Certification: Infants

WIC ID: _____ **Child's name:** _____

Cardholder: _____ **Today's date:** _____

Head Circumference: _____

Date of birth:_____ Birth weight: _____lbs _____oz Birth length: _____inches

Sex: ❑ Male ❑ Female # of weeks at birth:_____

The format of the questions follows what is seen in TWIST.

Note: Bolded questions are mandatory TWIST questions

Health History

01 Tell me about your baby's health.

02 Does your baby have any health problems or medical conditions?

❑ No ❑ Yes

03 Is your baby taking any medicine now? (357)

❑ No
❑ Yes, but no known nutritional impacts
❑ Yes, there are drug nutrient interactions (please list medication(s)):

04 Are your baby's DTaP vaccines up to date?

❑ Yes ❑ No or unknown, referred ❑ Younger than 3 months, no screening

05 Has your baby been in an enclosed space while someone was smoking cigarettes or vaping? (904)

❑ No ❑ Yes

06 Were you (the baby's mom) on WIC during pregnancy? (701)

❑ Yes and baby is less than 6 months

❑ No and baby is less than 6 months

6a Did mom have any risks during her pregnancy that would have qualified her for WIC? ❑ No ❑ Yes, describe:

❑ Baby is older than 6 months

❑ Unknown

07 Was there any use of alcohol or drugs during this pregnancy?

08 Do you have any concerns about your child's emotional and/or physical safety? (901)

❑ No ❑ Unable to ask ❑ Yes

Diet Assessment

Birth-5 months

06 How are you feeding your baby?

❑ Breastfeeding:

06.1a How often does your baby breastfeed in 24 hours? (411.7)

06.1b Is your baby breastfeeding as often as he/she wants? (411.7)

❑ Yes ❑ No, scheduled feedings

❑ Formula Feeding:

06b How long did you breastfeed?

06ba At what age did you start giving formula to your baby?

❑ Partially Breastfeeding:

06aa How often does your baby breastfeed in 24 hours?

06bb At what age did you start giving formula to your baby?

08.1 What does your baby usually drink from the bottle? (411.1)

❑ Breast milk and/or formula ❑ Substitute for breast milk and/or formula

08.2 Does your baby fall asleep with the bottle at nap or bedtime? (411.2)

❑ No ❑ Yes

08.3 What besides breastmilk or formula do you put in the bottle? (411.2)

- ❑ Breast milk, formula or water only
- ❑ Juice or other sweetened beverages
- ❑ Cereal or other solid foods
- ❑ Both sweetened beverage and cereal or other solid food

08.4 How are you preparing formula? (411.6)

- ❑ Correct dilution
- ❑ Incorrect dilution, explain:

07.1 How can you tell when your baby is hungry or full? (411.4)

❑ Recognizes appropriate cues ❑ Does not recognize appropriate cues

09.1 What is your plan for introducing infant cereal and baby foods to your baby? (411.3)

❑ Appropriate ❑ Introduce early, under 6 months

10.1 How do you handle and store expressed breastmilk or leftover formula? (411.9)

❑ Appropriate ❑ Inappropriate, explain:

11.3 Is your baby receiving a Vitamin D supplement? (411.11)

- ❑ Yes
- ❑ No, but drinks 1 qt formula daily
- ❑ No
- ❑ Unknown

12.5 In the past few months, were there times when your family ran low on food?

❑ No ❑ Yes

<u>6-9 months</u>

06 How are you feeding your baby?

❑ Breastfeeding:

06.1a Is your baby breastfeeding as often as he/she wants? (411.7)

❑ Yes ❑ No, scheduled feedings

06.a How often does your baby breastfeed in 24 hours?

❑ Formula Feeding:

06b How long did you breastfeed?

06ba At what age did you start giving formula to your baby?

07b How much formula does your baby drink each day?

08.2 What does your baby drink from the bottle? (411.1, 411.2)

- ❑ Breastmilk and/or formula
- ❑ Substitute for breastmilk or formula
- ❑ Juice or sweetened beverages
- ❑ Infant cereal
- ❑ Sweetened beverage and cereal or other solid food
- ❑ Other, please list

08.4 Does your baby fall asleep with the bottle at nap or bedtime? (411.2)

❑ No ❑ Yes

08.8 How are you preparing the formula? (411.6)

❑ Correct ❑ Incorrect, explain:

❑ Partially Breastfeeding:

06aa How often does your baby breastfeed in 24 hours?

