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* = High risk condition

** = 24 hour referral needed

Nutrition Education Counseling Guide

Child Section

1-2 year old (12-23 months) Standard Toddler Counseling

- Follow standard child visit guidelines.
- Check immunization status (check IZ records for children up to 25 months of age).
- If high risk, refer to RD/RN.

Assessment:

- Assess growth and dietary intake.

Suggested counseling points (*Counsel based on your assessment of parent's concerns*)

1. Discuss child's growth and healthy weight.
2. Developmental stages of 1 to 1½ year olds:
 - Grasp and release foods with fingers.
 - Able to hold a spoon, but unable to use it very well.
 - Able to turn a spoon in his/her mouth.
 - Able to use a cup, but have difficulty letting go of it.
 - Will want food that others are eating.
3. Developmental stages of 1½ to 2 year olds:
 - Eat less than previously.
 - Like to eat with hands.
 - Like trying foods of various textures.
 - Like routine.
 - Will have favorite foods.
 - Will get distracted easily.
4. Offer a varied diet based on the Children's Nutrition Guide.
5. Offer 3 meals and 2-3 healthy snacks per day. Allow 2 hours between snacks and meals to avoid "grazing" throughout the day.
6. Offer child sized portions; a serving is about 1 tablespoon food per year of age.
7. Transition to whole milk at 1 year of age; switch to low-fat milk at 2 years of age.
8. Offer no more than 2 cups (16 ounces) milk daily to allow room for other foods.
9. Encourage self-feeding, including using a cup and spoon.
10. Increase variety and texture of solid foods as child progresses toward greater self-feeding and acquires more teeth.
11. Avoid foods that can cause choking.
12. Limit juice intake to 4 ounces per day. Limit other sweetened fruit drinks and beverages. Offer water.
13. Wean from bottle to a cup by 12 months.
14. Wean from breast to a cup.
15. Offer liquids from a cup. Discourage use of a 'sippy' cup or bottle. ('Sippy' cups and those that require child to suck to get the liquid can promote tooth decay in the same manner as bottles do.)
16. Take care of child's teeth; wipe gums, brush teeth, schedule a dental exam at one year of age and every 6 months thereafter.
17. Parent's responsibilities versus child's responsibilities in feeding:
 - Parents are responsible for:
 - ✓ The *what*, *when* and *where* of feeding (the planning, preparing and providing meals and snacks).
 - Children are responsible for:
 - ✓ Choosing *whether* to eat and *how much* to eat.
18. Importance of eating meals together as a family; adult role modeling of healthy eating during meal time.
19. Dealing with picky eaters.
20. Importance of breakfast.
21. Dairy products and calcium.

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22. Meat / protein foods.
23. Fruit and vegetable intake – “5 A Day”.
24. Whole grains.
25. High iron foods.
26. Foods that fight lead poisoning.
27. Importance of adequate sleep; short duration of sleep is a risk factor for obesity.
 - ✓ 1-2 year olds need 12-14 hours sleep time in a 24-hour period.
 - ✓ Naps decrease from about 4 to 1/day by 18 months of age.
 - ✓ 3-5 year olds need 11-13 hours sleep time in a 24-hour period.
 - ✓ 4-5 year olds usually require an afternoon nap that lasts 1-2 hours.
 - ✓ 5 year olds and older need about 10 hours of sleep each night.
28. Physical activity/play.
29. Limit TV, video games, and computer time.
30. Limit fast food.
31. Choose easy recipes rather than convenience, pre-packaged entrees.
32. Importance of childhood immunizations.
33. Refer for lead screening (recommended at 12 months and repeated once/year until age 6).
34. Protect from secondhand smoke and harmful substances.

Nutrition Education Counseling Guide

Child Section

2-3 year old (23-47 months) Standard Child Counseling

- Follow standard child visit guidelines.
- Check immunization status (check IZ records for children up to 25 months of age).
- If high risk, refer to RD/RN.

Assessment:

- Assess growth and dietary intake.

Suggested counseling points (*Counsel based on your assessment of parent's concerns*)

1. Discuss child's growth and healthy weight.
2. Developmental stages of 2 to 3 year olds:
 - Able to hold a glass.
 - Able to place a spoon straight into his/her mouth.
 - Will spill a lot.
 - Able to chew more foods.
 - Will have definite likes and dislikes.
 - Will insist on doing things him/herself.
 - Will like routine.
 - Will dawdle during meals.
 - Will have food jags (when he/she wants to eat only a particular food).
 - Will demand foods in certain shapes.
 - Will like to help in the kitchen.
3. Developmental stages of 3 to 4 year olds:
 - Able to hold a cup by its handle.
 - Able to pour liquids from a small pitcher.
 - Able to use a fork.
 - Able to chew most foods.
 - Have an increased appetite and interest in foods.
 - Will request favorite foods.
 - Will like foods in various shapes and colors.
 - Will choose which foods to eat.
 - Will be influenced by television.
 - Will like to imitate the cook.
4. Offer a varied diet based on the Children's Nutrition Guide.
5. Offer 3 meals and 2-3 healthy snacks per day. Allow 2 hours between meals and snacks to avoid "grazing" throughout the day.
6. Offer child sized portions; a serving is about 1 tablespoon food per year of age.
7. Switch to low-fat milk (1% or skim/fat-free).
8. Offer no more than 2 cups (16 ounces) milk daily to allow room for other foods.
9. Encourage self-feeding, including using a cup and spoon.
10. Increase variety and texture of solid foods as child progresses toward greater self-feeding and acquires more teeth.
11. Avoid foods that can cause choking.
12. Limit juice intake to 4 ounces per day. Limit other sweetened fruit drinks and beverages. Offer water.
13. Wean from bottle to a cup.
14. Wean from breast to a cup.
15. Offer liquids from a cup. Discourage use of a "sippy" cup or bottle. ("Sippy" cups and those that require child to suck to get the liquid can promote tooth decay in the same manner as bottles do.)
16. Take care of child's teeth; wipe gums, brush teeth, schedule dental exams every 6 months.

