron fortified foods, such as infant cereal.
- Appropriate nutrient dense foods- not routinely consuming foods low in essential nutrients and high in calories, or caffeine containing beverages that replace or are in addition to age appropriate nutrient dense foods. No excessive water intake.
- Not feeding choking hazard foods - feeding foods of an appropriate consistency, size, and shape so as to avoid the risk of choking Appropriate feeding practices includes using a spoon to introduce and feed solids, allowing to finger feed, no solids in bottle
- Appropriate feeding schedule- infant is not being fed on a highly restrictive or infrequent schedule; infant is not being force-fed
- Appropriate liquids in bottle - bottle feedings limited only to breast milk, formula, or appropriate amounts of plain water
- No Bottle to Bed - infant is not put to bed with a bottle, or allowed to sleep with bottle in mouth such that cariogenic liquid components reside in the oral cavity for an extended period.
- Not Using Bottle as a Pacifier- infant is not allowed to use bottle to meet non-nutritive sucking needs
- No Bottle Propping- infant is held during bottle feedings
- Other Information--Note any other pertinent information discussed.

Today's Measurements Section

For the day of the medical care home visit, record **child**'s age (in months), weight, length, head circumference (HC) and weight for length (as indicated on the NCHS growth chart).

For breastfeeding **Mother**- If certification visit, circle BF (breastfeeding) or PP (postpartum-not breastfeeding). Record today's weight, height (may be verbal report), and Body Mass Index (BMI). Record hemoglobin (Hgb) if available as well as pregnancy weight gain and prepregnancy weight as reported by the mother.

WIC Cert Codes Section

List all applicable eligibility criteria for WIC certification for infant and mother in respective spaces.

Anticipatory Guidance Section

Desired Outcomes: Baby enjoys eating. Family provides a pleasant eating environment.

- Breastfeeding- Breastfeeding is the preferred method of feeding for the first year. Feeding frequency changes with the introduction of solids. Provide information on local breastfeeding support resources.
- Hunger and satiety cues- Infants should be fed when they are hungry, and until they seem full. Feed at the early signs of hunger, rather than waiting until baby is actively agitated. Signs of hunger include hand to mouth activity, rooting, and fussing, whereas fullness or satiety may be expressed by turning the head, closing the mouth, or showing interest in other things Discuss nutritive and non-nutritive sucking, and identifying non-hunger cries, as well as techniques to address crying other than feeding.

- Vitamin/Iron/Fluoride Supplements: Fluoride supplements are indicated if the family has a non-fluoridated water supply. Vitamin D supplementation is recommended for breastfed infants, and formula fed infants consuming less than 500 ml of vitamin D-fortified formula per day. The risk of Vitamin D deficiency and consequent rickets in breastfed infants is greater for mothers who are vitamin D deficient and infants not exposed to adequate sunlight, particularly as skin pigmentation increases. Current recommendations state that a supplement of 200 IU per day should begin within the first two months of life. Families should discuss this with their pediatrician. Other vitamin and mineral supplements are not indicated.
- Sleep- - Babies continue to nap between feedings; some may be sleeping for an extended period at night. Co-sleeping with mother may prompt more small "comfort" nursings. Babies may begin to wake more at night as they enter a stage of accelerated gross motor development, a phenomenon unrelated to a need for food.
- Back to sleep- Positioning babies on their back for sleep reduces the risk of SIDS. Firm bedding is important; sleeping on soft bedding, such as a couch, increases the risk of SIDS, as does co-sleeping with siblings.
- Work/school plans –Breastfeeding mothers planning to return to work or school can express and store breast milk for their babies. A back to work plan with family, employer and child care provider is helpful. Breastpumps are available through WIC.
- Appropriate use of bottles- Babies and children are at risk for baby bottle tooth decay if put to bed with a bottle. Parents and caregivers should hold their infant while feeding so that they can identify hunger and satiety cues, and promote trust and security. Family and caregivers should not prop bottles. Babies should be fed only breastmilk, iron-fortified infant formula or appropriate amounts of plain water in the bottle.
- Appropriate nutrition- Breastfeeding is ideal for the entire first year; if formula fed, iron fortified formula should be continued for the first year. Excessive water, caffeine-containing beverages, and foods with either high sugar or high fat foods dull the appetite for nutrient rich foods. Honey should be avoided as it contains botulism spores which can seriously affect infants.
- Making Baby Food- Table foods can be modified for infant use by pureeing, grinding, mashing, mincing, and similar methods. The texture can be advanced as the infant progresses from gumming foods to chewing.
- Feeding Skills Development- When an infant can sit with support and has good head and neck control, parents should place infant in a sitting position for feedings and offer foods using a spoon. When the palmar grasp is evident, babies should be offered foods for self feeding, such as teething biscuits and pizza crusts. When the pincer grasp is evident, dry cereal pieces and other finger foods should be offered. Infant should be encouraged to drink from a cup with assistance.
- Feeding as Social Interaction: When feeding, the prompt response to an infant's cues of hunger and satiation facilitates healthy social and emotional development, further enhanced as the infant becomes part of the family circle at meal times.
- Age appropriate play- Physical activity is important right from birth. Babies should be included in family play, and allowed time on a clean floor to practice movements such as rolling and creeping.
- Other- Note any other pertinent information discussed.

WIC Section
Complete checklist. Assess need for breast pump according to VDH guidelines.

IZ Section - denote immunizations given at visit.

Educational Materials - Check those distributed at this visit.

Participant Plan Section
For both child and mother, note any pertinent information and assessment from visit and a nutrition education plan.

The form is signed by the VDH WIC certifier/nutrition educator completing the form.

IV. Filing

Three copies: one is filed in the patient medical record at the primary healthcare provider's office, one copy is filed in the child's VDH chart, and one copy is maintained at the project office.

In addition, the WIC 106 form is opened, and all pertinent information entered, including project enrollment. For non-certification visits, any new information such as measurements or eligibility criteria changes are entered, as well as enrollment in the project.