06bb At what age did you start giving formula to your baby?

07a How much formula does your baby drink each day?

08.1 What does your baby drink from the bottle? (411.1, 411.2)

- ❑ Breastmilk and/or formula
- ❑ Substitute for breastmilk or formula
- ❑ Juice or other sweetened beverages
- ❑ Infant Cereal
- ❑ Sweetened beverage and cereal or other solid food
- ❑ Other, please list

08.3 Does your baby fall asleep with the bottle at nap or bedtime? (411.2)

❑ No ❑ Yes

08.7 How are you preparing the formula? (411.6)

❑ Correct ❑ Incorrect, explain:

09 How can you tell when your baby is hungry or full? (411.4)

❑ Recognizes cues ❑ Does not recognize cues

10 At what age did you start offering infant cereal and baby foods to your baby? (411.3, 411.4)
- ❑ Appropriate, between 6-8 months
- ❑ Introduced early, before 6 months
- ❑ Introduced late, after 8 months

11 What baby foods have you offered? (411.4)
- ❑ Appropriate for age ❑ Not appropriate for age, document:

12 What is your plan for introducing finger foods?

13 What is your plan for introducing a cup?

14 Is your baby receiving fluoride? (411.11)
- ❑ Yes, fluoridated water or supplement
- ❑ No
- ❑ Unknown

15 Is your baby receiving a Vitamin D supplement? (411.11)
- ❑ Yes
- ❑ No, but drinks 1 qt formula/day
- ❑ No
- ❑ Unknown

15.5 In the past few months, were there times when your family ran low on food?
- ❑ No ❑ Yes

16 IFVB screening and developmental readiness, food safety, texture progression NE provided?
- ❑ a. Yes, all 3 topics discussed ❑ b. No

<u>10-12 months</u>

06 How are you feeding your baby?
- ❑ Breastfeeding:

  06.a How often does your baby breastfeed in 24 hours?

❑ Formula Feeding:

06b How long did you breastfeed?

06bb At what age did you start giving formula to your baby?

07b How much formula does your baby drink each day?

08.2 What does your baby drink from the bottle? (411.1, 411.2)

- ❑ Breastmilk and/or formula and water
- ❑ Early intro of milk or soy beverage
- ❑ Juice or other sweetened beverages

08.4 Does your baby fall asleep with the bottle at nap or bedtime? (411.2)

❑ No ❑ Yes

08.8 What is your plan for weaning from the bottle?

❑ Partially Breastfeeding:

06aa How often does your baby breastfeed in 24 hours?

06ba At what age did you start giving formula to your baby?

07a How much formula does your baby drink each day?

08.1 What does your baby drink from the bottle? (411.1, 411.2)

- ❑ Breastmilk and/or formula and water
- ❑ Early intro of milk or soy beverage
- ❑ Juice or other sweetened beverages

08.3 Does your baby fall asleep with the bottle at nap or bedtime? (411.2)

❑ No ❑ Yes

08.7 What is your plan for weaning from the bottle?

09 How can you tell when your baby is hungry or full? (411.4)

❑ Recognizes cues ❑ Does not recognize cues

10 How well does your baby feed themselves? (411.4)

❑ Appropriate for age ❑ No self feeding

12 How well does your baby use a cup? (411.4)

❑ Appropriate for age ❑ No cup use

13 What finger foods do you offer your baby? (411.4)

❑ Appropriate for age ❑ Not appropriate for age, explain:

14 Does your baby eat honey, undercooked meat or drink unpasteurized juice? (411.5)

❑ No ❑ Yes

15 Is your baby receiving fluoride? (411.11)

- ❑ Yes, fluoridated water or supplement
- ❑ No
- ❑ Unknown

16 Is your baby receiving a Vitamin D supplement? (411.11)

- ❑ Yes, has supplement or drinks 1 qt formula/day
- ❑ No
- ❑ Unknown

16.5 In the past few months, were there times when your family ran low on food?

❑ No ❑ Yes

NE Provided:

Next Step:

Food Package Notes: (modifications, etc)

Quarterly NE Plan/Next Appointment Type: