

Children's Dietary Risks

Chapter **3**

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Risk Info Sheets: 425

3-1 Children's Dietary Risks

Items needed

- ◆ The Risk Info Sheets listed below:
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 - ◇ 425.2 – *Feeding Sweetened Beverages*
 - ◇ 425.3 – *Inappropriate Use of Bottles, Cups or Pacifiers*
 - ◇ 425.4 – *Inappropriate Feeding Practices*
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 - ◇ 425.9 – *Pica*
- ◆ *Job Aid: Dietary Risks and Sub-Risks – 400s*
- ◆ *Job Aid: Completing a Diet Assessment for Children*
- ◆ *Observation Tool: Diet Assessment of a Child*
- ◆ Access to TWIST Practice database for case study

Objectives

After completing this lesson, you will be able to:

- ◆ Determine a child's dietary risk, based on a complete diet assessment.
- ◆ Identify 9 inappropriate nutrition practices for children.
- ◆ List probing questions to clarify information specific to children's dietary risks.

Overview

It is important to find out about a child's dietary practices so that you are able to provide the best, tailored nutrition education and counseling. All children share one common dietary risk called "*Inappropriate Nutrition Practices for Children.*" This risk is further defined by 9 different sub-risks, each of which identifies a particular feeding practice that may result in impaired nutrient status, disease, or health problems. Each of these sub-risks is described in a *Risk Info Sheet* at the end of this lesson.



Read the *Risk Info Sheets* for each of the following dietary risks for children:

- ◆ 425.1 – Inappropriate Beverages as Milk Source
- ◆ 425.2 – Feeding Sweetened Beverages
- ◆ 425.3 – Inappropriate Use of Bottles, Cups or Pacifiers
- ◆ 425.4 – Inappropriate Feeding Practices
- ◆ 425.5 – Feeding Potentially Harmful Foods
- ◆ 425.6 – Feeding Very Low Calorie or Nutrient Diet
- ◆ 425.7 – Inappropriate Use of Dietary Supplements
- ◆ 425.8 – Inadequate Fluoride or Vitamin D Supplementation
- ◆ 425.9 – Pica

**Practice activity**

Referring to the *Risk Info Sheets*, write your answer to the following questions.

1. What information, if anything, should be documented if you assign the following risks?

Risk	Documentation
425.1 – Inappropriate Beverages as Milk Source	
425.2 – Feeding Sweetened Beverages	
425.3 – Inappropriate Use of Bottles, Cups or Pacifiers	
425.4 – Inappropriate Feeding Practices	
425.5 – Feeding Potentially Harmful Foods	
425.6 – Feeding Very Low Calorie or Nutrient Diet	
425.7 – Inappropriate Use of Dietary Supplements	
425.8 – Inadequate Fluoride or Vitamin D Supplementation	
425.9 – Pica	

2. Timothy is 3 years old. He likes to drink a glass of apple juice with his lunch everyday. Would he qualify for a sub-risk of dietary risk 425?
YES – RISK # _____ NO
3. Tara is 4 years old. Her parents are both vegetarians. Although Tara regularly eats meat, she also frequently likes to drink unpasteurized

milk with her parents. Would she qualify for a sub-risk of dietary risk 425?

YES – RISK # _____ NO

4. Fey is 2 ½ years old. Since Fey doesn't like the taste of regular milk, her grandmother gives her sweetened condensed milk mixed with some non-dairy creamer instead. Would she qualify for a sub-risk of dietary risk 425?

YES – RISK # _____ NO

5. Terence is 4 ½ years old. He has been a vegetarian his whole life and enjoys eating eggs, dairy products and lots of fresh fruits and vegetables. Would he qualify for a sub-risk of dietary risk 425?

YES – RISK # _____ NO

6. Annalee is 15 months old. At naptime, she likes to be put to bed with a bottle of warm milk. Would she qualify for a sub-risk of dietary risk 425?

YES – RISK # _____ NO

7. José is 4 years old. José does not take any fluoride supplements because he lives in Beaverton, a city with fluoridated water. Would he qualify for a sub-risk of dietary risk 425?