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17. Parent's responsibilities versus child's responsibilities in feeding:
 - Parents are responsible for:
 - ✓ The *what*, *when* and *where* of feeding (planning, preparing and providing meals and snacks).
 - Children are responsible for:
 - ✓ Choosing *whether* to eat and *how much* to eat.
18. Importance of eating family meals together; adult role modeling of healthy eating during meal time.
19. Dealing with picky eaters.
20. Importance of breakfast.
21. Dairy products and calcium.
22. Meat / protein foods.
23. Fruit and vegetable intake – "5 A Day".
24. Whole grains.
25. High iron foods.
26. Foods that fight lead poisoning.
27. Importance of adequate sleep; short duration of sleep is a risk factor for obesity.
 - ✓ 1-2 year olds need 12-14 hours sleep time in a 24-hour period.
 - ✓ 3-5 year olds need 11-13 hours sleep time in a 24-hour period.
 - ✓ 4-5 year olds usually require an afternoon nap that lasts 1-2 hours.
 - ✓ 5 year olds and older need about 10 hours of sleep each night.
27. Physical activity/play
28. Limit TV, video games, and computer time.
29. Limit fast food.
30. Choose easy recipes rather than convenience, pre-packaged entrees.
31. Importance of childhood immunizations.
32. Refer for lead screening (recommended once/year until age 6).
33. Protect from secondhand smoke and harmful substances.

Nutrition Education Counseling Guide

Child Section

4-5 year old (48-60 months) Standard Preschool Counseling

- Follow standard child visit guidelines.
- Check child's immunization status.
- If high risk, refer to RD/RN.

Assessment:

- Assess growth and dietary intake.

Suggested counseling points (*Counsel based on your assessment of parent's concerns*)

1. Discuss child's growth and healthy weight.
2. Developmental stages of 4 to 5 year olds:
 - Able to use a knife and fork.
 - Able to use a cup well.
 - Have an increased ability to feed him/herself.
 - More interested in talking than in eating.
 - Continue to have food jags.
 - Can be motivated to eat (i.e., by being told "You'll grow up to be tall like your father.")
 - Will like to prepare food.
 - Will be interested in where food comes from.
 - Increasingly influenced by peers.
3. Offer a varied diet based on the Children's Nutrition Guide.
4. Offer 3 meals and 2-3 healthy snacks per day. Allow 2 hours between meals and snacks to avoid "grazing" throughout the day.
5. Offer child sized portions; a serving is about 1 tablespoon food per year of age.
6. Switch to low-fat milk (1% or skim/fat-free).
7. Offer no more than 2 cups (16 ounces) milk daily to allow room for other foods.
8. Limit juice intake to 4 ounces per day. Limit other sweetened fruit drinks and beverages. Offer water.
9. Offer liquids from a cup. Discourage use of a 'sippy' cup or bottle. ('Sippy' cups and those that require child to suck to get the liquid can promote tooth decay in the same manner as bottles do.)
10. Take care of child's teeth; wipe gums, brush teeth, schedule dental exams every 6 months.
11. Parent's responsibility versus child's responsibilities in feeding:
 - Parents are responsible for:
 - ✓ The *what*, *when* and *where* of feeding (planning, preparing and providing meals and snacks).
 - Children are responsible for:
 - ✓ Choosing *whether* to eat and *how much* to eat.
12. Importance of eating meals together as a family; adult role modeling of healthy eating during meal time.
13. Dealing with picky eaters.
14. Importance of breakfast.
15. Dairy products and calcium.
16. Meat / protein foods.
17. Fruit and vegetable intake – "5 A Day".
18. Whole grains.
19. High iron foods.
20. Foods that fight lead poisoning.
21. Importance of adequate sleep; short duration of sleep is a risk factor for obesity.
 - ✓ 3-5 year olds need 11-13 hours sleep time in a 24-hour period.
 - ✓ 4-5 year olds usually require an afternoon nap that lasts 1-2 hours.
 - ✓ 5 year olds and older need about 10 hours of sleep each night.
22. Physical activity/play.

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Child Section

23. Limit TV, video games, and computer time.
24. Limit fast food.
25. Choose easy recipes rather than convenience, prepackaged entrees.
26. Have child help with food preparation.
27. Importance of childhood immunizations.
28. Refer for lead screening (recommended once/year until age 6).
29. Protect from secondhand smoke and harmful substances.

Nutrition Education Counseling Guide

Child Section

Asthma*

NRF 360 Definition High Risk:

Other Medical Conditions: Persistent asthma:

Persistent asthma (moderate or severe) requiring daily medication

Presence of medical condition diagnosed, documented or reported by a physician or someone working under physician's orders, or as self-reported by applicant/participant/caregiver.

→ Refer to RD/RN

Assessment

- Assess severity of asthma (must be moderate or severe and require daily medication in order to be risked).
 - ✓ Asthma is a chronic inflammatory disorder of the airways, which can use recurrent episodes of wheezing, breathlessness, chest tightness, and coughing of variable severity.
 - ✓ Persistent asthma requires daily use of medication, preferably inhaled anti-inflammatory agents.
 - ✓ Severe forms of asthma may require long-term use of oral corticosteroids which can result in growth suppression in children, poor bone mineralization, high weight gain, and, in pregnancy, decreased birth weight of the infant.
 - ✓ Untreated asthma as well as high doses of inhaled corticosteroids can result in growth suppression in children and poor bone mineralization.
 - ✓ Repeated asthma "attacks" can, in the short-term, interfere with eating, and in the long-term cause irreversible lung damage that contributes to chronic pulmonary disease.
- Determine if child is receiving adequate/appropriate medical care and refer if needed.
- Ask if anyone in the home or daycare smokes.