WIC in the Medical Home

9 Month Visit

Date:_____ **Type of Visit: Well WIC Group F/U Other** _____

Health Care Provider: _____

Child's Name:_____ **DOB:**_____ **Town:**_____

Mother (or Head of Household):_____ **DOB:** _____

Assessment / History				Today's Measurements	Anticipatory Guidance
Birth Wt: Ln: Gestational Age: (wks)				Infant's Age: Weight:	Desired Outcomes: Baby consumes a variety of foods to support healthy growth and development. Family understands the importance of role-modeling healthy eating behaviors.
Type/Amount of Feeding:				Length: HC:	Breastfeeding: Hunger & Satiety Cues:
85a	Breastmilk, Fe Formula	Y	N	Wt/Ln%:	Vit/Fe/Fl Supplements:
85b	No Cow's Milk	Y	N	Breastfeeding Mother	Sleep:
85g	No Solids in Bottle	Y	N	Weight:	Back to Sleep:
85m	Additional Iron Source	Y	N	Height:	Work/School Plans:
85n	Approp. Nutrient-dense Foods	Y	N	BMI:	Appropriate Use of Bottles:
85p	Less than 10 oz. Full-strength juice	Y	N		
85h	Not feeding choking hazard foods	Y	N	Hgb:	Appropriate Nutrition:
85r	Appropriate Feeding Schedule	Y	N	Preg Weight Gain:	Using Table Foods:
87a	Appropriate Liquids in Bottle	Y	N	Prepreg Weight:	Feeding Skills Development:
87b	No Bottles to Bed	Y	N	**WIC Cert Codes:**	Feeding as Social Interaction:
87c	No Unrestricted Bottle Use	Y	N	Mother:	Age-Appropriate Play:
Other Info:				Infant:	Other:

WIC			IZ's	Educational Materials	
	Income	Food Packages:	Hep B		Feeding Guide 9-12 Mo
	Identity/Residency	Breastpump	DtaP		Making Own Baby Food
	Rights/Responsibilities		Hib IPV PCV		Playing w/ Your Baby
	Healthy Babies, Kids and Families N Y [S I]				

Participant Plan	
Child:	
Mother:	
VDH Certifier Name and Title:	

Guidelines

I. Purpose

- To document health and nutritional status, record anthropometric measurements, and to determine WIC program eligibility for children.
- To identify inadequate child diet and inappropriate feeding practices as defined for the WIC special grant project "WIC in the Medical Care Home";
- To assist in providing nutrition and health education;
- To document nutrition education contact; and
- To communicate between WIC program and primary care providers.

II. When to Use

Complete flow sheet for the well child visit at the primary healthcare provider's office (also known as the child's "medical home"), closest to the age described, at which WIC certification and /or nutrition education are provided.

III. Instructions for Completion

The form is to be completed by Vermont Department of Health (VDH) staff, serving as the WIC certifier and/or nutrition educator, at the time of the child's well child visit with their primary healthcare provider. For joint well child and WIC certification visits, the mother or of household will have completed the WIC application and the VDH Health and Nutrition Screening Form, which will be reviewed with them by VDH staff.

LINE 1: Enter date of today's visit, and circle the type of visit: **Well**- well child visit with enhanced nutrition education; **WIC**- WIC certification visit; **Group**- attendance at a class; **F/U**- follow up visit independent of certification or regular well-child visit; **Other**- situations not described above.

Enter the health care provider's name.

LINE 2: Enter the child's name, date of birth and town of residence

LINE 3: Enter the mother's or head of household's name and date of birth

Assessment and History Section

Enter the infant's birth weight and birth length. Enter gestational age if pre-term, or mark as full-term.

Type/Amount of Feeding: brief notation of frequency, type and amounts of foods consumed (i.e. breastfed 10 times/day, or 6 oz. Fe formula q4h)

The following list specifically targets inappropriate feeding practices as described in the WIC special projects grant. Circle Y for yes or N for no. A No indicates an inappropriate feeding practice and a point for nutrition education. The alpha-numeric codes refer to specific WIC eligibility criteria.

- Breastmilk, Fe (iron) formula - infant is fed breastmilk and/or iron fortified formula as primary source of nutrients during first 6 months.

- No cow's milk- infant is not being fed whole, low-fat, reduced fat, skim, or non-fat milk (fresh, canned, evaporated, or sweetened condensed), or any recipes containing these products as the primary source of milk before the first birthday.
- No solids in bottle - infant is not being fed cereal or other solids via bottle
- Additional Iron source if Breastfeeding - – breast fed infants are offered iron fortified foods, such as infant cereal.
- Appropriate nutrient dense foods- not routinely consuming foods low in essential nutrients and high in calories, or caffeine containing beverages that replace or are in addition to age appropriate nutrient dense foods. No excessive water intake.
- Less than 10 oz. Full Strength Juice – 10 oz or more constitutes excessive juice intake
- Not feeding choking hazard foods - feeding foods of an appropriate consistency, size, and shape so as to avoid the risk of choking Appropriate feeding practices includes using a spoon to introduce and feed solids, allowing to finger feed, no solids in bottle
- Appropriate feeding schedule- infant is not being fed on a highly restrictive or infrequent schedule; infant is not being force-fed
- Appropriate liquids in bottle - bottle feedings limited only to breast milk, formula, or appropriate amounts of plain water
- No Bottle to Bed - infant is not put to bed with a bottle, or allowed to sleep with bottle in mouth such that cariogenic liquid components reside in the oral cavity for an extended period
- No Unrestricted Bottle Use:- bottle used solely for feeding, and taken from infant when feeding complete or bottle empty.
- Other Information--Note any other pertinent information discussed.

Today's Measurements Section

For the day of the medical care home visit, record **child**'s age (in months), weight, length, head circumference (HC) and weight for length (as indicated on the NCHS growth chart).

For breastfeeding **Mother**- If certification visit, circle BF (breastfeeding). Record today's weight, height (may be verbal report), and Body Mass Index (BMI). Record hemoglobin (Hgb) if available as well as pregnancy weight gain and prepregnancy weight as reported by the mother.

WIC Cert Codes Section

List all applicable eligibility criteria for WIC certification for infant and mother in respective spaces.

Anticipatory Guidance Section

Desired Outcomes: Baby consumes a variety of foods to support healthy growth and development. Family understands the importance of role-modeling healthy eating behaviors.

- Breastfeeding- Breastfeeding is the preferred method of feeding for the first year. Feeding frequency changes with the introduction of solids. Provide information on local breastfeeding support resources.
- Hunger and satiety cues- Infants should be fed when they are hungry, and until they seem full. Feed at the early signs of hunger, rather than waiting until baby is actively agitated. Signs of hunger include hand to mouth activity, rooting, and fussing, whereas fullness or satiety may be expressed by turning the head, closing

the mouth, or showing interest in other things Discuss nutritive and non-nutritive sucking, and identifying non-hunger cries, as well as techniques to address crying other than feeding.

