

Individual Counseling Guide – Children

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p style="text-align: center;">103 Child Underweight</p> <p style="text-align: center;">≤10th percentile weight for length or height</p>	<p>Review Health History and Diet for Contributing Factors:</p> <ul style="list-style-type: none"> • insufficient calories • insufficient resources for food • recent illness • feeding problems • developmental delay • severe dental caries • prematurity • chronic medical conditions • abuse or neglect <p>Note: Growth along the 10th percentile weight for length or height may represent normal growth for some children. However, a weight and length/height recheck may be necessary to evaluate if normal growth is taking place. Children ≤5th percentile weight for length or height are at greater risk for protein calorie malnutrition, growth faltering and growth failure.</p> <p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Consider size of parents. • Consider child’s previous growth pattern. • Reinforce what parents are doing right with child’s diet. • If child is consuming a diet low in calories and/or nutrients, explain the relationship between good nutrition and normal growth and development. • Identify areas of diet that need attention and make appropriate suggestions: <ul style="list-style-type: none"> - Provide adequate number of servings from each food group. - Offer three meals and two healthy snacks each day. - Provide age-appropriate serving sizes. - Limit foods of low nutritional quality (candy, sweets and fatty foods). - Limit juice to 4 oz./day for 1-3 year olds and no more than 6 oz./day for children 4-5 years. - Offer calorie-dense foods (see Appendix). - Whole milk may be appropriate for some underweight children, even children over age 2. <p>***Making the Connection***</p> <p><i>Ask the parents what concerns they have about the child’s eating habits, food intake, weight or growth. Incorporate the growth chart and/or diet recall into the counseling session. Use food models to show serving sizes. Ask parents to suggest one thing they can do or change to help their child achieve a more appropriate weight for height.</i></p>	<p>Refer to doctor or clinic if: child is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p>Immediately refer to doctor or clinic if: child is ≤5th percentile weight for length or height.</p> <p>Refer to ECI if: child has developmental delay or disability (see risk code 362), 1-800-250-2246.</p> <p>Refer to Food Stamps, food pantry, etc. if: insufficient food or food resources.</p> <p>Refer to dentist if: severe dental problems.</p> <p>Refer to Child Protective Services if: signs of abuse or neglect; 1-800-252-5400.</p> <p>Resources:</p> <ul style="list-style-type: none"> • Healthy Foods for Happy Kids 1-2 Years [1-39, 1-39(a)] • Healthy Foods for Happy Kids 3-5 Years [1-47, 1-47(a)] • Help! My Child is a Picky Eater [13-18, 13-18(a)] <p>Staff Resource: Appendix</p>

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p data-bbox="184 261 331 326">113 Overweight</p> <p data-bbox="121 358 390 423">≥90th percentile weight for length or height</p>	<p data-bbox="426 261 1136 289">Review Health History and Diet for Contributing Factors:</p> <ul data-bbox="453 297 982 467" style="list-style-type: none"> • over consumption of foods and/or beverages • developmental delay • genetic disorders • parental obesity • chronic medical conditions <p data-bbox="426 496 1541 594">Note: Growth along the 90th percentile weight for length/height is considered normal by some pediatric authorities. A weight for length/height recheck may be necessary to determine if normal growth is taking place.</p> <p data-bbox="426 623 905 651">Counseling Topics and Considerations:</p> <ul data-bbox="453 659 1566 1471" style="list-style-type: none"> • Reinforce what parents are doing right with child’s diet. • Identify areas of diet that need attention and make appropriate suggestions: <ul data-bbox="485 727 1566 992" style="list-style-type: none"> - Provide appropriate number of servings from each food group. - Offer age-appropriate serving sizes. - Limit foods of low nutritional quality (candy, sweets and fatty foods). - Limit milk to no more than 16 oz. per day. Recommend low-fat milk only if child is older than 2 years of age. - Limit juice to 4 oz./day for 1-3 year olds and no more than 6 oz./day for children 4-5 years. - Avoid sweet beverages, such as fruit drinks, fruit punch and sodas. - Suggest weaning if appropriate (see risk code 419). • Reinforce the principles of a healthy feeding relationship between the parent and child: <ul data-bbox="485 1049 1549 1179" style="list-style-type: none"> - Parents should follow a healthy diet as an example for the child. - Set regular meal and snack times. - Child should not be required to eat everything on his/her plate. Parents are responsible for providing healthy foods. Child is responsible for how much and which foods he eats. • Discuss increasing the child’s activity level and age-appropriate activities. Recommend 20 minutes of physical play at least 3 times per week. • Limit TV viewing time to no more than 2 hours per day. • Weight-loss diets should never be recommended by WIC staff. • If child is consuming a diet low in nutrients, explain the relationship between good nutrition and normal growth and development. • Remind parents that overweight children tend to become overweight adults, which in turn puts them at greater risk for many chronic diseases. 	<p data-bbox="1593 261 1982 391">Refer to doctor or clinic if: child is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p data-bbox="1593 431 1982 626">Immediately refer to doctor of clinic if: child is ≥ 95th percentile weight for length or height or increasing percentiles between subcertifications.</p> <p data-bbox="1593 667 1982 756">Refer to RD for high risk counseling if: available and deemed appropriate.</p> <p data-bbox="1593 797 1730 824">Resources:</p> <ul data-bbox="1608 833 1992 1211" style="list-style-type: none"> • Healthy Foods for Happy Kids 1-2 Years [1-39, 1-39(a)] • Healthy Foods for Happy Kids 3-5 Years [1-47, 1-47(a)] • Help! My Child is a Picky Eater [13-18, 13-18(a)] • Watching Your Child’s Weight [13-75, 13-75(a)] • Low-Fat Milk: Answers to Your Questions [13-19, 13-19(a)]

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p>113 (cont'd) Overweight</p> <p>≥90th percentile weight for length or height</p>	<p>***Making the Connection***</p> <p><i>Ask the parents what concerns they have about the child's eating habits, food intake, weight or growth. If there is any family history of chronic disease, use this to stress the importance of addressing the child's overweight status. Incorporate the child's growth chart and/or diet recall into the counseling session. Use food models to show appropriate serving sizes. Ask parents to suggest one thing they might do or change to help their child achieve a more appropriate weight for height.</i></p>	

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<p data-bbox="170 224 342 282">121 Short Stature</p> <p data-bbox="107 326 405 384">≤10th percentile length or height for age</p>	<p data-bbox="426 224 1136 250">Review Health History and Diet for Contributing Factors:</p> <ul data-bbox="453 261 1331 500" style="list-style-type: none"> • insufficient protein and calories • insufficient resources for food or access to food • feeding problems • developmental delay • severe dental caries • prematurity • medical conditions that interfere with nutrient absorption, metabolism, etc. <p data-bbox="426 537 1528 596">Note: Growth along the 10th percentile length for age may represent normal growth for some children. A length/height recheck may be necessary to evaluate if normal growth is taking place.</p> <p data-bbox="426 634 905 660">Counseling Topics and Considerations:</p> <ul data-bbox="453 672 1566 1192" style="list-style-type: none"> • Consider growth history. • Consider size of parents. • Reinforce what parents are doing right with child’s diet. • Identify areas of diet that need attention and make appropriate suggestions: <ul data-bbox="485 813 1566 1003" style="list-style-type: none"> - Offer adequate number of servings from each food group. - Provide age-appropriate serving sizes. - Limit foods of low nutritional quality (candy, sweets and fatty foods). - Limit juice to 4 oz./day for 1-3 year olds and no more than 6 oz./day for children 4-5 years. (Explain that too much juice and other sweet beverages can decrease the intake of nutrient-dense foods.) • If child is consuming a diet low in nutrients, explain the relationship between good nutrition and normal growth and development. • If diet is adequate and child does not qualify for any other risk codes, explain that WIC will monitor child’s growth to confirm adequate growth. Reassure parents that this is a standard procedure in WIC. <p data-bbox="426 1230 821 1256">***Making the Connection***</p> <p data-bbox="453 1268 1524 1414"><i>Ask the parents what concerns they have about the child’s eating habits, food intake, length/height or growth. Incorporate the child’s growth chart and/or diet recall into the counseling session. Use food models to show appropriate serving sizes. Ask parents to suggest one thing they might do or change to help their child achieve a more appropriate growth pattern.</i></p>	<p data-bbox="1593 224 1982 347">Refer to doctor or clinic if: child is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p data-bbox="1593 391 1730 417">Resources:</p> <ul data-bbox="1608 428 1992 552" style="list-style-type: none"> • Healthy Foods for Happy Kids 1-2 Years [1-39, 1-39(a)] • Healthy Foods for Happy Kids 3-5 Years [1-47, 1-47(a)]