Suggested counseling points

1. Encourage keeping medical appointments and following advice of MD.
2. Encourage adequate/appropriate diet for age.
3. Avoid coming into contact with substances that trigger asthma (i.e., pollen, mold spores, pet dander, and dust mites).
4. Protect child from secondhand smoke.
 - When a child is exposed to second hand smoke, his/her lungs become irritated and produce more mucus than normal.
 - Side effects of second hand smoke affect children faster than adults since their airways are smaller.
 - Second hand smoke can affect child's lung function in later life.
 - Children of parents/caretakers who smoke are more likely to develop lung and sinus infections. These infections can make asthma symptoms worse and more difficult to control.
5. Advise parent/caregiver to quit smoking.
6. Do not allow smoking in the home or car.
7. Avoid restaurants and public places that permit smoking.
8. Encourage parent/caregiver to help child manage stress.
 - Stress and depression can lead to asthma attacks.
 - An emotional reaction signals the nervous system to begin reacting in a way that can lead to an asthma attack.
9. Talk to the doctor about exercise.
10. Refer to RD/RN for high-risk counseling.
11. Refer for medical care.

Nutrition Education Counseling Guide

Child Section

Beverages

Assessment

- Check fluid intake and assess for appropriate types and quantities.

Suggested counseling points

1. Offer water between meals and snacks.
2. Give whole milk to children under age two.
 - The fat is needed to build healthy nerves.
3. Give low fat milk 1% or skim/fat free to children over age two.
4. Limit milk to 2 cups (16 oz) per day.
5. Limit juice to 4 oz per day.
 - Excess juice may spoil the appetite for other foods.
 - May cause poor appetite, tooth decay or diarrhea.
 - May cause excess weight gain.
6. Sports drinks are not needed; not made for kids.
7. Limit soda, Kool-Aid, fruit drinks, punch.
8. Do not offer tea
 - Tea has no nutritive value.
 - Tannic acid in tea can stain a child's teeth and interfere with iron absorption.

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Child Section

Constipation

Definition: - not an NRF

Hard, small, marble-like stools that are difficult to pass accompanied by strain or pain, few stools per week

Assessment

- Assess fluid and fiber intake.
- Assess for other medical conditions and refer as needed.

Suggested counseling points

1. Drink more liquids, especially more water.
2. Increase fiber foods:
 - Whole grain breads and cereals
 - Fruits and vegetables
 - Beans, peas, lentils
3. Encourage regular physical activity and play.
4. Encourage regular times for meals and snacks.
5. Encourage participant to discuss with physician if there is still a concern.

Nutrition Education Counseling Guide

Child Section

Dental Health/Dental Problems

Dental Health – not an NRF

NRF 381 Definition *Low Risk*:

Medical Condition: Oral Health Conditions

Oral health conditions include, but are not limited to:

- Dental caries, often referred to as “cavities” or “tooth decay”
- Periodontal diseases (stages include gingivitis and periodontitis)
- Tooth loss, ineffectively replaced teeth or oral infections which impair the ability to ingest food in adequate quantity or quality

Presence of oral health conditions diagnosed, documented or reported by a physician, dentist, or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.

Note: Evidence of the condition may be documented by the WIC staff.

Assessment

- Assess severity of dental problems.
- Assess for inappropriate bottle use.
- Check if child is being followed by a dentist. Refer if needed.
- Check if child/caregiver is performing recommended dental hygiene care (brushing, flossing, special mouth rinse, etc.)
- Assess intake of sweet, sticky foods and sweetened liquids.

Suggested counseling points

1. Prevention of dental problems is important.
 - Cavities and their treatment can be painful, expensive, and result in the loss of teeth.
 - Tooth decay in childhood can lead to crooked permanent teeth and speech problems.
 - Children with dental problems may be teased by other children.
2. Limit sweet, sticky foods and sweetened beverages.
3. Choose “tooth friendly” foods and snacks such as raw vegetables and fruit, milk, cheese, meat and nuts.
4. Brush teeth after every meal or at least morning and night; brush for at least two minutes.
5. After age 24 months, use pea-sized amount of fluoridated toothpaste.
6. Caregivers should lift their child's lip and check their teeth at least once a month.
7. If chewing is painful, eat soft, easily chewable foods.
8. Encourage calcium-rich foods.
9. Increase vitamin C-rich foods that help in wound and gum healing.
10. Wean from bottle or sippy cup ASAP.
11. Do not allow child to fall asleep with bottle or breast in his/her mouth.
12. Don't share germs. Germs cause tooth decay and are spread by:
 - Sharing spoons and forks
 - Putting things in someone's mouth and then in the child's mouth
 - Pre-chewing foods for the child
 - Sharing toothbrushes
13. Refer to dentist. Recommend first dental appointment by age one and regular checks ups every 6 months.

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Child Section

Diarrhea

Definition: - not an NRF

Many unformed, watery stools per day

Assessment

- Assess for above symptoms.
- Weigh and plot weight gain; assess current weight gain.
- Check for recent illness or fever and refer to physician as needed.
- Check juice intake.
- Determine if family practices regular hand washing.

Suggested counseling points

1. Encourage water intake or other fluids as directed by physician or RD/RN.
2. Limit juice to 4 ounces a day. Excessive juice can cause diarrhea.
3. Discourage use of sports drinks such as Gatorade.
4. Encourage hand washing after bathroom use and before eating.
5. Discuss safe food preparation and storage.
6. Refer to physician if diarrhea continues.

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Child Section

Dietary Supplements

NRF 425 Definition *Low Risk*:

425G: Feeding dietary supplements with potentially harmful consequences.

Examples of dietary supplements, which when fed in excess of recommended dosage, may be toxic or have harmful consequences:

- Single or multi-vitamins;
- Mineral supplements;
- Herbal or botanical supplements/remedies/teas.

425H: Routinely not providing dietary supplements recognized as essential by national public health policy when a child's diet alone cannot meet nutrient requirements:

- Providing children under 36 months of age less than 0.25 mg fluoride daily when water supply contains less than 0.3 ppm fluoride.
- Providing children 36-60 months of age less than 0.50 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride.
- Not providing 400 IU of vitamin D per day if a child consumes less than 1 liter (or 1 quart) of vitamin D fortified milk or formula.

Assessment

- Assess if child is consuming excessive vitamins, minerals or herbal supplements/remedies/teas.
- Assess if community water supply or drinking water is fluoridated or naturally contains fluoride.

Suggested counseling points

1. Follow physician recommendations regarding vitamin and mineral supplements.
2. Avoid teas, remedies and supplements that are potentially harmful.
3. If the community water supply is not fluoridated, refer to physician regarding fluoride supplements.
4. Have well water checked if fluoride content is unknown.
5. Refer to MD regarding need for vitamin D supplement.

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Child Section

Elevated Blood Lead Levels*

NRF 211 Definition High-Risk:

Blood lead level of greater than or equal to 10 micrograms/deciliter ($\geq 10 \mu\text{g}/\text{deciliter}$) within the past twelve (12) months.

→ Refer to RD/RN

→ RD/RN refer to physician (if testing was done at another location)

Assessment

- Check for pica (eating non-edible substances such as paper, dirt, laundry starch, cornstarch, or lots of ice).
- Ask if house could have lead pipes or lead-based paint.

Suggested counseling points

1. Discourage eating non-food items (pica).
2. Encourage high iron, calcium and vitamin C foods.
 - Having normal levels of iron protects the body from the harmful effects of lead.
 - Calcium reduces lead absorption.
 - Vitamin C and iron-rich foods work together to reduce lead absorption.
3. Encourage 3 meals and 2 to 3 healthy snacks per day.
 - Less lead is absorbed when children have food in their systems.
4. Avoid fried and fatty foods. Cook by baking, broiling, or steaming.
 - Fatty foods allow the body to absorb lead faster.
 - Filling up on high fat foods doesn't allow enough room for foods with iron, calcium and vitamins.
5. Encourage normal nutrition for age.
 - Children who eat healthy foods are less likely to get lead poisoning.
6. Don't store food or liquid in lead crystal glassware or imported or old pottery.
7. Refer to RD/RN for high-risk counseling.

Nutrition Education Counseling Guide

Child Section

Food Allergies*

NRF 353 Definition High Risk:

Medical Condition: Food Allergies: Adverse health effects arising from a specific immune response that occurs reproducibly on exposure to a given food. Presence of condition diagnosed, documented or reported by a physician or someone working under physician's orders, or as self-reported by applicant/participant/caregiver.
→ Refer to RD/RN

Assessment

- Find out what foods are bothering the child and assess if it comprises an entire food group.
- Find out what reaction the child has to the foods.
- Assess how long the child been allergic to the specific foods.
- Determine if allergy has been diagnosed by a physician or allergist and if child is currently receiving care/treatment for the food allergies.

Suggested counseling points

1. Follow health care provider's recommendations regarding avoidance of food (s) that cause allergic reaction.
2. Tailor food package to avoid allergy-causing foods.
3. Refer to physician for medical care.
4. Refer to RD/RN for high-risk counseling.

Nutrition Education Counseling Guide

Child Section

Food Preparation & Safety

Assessment

- Assess diet and eating patterns.

Suggested counseling points

1. Food budgeting & shopping tips.
2. Food safety tips.
3. Avoid foods that can cause choking (i.e., suckers, hard candy, nuts, raisins, popcorn, corn chips, raw carrots, grapes, apples, whole or sliced hot dogs).
4. Tips to prevent food-related choking.
 - Supervise feeding times.
 - Children should be relaxed and calm before eating and during meals.
 - Children should be seated while eating and not return to play until the meal or snack is eaten.
 - Modify food shapes and textures of foods most likely to cause choking (i.e., cut hot dogs into short strips, cut grapes into 4 pieces, chop raw vegetables into thin strips.)
 - Moisten peanut butter with juice, jelly or applesauce or spread a very thin layer on toast so that it melts on the toast.
 - Beware of ingredients in foods that might cause choking, such as nuts in cookies.
 - Avoid letting children eat in the car; if a child does choke, the caregiver won't be able to help while they're driving.
5. Limit fast food, which tends to be high in fat, calories and salt.
6. Allow child to participate in age appropriate food preparation activities.
7. Importance of hand washing.
8. Healthy snack ideas.
9. Recipe booklets.

Nutrition Education Counseling Guide

Child Section

Food Safety

NRF 425 Definition *Low Risk*:

425E: Feeding foods to a child that could be contaminated with harmful microorganisms.

Examples of potentially harmful foods for a child:

- Unpasteurized fruit or vegetable juice
- Unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese
- Raw or undercooked meat, fish, poultry or eggs
- Raw vegetable sprouts (alfalfa, clover, bean and radish)
- Deli meats, hot dogs, and processed meats (avoid unless heated until steaming hot).

Assessment

- Find out if child is eating any of the above foods.

Suggested counseling points

1. Do not drink unpasteurized fruit or vegetable juice.
2. Keep hot foods hot and cold foods cold.
3. Wash hands well with soap and water before and after handling food.
4. Do not cross contaminate. Keep cooked meats separate from raw meats.
5. Wash cutting boards and utensils in hot soapy water.
6. Wash fresh fruits and vegetables thoroughly before eating.
7. Keep eggs refrigerated and never eat raw eggs.
8. When in doubt, throw it out.
9. Cook meats thoroughly. Use a meat thermometer to ensure meats are cooked to safe temperatures.
10. Use only pasteurized milk.
11. Don't eat cheese made from raw or unpasteurized milk such as feta, Brie, Camembert, blue-veined, and Mexican-style cheeses.
12. Cook alfalfa, clover, bean and radish sprouts before eating.
13. Heat deli meats, hot dogs and processed meats until steaming hot before eating.
14. Use a thermometer to make sure refrigerator always stays at 40°F or below.