- Vitamin/Iron/Fluoride Supplements: Fluoride supplements are indicated if the family has a non-fluoridated water supply. Vitamin D supplementation is recommended for breastfed infants, and formula fed infants consuming less than 500 ml of vitamin D-fortified formula per day. The risk of Vitamin D deficiency and consequent rickets in breastfed infants is greater for mothers who are vitamin D deficient and infants not exposed to adequate sunlight, particularly as skin pigmentation increases. Current recommendations state that a supplement of 200 IU per day should begin within the first two months of life. Families should discuss this with their pediatrician. Other vitamin and mineral supplements are not indicated.
- Sleep- Babies may begin to wake more at night as they enter a stage of accelerated gross motor development, a phenomenon unrelated to a need for food.
- Back to sleep- Positioning babies on their back for sleep reduces the risk of SIDS. Firm bedding is important; sleeping on soft bedding, such as a couch, increases the risk of SIDS, as does co-sleeping with siblings.
- Work/school plans –Breastfeeding mothers planning to return to work or school can express and store breast milk for their babies. A back to work plan with family, employer and child care provider is helpful. Breastpumps are available through WIC.
- Appropriate use of bottles- Babies and children are at risk for baby bottle tooth decay if put to bed with a bottle. Parents and caregivers should hold their infant while feeding so that they can identify hunger and satiety cues, and promote trust and security. Family and caregivers should not prop bottles. Babies should be fed only breastmilk, iron-fortified infant formula or appropriate amounts of plain water in the bottle.
- Appropriate nutrition- Breastfeeding is ideal for the entire first year; if formula fed, iron fortified formula should be continued for the first year. Excessive water, caffeine-containing beverages, and foods with either high sugar or high fat foods dull the appetite for nutrient rich foods. Honey should be avoided as it contains botulism spores which can seriously affect infants.
- Using Table Foods- Table foods can be modified for infant use by pureeing, grinding, mashing, mincing, and similar methods. The texture can be advanced as the infant progresses from gumming foods to chewing.
- Feeding Skills Development- When an infant can sit with support and has good head and neck control, parents should place infant in a sitting position for feedings and offer foods using a spoon. When the palmar grasp is evident, babies should be offered foods for self feeding, such as teething biscuits and pizza crusts. When the pincer grasp is evident, dry cereal pieces and other finger foods should be offered. Infant should be encouraged to drink from a cup with assistance.
- Feeding as Social Interaction: When feeding, the prompt response to an infant's cues of hunger and satiation facilitates healthy social and emotional development, further enhanced as the infant becomes part of the family circle at meal times.
- Age appropriate play- Physical activity is important right from birth. Babies should be included in family play, and allowed time on a clean floor to practice crawling.
- Other- Note any other pertinent information discussed.

WIC Section

Complete checklist. Assess need for breast pump according to VDH guidelines.

IZ Section- denotes immunizations given at visit.

Educational Materials - Check those distributed at this visit.

Participant Plan Section
For both child and mother, note any pertinent information and assessment from visit and a nutrition education plan. The form is signed by the VDH WIC certifier/nutrition educator completing the form.

IV. Filing

Three copies: one is filed in the patient medical record at the primary healthcare provider's office, one copy is filed in the child's VDH chart, and one copy is maintained at the project office. In addition, the WIC 106 form is opened, and all pertinent information entered, including project enrollment. For non-certification visits, any new information such as measurements or eligibility criteria changes are entered, as well as enrollment in the project.

WIC in the Medical Home

12 Month Visit

Date:_____ **Type of Visit: Well WIC Group F/U Other** _____

Health Care Provider: _____

Child's Name:_____DOB:_____Town:_____

Mother (or Head of Household):_____ **DOB:** _____

Assessment / History				Today's Measurements	Anticipatory Guidance
Birth Wt:				Child's Age:	Desired Outcomes: Child increases the variety of foods eaten. Family understands the importance of modifying foods for the child to make them easier and safer to eat.
Current Diet:				Weight:	
				Length:	Feeding Relationship/ Division of Responsibility:
89a	Age Appropriate Juice/Day	Y	N	HC:	
89b	Whole Milk	Y	N	Wt/Ln%:	Appetite Changes:
89c	Feeding Foods to Support Growth and Development	Y	N	Hgb:	Self-feeding/Independence:
89e	Not Force Feeding	Y	N		Healthy Snacks:
89f	Feeding on Approp Schedule	Y	N	Lead Screening: Y N	Choking Hazards:
89h	Support Feeding Independence	Y	N		Fl Supplements:
87a	Appropriate Liquids in Bottle	Y	N	**WIC Cert Codes:**	Physical Activity:
87b	No Bottles to Bed	Y	N		Reading:
87c	No Unrestricted Bottle Use	Y	N		Other:
Weaning Plan/Other Info:					

WIC			IZ's	Educational Materials	
	Income	Food Package	Hep B DtaP		Feeding Guide 1 - 3
	Identity/Residency		Hib IPV PCV		Playing w/ Your Toddler
	Rights/Responsibilities		MMR Varicella		
	Healthy Babies, Kids, and Families N Y [S I]				

Participant Plan	
VDH Certifier Name and Title:	

Guidelines

I. Purpose

- To document health and nutritional status, record anthropometric measurements, and to determine WIC program eligibility for children.
- To identify inadequate child diet and inappropriate feeding practices as defined for the WIC special grant project "WIC in the Medical Care Home";
- To assist in providing nutrition and health education;
- To document nutrition education contact; and
- To communicate between WIC program and primary care providers.

II. When to Use

Complete flow sheet for the well child visit at the primary healthcare provider's office (also known as the child's "medical home"), closest to the age described, at which WIC certification and /or nutrition education are provided.

III. Instructions for Completion

The form is to be completed by Vermont Department of Health (VDH) staff, serving as the WIC certifier and/or nutrition educator, at the time of the child's well child visit with their primary healthcare provider. For joint well child and WIC certification visits, the mother or of household will have completed the WIC application and the VDH Health and Nutrition Screening Form, which will be reviewed with them by VDH staff.

LINE 1: Enter date of today's visit, and circle the type of visit: **Well**- well child visit with enhanced nutrition education; **WIC**- WIC certification visit; **Group**- attendance at a class; **F/U**- follow up visit independent of certification or regular well-child visit; **Other**- situations not described above.

Enter the health care provider's name.

LINE 2: Enter the child's name, date of birth and town of residence

LINE 3: Enter the mother's or head of household's name and date of birth

Assessment and History Section

Record birth weight.
Current Diet- brief notation of frequency, type and amounts of foods consumed.

The following list specifically targets inappropriate feeding practices as described in the WIC special projects grant. Circle Y for yes or N for no. A No indicates an inappropriate feeding practice and a point for nutrition education. The alpha-numeric codes refer to specific WIC eligibility criteria.

- Age Appropriate Juice/Day- reasonable juice intake defined as no more than 12 oz juice per day
- Whole Milk- use of whole milk; no routine use of reduced fat milks
- Feeding Foods to Support Growth and Development- feeding nutrient dense foods- not routinely consuming foods low in essential nutrients and high in calories (including high fat and/or high sugar foods).