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<p data-bbox="149 250 363 415">134 Failure to Thrive Must be diagnosed by a physician</p>	<p data-bbox="426 250 1136 277">Review Health History and Diet for Contributing Factors:</p> <ul data-bbox="453 289 1073 565" style="list-style-type: none"> • insufficient calories/inadequate or inappropriate diet • insufficient resources for food • recent illness • feeding problems • developmental delay • severe dental caries • chronic medical conditions • poor family/social situation <p data-bbox="426 597 1493 695">Note: Failure to thrive is not a diagnosis, it is a symptom of other problems. Therefore, it is important to follow up with the physician to clarify/ascertain the underlying problem so appropriate counseling can be provided.</p> <p data-bbox="426 727 905 755">Counseling Topics and Considerations:</p> <ul data-bbox="453 766 1566 1286" style="list-style-type: none"> • Identify who is responsible for food preparation and feeding. • Consider child’s previous growth pattern. Determine when growth began to decline. • Reinforce what parents are doing right with child’s diet. • If child is not eating enough calories or consuming a diet low in nutrients, explain the relationship between good nutrition and normal growth and development. • Reinforce any special diet/feeding instructions from the child’s health care provider. • Identify areas of diet that need attention and make appropriate suggestions. <i>(Note: these suggestions may not be appropriate for children with oral motor feeding problems or children who are tube-fed.)</i> <ul data-bbox="485 1091 1566 1286" style="list-style-type: none"> - Provide adequate number of servings from each food group. - Provide age-appropriate serving sizes. - Limit foods of low nutritional quality (candy, sweets and fatty foods). - Limit juice to 4 oz./day for 1-3 year olds and no more than 6 oz./day for children 4-5 years. - Offer calorie-dense foods (see Appendix). - Whole milk may be appropriate for some underweight children, even children over age 2. <p data-bbox="426 1318 821 1346">***Making the Connection***</p> <p data-bbox="453 1351 1524 1474"><i>Ask the parents what concerns they have about the child’s eating habits, food intake, weight or growth. Incorporate the chart and/or diet recall into the counseling session. Use food models to show appropriate serving sizes. Ask parents to suggest one thing they might do or change to help their child achieve a more appropriate weight for height.</i></p>	<p data-bbox="1593 250 1986 380">Encourage regular follow-up medical care. Contact physician to clarify etiology and coordinate services.</p> <p data-bbox="1593 418 1919 548">Refer to RD for high risk counseling if: child has special health care needs.</p> <p data-bbox="1593 587 1976 717">Refer to ECI if: child has developmental delay or disability (see risk code 362), 1-800-250-2246.</p> <p data-bbox="1593 789 1793 849">Staff Resources: Appendix</p>

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<p align="center">135 Inadequate Growth</p>	<p>Review Health History and Diet for Contributing Factors:</p> <ul style="list-style-type: none"> • insufficient calories • insufficient resources for food • recent illness • feeding problems • developmental delay • severe dental caries • prematurity • chronic medical conditions <p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Reinforce what parents are doing right with child’s diet. • If child is not eating enough calories or consuming a diet low in nutrients, explain the relationship between good nutrition and normal growth and development. • Identify areas of diet that need attention and make appropriate suggestions: <ul style="list-style-type: none"> - Provide adequate number of servings from each food group. - Provide age-appropriate serving sizes. - Choose foods of high nutritional quality. - Limit foods of low nutritional quality (candy, sweets and fatty foods). - Limit juice to 4 oz./day for 1-3 year olds and no more than 6 oz./day for children 4-5 years. - Offer calorie-dense foods (see Appendix). - Whole milk may be appropriate for some underweight children, even children over age 2. <p>***Making the Connection***</p> <p><i>Ask the parents what concerns they have about the child’s eating habits, food intake, or growth. Incorporate the child’s growth chart and/or diet recall into the counseling session. Use food models to show appropriate serving sizes. Ask parents to suggest one thing they might do or change to help their child achieve a more appropriate weight for height.</i></p>	<p>Encourage regular follow-up medical care.</p> <p>Contact physician to clarify etiology and coordinate services.</p> <p>Resources:</p> <ul style="list-style-type: none"> • Healthy Foods for Happy Kids 1-2 Years [1-39, 1-39(a)] • Healthy Foods for Happy Kids 3-5 Years [1-47, 1-47(a)] • Help! My Child is a Picky Eater [13-18, 13-18(a)] <p>Staff Resources: Appendix</p>

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<p data-bbox="142 256 369 318">141 Low Birth Weight</p> <p data-bbox="142 354 369 516">Birth weight of 5 lb. 8 oz. or less (2500 g or less) for children younger than 24 mos.</p>	<p data-bbox="424 266 1541 363"><i>Note: Before counseling, consider the child's growth pattern since birth. Although weight was low at birth, the child may have since achieved a pattern of sustained or catch-up growth. Therefore, some counseling topics may not apply.</i></p> <p data-bbox="424 396 907 428">Counseling Topics and Considerations:</p> <ul data-bbox="449 435 1520 721" style="list-style-type: none"> • Reinforce any special diet/feeding instructions from the child's health care provider. • Identify areas of diet that need attention and make appropriate suggestions: <ul data-bbox="487 503 1205 597" style="list-style-type: none"> - Provide adequate number of servings from each food group. - Provide age-appropriate serving sizes. - Offer high calorie and high protein foods, if appropriate (see Appendix). • Stress the need for optimal nutrient intake to meet the rapid postnatal growth needs over an extended period to complete growth and development. • Explain the relationship between good nutrition and normal growth and development. <p data-bbox="424 743 823 776">***Making the Connection***</p> <p data-bbox="449 782 1541 867"><i>Ask the parents what concerns they have about the child's eating habits, food intake, or growth. Incorporate the diet recall into the counseling session. Use food models to show appropriate serving sizes.</i></p>	<p data-bbox="1591 266 1982 396">Refer to doctor or clinic if: child is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p data-bbox="1591 435 1982 532">Refer to ECI if: child has developmental delay or disability, 1-800-250-2246.</p> <p data-bbox="1591 604 1982 769">Resources:</p> <ul data-bbox="1612 639 1982 769" style="list-style-type: none"> • Healthy Foods for Happy Kids 1-2 Years [1-39, 1-39(a)] • Healthy Foods for Happy Kids 3-5 Years [1-47, 1-47(a)] <p data-bbox="1591 808 1793 867">Staff Resources: Appendix</p>
<p data-bbox="155 883 357 977">151 Small for Gestational Age</p> <p data-bbox="121 1010 390 1140"><10th percentile weight for gestational age at birth for children younger than 24 mos.</p>	<p data-bbox="424 899 1541 997"><i>Note: Before counseling, consider the child's growth pattern since birth. Although weight was low at birth, the child may have since achieved a pattern of sustained or catch-up growth. Therefore, some counseling topics may not apply.</i></p> <p data-bbox="424 1029 907 1062">Counseling Topics and Considerations:</p> <ul data-bbox="449 1068 1520 1354" style="list-style-type: none"> • Reinforce any special diet/feeding instructions from the child's health care provider. • Identify areas of diet that need attention and make appropriate suggestions: <ul data-bbox="487 1120 1373 1230" style="list-style-type: none"> - Provide adequate number of servings from each food group. - Provide age-appropriate serving sizes. - Discuss high calorie and high protein foods, if appropriate (see Appendix). • Stress the need for optimal nutrient intake to meet the rapid postnatal growth needs over an extended period to complete growth and development. • Explain the relationship between good nutrition and normal growth and development. <p data-bbox="424 1377 823 1409">***Making the Connection***</p> <p data-bbox="449 1416 1541 1526"><i>Ask the parents what concerns they have about the child's eating habits, food intake, or growth. Incorporate the diet recall into the counseling session. Use food models to show appropriate serving sizes. Ask parents to suggest one thing they might do or change to help their child achieve a more appropriate growth pattern.</i></p>	<p data-bbox="1591 899 1982 1029">Refer to doctor or clinic if: child is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p data-bbox="1591 1068 1982 1166">Refer to ECI if: child has developmental delay or disability, 1-800-250-2246.</p> <p data-bbox="1591 1205 1982 1370">Resources:</p> <ul data-bbox="1612 1240 1982 1370" style="list-style-type: none"> • Healthy Foods for Happy Kids 1-2 Years [1-39, 1-39(a)] • Healthy Foods for Happy Kids 3-5 Years [1-47, 1-47(a)] <p data-bbox="1591 1409 1793 1468">Staff Resources: Appendix</p>

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<p data-bbox="205 215 306 277">201 Anemia</p> <p data-bbox="163 318 348 412">12-24 mo: Hgb <11.0g/dL Hct <33.0%</p> <p data-bbox="163 453 348 547">2-5 yrs: Hgb <11.1g/dL Hct <33.0%</p>	<p data-bbox="426 215 1136 245">Review Health History and Diet for Contributing Factors:</p> <ul data-bbox="453 253 1524 634" style="list-style-type: none"> • insufficient iron in the diet • child <18 months of age that did not receive iron-fortified formula or breastmilk for the full first year of life • not weaned from the bottle after 18 months of age • prematurity • underweight • excessive milk consumption, regularly consuming >24 oz. per day • recent illness • feeding problems • severe dental problems • chronic medical conditions <p data-bbox="426 670 905 699">Counseling Topics and Considerations:</p> <ul data-bbox="453 708 1566 1260" style="list-style-type: none"> • Identify areas of diet that need attention and make appropriate suggestions: <ul data-bbox="485 740 1566 1065" style="list-style-type: none"> - Provide iron-rich foods. The type of iron found in meats is better absorbed by the body than the iron found in plant foods. - Foods high in vitamin C help the body absorb iron. So, when planning meals, serve vitamin C-rich foods along with high-iron foods. - Don't give coffee or tea to the child. Tea and coffee, even decaffeinated, contain tannic acid which prevents the body from using all of the iron in foods. - Limit milk intake to 16 oz. per day. If a child fills up on too much milk, intake of iron-rich foods can suffer. - Cook acidic foods, such as tomato sauce, in iron/cast iron cookware to increase the amount of iron in food. • If supplements are prescribed, discuss taking the correct dosage on a consistent basis, as directed by the physician. Just one large dose of iron (60 mg) can be toxic to a child, so parents should only give children the prescribed amount of iron supplements. • It is important to promptly treat iron-deficiency anemia; untreated, it can lead to delayed mental and motor development. <p data-bbox="426 1292 821 1321">***Making the Connection***</p> <p data-bbox="453 1330 1514 1448"><i>Use the child's 24-hour diet recall during the counseling session. Ask the parents what concerns they have about the child's eating habits, food intake, or growth. Ask the parent to point out the iron-rich and vitamin C-rich foods in the recall, and/or suggest foods to increase the iron content of the child's recall.</i></p>	<p data-bbox="1593 215 1992 310">Follow local agency protocol for referral to doctor or clinic and rechecks.</p> <p data-bbox="1593 350 1730 380">Resources:</p> <ul data-bbox="1608 388 1923 521" style="list-style-type: none"> • Are You Anemic? [13-67, 13-67 (a)] • Foods with Iron [1-89] • Vitamin C Foods [1-38] <p data-bbox="1593 561 1793 591">Staff Resources:</p> <p data-bbox="1593 599 1919 657">Nutrition Fact Sheet No.11, Iron Deficiency</p>

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<p data-bbox="117 272 394 402">211 Elevated Blood Lead Levels Within the Past 12 Months</p> <p data-bbox="107 441 405 539">Blood lead levels $\geq 10\mu\text{g}/\text{deciliter}$ within the past 12 months</p>	<p data-bbox="426 272 1136 305">Review Health History and Diet for Contributing Factors:</p> <ul data-bbox="449 311 821 516" style="list-style-type: none"> • anemia • poor diet • pica • insufficient resources for food • feeding problems • developmental delay <p data-bbox="426 555 905 587">Counseling Topics and Considerations:</p> <ul data-bbox="449 594 1556 1114" style="list-style-type: none"> • Reinforce what parents are doing right with child's diet. • Refer for follow-up testing if indicated. • Identify areas of diet that need attention and make appropriate suggestions: <ul data-bbox="485 699 1556 959" style="list-style-type: none"> - Provide adequate number of servings from each food group. Eating a balanced diet from the Food Guide Pyramid decreases lead absorption. - Offer three meals and two healthy snacks each day. - Offer foods high in iron and calcium (see Appendix). Adequate intakes of iron and calcium help decrease lead absorption. - Plan meals and use cooking methods that will increase iron absorption: <ul data-bbox="541 899 1440 959" style="list-style-type: none"> - Use iron/cast iron cookware to increase the amount of iron in food. - Serve vitamin C rich-foods with iron-rich foods to improve iron absorption. • Review food preparation techniques to decrease lead absorption (See <i>Get the Lead Out: Intervention</i> [1-301, 1-301(a)]). • It is important to promptly treat children with elevated lead levels; untreated, excess lead can cause delayed mental development and learning and behavior problems. <p data-bbox="426 1149 821 1182">***Making the Connection***</p> <p data-bbox="449 1188 1528 1341"><i>Use the child's 24-hour diet recall during the counseling session. Ask the parents what concerns they have about the child's eating habits, food intake, or growth. Have parents help plan meals. If the diet reflects low iron and/or calcium intake, ask parents to suggest foods to increase the iron and/or calcium content of the child's diet recall. Use the Food Guide Pyramid during the counseling session.</i></p>	<p data-bbox="1593 272 1976 402">Refer to doctor or clinic if: blood lead levels $\geq 10\mu\text{g}/\text{deciliter}$ within the past 12 months and no interim follow-up.</p> <p data-bbox="1593 441 1730 474">Resources:</p> <ul data-bbox="1612 480 1990 889" style="list-style-type: none"> • Get the Lead Out With Good Nutrition [13-32] • Get the Lead Out: Intervention [1-301, 1-301(a)] • Get the Lead Out: Prevention [1-302, 1-302(a)] • Get the Lead Out: Renovation [1-303, 1-303(a)] • WIC For You: Beware of Lead!, Vol. 7/No. 1 • Foods with Iron [1-89] • Calcium [13-8, 13-8(a)] <p data-bbox="1593 928 1793 961">Staff Resources:</p> <ul data-bbox="1612 967 1955 1058" style="list-style-type: none"> • Nutrition Fact Sheet No.10, Lead Poisoning • Appendix