YES – RISK # _____ NO

8. Nai is a 3-year-old boy. Nai's mother is a smoker. Even though Nai doesn't like the way his mommy smells after having a cigarette, he sure does enjoy eating her cigarette butts. Would he qualify for a sub-risk of dietary risk 425?

YES – RISK # _____ NO

9. Emily is a 3 ½-year-old girl with a major sweet tooth. Instead of giving her daughter candy all the time, Emily's mom allows her to eat as many of her orange flavored chewable multivitamins as she wants. Would she qualify for a sub-risk of dietary risk 425?

YES – RISK # _____ NO

10. Maria is a 2 ½-year-old girl who likes sweets. Instead of allowing her to eat candy all the time, Maria's dad gives her a pacifier dipped

in honey to suck on. Would she qualify for a sub-risk of dietary risk 425?

YES – RISK # _____ NO

11. Michael is 23 months old. Even though it is a slow process, he likes to drink his milk out of a cup that he tilts on his own. Would he qualify for a sub-risk of dietary risk 425?

YES – RISK # _____ NO

12. Brianne is 3 years old and drinks 16 ounces of 2% milk from a cup every day. She does not take any vitamin supplements. Would she qualify for a sub-risk of dietary risk 425?

YES – RISK # _____ NO

Asking about a child's feeding behaviors

As you learned in lesson 1-5, **Step ①** in a diet assessment involves asking the participant about the 3 topic areas related to feeding behaviors: attitudes; actions relating to food; and any supplements that might be used. Discussion items within each topic area vary from one participant category to another. Let's take a moment to review the topic areas and examples of discussion items for children.

Attitudes

This topic area addresses how the parent or caregiver thinks or feels about their child's diet. When talking to a parent or caregiver you might hear them talk about their concerns with their child's eating or mealtimes. They may express concerns about foods their child likes or does not like to eat. Here are some examples of what you might hear:



Feeding relationships

"I let them eat as much as they want."

"The only way I can get him to eat vegetables is if I give him a cookie afterwards."

Feeding concerns

"I don't have time to eat with her at mealtime."

"He isn't eating enough."

Support for independent feeding

"He is interested in what we are eating."

"She likes trying new foods."

"I prefer to feed him. Otherwise he ends up making a big mess."

Division of responsibility

"I don't like it when she wastes food."

"I don't care if she eats it all."

Recognition of hunger/satiety

"She knows the rules; she can't get up from the table until the plate is clean."

Actions

This topic area relates to what the child is doing. A parent or caregiver might talk about how often the child eats, how meal times are structured, or about foods their child is or is not eating.



Feeding Behaviors

“He comes and goes from the table.”

“He kind of grazes all day long, so I just leave the food out for him.”

“She likes to eat in front of the TV.”

Meal patterns

“She eats better at other people’s houses.”

“Her late snack affects her dinner.”

Weaning, use of cup/bottle

“He is still using a bottle.”

“I can’t seem to get him to stop using his pacifier.”

“She loves drinking from her sippy cup.”

Self-Feeding

“She is getting really good at using a spoon.”

“He sure does make a mess.”

Food preferences

“He loves macaroni & cheese.”

“She loves sugar snacks.”

“All he wants to eat is cereal.”

Food avoidance

“He won't eat anything green.”

“He won't eat meat because he doesn't like to chew, so I cut it up really small.”

“She doesn't like beans or peas.”

Supplementation

Supplementation is the topic area covered when a parent or caregiver shares information with you about whether or not their child receives fluoride, Vitamin D or other supplements.

Use of supplements

“He won’t let me put vitamin drops in his mouth.”

“He uses toothpaste with fluoride in it.”

Herbal remedies

“When my daughter has a cough, I give her some Chinese herbal syrup.”

Completing the diet assessment

The job aid *Completing a Diet Assessment for Children* will help you complete all the steps in the diet assessment.



Critical Thinking: **Step ④** is when you compare the data you have collected with the information you have heard.

To complete the diet assessment, you will carefully consider the information you have gathered and whether any additional information is needed. You will also prioritize the proposed topic(s) to discuss with the participant, as part of their nutrition education.