- Not Force Feeding -appropriate feeding practices: not forcing a child to eat a specific type of food or amount of food (89e)
- Feeding on Appropriate Schedule– child offered regular meals and snacks, meeting requests for appropriate foods (i.e. when hungry) [89f], and not restricting a child's ability to consume nutritious meals at an appropriate frequency [89g]
- Support Feeding Independence- appropriate texture- offering more texture than liquid or puree when child capable [89i]Respecting independence in self feeding (i.e. Not spoon feeding if child capable of self feeding) [89h]
- Appropriate liquids in bottle - bottle feedings limited only to breast milk, formula, or appropriate amounts of plain water
- No Bottle to Bed - infant is not put to bed with a bottle, or allowed to sleep with bottle in mouth such that cariogenic liquid components reside in the oral cavity for an extended period
- No Unrestricted Bottle Use:- bottle used solely for feeding, and taken from infant when feeding complete or bottle empty.
- Weaning Plan/Other Information--Note any other pertinent information. If not weaned, assess for inappropriate use of bottles[87] (routinely used for juice and soft drinks[a], bottle in bed [b], use of bottle without restriction [c], propping bottle [d]), or if breastfeeding, effect of nursing pattern on appetite, transition to solids, and risk of dental caries.

Today's Measurements Section

For the day of the medical care home visit, record **child**'s age (in months), weight, length, and weight for length (as indicated on the NCHS growth chart). Record also the head circumference and hemoglobin (Hgb). Under lead screening, circle Y if complete, N if not.

WIC Cert Codes Section

List all applicable eligibility criteria for WIC certification.

Anticipatory Guidance Section

Desired Outcomes: Child increases the variety of foods eaten. Family understands the importance of modifying foods for the child to make them easier and safer to eat.

- Feeding Relationship/Division of Responsibility-Parents are responsible for the what, when, and where of feeding, whereas children are responsible for the how much and whether of eating. Include child in family mealtimes where family members can serve as role models for appropriate eating behaviors. Food should not be used to reward, bribe, or punish; avoid the "clean plate club" and other pressures to eat.
- Appetite Changes: Children differ from day to day as to the amount and type of food they eat. Unpredictable eating behaviors are consistent with the normal diminishing rate of growth at this age. Children usually eat enough foods to meet their needs as evidenced by their growth.
- Self-feeding and Independence: Children need opportunities to feed themselves and develop their eating skills (including chewing and swallowing) when offered a variety of foods and encouraged to use child size utensils. Beverages should be served in a cup.
- Healthy Snacks: Children should be offered the child food every 2 to 3 hours because a child's capacity to eat at any one time is limited. Snacks should contain

essential nutrients without excessive sugar and fats. Excessive water and caffeine containing beverages should be avoided..

- Choking Hazards: Foods should be of appropriate size and texture so as to avoid choking; a supervised, seated environment for eating is also important. Foods that may cause choking include hard candy, mini-marshmallows, popcorn, pretzels, chips, spoonfuls of peanut butter, nuts, seeds, large chunks of meat, hot dogs, raw carrots, raisins and other dried fruits, and whole grapes.
- Fluoride Supplements: Fluoride supplements should be continued if a family is using a non-fluoridated water supply.
- Physical Activity: Physical activity is important early in life. Children should be included in family play, and provided safe opportunities to practice skills such as walking and climbing.
- Reading:

WIC Section
Complete checklist.

IZ Section - denotes immunizations given at visit.

Educational Materials - Check those distributed at this visit.

Participant Plan Section
Note any pertinent information and a nutrition education plan.

The form is signed by the VDH WIC certifier/nutrition educator completing the form.

IV. Filing

Three copies: one is filed in the patient medical record at the primary healthcare provider's office, one copy is filed in the child's VDH chart, and one copy is maintained at the project office.

In addition, the WIC 106 form is opened, and all pertinent information entered, including project enrollment. For non-certification visits, any new information such as measurements, or eligibility criteria changes are entered, as well as enrollment in the project.

WIC in the Medical Home

15 Month Visit

Date:_____ **Type of Visit: Well WIC Group F/U Other** _____

Health Care Provider: _____

Child's Name:_____ **DOB:**_____ **Town:**_____

Mother (or Head of Household):_____ **DOB:**_____

Assessment / History				**Today's Measurements**	**Anticipatory Guidance**
Birth Wt:				Child's Age:	Desired Outcomes: Child is comfortable trying new foods. Family eats meals together regularly.
Current Diet:				Weight:	
				Length:	Feeding Relationship/ Division of Responsibility:
89a	Less Than 12 oz Juice/Day	Y	N	HC:	
89b	Whole Milk	Y	N	Wt/Ln%:	Appetite Changes:
89c	Feeding Foods to Support Growth and Development	Y	N	Hgb:	Self Feeding/Independence:
89e	Not Force Feeding	Y	N		Healthy Snacks:
89f	Feeding on Approp Schedule	Y	N	Lead Screening: Y N	Choking Hazards:
89h	Support Feeding Independence	Y	N		Fl Supplements:
87a	Appropriate Liquids in Bottle	Y	N	**WIC Cert Codes:**	Physical Activity:
87b	No Bottles to Bed	Y	N		Reading:
87c	No Unrestricted Bottle Use	Y	N		Other:
Weaning Plan/Other Info:					

WIC			**IZ's**		**Educational Materials**
	Income	Food Package	Hep B DtaP		Feeding Guide 1 - 3
	Identity/Residency		Hib IPV PCV		Playing w/ Your Toddler
	Rights/Responsibilities		MMR Varicella		Fit WIC Activity Pyramid
	Healthy Babies, Kids, and Families N Y [S I]				

Participant Plan	
VDH Certifier Name and Title:	

Guidelines

I. Purpose

- To document health and nutritional status, record anthropometric measurements, and to determine WIC program eligibility for children.
- To identify inadequate child diet and inappropriate feeding practices as defined for the WIC special grant project "WIC in the Medical Care Home";
- To assist in providing nutrition and health education;
- To document nutrition education contact; and
- To communicate between WIC program and primary care providers.

II. When to Use

Complete flow sheet for the well child visit at the primary healthcare provider's office (also known as the child's "medical home"), closest to the age described, at which WIC certification and /or nutrition education are provided.

III. Instructions for Completion

The form is to be completed by Vermont Department of Health (VDH) staff, serving as the WIC certifier and/or nutrition educator, at the time of the child's well child visit with their primary healthcare provider. For joint well child and WIC certification visits, the mother or of household will have completed the WIC application and the VDH Health and Nutrition Screening Form, which will be reviewed with them by VDH staff.

LINE 1: Enter date of today's visit, and circle the type of visit: **Well**- well child visit with enhanced nutrition education; **WIC**- WIC certification visit; **Group**- attendance at a class; **F/U**- follow up visit independent of certification or regular well-child visit; **Other**- situations not described above.

Enter the health care provider's name.

LINE 2: Enter the child's name, date of birth and town of residence

LINE 3: Enter the mother's or head of household's name and date of birth

Assessment and History Section

Record birth weight.
Current Diet- brief notation of frequency, type and amounts of foods consumed.

The following list specifically targets inappropriate feeding practices as described in the WIC special projects grant. Circle Y for yes or N for no. A No indicates an inappropriate feeding practice and a point for nutrition education. The alpha-numeric codes refer to specific WIC eligibility criteria.

- Age Appropriate Juice/Day- reasonable juice intake defined as no more than 12 oz juice per day
- Whole Milk- use of whole milk; no routine use of reduced fat milks
- Feeding Foods to Support Growth and Development- feeding nutrient dense foods- not routinely consuming foods low in essential nutrients and high in calories (including high fat and/or high sugar foods).

- Not Force Feeding -appropriate feeding practices: not forcing a child to eat a specific type of food or amount of food (89e)
- Feeding on Appropriate Schedule– child offered regular meals and snacks, meeting requests for appropriate foods (i.e. when hungry) [89f], and not restricting a child's ability to consume nutritious meals at an appropriate frequency [89g]
- Support Feeding Independence- appropriate texture- offering more texture than liquid or puree when child capable [89i]Respecting independence in self feeding (i.e. Not spoon feeding if child capable of self feeding) [89h]
- Appropriate liquids in bottle - bottle feedings limited only to breast milk, formula, or appropriate amounts of plain water
- No Bottle to Bed - infant is not put to bed with a bottle, or allowed to sleep with bottle in mouth such that cariogenic liquid components reside in the oral cavity for an extended period
- No Unrestricted Bottle Use:- bottle used solely for feeding, and taken from infant when feeding complete or bottle empty.
- Weaning Plan/Other Information--Note any other pertinent information. If not weaned, assess for inappropriate use of bottles[87] (routinely used for juice and soft drinks[a], bottle in bed [b], use of bottle without restriction [c], propping bottle [d]), or if breastfeeding, effect of nursing pattern on appetite, transition to solids, and risk of dental caries.

Today's Measurements Section

For the day of the medical care home visit, record **child**'s age (in months), weight, length, and weight for length (as indicated of the NCHS growth chart). Record also the head circumference and hemoglobin (Hgb). Under lead screening, circle Y if complete, N if not.

WIC Cert Codes Section

List all applicable eligibility criteria for WIC certification.

Anticipatory Guidance Section

Desired Outcomes: Child is comfortable trying new foods. Family eats meals together regularly.

- Feeding Relationship/Division of Responsibility-Parents are responsible for the what, when, and where of feeding, whereas children are responsible for the how much and whether of eating. Include child in family mealtimes where family members can serve as role models for appropriate eating behaviors. Food should not be used to reward, bribe, or punish; avoid the "clean plate club" and other pressures to eat.
- Appetite Changes: Children differ from day to day as to the amount and type of food they eat. Unpredictable eating behaviors are consistent with the normal diminishing rate of growth at this age. Children usually eat enough foods to meet their needs as evidenced by their growth.
- Self-feeding and Independence: Children need opportunities to feed themselves and develop their eating skills when offered a variety of foods and encouraged to use child size utensils. Beverages should be served in a cup.
- Healthy Snacks: Children should be offered the child food every 2 to 3 hours because a child's capacity to eat at any one time is limited. Snacks should contain essential nutrients without excessive sugar and fats. Excessive water and caffeine containing beverages should be avoided..

- Choking Hazards: Foods should be of appropriate size and texture so as to avoid choking; a supervised, seated environment for eating is also important. Foods that may cause choking include hard candy, mini-marshmallows, popcorn, pretzels, chips, spoonfuls of peanut butter, nuts, seeds, large chunks of meat, hot dogs, raw carrots, raisins and other dried fruits, and whole grapes.
- Fluoride Supplements: Fluoride supplements should be continued if a family is using a non-fluoridated water supply.
- Physical Activity: Physical activity is important early in life. Children should be included in family play, and provided safe opportunities to practice skills such as walking and climbing.
- Reading:

WIC Section
Complete checklist.

IZ Section - denotes immunizations given at visit.

Educational Materials - Check those distributed at this visit.

Participant Plan Section
Note any pertinent information and a nutrition education plan.

The form is signed by the VDH WIC certifier/nutrition educator completing the form.

IV. Filing

Three copies: one is filed in the patient medical record at the primary healthcare provider's office, one copy is filed in the child's VDH chart, and one copy is maintained at the project office.

In addition, the WIC 106 form is opened, and all pertinent information entered, including project enrollment. For non-certification visits, any new information such as measurements, or eligibility criteria changes are entered, as well as enrollment in the project.

WIC in the Medical Home

18 Month Visit

Date:_____ **Type of Visit: Well WIC Group F/U Other** _____

Health Care Provider: _____

Child's Name:_____ **DOB:**_____ **Town:**_____

Mother (or Head of Household):_____ **DOB:** _____

Assessment / History				Today's Measurements	Anticipatory Guidance
Birth Wt:				Child's Age:	Desired Outcomes: Child eats to appetite. Family understands the division of responsibility and the importance of regularly scheduled meals and snacks.
Current Diet:				Weight:	
				Length:	Feeding Relationship/ Division of Responsibility:
89a	Less Than 12 oz Juice/Day	Y	N	HC:	
89b	Whole Milk	Y	N	Wt/Ln%:	Appetite Changes:
89c	Feeding Foods to Support Growth and Development	Y	N	Hgb:	Self Feeding/Independence:
89e	Not Force Feeding	Y	N		Healthy Snacks:
89f	Feeding on Appropriate Schedule	Y	N	Lead Screening: Y N	Family Meals:
89h	Support Feeding Independence	Y	N		Choking Hazards:
87a	Appropriate Liquids in Bottle	Y	N	**WIC Cert Codes:**	Fl Supplements:
87b	No Bottles to Bed	Y	N		Physical Activity:
87c	No Unrestricted Bottle Use	Y	N		Reading:
Weaning Plan/Other Info:					Other:

WIC			IZ's	Educational Materials	
	Income	Food Package	Hep B DtaP		Feeding Guide 1 - 3
	Identity/Residency		Hib IPV PCV		Playing w/ Your Toddler
	Rights/Responsibilities		MMR Varicella		
	Healthy Babies, Kids, and Families N Y [S I]				

Participant Plan	
VDH Certifier Name and Title:	

Guidelines

I. Purpose

- To document health and nutritional status, record anthropometric measurements, and to determine WIC program eligibility for children.
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- To assist in providing nutrition and health education;
- To document nutrition education contact; and
- To communicate between WIC program and primary care providers.

II. When to Use

Complete flow sheet for the well child visit at the primary healthcare provider's office (also known as the child's "medical home"), closest to the age described, at which WIC certification and /or nutrition education are provided.