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<p data-bbox="134 261 378 358">341 Nutrient Deficiency Diseases</p> <p data-bbox="155 396 357 456">Includes, but not limited to:</p> <ul data-bbox="128 480 310 651" style="list-style-type: none"> • malnutrition • scurvy • rickets • hypocalcemia • osteomalacia 	<p data-bbox="426 261 905 289">Counseling Topics and Considerations:</p> <ul data-bbox="451 297 1556 639" style="list-style-type: none"> • Review age-appropriate diet. Keep in mind any special dietary restrictions the child may have. • Reinforce any special diet/feeding instructions from the child’s health care provider, including instructions about vitamin or mineral supplements. • Determine if parents are giving the child any non-prescribed vitamin or mineral supplements, herbal supplements or targeted nutrition therapy products. If so, encourage them to discuss these products with the child’s health care provider. • Reinforce what parents are doing right with child’s diet. • Review possible food-medication interactions. • Regular medical care, including nutritional intervention, is important to minimize or avoid impaired cognitive, immune and skeletal function. <p data-bbox="426 675 821 703">***Making the Connection***</p> <p data-bbox="451 711 1524 771"><i>Ask the parents what concerns they have about the child’s eating habits, food intake, or growth.</i></p>	<p data-bbox="1593 261 1948 321">Encourage regular follow-up medical care.</p> <p data-bbox="1593 362 1990 456">Refer to RD for high risk counseling if: available and deemed appropriate.</p> <p data-bbox="1593 496 1730 524">Resources:</p> <ul data-bbox="1608 532 1986 699" style="list-style-type: none"> • <i>Powers and Moore’s Food-Medication Interactions</i>, 11th ed., by Zaneta M. Pronsky, MS, RD, FADA • Nutrient specific pamphlets
<p data-bbox="155 833 357 930">342 Gastrointestinal Diseases</p> <p data-bbox="155 967 357 1027">Includes, but not limited to:</p> <ul data-bbox="128 1052 380 1292" style="list-style-type: none"> • ulcers • liver • gallbladder diseases • malabsorption syndromes • bowel diseases • pancreatitis 	<p data-bbox="426 833 905 860">Counseling Topics and Considerations:</p> <ul data-bbox="451 868 1556 1211" style="list-style-type: none"> • Review age-appropriate diet. Keep in mind any special dietary restrictions the child may have. • Reinforce any special diet/feeding instructions from the child’s health care provider, including instructions about vitamin or mineral supplements. • Determine if parents are giving the child any non-prescribed vitamin or mineral supplements, herbal supplements or targeted nutrition therapy products. If so, encourage them to discuss these products with the child’s health care provider. • Reinforce what parents are doing right with child’s diet. • Review possible food-medication interactions. • Regular medical care, including nutritional intervention, is important to minimize or avoid long-term medical problems related to malabsorption and loss of nutrients. <p data-bbox="426 1247 821 1274">***Making the Connection***</p> <p data-bbox="451 1282 1524 1343"><i>Ask the parents what concerns they have about the child’s eating habits, food intake, or growth.</i></p>	<p data-bbox="1593 833 1948 893">Encourage regular follow-up medical care.</p> <p data-bbox="1593 933 1990 1027">Refer to RD for high risk counseling if: available and deemed appropriate.</p> <p data-bbox="1593 1068 1730 1096">Resources:</p> <ul data-bbox="1608 1104 1986 1373" style="list-style-type: none"> • <i>Powers and Moore’s Food-Medication Interactions</i>, 11th ed., by Zaneta M. Pronsky, MS, RD, FADA • Healthy Foods for Happy Kids 1-2 Years [1-39, 1-39(a)] • Healthy Foods for Happy Kids 3-5 Years [1-47, 1-47(a)]

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p style="text-align: center;">343 Diabetes Mellitus</p>	<p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Review age-appropriate diet. Keep in mind any special dietary restrictions the child may have. • Reinforce any special diet/feeding instructions from the child’s health care provider, including instructions about vitamin or mineral supplements. • Determine if parents are giving the child any non-prescribed vitamin or mineral supplements, herbal supplements or targeted nutrition therapy products. If so, encourage them to discuss these products with the child’s health care provider. • Reinforce what parents are doing right with child’s diet. • Review possible food-medication interactions. • Regular medical care, including nutritional intervention, is important to minimize or avoid long-term damage or dysfunction of the eyes, kidneys, nerves, heart and blood vessels. <p>***Making the Connection*** <i>Ask the parents what concerns they have about the child’s eating habits, food intake, or growth.</i></p>	<p>Encourage regular follow-up medical care.</p> <p>Refer to RD for high risk counseling if: available and deemed appropriate.</p> <p>Resources:</p> <ul style="list-style-type: none"> • <i>Powers and Moore’s Food-Medication Interactions</i>, 11th ed., by Zaneta M. Pronsky, MS, RD, FADA. • Healthy Foods for Happy Kids 1-2 Years [1-39, 1-39(a)] • Healthy Foods for Happy Kids 3-5 Years [1-47, 1-47(a)]
<p style="text-align: center;">344 Thyroid Disorders</p>	<p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Review age-appropriate diet. Keep in mind any special dietary restrictions the child may have. • Reinforce any special diet/feeding instructions from the child’s health care provider, including instructions about vitamin or mineral supplements. • Determine if parents are giving the child any non-prescribed vitamin or mineral supplements, herbal supplements or targeted nutrition therapy products. If so, encourage them to discuss these products with the child’s health care provider. • Reinforce what parents are doing right with child’s diet. • Review possible food-medication interactions. • Regular medical care, including nutritional intervention, is important to minimize or avoid hypermetabolism and problems with weight management. <p>***Making the Connection*** <i>Ask the parents what concerns they have about the child’s eating habits, food intake, or growth.</i></p>	<p>Encourage regular follow-up medical care.</p> <p>Refer to RD for high risk counseling if: available and deemed appropriate.</p> <p>Resources:</p> <ul style="list-style-type: none"> • <i>Powers and Moore’s Food-Medication Interactions</i>, 11th ed., by Zaneta M. Pronsky, MS, RD, FADA. • Healthy Foods for Happy Kids 1-2 Years [1-39, 1-39(a)] • Healthy Foods for Happy Kids 3-5 Years [1-47, 1-47(a)]

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p style="text-align: center;">345 Hypertension</p>	<p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Review age-appropriate diet. Keep in mind any special dietary restrictions the child may have. • Reinforce any special diet/feeding instructions from the child’s health care provider, including instructions about vitamin or mineral supplements. • Determine if parents are giving the child any non-prescribed vitamin or mineral supplements, herbal supplements or targeted nutrition therapy products. If so, encourage them to discuss these products with the child’s health care provider. • Reinforce what parents are doing right with child’s diet. • Review possible food-medication interactions. • Regular medical care, including nutritional intervention, is important to minimize or avoid adult hypertension. <p>***Making the Connection*** <i>Ask the parents what concerns they have about the child’s eating habits, food intake, or growth.</i></p>	<p>Encourage regular follow-up medical care.</p> <p>Refer to RD for high risk counseling if: available and deemed appropriate.</p> <p>Resources:</p> <ul style="list-style-type: none"> • <i>Powers and Moore’s Food-Medication Interactions</i>, 11th ed., by Zaneta M. Pronsky, MS, RD, FADA. • Healthy Foods for Happy Kids 1-2 Years [1-39, 1-39(a)] • Healthy Foods for Happy Kids 3-5 Years [1-47, 1-47(a)]
<p style="text-align: center;">346 Renal Disease (excluding urinary-tract infections)</p>	<p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Review age-appropriate diet. Keep in mind any special dietary restrictions the child may have. • Reinforce any special diet/feeding instructions from the child’s health care provider, including instructions about vitamin or mineral supplements. • Determine if parents are giving the child any non-prescribed vitamin or mineral supplements, herbal supplements or targeted nutrition therapy products. If so, encourage them to discuss these products with the child’s health care provider. • Reinforce what parents are doing right with child’s diet. • Review possible food-medication interactions. • Regular medical care, including nutritional intervention, is important to minimize or avoid growth failure. <p>***Making the Connection*** <i>Ask the parents what concerns they have about the child’s eating habits, food intake, or growth.</i></p>	<p>Encourage regular follow-up medical care.</p> <p>Refer to RD for high risk counseling if: available and deemed appropriate.</p> <p>Resources:</p> <ul style="list-style-type: none"> • <i>Powers and Moore’s Food-Medication Interactions</i>, 11th ed., by Zaneta M. Pronsky, MS, RD, FADA. • Healthy Foods for Happy Kids 1-2 Years [1-39, 1-39(a)] • Healthy Foods for Happy Kids 3-5 Years [1-47, 1-47(a)]