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Child Section

Highly Restrictive Diets

NRF 425 Definition *Low Risk*:

425F: Routinely feeding a diet very low in calories and/or essential nutrients

Examples:

- Vegan diet
- Macrobiotic diet
- Other diets very low in calories and/or essential nutrients

Assessment

- Find out what foods are restricted and assess adequacy of diet.
- Assess reason for the food restriction (i.e. medical condition, food allergy, weight loss/gain, religious beliefs, animal rights, etc.).
- Assess how long the participant been on the highly restrictive diet.
- Determine if physician/care provider is aware of restrictive dietary practices and recommend that participant inform MD if not already aware.
- Assess weight status.

Suggested counseling points

1. Emphasize need for nutrients that are eliminated or reduced by the restriction; find alternative foods if possible.
2. Discuss that diets are not recommended for children.
3. If restriction is for non-medical reasons, discuss possibility of easing up on restriction so child's growth will not be impaired.
4. Counsel on normal nutrition for age.
5. Encourage 3 meals and 2 to 3 healthy snacks per day.
6. Recommend that caregiver discuss child's dietary practices with MD.

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Child Section

Inadequate Growth*

NRF 135 Definition *Low Risk*:

Inadequate Growth

Any weight gain that is less than the expected weight gain from the *Minimum Expected Weight Gain (MEWG) table* (found in the Mini Manual) using current weight and the most recent previous weight.

NRF 135 Definition *High Risk*:

Inadequate Growth

- Growth drops two channel drops in 6 months or less for weight-for-age, length/height-for-age, weight-for-length/height, or BMI-for-age; **-OR-**
- Weight loss or no gain between two weights taken at least 3 months and no more than 6 months apart; **-OR-**
- Both weight-for-age and height-for-age are less than the 5th percentile.

Exception: Child was previously assigned NRF 113 (BMI-for-age was \geq the 95th percentile). At current WIC visit, child's growth does not meet minimum expected weight gain. Refer to the WIC High Risk Counselor only when one or both of the following conditions are present:

- Current weight is below the 75th percentile BMI for age **-OR-**
- Weight loss or inadequate weight gain was due to illness, food insecurity, or improper dietary/feeding practices.

Assessment

- Weigh and measure child and assess growth.
- Check for recent illness and refer to physician as needed.
- Assess diet, eating patterns, feeding relationship.
- Check timing and adequacy of meals.
- Check fluid intake for excess:
 - ✓ Limit milk to 16 oz/day.
 - ✓ Limit juice to 4 oz/day.
 - ✓ Do not offer/allow Kool-Aid, pop, sweet beverages, etc.
- Check to be sure child is receiving regular medical care.
- Check food supply and refer to food bank, food stamps, etc. as needed.

Suggested counseling points

1. Discuss appropriate foods for age.
2. Discuss serving sizes for age.
3. Review eating behaviors that can lead to inadequate weight gain.
4. Encourage three meals and 2 to 3 healthy snacks with at least two hours in between:
 - Offer a bedtime snack
 - Provide family meals at regular times. Regular mealtime promotes a healthy appetite.
 - Keep mealtimes calm and relaxed. A calm, relaxed meal atmosphere promotes a healthy appetite.
5. Discuss parent's responsibilities versus child's responsibilities in feeding.
 - Parents are responsible for:
 - ✓ The *what*, *when* and *where* of feeding (planning, preparing and providing meals and snacks).
 - Children are responsible for:
 - ✓ Choosing *whether* to eat and *how much* to eat.
6. Counsel on excess fluids.
7. Wean child from bottle or sippy cup.
8. Limit low nutrient dense foods and drinks.
9. Check food supply and refer to food bank, food stamps as needed.
10. Refer to physician.
11. Refer to RD/RN for high-risk counseling.

Nutrition Education Counseling Guide

Child Section

Lactose Intolerance

NRF 355 Definition *Low Risk*:

Medical Condition: Lactose Intolerance

The syndrome of one or more of the following: diarrhea, abdominal pain, flatulence, and/or bloating that occurs after lactose ingestion.

The presence of lactose intolerance must be diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.

Note: Evidence of the disorder may be documented by the WIC staff.

Assessment

- What symptoms does child have when consuming dairy products?
- What dairy products (if any) are tolerated?
- Has child ever used Lactaid milk or Lactaid drops?
- Assess weight status.

Suggested counseling points

1. Lactose intolerance is not an allergy, but an inability to digest lactose, the sugar in milk.
2. Symptoms of lactose intolerance are stomach ache, cramping, diarrhea, gas, bloating.
3. Sometimes milk or dairy products can be tolerated better when combined with other foods, in small amounts (cereal with milk, for example).
4. Lactaid and Dairy Ease Milk, and soy milk and tofu are lactose-free and available on WIC. (Purchase whole milk Lactaid until child is 2 years old.)
5. Review other non-dairy sources of calcium and importance for bone health.

Nutrition Education Counseling Guide Child Section

Low Hemoglobin/Severely Low Hemoglobin**

NRF 201 Definition *Low Risk*:

Low Hemoglobin

A hemoglobin value below those listed in *Hemoglobin Levels Indicating NRF #201* table (found in the Mini Manual).

→ If no medical care, RD/RN may recommend rechecking hemoglobin/hematocrit in 1-3 months

NRF 201B Definition *High Risk*:

Severely Low Hemoglobin

A hemoglobin value low enough to necessitate a medical referral as listed in the *Standards for Severely Low Hemoglobin* table (found in the Mini Manual).

→ Refer to RD/RN.

→ If permission granted to contact medical provider, MD must be sent printout of hemoglobin values with RD/RN contact information within 24 hours. Then schedule appointment with RD/RN within the next 30 days.

→ If no medical care or no permission to contact medical provider, RD/RN must be notified within 24 hours and contact the participant within 7 days to schedule a high risk counseling appointment within the next 30 days.

→ If no medical care, may recommend rechecking hemoglobin/hematocrit in 1-2 months.

Assessment

- Assess accuracy of value; WIC staff may choose to retake hemoglobin/hematocrit if accuracy is in question.
- Assess for excessive intake of tea and milk (more than 16 oz/day of milk) or indications of pica.
- Check for excesses of other liquids (> 4 ounces juice per day, Kool-Aid, pop, etc.) that may impair the child's appetite for other high-iron foods.
- Check current use of children's vitamin and iron supplements.
- Check food availability, especially high iron foods.
- Check if health care provider is aware of low or severely low hemoglobin.

Suggested counseling points

1. Discuss risks of low hemoglobin/hematocrit.
2. Counsel on excess milk and other liquids. Limit milk to no more than 2 cups (16 oz) a day.
3. Wean child from the bottle.
4. Eat high-iron foods.
5. Eat foods high in vitamin C along with iron supplement or high-iron foods to increase iron absorption.
6. Encourage scheduling appointment with MD to follow up on severe anemia.
7. Refer to RD/RN for counseling on severely low hemoglobin.

Nutrition Education Counseling Guide

Child Section

Mealtimes

Assessment

- Assess diet, eating patterns, feeding relationship.
- Check timing and adequacy of meals.

Suggested counseling points

1. Encourage three meals and two healthy snacks with at least two hours in between.
2. Eat with your child. Have meals together as a family at least once a day.
3. Encourage parents to model healthy eating during meal times.
4. Minimize distractions at mealtime, such as toys, TV, radio, etc.
5. Allow child to participate in age appropriate food preparation activities.
6. Parent's responsibilities versus child's responsibilities in feeding.
 - Parents are responsible for:
 - ✓ The *what*, when and *where* of feeding (planning, preparing, and providing meals and snacks).
 - Children are responsible for:
 - ✓ Choosing *whether* to eat and *how much* to eat.
7. Create a positive eating environment:
 - Use the child's favorite plate, bowl, cup, and eating utensils.
 - Serve meals and snacks on a predictable but flexible schedule.
 - Let the child decide whether to eat and how much.
 - Be patient and understanding if he/she makes a mess while learning to self-feed.
 - Give the child an opportunity to share the events of the day.
 - Praise child for trying new foods and for practicing appropriate table behavior.
 - Create a relaxed setting for meals; put stresses of the day aside.
8. Eat breakfast. It's the most important meal of the day.
9. Discuss healthy snack ideas.
10. Offer appropriate recipe booklets.

Nutrition Education Counseling Guide

Child Section

Medical Conditions*

NRF 300 series Definition High Risk or Low Risk:

Medical Conditions: Refer to Medical Conditions listed in the General Section. Only the medical conditions listed can be used as nutrition risk factors. All medical conditions are high risk unless indicated as low risk. Medical conditions must be diagnosed, documented, or reported by a physician or someone working under a physician's order, or as self-reported by applicant/participant/caregiver unless otherwise noted. Two medical conditions, Lactose Intolerance and Oral Health Conditions can be documented by the WIC educator; one medical condition, Eating Disorders can be documented by the RD/RN.

→ Refer to RD/RN

Assessment

- Assess height/weight/BMI/growth.
- Determine how medical condition impacts participant's health and eating habits.

Suggested counseling points

1. Encourage keeping medical appointments and following advice of MD.
2. Refer to RD/RN for counseling on high-risk medical conditions.

Nutrition Education Counseling Guide Child Section

At Risk of Becoming Overweight/Overweight/Obese*

NRF 114 Definition *Low Risk*:

At risk of becoming overweight

Child \geq 12 months to 5 years:

- Biological mother and/or biological father with a BMI \geq 30 at the time of certification.

NRF 114 Definition *Low Risk*:

Overweight

Child 2-5 years of age:

- BMI-for-age greater than or equal to the 85th percentile and less than the 95th percentile

NRF 113 Definition *High Risk*:

Obese

Child 2-5 years of age:

- BMI-for-age greater than or equal to the 95th percentile
- Refer to RD/RN
→ RD/RN must provide high risk counseling within 3 months.

Assessment

- Weigh and measure child and assess growth.
- Assess child's activity level.
- Assess family dynamics.
- Assess family eating habits.
- Assess child's intake of juice and sweetened drinks.
- Assess child's sleep habits; shortened duration of sleep is a risk factor for obesity.

Suggested counseling points

1. Review Children's Nutrition Guide and serving sizes for age.
2. Let child self-serve or offer child-sized servings and let child ask for seconds.
3. Switch to low fat milk (1% or fat-free/skim)
4. Limit juice to 4 ounces per day. Encourage drinking more water.
5. Offer lower calorie nutritious foods.
6. Avoid high-fat, high-sugar foods.
7. Bake, broil, and steam foods instead of fry.
8. Choose easy recipes rather than convenience, pre-packaged entrees.
9. Increase fruits and vegetables.
10. Offer healthy snacks.
11. Have child sit at the table and eat with the family.
12. Encourage adults to model healthy eating during meal time.
13. Minimize distractions at mealtime, such as toys, TV, radio, etc.
14. Encourage physical activity and active play.
 - Guidelines for Toddlers:
 - 30+ minutes structured physical activity/play per day
 - 60 minutes to several hours unstructured physical activity/play per day
 - No more than 60 minutes being sedentary at a time, except when sleeping
 - Guidelines for Preschoolers:
 - 60+ minutes structured physical activity/play per day
 - 60 minutes to several hours unstructured physical activity/play per day
 - No more than 60 minutes being sedentary at a time, except when sleeping
15. Limit TV, video games, and computer time.
 - No TV/screen time for children under age two.
 - No more than 2 hours TV/screen time for children age 2 and older.
16. Discuss importance of adequate sleep; short duration of sleep is a risk factor for obesity.
 - 1-2 year olds need 12-14 hours sleep time in a 24-hour period.