Remember, the last step (**Step ⑤**) in the diet assessment is to complete the appropriate documentation in TWIST.

The following skill check will help you practice completing a diet assessment for a child.

**Skill check****Part 1**

Review the job aid *Completing a Diet Assessment for Children*. Make note of the topics that are covered. Read the questions from the TWIST Diet Questionnaire and sample probing questions.

Part 2

On the job aid, write questions in your own words that you would feel comfortable asking to cover these topics. Write down what probing questions you would use to get more clarifying information. It is okay to start with the questions in TWIST and the probes listed if you feel comfortable with them.

Part 3

Review your questions with your Training Supervisor.

Part 4

Have your Training Supervisor arrange a time for you to observe a more experienced CPA certifying a child.

Part 5

Use the *Observation Tool* to make notes on:

- a) questions and probes that the CPA used to get information from the participant;
- b) what topics were covered;
- c) what dietary risks were assigned, if any.

Think about the information you heard and whether it covered the “Critical Thinking” questions from the Observation Tool and Job Aids.

Note what nutrition education topics were proposed by the certifier to the participant.

Part 6

After the certification is over, discuss what you observed with the CPA. Check with the CPA to see if you understood what was discussed.

Part 7

Have your Training Supervisor arrange a time for you to work with a more experienced CPA. You will do the dietary assessment during the certification of a child. (Alternative – You may want to role-play a dietary assessment or you may want to work directly with your Training Supervisor.)

Part 8

Ask the CPA to use the Observation Tool to observe you, as you practice using the questions and probes that you developed.

Part 9

Discuss how the observations went and what you learned with your Training Supervisor. Discuss the “Critical Thinking” questions. Review the dietary risks that were assigned and nutrition education topics that were suggested to the participant.

Case study

Complete *Case Study B*, which is located in the *Case Studies* section of the module.

Review Activity

With your Training Supervisor

1. Discuss your questions about Chapter 3.
 2. Check your answers to the written *Practice Activities* and *Skill Checks*.
 3. Check your answers to *Case Study B*.
 4. Discuss your observations of the diet assessment process and what you learned. Review your completed *Observation Tool*.
 5. Discuss the diet assessment questions that you wrote to use with children.
 6. Role-play a diet assessment of a child.
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Inappropriate Beverages as Milk Source

425.1

Category.....	ALL Children
Risk Level.....	LOW



Risk Description

Routinely feeding inappropriate beverages as the primary milk source.

<p>At risk if:</p>	<p>Child is routinely fed the following beverages as the primary milk source. Examples include but are not limited to:</p> <ul style="list-style-type: none"> ▪ Non-fat or reduced-fat milk (including 2%) between 13 and 23 months of age (unless assigned by a CPA to a child for whom overweight or obesity is a concern) ▪ Sweetened condensed milk ▪ Unfortified goat’s milk or sheep’s milk ▪ Imitation or substitute milks, that are unfortified or inadequately fortified or other “homemade concoctions”
<p>NOT at risk if:</p>	<p>Child is fed appropriate milk sources - OR - Child is over 24 months and drinking reduced fat milk - OR - Child is drinking fortified goat’s milk</p>

Reason for Risk

Unfortified goat's milk, imitation milk and substitute milk do not contain nutrients in amounts appropriate as a primary milk source for children. Non-fat and reduced fat milk are not recommended for children from 1 to 2 years of age, because of the lower calorie density, as compared with whole-fat products. Infants and children under two consuming reduced fat milk gain weight at a slower rate and are at risk of inadequate intake of essential fatty acids.

Considerations for Assigning Risk

Is the child currently drinking the beverage as the primary milk source? How long has the child been given the beverage? How often has the child been fed the beverage? How much of the beverage is the child drinking?



Additional Documentation

Document the *specific beverage* in “Notes” or “Progress Notes”.



Education/Referrals

Provide diet counseling appropriate for participant's concerns.

Example

At Risk

Avery is a 14 month old and is at WIC to be recertified. During the recertification appointment, Avery's mom tells you she is feeding him 2% milk because that is what the rest of the family drinks. Avery would qualify for Risk 425.1.