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p style="text-align: center;">347 Cancer</p>	<p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Review age-appropriate diet. Keep in mind any special dietary restrictions the child may have. • Reinforce any special diet/feeding instructions from the child’s health care provider, including instructions about vitamin or mineral supplements. • Determine if parents are giving the child any non-prescribed vitamin or mineral supplements, herbal supplements or targeted nutrition therapy products. If so, encourage them to discuss these products with the child’s health care provider. • Reinforce what parents are doing right with child’s diet. • Review possible food-medication interactions. • Provide parent with a list of calorie-dense foods if weight gain is a problem (see Appendix). • Regular medical care, including nutritional intervention, is important to minimize or avoid additional medical problems resulting from the primary condition. <p>***Making the Connection*** <i>Ask the parents what concerns they have about the child’s eating habits, food intake, or growth.</i></p>	<p>Encourage regular follow-up medical care.</p> <p>Refer to RD for high risk counseling if: available and deemed appropriate.</p> <p>Resources:</p> <ul style="list-style-type: none"> • <i>Powers and Moore’s Food-Medication Interactions</i>, 11th ed., by Zaneta M. Pronsky, MS, RD, FADA. • Healthy Foods for Happy Kids 1-2 Years [1-39, 1-39(a)] • Healthy Foods for Happy Kids 3-5 Years [1-47, 1-47(a)] <p>Staff Resources: Appendix</p>
<p style="text-align: center;">348 Central Nervous System Disorders</p> <p>Includes, but not limited to:</p> <ul style="list-style-type: none"> • epilepsy • cerebral palsy • neural-tube defects 	<p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Review age-appropriate diet. Keep in mind any special dietary restrictions the child may have. • Reinforce any special diet/feeding instructions from the child’s health care provider, including instructions about vitamin or mineral supplements. • Determine if parents are giving the child any non-prescribed vitamin or mineral supplements, herbal supplements or targeted nutrition therapy products. If so, encourage them to discuss these products with the child’s health care provider. • Reinforce what parents are doing right with child’s diet. • Review possible food-medication interactions. • Regular medical care, including nutritional intervention, is important to minimize or avoid growth and development abnormalities. <p>***Making the Connection*** <i>Ask the parents what concerns they have about the child’s eating habits, food intake, or growth.</i></p>	<p>Encourage regular follow-up medical care.</p> <p>Refer to RD for high risk counseling if: available and deemed appropriate.</p> <p>Resources:</p> <ul style="list-style-type: none"> • <i>Powers and Moore’s Food-Medication Interactions</i>, 11th ed., by Zaneta M. Pronsky, MS, RD, FADA. • Healthy Foods for Happy Kids 1-2 Years [1-39, 1-39(a)] • Healthy Foods for Happy Kids 3-5 Years [1-47, 1-47(a)]

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p style="text-align: center;">349 Genetic and Congenital Disorders</p> <p style="text-align: center;">Includes but not limited to:</p> <ul style="list-style-type: none"> • cleft lip or palate • Down’s syndrome • thalassemia major • sickle-cell anemia (not sickle-cell trait) 	<p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Review age-appropriate diet. Keep in mind any special dietary restrictions the child may have. • Reinforce any special diet/feeding instructions from the child’s health care provider, including instructions about vitamin or mineral supplements. • Determine if parents are giving the child any non-prescribed vitamin or mineral supplements, herbal supplements or targeted nutrition therapy products. If so, encourage them to discuss these products with the child’s health care provider. • Reinforce what parents are doing right with child’s diet. • Review possible food-medication interactions. • Regular medical care, including nutritional intervention, is important to minimize or avoid additional medical problems resulting from the primary condition. <p>***Making the Connection*** <i>Ask the parents what concerns they have about the child’s eating habits, food intake, or growth.</i></p>	<p>Encourage regular follow-up medical care.</p> <p>Refer to RD for high risk counseling if: available and deemed appropriate.</p> <p>Resources:</p> <ul style="list-style-type: none"> • <i>Powers and Moore’s Food-Medication Interactions</i>, 11th ed., by Zaneta M. Pronsky, MS, RD, FADA. • Healthy Foods for Happy Kids 1-2 Years [1-39, 1-39(a)] • Healthy Foods for Happy Kids 3-5 Years [1-47, 1-47(a)]
<p style="text-align: center;">351 Inborn Errors of Metabolism</p> <p style="text-align: center;">Includes, but not limited to:</p> <ul style="list-style-type: none"> • PKU • hyperlipo-proteinemia • galactosemia 	<p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Review age-appropriate diet. Keep in mind any special dietary restrictions the child may have. • Reinforce any special diet/feeding instructions from the child’s health care provider, including instructions about vitamin or mineral supplements. • Determine if parents are giving the child any non-prescribed vitamin or mineral supplements, herbal supplements or targeted nutrition therapy products. If so, encourage them to discuss these products with the child’s health care provider. • Reinforce what parents are doing right with child’s diet. • Review possible food-medication interactions. • Regular medical care, including nutritional intervention, is important to minimize or avoid additional medical problems resulting from the primary condition. <p>***Making the Connection*** <i>Ask the parents what concerns they have about the child’s eating habits, food intake, or growth.</i></p>	<p>Encourage regular follow-up medical care.</p> <p>Refer to RD for high risk counseling if: available and deemed appropriate.</p> <p>Resources:</p> <ul style="list-style-type: none"> • <i>Powers and Moore’s Food-Medication Interactions</i>, 11th ed., by Zaneta M. Pronsky, MS, RD, FADA. • Healthy Foods for Happy Kids 1-2 Years [1-39, 1-39(a)] • Healthy Foods for Happy Kids 3-5 Years [1-47, 1-47(a)]

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p style="text-align: center;">352 Infectious Diseases within Past Six Months</p> <p style="text-align: center;">Includes, but not limited to:</p> <ul style="list-style-type: none"> • bronchiolitis (three episodes in past six months) • TB • pneumonia • meningitis • parasitic infections • HIV or AIDS • hepatitis 	<p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Review age-appropriate diet for optimal health: <ul style="list-style-type: none"> - Provide adequate number of servings from each food group. - Provide age-appropriate serving sizes. - Avoid foods of low nutritional quality (candy, sweets and fatty foods). - If poor weight gain is a problem, review calorie-dense foods (see Appendix) and/or techniques for increasing calories in foods. • Reinforce any special diet/feeding instructions from the child’s health care provider, including instructions about vitamin or mineral supplements. • Determine if parents are giving the child any non-prescribed vitamin or mineral supplements, herbal supplements or targeted nutrition therapy products. If so, encourage them to discuss these products with the child’s health care provider. • Reinforce what parents are doing right with child’s diet. • Review possible food-medication interactions. • Regular medical care, including nutritional intervention, is important to minimize the symptoms of the disease and minimize or avoid the development of other related diseases. <p>***Making the Connection*** <i>Ask the parents what concerns they have about the child’s eating habits, food intake, or growth. Use food models to show appropriate serving sizes.</i></p>	<p>Encourage regular follow-up medical care.</p> <p>Refer to RD for high risk counseling if: available and deemed appropriate.</p> <p>Resources:</p> <ul style="list-style-type: none"> • <i>Powers and Moore’s Food-Medication Interactions</i>, 11th ed., by Zaneta M. Pronsky, MS, RD, FADA. • Healthy Foods for Happy Kids 1-2 Years [1-39, 1-39(a)] • Healthy Foods for Happy Kids 3-5 Years [1-47, 1-47(a)] <p>Staff Resources: Appendix</p>
<p style="text-align: center;">353 Food Allergy</p> <p style="text-align: center;">Wheat, eggs, milk, corn or peanuts</p>	<p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Stress importance of avoiding the food allergen(s) and getting nutrients from other foods. • Reinforce any special diet/feeding instructions from the child’s health care provider, including instructions about vitamin or mineral supplements. • Determine if parents are giving the child any non-prescribed vitamin or mineral supplements, herbal supplements or targeted nutrition therapy products. If so, encourage them to discuss these products with the child’s health care provider. • Reinforce what parents are doing right with child’s diet. • Review possible food-medication interactions. • Regular medical care, including nutritional intervention, is important to minimize or avoid respiratory and gastrointestinal problems and anaphylactic shock. <p>***Making the Connection*** <i>Ask the parents what concerns they have about the child’s eating habits, food intake, or growth.</i></p>	<p>Encourage regular follow-up medical care.</p> <p>Refer to RD for high risk counseling if: available and deemed appropriate.</p> <p>Resources:</p> <ul style="list-style-type: none"> • <i>Powers and Moore’s Food-Medication Interactions</i>, 11th ed., by Zaneta M. Pronsky, MS, RD, FADA. • Healthy Foods for Happy Kids 1-2 Years [1-39, 1-39(a)] • Healthy Foods for Happy Kids 3-5 Years [1-47, 1-47(a)]