III. Instructions for Completion

The form is to be completed by Vermont Department of Health (VDH) staff, serving as the WIC certifier and/or nutrition educator, at the time of the child's well child visit with their primary healthcare provider. For joint well child and WIC certification visits, the mother or of household will have completed the WIC application and the VDH Health and Nutrition Screening Form, which will be reviewed with them by VDH staff.

LINE 1: Enter date of today's visit, and circle the type of visit: **Well**- well child visit with enhanced nutrition education; **WIC**- WIC certification visit; **Group**- attendance at a class; **F/U**- follow up visit independent of certification or regular well-child visit; **Other**- situations not described above.
Enter the health care provider's name.

LINE 2: Enter the child's name, date of birth and town of residence

LINE 3: Enter the mother's or head of household's name and date of birth

Assessment and History Section

Record birth weight.
Current Diet- brief notation of frequency, type and amounts of foods consumed.

The following list specifically targets inappropriate feeding practices as described in the WIC special projects grant. Circle Y for yes or N for no. A No indicates an inappropriate feeding practice and a point for nutrition education. The alpha-numeric codes refer to specific WIC eligibility criteria.

- Age Appropriate Juice/Day- reasonable juice intake defined as no more than 12 oz juice per day
- Whole Milk- use of whole milk; no routine use of reduced fat milks
- Feeding Foods to Support Growth and Development- feeding nutrient dense foods- not routinely consuming foods low in essential nutrients and high in calories (including high fat and/or high sugar foods).
- Not Force Feeding -appropriate feeding practices: not forcing a child to eat a specific type of food or amount of food (89e)

- Feeding on Appropriate Schedule– child offered regular meals and snacks, meeting requests for appropriate foods (i.e. when hungry) [89f], and not restricting a child's ability to consume nutritious meals at an appropriate frequency [89g]
- Support Feeding Independence- appropriate texture- offering more texture than liquid or puree when child capable [89i]Respecting independence in self feeding (i.e. Not spoon feeding if child capable of self feeding) [89h]
- Appropriate liquids in bottle - bottle feedings limited only to breast milk, formula, or appropriate amounts of plain water
- No Bottle to Bed - infant is not put to bed with a bottle, or allowed to sleep with bottle in mouth such that cariogenic liquid components reside in the oral cavity for an extended period
- No Unrestricted Bottle Use:- bottle used solely for feeding, and taken from infant when feeding complete or bottle empty.
- Weaning Plan/Other Information--Note any other pertinent information. If not weaned, assess for inappropriate use of bottles[87] (routinely used for juice and soft drinks[a], bottle in bed [b], use of bottle without restriction [c], propping bottle [d]), or if breastfeeding, effect of nursing pattern on appetite, transition to solids, and risk of dental caries.

Today's Measurements Section

For the day of the medical care home visit, record **child**'s age (in months), weight, length, and weight for length (as indicated of the NCHS growth chart). Record also the head circumference and hemoglobin (Hgb). Under lead screening, circle Y if complete, N if not.

WIC Cert Codes Section

List all applicable eligibility criteria for WIC certification.

Anticipatory Guidance Section

Desired Outcomes: Child eats to appetite. Family understands the division of responsibility and the importance of regularly scheduled meals and snacks.

- Feeding Relationship/Division of Responsibility-Parents are responsible for the what, when, and where of feeding, whereas children are responsible for the how much and whether of eating. Include child in family mealtimes where family members can serve as role models for appropriate eating behaviors. Food should not be used to reward, bribe, or punish; avoid the "clean plate club" and other pressures to eat.
- Appetite Changes: Children differ from day to day as to the amount and type of food they eat. Unpredictable eating behaviors are consistent with the normal diminishing rate of growth at this age. Children usually eat enough foods to meet their needs as evidenced by their growth.
- Self-feeding and Independence: Children need opportunities to feed themselves and develop their eating skills when offered a variety of foods and encouraged to use child size utensils. Beverages should be served in a cup.
- Healthy Snacks: Children should be offered the child food every 2 to 3 hours because a child's capacity to eat at any one time is limited. Snacks should contain essential nutrients without excessive sugar and fats. Excessive water and caffeine containing beverages should be avoided..

- Family Meals: Mealtimes provide opportunities for social interaction and the modeling of appropriate mealtime behavior, as well as expanding exposure to family table foods.
- Choking Hazards: Foods should be of appropriate size and texture so as to avoid choking; a supervised, seated environment for eating is also important. Foods that may cause choking include hard candy, mini-marshmallows, popcorn, pretzels, chips, spoonfuls of peanut butter, nuts, seeds, large chunks of meat, hot dogs, raw carrots, raisins and other dried fruits, and whole grapes.
- Fluoride Supplements: Fluoride supplements should be continued if a family is using a non-fluoridated water supply.
- Physical Activity: Physical activity is important early in life. Children should be included in family play, and provided safe opportunities to practice skills such as walking and climbing.
- Reading:

WIC Section - Complete checklist.

IZ Section - denotes immunizations given at visit.

Educational Materials - Check those distributed at this visit.

Participant Plan Section
Note any pertinent information and a nutrition education plan.

The form is signed by the VDH WIC certifier/nutrition educator completing the form.

IV. Filing

Three copies: one is filed in the patient medical record at the primary healthcare provider's office, one copy is filed in the child's VDH chart, and one copy is maintained at the project office.

In addition, the WIC 106 form is opened, and all pertinent information entered, including project enrollment. For non-certification visits, any new information such as measurements or eligibility criteria changes are entered, as well as enrollment in the project.

WIC in the Medical Home

24 Month Visit

Date:_____ **Type of Visit: Well WIC Group F/U Other** _____

Health Care Provider: _____

Child's Name:_____ **DOB:**_____ **Town:**_____

Mother (or Head of Household):_____ **DOB:** _____

Assessment / History				Today's Measurements	Anticipatory Guidance
Birth Wt:				Child's Age:	Desired Outcomes: Child eats a variety of healthy foods and participates in daily physical activity. Family models healthy eating and participates in regular physical activity
Current Diet:				Weight:	Feeding Relationship /Division of Responsibility:
				Length:	Appetite Changes:
89a	Less Than 12 oz juice/day	Y	N	HC:	Food Jags:
89c	Feeding Foods to Support Growth & Development	Y	N	Wt/Ln%:	Self Feeding:
89e	Not Force Feeding	Y	N	Or BMI:	Healthy Snacks:
89f	Feeding on Appropriate Schedule	Y	N	Hgb:____ _____	Family Meals:
89h	Support Feeding Independence	Y	N		Low -fat Dairy Foods
87a	Appropriate Liquids in Bottle	Y	N	**WIC Cert Codes:**	FI Supplement:
87b	No Bottles to Bed	Y	N		Cooking w/ Your Child:
87c	No Unrestricted Bottle Use	Y	N		Physical Activity:
Weaning Plan & Other Info:					Reading:
					Other:

WIC			IZ's	Educational Materials	
	Income	Food Package	Hep B DtaP		Feeding Guide 1 – 3
	Identity/Residency		Hib IPV PCV		Playing w/ Your Toddler
	Rights/Responsibilities		MMR Varicella		Fit WIC Activity Pyramid
	Healthy Babies, Kids, and Families N Y [S I]				Children Growing Healthy
					Food Pyramid Young Child
Participant Plan					Learning and Growing w/ Cooking

VDH Certifier Name and Title:	

Guidelines

I. Purpose

- To document health and nutritional status, record anthropometric measurements, and to determine WIC program eligibility for children.
- To identify inadequate child diet and inappropriate feeding practices as defined for the WIC special grant project "WIC in the Medical Care Home";
- To assist in providing nutrition and health education;
- To document nutrition education contact; and
- To communicate between WIC program and primary care providers.