Not at Risk

Constance is an 18 month old and is at WIC to be recertified. During the diet assessment, her mom tells you when her sister came to visit them earlier in the week, she gave Constance a cup of her sister's rice milk beverage. Constance would **not** qualify for Risk 425.1.

Feeding Sweetened Beverages 425.2

Category.....	Children
Risk Level.....	LOW



Risk Description

Routinely feeding a child sweetened beverages.

At risk if:	<p>Child is routinely fed the following sweetened beverages. Examples include, but are not limited to:</p> <ul style="list-style-type: none"> ▪ Soda ▪ Kool-Aid® ▪ Sports drinks ▪ Juice drinks ▪ Gelatin water ▪ Corn syrup solutions ▪ Sweetened tea
NOT at risk if:	Child is fed appropriate beverages

Reason for Risk

Sugar, especially sucrose, is the major dietary factor affecting dental caries. Drinking beverages high in sugar increases the risk of early childhood caries and tooth decay.

Considerations for Assigning Risk

Is the child currently being fed the sweetened beverages? How long has the child been fed the beverage? How often is the child fed the beverage? How much of the beverage is the child drinking?



Additional Documentation

Document the *specific sweetened beverage* in “Notes” or “Progress Notes”.



Education/Referrals

Provide diet counseling appropriate for participant’s concerns.

Example

At Risk

Emma is a 2½ year old and is at WIC to be recertified. During the recertification appointment, Emma’s mom tells you she usually gives Emma Kool-Aid® or a Capri Sun® drink pouch when she has her morning and afternoon snack, every day. Emma would qualify for Risk 425.2.

Not at Risk

Armando is a 3½ year old and is at WIC to be recertified. During the appointment, Armando’s mom tells you she gives Armando sweetened tea to drink when their extended family gets together for special celebrations like Mother’s Day and 4th of July. Armando would **not** qualify for Risk 425.2.

Inappropriate Use of Bottles, Cups or Pacifiers

425.3

Category.....	ALL Children
Risk Level.....	LOW



Risk Description

Routinely using bottles, cups or pacifiers improperly.

At risk if:	<p>Child is routinely using bottles, cups or pacifiers improperly. Examples include, but are not limited to:</p> <ul style="list-style-type: none"> ▪ Using a bottle for feeding or drinking beyond 14 months of age ▪ Using a bottle to drink juice, diluted cereal or other solids ▪ Allowing the child to fall asleep or to be put to bed with a bottle, at naps or bedtime ▪ Allowing the child to use a bottle without restriction, such as walking around with a bottle or using a bottle as a pacifier ▪ Allowing the child to carry around and drink throughout the day from a covered training cup ▪ Dipping pacifier in sugar, honey or syrup
NOT at risk if:	<p>Child is using bottles, cups or pacifiers properly for age and stage of development</p>

Reason for Risk

Prolonged use of baby bottles (during the day or night) containing sugary drinks and routinely having high sugar substances contributes to tooth decay. Pacifiers dipped in sweet substances such as sugar or honey also contributes to tooth decay. Solid foods such as cereal should not be put into a bottle for feeding because this does not encourage the child to eat solid foods in a more developmentally appropriate way.

Considerations for Assigning Risk

Is the child currently using a bottle, cup or pacifier improperly? How long has the child been using the bottle, cup or pacifier improperly? How frequently does the child use the bottle, cup or pacifier improperly?



Additional Documentation

Document the *specific inappropriate use* in “Notes” or “Progress Notes”.



Education/Referrals

Provide diet counseling appropriate for participant’s concerns.

Example

At Risk

Betsy is a 3½ year old at WIC to be recertified. During the recertification appointment, Betsy’s mom tells you that since Betsy’s little brother Brian was born 4 months ago, Betsy wants to drink her milk and juice out of a bottle because that’s how Brian is fed. Betsy’s mom thinks that’s cute and lets Betsy drink her beverages that way. Betsy would qualify for Risk 425.3.

Not at Risk

Joel is a 13 month old at WIC to be recertified. During the appointment his mom tells you she has started weaning Joel from the bottle by offering milk and juice in a training cup. She doesn’t allow

Joel to walk around the house with the training cup. Joel would **not** qualify for Risk 425.3.