Nutrition Education Counseling Guide

Child Section

- Naps decrease from about 4 to 1/day by 18 months of age.
 - 3-5 year olds need 11-13 hours sleep time in a 24-hour period.
 - 4-5 year olds usually require an afternoon nap that lasts 1-2 hours.
 - 5 year olds and older need about 10 hours of sleep each night.
17. Parent's responsibilities versus child's responsibilities in feeding:
- Parents are responsible for:
 - ✓ The *what*, *when* and *where* of feeding (planning, preparing, and providing meals and snacks).
 - Children are responsible for:
 - ✓ Choosing *whether* to eat and *how much* to eat.
18. Refer to RD/RN for high risk counseling.

Nutrition Education Counseling Guide

Child Section

Physical Activity/Play

Assessment

- Assess activity level (at home and while with outside of home caregiver).
- Assess activities child and family regularly engage in.
- Assess parent interest in/or ability to allow/encourage activity.
- Assess activities that child/parent currently enjoys.

Suggested counseling points

1. Physical activity is important for healthy growth and development in young children.
 - Activity helps to build bone density.
 - Activity helps to keep blood pressure normal.
 - Activity helps children to obtain and maintain a healthy weight.
 - Activity can help reduce anxiety and stress and improve self esteem.
2. Children should be encouraged to be active 30-60 minutes every day.
 - 30+ minutes structured physical activity/day for toddlers
 - 60+ minutes structured physical activity/day for preschoolers
 - 60 minutes to several hours of unstructured physical activity/play per day
 - Short periods of activity (10-15 minutes) throughout the day are appropriate for young children.
3. The focus of activity should be fun!
4. Limit TV, video games, computer time and other sedentary activities.
 - Children are born with a love for activity. They can easily meet the recommendations for activity by decreasing time spent in sedentary activities.
 - No TV, video games, computer time for children under 2 years of age.
 - No more than 2 hours TV/screen time for children age 2 and older.
5. Encourage parents to be active with child. Parents are a child's best role model.
6. Encourage walking: walking up stairs, walking to the store, walking for transportation, not just activity. (This includes children, they do not need to be pushed everywhere in a stroller, encourage them to walk!)
7. Encourage increased activity as a family (entire family walk together after dinner, baseball game).
8. Encourage responsibility and home maintenance skills by having children help vacuum, clean floors, walk dog, wash the car and more!
9. Designate places inside where children and roll, climb, jump dance and tumble.
10. Find activities to do in your community such as hiking trails, swimming pools, skating rinks, etc.
11. Find the local YMCA; ask about special memberships for low-income families.
12. Go to the library, find books on activities you can do with your child.

Nutrition Education Counseling Guide

Child Section

Pica

NRF 425 Definition *Low Risk*:

425I: Routine ingestion of nonfood items (pica).

Non-food items:

- Ashes
- Carpet fibers
- Cigarette or cigarette butts
- Clay
- Dust
- Foam rubber
- Paint chips
- Soil
- Starch (laundry or cornstarch)

Assessment

- Determine what types of non-edible items the child is eating.
- If possible, assess reasons for eating non-edible items (i.e., cultural beliefs, iron or other nutritional deficiencies, relief of nausea and/or diarrhea, in response to stress, oral fixation, or other reasons).
- Assess for other medical conditions. Pica has been seen in children with obsessive-compulsive disorders, mental retardation, and sickle cell disease.
- Assess hemoglobin levels to determine iron adequacy.
- Refer to RD/RN if needed.

Suggested counseling points

1. Discourage child from eating non-edible items.
2. Discuss health problems and risks from pica:
 - Lead poisoning (from eating paint chips)
 - Dental injury (from eating hard substances that could harm the teeth)
 - Poor nutrition (from eating non-food items that take the place of nutritious food)
 - Bowel problems (from consuming indigestible substances like hair, cloth, etc.)
 - Intestinal obstruction or perforation (from objects that could get lodged in the intestines)
 - Parasitic infections (from eating dirt)
 - Toxicity leading to death (from eating mothballs or paint chips)
3. Encourage healthy foods and snacks to replace non-food items; 3 meals and 2 to 3 healthy snacks a day.
4. Encourage taking vitamins and iron as prescribed by physician.
5. Encourage caregiver to talk with physician if child continues to eat non-food items.

Nutrition Education Counseling Guide

Child Section

Picky Eater/Poor Appetite

Assessment

- Assess diet, eating patterns, and feeding relationship.
- Assess if the child and parents are struggling for control. Children tend to eat less when they are forced, reminded, punished, threatened or bribed to eat.
- Check timing and adequacy of meals.
- Check fluid intake.

Suggested counseling points

1. Encourage regular meals and snacks (2 hours between snacks and meals), no “grazing” throughout the day.
2. Review child's diet and appropriate portion sizes for age.
3. Limit juice to 4 ounces per day.
4. Discuss parent's responsibilities versus child's responsibilities in feeding:
 - Parents are responsible for:
 - ✓ The *what*, *when* and *where* of feeding (planning, preparing and providing meals and snacks).
 - Children are responsible for:
 - ✓ Choosing *whether* to eat and *how much* to eat.
5. Get rid of distractions at mealtime, such as toys, TV, radio, etc.
6. Allow child to refuse certain foods. It's OK to have some dislikes.
7. Don't short order cook
8. Offer a favorite food when offering a new food. It takes many times of offering a new food for a child to try and like a new food.
9. Encourage child involvement with food selections at the grocery store and in meal preparation at home.

Nutrition Education Counseling Guide

Child Section

Transitioning to Low-Fat Milk

Suggested counseling points

1. Milk is important for children. It provides protein, calcium and vitamins.
2. Low-fat milk has the same great nutrition as whole milk, but less fat and fewer calories.
3. Low-fat milk is good for the entire family (age two years and older).
4. Try reduced fat (2%) milk, then low-fat (1%) milk, and then fat-free (skim) milk.
5. Try mixing whole milk with low-fat milk for a couple of days and then try low-fat milk alone.
6. Use low-fat milk in cooking.
7. Encourage low-fat milk instead of juice, pop or Kool-Aid. Although, limit milk to no more than 16 ounces (2 cups) per day.