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p style="text-align: center;">354 Celiac Disease</p> <ul style="list-style-type: none"> • celiac sprue, • gluten enteropathy, or • nontropical sprue 	<p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Review age-appropriate diet. Keep in mind any dietary restrictions the child may have. • Reinforce any special diet/feeding instructions from the child’s health care provider, including instructions about vitamin or mineral supplements. • Determine if parents are giving the child any non-prescribed vitamin or mineral supplements, herbal supplements or targeted nutrition therapy products. If so, encourage them to discuss these products with the child’s health care provider. • Reinforce what parents are doing right with child’s diet. • Review possible food-medication interactions. • Regular medical care, including nutritional intervention, is important because the ingestion of gluten can cause problems such as diarrhea, failure to thrive, weight loss and malabsorption. <p>***Making the Connection*** <i>Ask parents what concerns they have about the child’s eating habits, food intake, or growth.</i></p>	<p>Encourage regular follow-up medical care.</p> <p>Refer to RD for high risk counseling if: available and deemed appropriate.</p> <p>Resources:</p> <ul style="list-style-type: none"> • <i>Powers and Moore’s Food-Medication Interactions</i>, 11th ed., by Zaneta M. Pronsky, MS, RD, FADA. • Healthy Foods for Happy Kids 1-2 Years [1-39, 1-39(a)] • Healthy Foods for Happy Kids 3-5 Years [1-47, 1-47(a)]
<p style="text-align: center;">355 Lactose Intolerance</p>	<p>Review Health History and Diet for Contributing Factors:</p> <ul style="list-style-type: none"> • recent gastrointestinal illness • chronic medical conditions • parents’ lactose tolerance status <p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Reinforce what parents are doing right with child’s diet. • Identify areas of diet that need attention and make appropriate suggestions: <ul style="list-style-type: none"> - Serve lactose-free calcium sources (see Appendix). - If small amounts of lactose are tolerated, offer small servings of dairy products such as milk, yogurt, cheese and foods made with milk (soups, pancakes and casseroles). • Participant should be issued lactose-reduced milk package. • Regular medical care, including nutritional intervention, is important because the ingestion of lactose can cause gastrointestinal disturbances, nausea, diarrhea, abdominal bloating. Also, avoiding lactose-containing foods can reduce calcium intake. <p>***Making the Connection*** <i>Use the child’s 24-hour diet recall during the counseling session. Help the parents identify foods in the child’s 24-hour diet recall that may contain lactose. Have parents help plan meals and snacks incorporating lactose-free, calcium-rich foods. Use the Calcium pamphlet to help parents identify appropriate foods.</i></p>	<p>Encourage regular follow-up medical care.</p> <p>Refer to RD for high risk counseling if: available and deemed appropriate.</p> <p>Resources: Calcium [13-8, 13-8(a)]</p> <p>Staff Resources:</p> <ul style="list-style-type: none"> • Nutrition Fact Sheet No. 4, Lactose Intolerance • Appendix

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p align="center">356 Hypoglycemia</p>	<p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Review age-appropriate diet. Keep in mind any special dietary restrictions the child may have. • Reinforce any special diet/feeding instructions from the child’s health care provider, including instructions about vitamin or mineral supplements. • Determine if parents are giving the child any non-prescribed vitamin or mineral supplements, herbal supplements or targeted nutrition therapy products. If so, encourage them to discuss these products with the child’s health care provider. • Reinforce what parents are doing right with child’s diet. • Review possible food-medication interactions. • Regular medical care, including nutritional intervention, is important to minimize or avoid fatigue, malaise, irritability, weakness, mental disturbances, delirium and coma. <p>***Making the Connection*** <i>Ask the parents what concerns they have about the child’s eating habits, food intake, or growth.</i></p>	<p>Encourage regular follow-up medical care.</p> <p>Refer to RD for high risk counseling if: available and deemed appropriate.</p> <p>Resources:</p> <ul style="list-style-type: none"> • <i>Powers and Moore’s Food-Medication Interactions</i>, 11th ed., by Zaneta M. Pronsky, MS, RD, FADA. • Healthy Foods for Happy Kids 1-2 Years [1-39, 1-39(a)] • Healthy Foods for Happy Kids 3-5 Years [1-47, 1-47(a)]
<p align="center">357 Drug Nutrient Interactions</p>	<p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Review age-appropriate diet. Keep in mind any special dietary restrictions the child may have. • Reinforce any special diet/feeding instructions from the child’s health care provider, including instructions about vitamin or mineral supplements. • Determine if parents are giving the child any non-prescribed vitamin or mineral supplements, herbal supplements or targeted nutrition therapy products. If so, encourage them to discuss these products with the child’s health care provider. • Reinforce what parents are doing right with child’s diet. • Review possible food-medication interactions. • Regular medical care, including nutritional intervention, is important to minimize or avoid problems such as, altered taste sensation, appetite suppression and altered nutrient metabolism and function. <p>***Making the Connection*** <i>Ask the parents what concerns they have about the child’s eating habits, food intake, or growth.</i></p>	<p>Encourage regular follow-up medical care.</p> <p>Refer to RD for high risk counseling if: available and deemed appropriate.</p> <p>Resources:</p> <ul style="list-style-type: none"> • <i>Powers and Moore’s Food-Medication Interactions</i>, 11th ed., by Zaneta M. Pronsky, MS, RD, FADA. • Healthy Foods for Happy Kids 1-2 Years [1-39, 1-39(a)] • Healthy Foods for Happy Kids 3-5 Years [1-47, 1-47(a)]

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p data-bbox="113 261 401 391">359 Recent Major Surgery, Trauma, Burns in Past Two Months</p> <p data-bbox="113 428 401 623">Occurrences more than two months previous must have the continued need for nutritional support diagnosed by a physician</p>	<p data-bbox="426 261 905 289">Counseling Topics and Considerations:</p> <ul data-bbox="449 297 1556 821" style="list-style-type: none"> • Review age-appropriate diet for optimal health: <ul data-bbox="485 329 1440 492" style="list-style-type: none"> - Provide adequate number of servings from each food group. - Provide age-appropriate serving sizes. - Limit foods of low nutritional quality (candy, sweets and fatty foods). - If weight maintenance is a problem, review calorie-dense foods or techniques for increasing calories in foods (see Appendix). • Reinforce any special diet/feeding instructions from the child’s health care provider, including instructions about vitamin or mineral supplements. • Determine if parents are giving the child any non-prescribed vitamin or mineral supplements, herbal supplements or targeted nutrition therapy products. If so, encourage them to discuss these products with the child’s health care provider. • Reinforce what parents are doing right with child’s diet. • Review possible food-medication interactions. • Regular medical care, including nutritional intervention, is important to minimize or avoid possible malnutrition. <p data-bbox="426 850 821 878">***Making the Connection***</p> <p data-bbox="449 886 1524 943"><i>Ask the parents what concerns they have about the child’s eating habits, food intake, or growth. Use food models to show appropriate serving sizes.</i></p>	<p data-bbox="1593 261 1948 321">Encourage regular follow-up medical care.</p> <p data-bbox="1593 363 1990 456">Refer to RD for high risk counseling if: available and deemed appropriate.</p> <p data-bbox="1593 496 1730 524">Resources:</p> <ul data-bbox="1608 532 1990 797" style="list-style-type: none"> • <i>Powers and Moore’s Food-Medication Interactions</i>, 11th ed., by Zaneta M. Pronsky, MS, RD, FADA. • Healthy Foods for Happy Kids 1-2 Years [1-39, 1-39(a)] • Healthy Foods for Happy Kids 3-5 Years [1-47, 1-47(a)] <p data-bbox="1593 837 1793 898">Staff Resources: Appendix</p>
<p data-bbox="163 951 348 1049">360 Other Medical Conditions</p> <p data-bbox="155 1073 354 1133">Includes, but not limited to:</p> <ul data-bbox="113 1157 401 1495" style="list-style-type: none"> • juvenile rheumatoid arthritis • cardiorespiratory diseases • heart disease • cystic fibrosis • persistent moderate or severe asthma requiring daily medication 	<p data-bbox="426 951 905 979">Counseling Topics and Considerations:</p> <ul data-bbox="449 987 1556 1328" style="list-style-type: none"> • Review age-appropriate diet. Keep in mind any special dietary restrictions the child may have. • Reinforce any special diet/feeding instructions from the child’s health care provider, including instructions about vitamin or mineral supplements. • Determine if parents are giving the child any non-prescribed vitamin or mineral supplements, herbal supplements or targeted nutrition therapy products. If so, encourage them to discuss these products with the child’s health care provider. • Reinforce what parents are doing right with child’s diet. • Review possible food-medication interactions. • Regular medical care, including nutritional intervention, is important to minimize symptoms and minimize or avoid the development of other related diseases. <p data-bbox="426 1369 821 1396">***Making the Connection***</p> <p data-bbox="449 1404 1524 1461"><i>Ask the parents what concerns they have about the child’s eating habits, food intake, or growth.</i></p>	<p data-bbox="1593 951 1948 1011">Encourage regular follow-up medical care.</p> <p data-bbox="1593 1053 1990 1146">Refer to RD for high risk counseling if: available and deemed appropriate.</p> <p data-bbox="1593 1187 1730 1214">Resources:</p> <ul data-bbox="1608 1222 1990 1487" style="list-style-type: none"> • <i>Powers and Moore’s Food-Medication Interactions</i>, 11th ed., by Zaneta M. Pronsky, MS, RD, FADA. • Healthy Foods for Happy Kids 1-2 Years [1-39, 1-39(a)] • Healthy Foods for Happy Kids 3-5 Years [1-47, 1-47(a)]