Inappropriate Feeding Practices 425.4

Category.....	ALL Children
Risk Level.....	LOW



Risk Description

Routinely using feeding practices that do not consider the developmental needs or stage of the child.

At risk if:	<p>A feeding practice that disregards the developmental need of the child is routinely being used. Examples include, but are not limited to:</p> <ul style="list-style-type: none"> ▪ Inability to recognize, insensitivity to or disregarding the child's cues for hunger or fullness ▪ Feeding foods of inappropriate consistency, size or shape that puts the child at risk for choking ▪ Not supporting a child's need for increased independence with self-feeding such as solely spoon feeding a child who is able and ready to finger feed and/or trying to self-feed with appropriate utensils ▪ Feeding a child foods with inappropriate textures based on his/her developmental stage, such as feeding primarily pureed or liquid foods when the child is ready and capable of eating mashed, chopped or appropriate finger foods
NOT at risk if:	<p>Appropriate feeding practices are used to feed the child</p>

Reason for Risk

Young children are born with the ability to regulate their food intake based on hunger, appetite and fullness. The “feeding relationship” between a caregiver and a child influences a child’s ability to develop eating skills and to eat a nutritionally adequate diet. A poor feeding relationship can result in poor dietary intake and impaired growth.

Considerations for Assigning Risk

What is the current age and developmental stage of the child? How long has the feeding practice been used? Will the feeding practice continue to be used?



Additional Documentation

Document the *specific inappropriate feeding practice* in “Notes” or “Progress Notes”.



Education/Referrals

Provide diet counseling appropriate for participant’s concerns.

Example

At Risk

Kadance is an 18 month old and is at WIC to be certified for the first time. Kadance’s mom tells you she still usually feeds Kadance and sometimes uses an infant feeder because she doesn’t want Kadance to make a mess. There are 4 other children in the family and she is tired of having to clean up after meals. Kadance would qualify for Risk 425.4.

Not at Risk

Sebastian is a 2 ½ year old and is at WIC for a recertification appointment. Sebastian has Down syndrome and during the appointment Sebastian’s mom tells you he is still being fed pureed foods. Sebastian would **not** qualify for Risk 425.4.

Feeding Potentially Harmful Foods

425.5

Category.....	ALL Children
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Risk Level.....	LOW
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Risk Description

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

At risk if:	<p>Child is fed potentially harmful foods. Examples of potentially harmful foods include, but are not limited to:</p> <ul style="list-style-type: none"> ▪ Raw or undercooked meat, poultry, fish or shellfish ▪ Raw or undercooked eggs, or foods containing raw or lightly cooked eggs, including: salad dressings, cookie and cake batters, sauces, and beverages such as unpasteurized eggnog ▪ Hot dogs, lunch meat, processed meats and other deli style meat or poultry (unless reheated until steaming hot) ▪ Unpasteurized milk or foods containing unpasteurized milk ▪ Any soft cheese or fresh cheeses made with unpasteurized milk, such as: feta, brie, camembert, blue-veined and Mexican style cheese such as queso blanco, queso fresco, or panela ▪ Unpasteurized fruit or vegetable juices ▪ Raw vegetable sprouts such as alfalfa, clover, bean
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	or radish
NOT at risk if:	Child is fed foods that are not contaminated

Reason for Risk

In order to prevent food-borne illness, the American Academy of Pediatricians recommends that certain foods should not be fed to young children.

Considerations for Assigning Risk

Is the child currently eating the potentially harmful food? How long has the child been fed the food? How often is the child fed the food? How much of the food does the child eat?



Additional Documentation

Document the *specific food* in “Notes” or “Progress Notes”.



Education/Referrals

Provide diet counseling appropriate for participant’s concerns.

Example

At Risk

Marteen is a 3 year old who is at WIC to be recertified. During the diet assessment, Marteen’s dad tells you Marteen is going through another “picky eater” phase and about the only thing he can get Marteen to eat are hot dogs and deli ham. Marteen will only eat them if they are cold and right out of the package. Marteen would qualify for Risk 425.5.