II. When to Use

Complete flow sheet for the well child visit at the primary healthcare provider's office (also known as the child's "medical home"), closest to the age described, at which WIC certification and /or nutrition education are provided.

III. Instructions for Completion

The form is to be completed by Vermont Department of Health (VDH) staff, serving as the WIC certifier and/or nutrition educator, at the time of the child's well child visit with their primary healthcare provider. For joint well child and WIC certification visits, the mother or of household will have completed the WIC application and the VDH Health and Nutrition Screening Form, which will be reviewed with them by VDH staff.

LINE 1: Enter date of today's visit, and circle the type of visit: **Well**- well child visit with enhanced nutrition education; **WIC**- WIC certification visit; **Group**- attendance at a class; **F/U**- follow up visit independent of certification or regular well-child visit; **Other**- situations not described above.

Enter the health care provider's name.

LINE 2: Enter the child's name, date of birth and town of residence

LINE 3: Enter the mother's or head of household's name and date of birth

Assessment and History Section

Record birth weight.
Current Diet- brief notation of frequency, type and amounts of foods consumed.

The following list specifically targets inappropriate feeding practices as described in the WIC special projects grant. Circle Y for yes or N for no. A No indicates an inappropriate feeding practice and a point for nutrition education. The alpha-numeric codes refer to specific WIC eligibility criteria.

- Age Appropriate Juice/Day- reasonable juice intake defined as no more than 12 oz juice per day
- Whole Milk- use of whole milk; no routine use of reduced fat milks
- Feeding Foods to Support Growth and Development- feeding nutrient dense foods- not routinely consuming foods low in essential nutrients and high in calories (including high fat and/or high sugar foods).

- Not Force Feeding -appropriate feeding practices: not forcing a child to eat a specific type of food or amount of food (89e)
- Feeding on Appropriate Schedule– child offered regular meals and snacks, meeting requests for appropriate foods (i.e. when hungry) [89f], and not restricting a child's ability to consume nutritious meals at an appropriate frequency [89g]
- Support Feeding Independence- appropriate texture- offering more texture than liquid or puree when child capable [89i]Respecting independence in self feeding (i.e. Not spoon feeding if child capable of self feeding) [89h]
- Appropriate liquids in bottle - bottle feedings limited only to breast milk, formula, or appropriate amounts of plain water
- No Bottle to Bed - infant is not put to bed with a bottle, or allowed to sleep with bottle in mouth such that cariogenic liquid components reside in the oral cavity for an extended period
- No Unrestricted Bottle Use:- bottle used solely for feeding, and taken from infant when feeding complete or bottle empty.
- Weaning Plan/Other Information--Note any other pertinent information. If not weaned, assess for inappropriate use of bottles[87] (routinely used for juice and soft drinks[a], bottle in bed [b], use of bottle without restriction [c], propping bottle [d]), or if breastfeeding, effect of nursing pattern on appetite, transition to solids, and risk of dental caries.

Today's Measurements Section

For the day of the medical care home visit, record **child**'s age (in months), weight, length, and weight for length (as indicated of the NCHS growth chart). Record also the head circumference and hemoglobin (Hgb). Under lead screening, circle Y if complete, N if not.

WIC Cert Codes Section

List all applicable eligibility criteria for WIC certification.

Anticipatory Guidance Section

Desired Outcomes: Child eats a variety of healthy foods and participates in daily physical activity. Family models healthy eating and participates in regular physical activity

- Feeding Relationship/Division of Responsibility-Parents are responsible for the what, when, and where of feeding, whereas children are responsible for the how much and whether of eating. Include child in family mealtimes where family members can serve as role models for appropriate eating behaviors. Food should not be used to reward, bribe, or punish; avoid the "clean plate club" and other pressures to eat.
- Appetite Changes: Children differ from day to day as to the amount and type of food they eat. Unpredictable eating behaviors are consistent with the normal diminishing rate of growth at this age. Children usually eat enough foods to meet their needs as evidenced by their growth.
- Food Jags: Food jags, in which children only want to eat a particular food, are common.
- Self-feeding and Independence: Children need opportunities to feed themselves and develop their eating skills when offered a variety of foods and encouraged to use child size utensils. Beverages should be served in a cup.
- Healthy Snacks: Children should be offered the child food every 2 to 3 hours because a child's capacity to eat at any one time is limited. Snacks should contain

essential nutrients without excessive sugar and fats. Excessive water and caffeine containing beverages should be avoided.

- Family Meals: Mealtimes provide opportunities for social interaction and the modeling of appropriate mealtime behavior, as well as expanding exposure to family table foods.
- Low fat dairy foods: Food habits established in childhood are important for lifelong health, such as preventing the development of coronary artery disease.
- Choking Hazards: Foods should be of appropriate size and texture so as to avoid choking; a supervised, seated environment for eating is also important. Foods that may cause choking include hard candy, mini-marshmallows, popcorn, pretzels, chips, spoonfuls of peanut butter, nuts, seeds, large chunks of meat, hot dogs, raw carrots, raisins and other dried fruits, and whole grapes.
- Fluoride Supplements: Fluoride supplements should be continued if a family is using a non-fluoridated water supply.
- Cooking with your Child: Children are developmentally ready to engage in food preparation activities, and benefit from parental modeling as well as spending close time with parent.
- Physical Activity: Physical activity is important early in life. Children should be included in family play, and provided safe opportunities to practice skills such as running, jumping, throwing, and climbing. Reading:

WIC Section
Complete checklist.

IZ Section - denotes immunizations given at visit.

Educational Materials - Check those distributed at this visit.

Participant Plan Section
Note any pertinent information and a nutrition education plan.

The form is signed by the VDH WIC certifier/nutrition educator completing the form.

IV. Filing

Three copies: one is filed in the patient medical record at the primary healthcare provider's office, one copy is filed in the child's VDH chart, and one copy is maintained at the project office.