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p data-bbox="136 240 378 305">361 Clinical Depression</p>	<p data-bbox="426 240 905 272">Counseling Topics and Considerations:</p> <ul data-bbox="451 277 1556 690" style="list-style-type: none"> • Review age-appropriate diet. Keep in mind any dietary restrictions the child may have. • Reinforce any special diet/feeding instructions from the child’s health care provider, including instructions about vitamin or mineral supplements. • Determine if parents are giving the child any non-prescribed vitamin or mineral supplements, herbal supplements or targeted nutrition therapy products. If so, encourage them to discuss these products with the child’s health care provider. • Reinforce what parents are doing right with child’s diet. • Review possible food-medication interactions. • If weight maintenance is a problem, review calorie-dense foods or techniques for increasing calories in foods (see Appendix). • Regular medical care, including nutritional intervention, is important to minimize or avoid problems such as, appetite changes or weight loss. <p data-bbox="426 716 821 748">***Making the Connection***</p> <p data-bbox="451 753 1524 813"><i>Ask the parents what concerns they have about the child’s eating habits, food intake, or growth.</i></p>	<p data-bbox="1593 240 1948 305">Encourage regular follow-up medical care.</p> <p data-bbox="1593 337 1990 435">Refer to RD for high risk counseling if: available and deemed appropriate.</p> <p data-bbox="1593 456 1730 488">Resources:</p> <ul data-bbox="1608 493 1990 760" style="list-style-type: none"> • <i>Powers and Moore’s Food-Medication Interactions</i>, 11th ed., by Zaneta M. Pronsky, MS, RD, FADA. • Healthy Foods for Happy Kids 1-2 Years [1-39, 1-39(a)] • Healthy Foods for Happy Kids 3-5 Years [1-47, 1-47(a)] <p data-bbox="1593 781 1913 813">Staff Resources: Appendix</p>
<p data-bbox="113 821 399 984">362 Developmental Delays, Sensory or Motor Delays Interfering with the Ability to Eat</p> <p data-bbox="113 1005 394 1167">Disabilities that restrict the ability to chew or swallow food or require tube-feeding to meet nutritional needs.</p> <p data-bbox="155 1188 352 1248">Includes, but not limited to:</p> <ul data-bbox="113 1253 394 1490" style="list-style-type: none"> • minimal brain function • brain damage • head trauma • feeding problems due to developmental delays and birth injury 	<p data-bbox="426 821 905 854">Counseling Topics and Considerations:</p> <ul data-bbox="451 859 1556 1232" style="list-style-type: none"> • If appropriate, review age-appropriate diet. Keep in mind any special dietary restrictions the child may have. • Reinforce any special diet/feeding instructions from the child’s health care provider, including instructions about vitamin or mineral supplements. • Determine if parents are giving the child any non-prescribed vitamin or mineral supplements, herbal supplements or targeted nutrition therapy products. If so, encourage them to discuss these products with the child’s health care provider. • Reinforce what parents are doing right with child’s diet. • Review possible food-medication interactions. • Regular medical care, including nutritional intervention, is important to minimize or avoid related nutritional problems and growth retardation. <p data-bbox="426 1265 821 1297">***Making the Connection***</p> <p data-bbox="451 1302 1524 1362"><i>Ask the parents what concerns they have about the child’s eating habits, food intake, or growth.</i></p>	<p data-bbox="1593 821 1948 886">Encourage regular follow-up medical care.</p> <p data-bbox="1593 919 1976 1016">Refer to ECI if: child has developmental delay or disability, 1-800-250-2246.</p> <p data-bbox="1593 1053 1990 1151">Refer to RD for high risk counseling if: available and deemed appropriate.</p> <p data-bbox="1593 1188 1990 1351">Resources: <i>Powers and Moore’s Food-Medication Interactions</i>, 11th ed., by Zaneta M. Pronsky, MS, RD, FADA.</p>

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p style="text-align: center;">381 Dental Problems</p> <ul style="list-style-type: none"> • nursing or baby-bottle caries, • tooth decay, • tooth loss, or • ineffectively replaced teeth 	<p>Review Health History and Diet for Contributing Factors:</p> <ul style="list-style-type: none"> • inappropriate snacks/beverages • inappropriate use of the bottle • lack of dental care/hygiene • injury to teeth/mouth • developmental delay • chronic medical conditions <p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Reinforce what parents are doing right with child’s diet. • Identify areas of diet that need attention and make appropriate suggestions: <ul style="list-style-type: none"> - Offer healthy snacks that don’t stick to teeth such as fresh fruits and vegetables, eggs, cheese, cottage cheese, and plain yogurt with fruit. - Avoid snacks that lead to tooth decay such as caramels, milk chocolates, peanut butter with added sugar, raisins, ice cream, chocolate milk, fruit drinks, doughnuts, sugar-coated cereals and soft drinks. • Discuss brushing or wiping teeth. • Remind parents to keep their own mouths and teeth clean and healthy. Bacteria and germs from the parents’ mouths can cause tooth decay in a child’s mouth. • Encourage early and regular dental check-ups • Discuss weaning if appropriate (see risk code 419). • Dental care is necessary to avoid further dental and nutritional complications, including loss of teeth, poor eating habits and appetite, developmental lags in eating, chewing and speech. <p>***Making the Connection*** <i>Use the diet recall to help the parent identify foods, beverages or feeding styles that may be related to dental problems.</i></p>	<p>Refer to dentist or clinic if: child has visible tooth decay, parent reports tooth decay or child has not had recommended dental exam(s).</p> <p>Refer to doctor or clinic if:</p> <ul style="list-style-type: none"> • child seems unable to drink from a cup or eat solid food. • child shows delays in eating skills. <p>Resources:</p> <ul style="list-style-type: none"> • Healthy Teeth for a Healthy Smile [13-89, 13-89(a)] • Weaning Your Baby From the Bottle [13-170, 13-170(a)] <p>Staff Resources: Nutrition Fact Sheet No.16, Weaning From the Bottle</p>