Not at Risk

Perla is a 3 ½ year old and is at WIC to be recertified. During the diet assessment, Perla's dad tells you their neighbor gave them a gallon of home made fruit juice last week and Perla had a cup although she did not drink much of it. Perla would **not** qualify for Risk 425.5.

Feeding Very Low Calorie or Nutrient Diet

425.6

Category.....	ALL Children
Risk Level.....	LOW



Risk Description

Routinely feeding a diet very low in calories and/or essential nutrients.

At risk if:	Child is routinely fed a diet very low in calories and/or essential nutrients. Examples include, but are not limited to: <ul style="list-style-type: none"> ▪ Vegan diet ▪ Macrobiotic diet ▪ Diet is very low in calories and/or essential nutrients
NOT at risk if:	Child is fed a diet with appropriate calories and/or nutrients.

Reason for Risk

Highly restrictive diets prevent adequate intake of nutrients, interfere with growth and development and may lead to other adverse physiological effects. The more limited the diet, the greater the health risk.

Considerations for Assigning Risk

What diet is being offered? Is the child currently being fed the diet? How long has the child been fed the diet? Will the diet continue to

be fed to the child? Is the caregiver adjusting the diet to meet the child's needs?



Additional Documentation

Document the *specific diet* in “Notes” or “Progress Notes”.



Education/Referrals

- ◆ A referral to the WIC nutritionist is recommended
- ◆ Provide diet counseling appropriate for participant's concerns.

Example

At Risk

Shasteen just turned 4 years old last week and is at WIC to be recertified. During the recertification appointment, Shasteen's mom tells you she put the family on a totally vegan diet after Shasteen's father had a heart attack 2 months ago. She doesn't want to get milk, cheese or eggs on Shasteen's vouchers. Shasteen would qualify for Risk 425.6.

Not at Risk

Jerome is a 3 year old and is at WIC to be recertified. During the appointment Jerome's foster mom tells you she and her husband are going to start the South Beach Diet next week. She said the family will basically follow the South Beach plan, but she will make sure the children will get all the recommended foods according to the MyPyramid. Jerome would **not** qualify for Risk 425.6.

Inappropriate Use of Dietary Supplements

425.7

Category.....	ALL Children
Risk Level.....	LOW



Risk Description

Taking dietary supplements may be toxic or have potentially harmful consequences when taken in excess of recommended dosages for participants' category.

At risk if:	Child is consuming dietary supplements in excess of recommended dosages. Examples include, but are not limited to: <ul style="list-style-type: none"> ▪ Single or multi-vitamins ▪ Mineral supplements ▪ Herbal or botanical supplements/remedies/teas
NOT at risk if:	Child is not taking dietary supplements or consumption is appropriate

For more information on inappropriate use of dietary supplements, refer to:

- ◆ American Academy of Pediatrics, Committee on Nutrition. Pediatric Nutrition Handbook. 5th edition.

Reason for Risk

A child taking inappropriate or excessive amounts of dietary supplements, such as: single or multivitamins or minerals, or

botanical (including herbal) remedies or teas not prescribed by a physician is at risk for adverse effects. Adverse effects include: harmful nutrient interactions, toxicity, and physical malformations.

Considerations for Assigning Risk

Is the child currently taking the supplement? How long has the child been taking the supplement? How much of the supplement does the child take?



Additional Documentation

Document the *specific inappropriate dietary supplements* in the “Notes” or “Progress Notes”.



Education/Referrals

Provide diet counseling appropriate for participant’s concerns.

Example

At Risk

Traleah is a 2 year old who is at WIC to be re-instated. For the last 3 months Traleah was out of the United States with her parents, visiting relatives in her native country. During the diet assessment, you learn that one of Traleah’s favorite things to drink is an old family recipe tea blend made up of several herbs including chamomile and sassafras. Traleah’s mom now makes the tea for her family since Traleah likes it so much. Traleah would qualify for Risk 425.7

Not At Risk

Mekiah is a 4 year old who is at WIC to be re-certified. During the assessment, Mekiah’s mom tells you she gives him a Flintstone’s™ children’s chewable vitamin every other day because she wants to make sure he stays healthy since he had Strep Throat last month. Mekiah would **not** qualify for Risk 425.7.