Nutrition Education Counseling Guide

Child Section

Underweight* /At Risk of Becoming Underweight

NRF 103A Definition Low Risk:

At Risk of Underweight

Children < 24 months of age:

- Weight-for-length greater than the 2nd percentile to less than or equal to the 5th percentile.

Children ≥ 24 months of age:

- BMI-for-age greater than the 5th percentile and less than or equal to the 10th percentile.

NRF 103B Definition High Risk:

Underweight

Children < 24 months of age:

- Weight-for-length less than or equal to 2nd percentile

Children ≥ 24 months of age:

- BMI-for-age less than or equal to the 5th percentile.

→ Refer to RD/RN

Assessment

- Weigh and measure child and assess growth.
- Check for recent illness and refer to physician as needed.
- Assess diet, eating patterns, and feeding relationship.
- Check timing and adequacy of meals.
- Check fluid intake for excess:
 - ✓ No more than 16 oz milk/day.
 - ✓ No more than 4 oz juice/day.
 - ✓ No Kool-Aid, pop, sweet beverages, etc.
- Check to be sure child is receiving regular medical care.
- Check food supply and refer to food bank, food stamps, etc. as needed.

Suggested counseling points

1. Discuss appropriate foods and serving sizes for age.
2. Review eating behaviors that can lead to a child being underweight.
3. Encourage three meals and 2 to 3 healthy snacks a day with at least two hours in between.
4. Offer a bedtime snack.
5. Provide family meals at regular times. Regular mealtime promotes a healthy appetite.
6. Make mealtimes pleasant; eat with your child.
7. Discuss parent's responsibilities versus child's responsibilities in feeding.
 - Parents are responsible for:
 - ✓ The *what*, *when* and *where* of feeding (planning, preparing and providing meals and snacks).
 - Children are responsible for:
 - ✓ Choosing *whether* to eat and *how much* to eat.
8. Discourage excess milk and other fluids.
9. Wean child from bottle or "sippy" cup.
10. Limit low nutrient dense foods and drinks.
11. Counsel on high calorie foods
12. Encourage child involvement with food selections at the grocery stores and in meal preparations at home.
13. Refer to physician.
14. Refer to RD/RN for high-risk counseling.

Nutrition Education Counseling Guide

Child Section

Weaning from the Bottle

NRF 425 Definition *Low Risk*:

425C: Routinely using nursing bottles, cups, or pacifiers inappropriately

Assessment

- Ask questions to determine when the caregiver is planning on weaning the child from the bottle.
- Find out if caregiver understands the importance of weaning at this age.
- Assess for dental problems (may be either diagnosed by MD or dentist, or identified by RD/RN). Risk accordingly, and refer to dentist as needed.

Suggested counseling points

1. Discuss problems with prolonged bottle use:
 - Child may fill up on milk and not have enough room for solid foods that provide iron and other important nutrients.
 - Drinking too much milk can lead to anemia since milk is low in iron.
 - Continuous sips of milk from the bottle throughout the day or night can cause tooth decay.
 - Prolonged bottle use puts child at risk for toothaches, costly dental treatment, loss of primary teeth and development lags in eating and chewing.
 - As child grows older, there is a risk of decay in permanent teeth.
2. Interest the child in something other than the bottle such as a stuffed toy, blanket, etc.
3. If bottle is given, only put water in it.
4. Replace one bottle-feeding at a time with a cup. Start with replacing child's least favorite bottle time first.
5. Offer small amounts of milk, juice or water in a cup.
6. Continue replacing feedings until all are replaced with cup feedings.
7. Provide lots of attention (read, snuggle, sing together, etc.) instead of a bottle at bedtime.
8. Offer a small snack or drink from a cup before bedtime.
9. Get all bottles out of sight. Have a ceremony to throw bottles away or give to another baby.
10. Discourage use of sippy cups and those that still require child to suck to get the liquid.
 - They can promote tooth decay in the same manner as bottles do.
 - Use of a cup with a lid (such as a Tupperware cup) is OK as long as the lid lets the child drink normally instead of sucking

Nutrition Education Counseling Guide

Child Section

Weaning from the Breast

Assessment

- Assess readiness and reasons to wean (refer to “Weaning from the Breast” in the Infant Section Reference Section)

Suggested counseling points

1. Let child lead (if applicable).
2. Replace one breastfeeding at a time, starting with child’s least favorite feeding (usually med morning or mid afternoon). Continue replacing breast feedings until all are replaced with cup feedings.
 - Gradual weaning is easier on both mother and child.
 - Allows mother’s milk supply to decrease slowly without fullness and discomfort.
 - Gives mother time to make sure her child is adjusting well to the change and to give the extra loving attention he/she needs as a substitute for the closeness they shared while nursing.
3. Offer small amounts of milk, juice or water in a cup.
4. Discourage use of “sippy” cups and those that still require the child to suck to get the liquid.
 - They can promote tooth decay in the same manner as bottles do and don’t teach the child to learn to form his/her lips to the rim of a cup.
 - Use of a cup with a lid (such as a Tupperware cup) is OK as long as the lid lets the child drink normally instead of sucking.
5. Change daily routines: Discuss ways to change usual routine so child won’t be reminded to nurse as frequently.
6. Anticipate nursing times and offer substitution and distractions:
 - Offer a special snack and drink right before a usual nursing.
 - Read to the child.
 - Go on an outing.
 - Provide a new toy.
 - Arrange a visit with other children.
7. Get dad or other family members involved. If the child typically asks to nurse upon waking in the morning, suggest someone else get the child up and bring him/her to breakfast.
8. Don’t offer, don’t refuse: breastfeed when child asks, but don’t offer to nurse when child does not ask.
9. Postpone breastfeeding when mom feels child can handle the delay.
10. Shorten the length of feedings.
11. Wear clothing that doesn’t facilitate breastfeeding, such as button-up-the-back dresses and shirts.
12. Slow down weaning if child becomes too upset or regresses in behavior. (i.e. stuttering, night waking, increase in clinginess during the day, a new or increased fear of separation, or biting that hasn’t previously occurred).