In addition, the WIC 106 form is opened, and all pertinent information entered, including project enrollment. For non-certification visits, any new information such as measurements or eligibility criteria changes are entered, as well as enrollment in the project.

APPENDIX 8: INAPPROPRIATE FEEDING PRACTICES

Vermont WIC Risk Criteria
Infants/Children: Expanded Definitions

STATUS: Title	EXPANDED DEFINITIONS
INFANT: Inadequate infant diet	Routine use of any of the following: a. Infant not fed breast milk or iron-fortified infant formula as primary source of nutrients during first 6 months of life and as primary fluid consumed during the second 6 months of life (includes infants prescribed low iron formula without iron supplementation). b. Feeding cow's milk, goat's milk, sheep's milk, imitation milks, or substitute milks in place of breast milk or infant formula during the first year of life. c. Early introduction of solids into daily diet before 4 months of age. d. Late introduction of solids: failure to introduce solids by 7 months of age. e. Not using a spoon to introduce and feed early solids. f. Infant not beginning to finger feed by 7-9 months. g. Feeding solids in a bottle (including enlarging the nipple to accommodate thickened liquid). h. Using a syringe-action nipple feeder. i. Feeding foods of inappropriate consistency, size, or shape that put the infant at risk of choking. j. Inappropriate, infrequent, or highly restrictive feeding schedules or forcing an infant to eat a certain type and/or amount of food. k. Feeding any amount of honey to infant under 1 year of age l. Improper dilution of formula (over or under dilution) m. No dependable source of iron after 4-6 months of age such as breastmilk, iron-fortified infant formula (at least 10mg iron/L), iron-fortified cereals, meats or iron supplements. n. Feeding other foods low in essential nutrients: infants routinely consuming foods low in essential nutrients and high in calories, or caffeine containing foods or beverages that replace or are in addition to age-appropriate nutrient dense foods needed for growth and development. This includes excessive feeding of water. o. Lack of sanitation in preparation and handling and storage of formula or expressed breastmilk as evidenced by but not limited to: Limited knowledge on how to: prepare bottles, nipples, and/or formula; handle prepared formula and/or expressed breastmilk; and/or; store prepared or opened formula and/or expressed breastmilk. Limited or no access to: a safe water supply (documented by appropriate officials); a stove for sterilization;

STATUS: Title	EXPANDED DEFINITIONS
	and/or; a refrigerator or freezer (i.e., if expressed breastmilk is to be stored for more than 1-2 days) for storage; failure to properly prepare, handle, and store bottles or storage containers of formula or expressed breastmilk such as feeding formula or breastmilk which: has been held at room temperature longer than 2 hours or longer than recommended by the manufacturer; has been held in the refrigerator longer than 48 hours; remains in a bottle one hour after the start of feeding; and/or; remains in a bottle from an earlier feeding. p. Feeding >10 ounces per day full strength juice.
INFANT/CHILD **Inappropriate use of bottles**	a. Routine use of the bottle to feed liquids other than breast milk, formula, or water. This includes fruit juice, soda, soft drinks, gelatin water, corn syrup solutions, milk, and other sugar containing beverages or diluted cereal, or other solid foods. b. Allowing the child to fall asleep at naps or bedtime with the bottle. c. Allowing the child to use the bottle without restriction (e.g., walking around with a bottle) or as a pacifier. d. Propping the bottle.
CHILD: **Inappropriate feeding practices for children**	Routine consumption or feeding of: a. Excessive juice $\geq$ 12 oz per day b. Non-fat or reduced-fat milks as primary milk source between 12 and 24 months of age. c. Foods low in essential nutrients and high in calories that replace age-appropriate nutrient dense foods needed for growth and development between 12 and 24 months of age; or d. Foods of inappropriate consistency, size, or shape that put children less than 4 years of age at risk of choking. Routine use of any of the following inappropriate feeding practices: a. Forcing a child to eat a certain type and/or amount of food; b. Ignoring a child's requests for appropriate foods (e.g., when child is hungry); c. Restricting a child's ability to consume nutritious meals at an appropriate frequency per day; d. Not supporting a child's need for growing independence with self-feeding (e.g., spoon-feeding a child who is able and ready to finger-feed and/or try self-feeding with appropriate utensils); e. Feeding or offering a child primarily pureed or liquid food when the child is ready and capable of eating foods of an appropriate texture.

APPENDIX 9: RECRUITMENT FLYER I

Instructions: To be given out by the pediatric office

Come to WIC at University Pediatrics!

Attention WIC Families!

If you are scheduling an upcoming check-up for your baby or toddler, you may be able to make your WIC appointment for the same time.

WIC nutritionists are here at University Pediatrics on Tuesday and Thursday mornings.*

When you are making an appointment for your child's 2 week, 6 month, 1 year, 18 month or 2 year check-up, please tell the University Pediatrics staff that you want to schedule a WIC visit too.

If you have more than one child on WIC, you can schedule everyone's WIC appointment for the same time, even if only one child is due for a medical check-up.

*If your child's doctor is not available on Tuesday or Thursday mornings, you will need to schedule your WIC appointment at a regular WIC clinic. The phone number is 863-7323.

APPENDIX 10: RECRUITMENT FLYER II

Instructions: To be mailed or given out by the WIC program

WIC and Well-Child Together

Combine your WIC appointment with your baby's well-child appointment!

The Vermont WIC Program and University Pediatrics are beginning an exciting new program to have your baby's WIC appointments during well-child pediatrician visits. In a single visit with your baby's doctor, you'll be able to get your baby's well-child check up and WIC certification!

If you'd like to receive WIC services at your baby's doctor's office, please call University Pediatrics at 847-4696 and request a combined WIC/well-child appointment for your baby's next check up. The office staff will try to schedule your appointment at a time when WIC staff will be there.* You won't need to make an extra trip to your regular WIC clinic, and you'll be able to see the WIC Nutritionist at most of your baby's check-ups until he or she is two years old.

If you need a WIC post-partum appointment for yourself, we can also do this at your baby's combined WIC/well-child visit.

If you have another child under age five who is also on WIC, we can see this child for WIC only at the same appointment. Just let the doctor's office know you'd like this service when you schedule your next well visit.

If you have any questions about this project, please call WIC nutritionists Lynne Bortree or Mary Ann Klimas at 863-7333 or toll free at 800-464-4343 ext 7333.

Vermont Department of Health
P.O. Box 70
Burlington, VT 05401
(802) 863-7333

University Pediatrics
1 S. Prospect St
Burlington, VT 05402
(802) 847-4696

*WIC nutritionists are at University Pediatrics on Tuesday and Thursday mornings. If your child's doctor is not available on Tuesday or Thursday mornings, you will need to schedule your WIC appointment at a regular WIC clinic. The phone number is 863-7323.