Inadequate Fluoride or Vitamin D Supplementation 425.8

Category.....	ALL Children
Risk Level.....	LOW



Risk Description

Routinely not providing fluoride or Vitamin D, which are recognized as essential, when a child’s diet alone cannot meet nutrient requirements.

At risk if:	The water supply is not fluoridated or the child drinks less than 1 quart of Vitamin D fortified milk or formula daily -AND- Child is not receiving prescribed fluoride or Vitamin D supplements
NOT at risk if:	Child receives fluoridated water and drinks 1 quart of Vitamin D fortified milk or formula daily -OR- Child receives prescribed fluoride supplement when water supply is not fluoridated and receives Vitamin D supplement.

Reason for Risk

Fluoride supplements may be beneficial in reducing dental decay for children living in a fluoride deficient area. The American Academy of Pediatrics recommends that children receive 400 IU of Vitamin D per day through a combination of Vitamin D fortified milk or

formula or supplements. Vitamin D supplements are beneficial in prevention of rickets, infections, heart disease, auto immune diseases, some forms of cancer, type 2 diabetes and Vitamin D deficiency.

Considerations for Assigning Risk

Is the child currently taking a fluoride supplement or drinking fluoridated water? How long has the child not been taking a fluoride supplement? Is the child drinking 1 quart of Vitamin D fortified milk each day? Does the child take a Vitamin D supplement?



Additional Documentation

No special requirements.



Education/Referrals

A referral to a dental health professional or health care provider is recommended.

Example

At Risk

Wanda is a 2 year old who is at WIC for an individual nutrition education appointment. She has been living with her grandmother for the past 4 months. During the appointment you assess her diet and learn that Wanda's is drinking 2 cups of Vitamin D milk and is not taking a fluoride supplement even though the water supply in your town is not fluoridated. Wanda would qualify for Risk 425.8.

Not at Risk

Giselle is a 2½ year old who is at WIC to be recertified. During the assessment, you learn Giselle went to visit her grandmother over the weekend and forgot to take her fluoride and Vitamin D supplements. Giselle would **not** qualify for Risk 425.8.

Pica

425.9

Category.....	ALL Children
Risk Level.....	LOW



Risk Description

Compulsively eating non-food items over a sustained period of time.

<p>At risk if:</p>	<p>The child is compulsively eating non-food items over a sustained period of time. Examples include, but are not limited to:</p> <ul style="list-style-type: none"> ▪ Ashes ▪ Carpet fibers ▪ Chalk ▪ Cigarettes or cigarette butts ▪ Clay ▪ Dust ▪ Foam rubber ▪ Paint chips ▪ Soil ▪ Starch (laundry or cornstarch)
<p>NOT at risk if:</p>	<p>The child is not routinely eating non-food items</p>

Reason for Risk

Pica, the compulsive ingestion of non-food substances, is linked to lead poisoning and exposure to other toxicants, anemia, excess calories or displacement of nutrients, gastric and small bowel obstruction, as well as parasitic infection.

Considerations for Assigning Risk

Is the child currently eating the non-food item? How long has the child been eating the item? How frequently does the child eat the item? How much of the item does the child actually eat? Is this a developmentally normal oral exploration?



Additional Documentation

Document the *non-food items eaten* in the “Notes” or “Progress Notes”.



Education/Referrals

- ◆ A referral to the participant’s health care provider is recommended.
- ◆ Provide diet counseling appropriate for participant’s concerns.

Example

At Risk

Kamryn, who is almost 4 years old, is at WIC to be recertified. During the diet assessment, Kamryn’s mom tells you she bought some foam cushions a few weeks ago and recently noticed that Kamryn had been pulling off little pieces and eating them. Although she has moved the cushions out of his reach, she realized Kamryn has also been biting pieces out of his nerf type toys and probably swallowing them. Kamryn would qualify for Risk 425.9

Not at Risk

Sage is an 18 month old at WIC to be recertified. During the assessment Sage’s mom tells you he licks the crayons when his older sister is coloring. Sage would **not** qualify for Risk 425.9.