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p style="text-align: center;">382 Fetal Alcohol Syndrome (FAS)</p>	<p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Identify areas of diet that need attention and make appropriate suggestions: <ul style="list-style-type: none"> - Provide adequate number of servings from each food group. - Provide age-appropriate serving sizes. - Limit foods of low nutritional quality (candy, sweets and fatty foods). - If weight maintenance is a problem, review calorie-dense foods and/or techniques for increasing calories in foods (see Appendix). • Reinforce any special diet/feeding instructions from the child’s health care provider, including instructions about vitamin or mineral supplements. • Determine if parents are giving the child any non-prescribed vitamin or mineral supplements, herbal supplements or targeted nutrition therapy products. If so, encourage them to discuss these products with the child’s health care provider. • Reinforce what parents are doing right with child’s diet. • Review possible food-medication interactions. • Regular medical care, including nutritional intervention, is important to minimize or avoid feeding problems or development of failure to thrive and poor growth. <p>***Making the Connection*** <i>Ask the parents what concerns they have about the child’s eating habits, food intake, or growth. Use food models to show appropriate serving sizes.</i></p>	<p>Encourage regular follow-up medical care.</p> <p>Refer to RD for high risk counseling if: available and deemed appropriate.</p> <p>Resources:</p> <ul style="list-style-type: none"> • <i>Powers and Moore’s Food-Medication Interactions</i>, 11th ed., by Zaneta M. Pronsky, MS, RD, FADA. • Healthy Foods for Happy Kids 1-2 Years [1-39, 1-39(a)] • Healthy Foods for Happy Kids 3-5 Years [1-47, 1-47(a)] <p>Staff Resources: Appendix</p>
<p style="text-align: center;">402 Vegan Diets</p> <p>No meat, poultry, fish, eggs, milk, cheese or other dairy products</p>	<p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Review age-appropriate diet. Keep in mind special vegan dietary restrictions. • Reinforce what parents are doing right with child’s diet. • The parent needs to carefully plan the vegan to assure the child receives all nutrients needed for proper growth and development. These nutrients include calories, vitamin B12, vitamin D, calcium, iron, zinc, protein and essential amino acids. • Help parent find vegan sources of nutrients that may be deficient in the child’s diet (see Appendix). <p>***Making the Connection*** <i>Ask the parents what concerns they have about the child’s eating habits, food intake, or growth. Ask parent to identify/name foods that are good sources of nutrients traditionally low or missing in a vegan diet.</i></p>	<p>Refer to doctor or clinic if: child is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p>Resources:</p> <ul style="list-style-type: none"> • Healthy Foods for Happy Kids 1-2 Years [1-39, 1-39(a)] • Healthy Foods for Happy Kids 3-5 Years [1-47, 1-47(a)] <p>Staff Resources: Appendix</p>

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p data-bbox="107 261 405 326">403 Highly Restrictive Diets</p> <p data-bbox="107 363 405 456">Very low in calories or involving high-risk eating patterns:</p> <ul data-bbox="107 500 405 898" style="list-style-type: none"> • intentionally restricting dietary intake to cause weight loss or to prevent weight gain problems in children • avoiding one or more food groups in the diet on a regular basis (intentional avoidance) • fad diets 	<p data-bbox="426 261 1136 289">Review Health History and Diet for Contributing Factors:</p> <ul data-bbox="426 298 1367 537" style="list-style-type: none"> • insufficient resources for food • parents misinformed or following a fad diet • child is intolerant to specific foods • parents trying to promote weight loss or prevent weight gain problems in child • feeding problems • developmental delay • chronic medical conditions <p data-bbox="426 574 905 602">Counseling Topics and Considerations:</p> <ul data-bbox="426 612 1549 1276" style="list-style-type: none"> • Review age-appropriate feeding guidelines for children: <ul data-bbox="485 646 1194 708" style="list-style-type: none"> - Provide adequate number of servings from each food group - Provide age-appropriate serving sizes. • Misinterpreting, ignoring or overruling a child’s natural ability to regulate food intake based on hunger, appetite and satiety can result in poor dietary intake and impaired growth. • Consistently trying to control a child’s food intake may keep a child from learning to control his own food intake. • If child is overweight, discuss appropriate strategies to deal with weight problem (see risk code 113) • Weight-loss diets should never be recommended by WIC staff. • Children have small stomachs and may need to eat every 2 to 3 hours. Schedule regular healthy snacks and three meals per day. When choosing snack foods, think of snacks as miniature meals (see Appendix). • Each food group provides nutrients necessary for proper growth and development. Eating a variety of foods is important to assure a child is receiving all the nutrients necessary for growth. • Reinforce what parents are doing right with child’s diet. • Restricting a child’s diet during this critical time can cause inadequate growth and development. <p data-bbox="426 1308 821 1336">***Making the Connection***</p> <p data-bbox="449 1344 1524 1406"><i>Ask the parents what concerns they have about the child’s eating habits, food intake, or growth. Use food models to show appropriate serving sizes.</i></p>	<p data-bbox="1593 261 1982 391">Refer to doctor or clinic if: child is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p data-bbox="1593 431 1730 459">Resources:</p> <ul data-bbox="1608 467 1992 597" style="list-style-type: none"> • Healthy Foods for Happy Kids 1-2 Years [1-39, 1-39(a)] • Healthy Foods for Happy Kids 3-5 Years [1-47, 1-47(a)] <p data-bbox="1593 638 1793 699">Staff Resources: Appendix</p>

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p data-bbox="107 256 405 358">419 Inappropriate Use of Nursing Bottles</p> <p data-bbox="107 391 405 557">Weaning From the Bottle The use of a bottle for feeding or drinking beyond 14 months of age</p>	<p data-bbox="426 256 1115 289">Review Health History and diet for contributing factors:</p> <ul data-bbox="449 293 779 396" style="list-style-type: none"> • developmental delay • chronic medical conditions • injury to teeth/mouth <p data-bbox="426 431 1497 496">Note: Children with developmental delays or disabilities may need to continue to feed from a bottle beyond 14 months of age.</p> <p data-bbox="426 532 905 565">Counseling Topics and Considerations:</p> <ul data-bbox="449 570 1556 1019" style="list-style-type: none"> • Reinforce what parents are doing right with child’s diet. • Start weaning process when child is healthy. Be consistent and continue process until weaning is complete. Involve all caregivers, including family members and child care providers. • Only put breastmilk, formula, milk or water into the bottle. • Replace child’s least favorite bottle feeding with the cup. Gradually replace one bottle at a time with a cup. Replace the favorite feeding last. • Comfort children at bedtime by rocking, singing, reading or giving a soft toy. • Limit milk intake to 16 ounces per day. • Review food sources of calcium in case child refuses milk from a cup during the weaning process (see Appendix). • Children who continue to drink from a bottle past 14 months of age are at risk for dental problems, poor eating habits and appetite, developmental delays in speech and eating and chewing ability. <p data-bbox="426 1052 821 1084">***Making the Connection***</p> <p data-bbox="449 1089 1535 1247"><i>Ask parents to identify people who need to be involved in the weaning process. Suggest getting all the child’s caretakers involved in the weaning process. All caretakers should be implementing the same weaning strategy. This includes parents, grandparents, siblings, day care workers and babysitters. Ask the parents what concerns they have about the child’s eating habits, food intake, or growth.</i></p>	<p data-bbox="1593 256 1986 391">Refer to doctor or clinic if: child is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p data-bbox="1593 427 1965 594">Refer to doctor or clinic if:</p> <ul data-bbox="1614 464 1965 594" style="list-style-type: none"> • child seems unable to drink from a cup or eat solid food. • child shows delays in eating skills. <p data-bbox="1593 634 1730 662">Resources:</p> <ul data-bbox="1614 667 1986 841" style="list-style-type: none"> • Weaning Your Baby From the Bottle [13-170, 13-170(a)] • Healthy Teeth for a Healthy Smile [13-89, 13-89(a)] • Calcium [13-8,13-8(a)] <p data-bbox="1593 878 1797 906">Staff Resources:</p> <ul data-bbox="1614 911 1965 1008" style="list-style-type: none"> • Nutrition Fact Sheet No.16, Weaning From the Bottle • Appendix

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p data-bbox="226 261 285 321">421 Pica</p> <p data-bbox="107 363 405 456">Includes eating dirt, clay, baking soda, starch or paint chips</p>	<p data-bbox="426 261 905 289">Counseling Topics and Considerations:</p> <ul data-bbox="449 298 1470 581" style="list-style-type: none"> <li data-bbox="449 298 1339 428">• Identify areas of diet that need attention and make appropriate suggestions: <ul data-bbox="485 331 1205 428" style="list-style-type: none"> <li data-bbox="485 331 1205 358">- Provide adequate number of servings from each food group. <li data-bbox="485 363 1104 391">- Offer three meals and two healthy snacks each day. <li data-bbox="485 396 953 428">- Provide age-appropriate serving sizes. <li data-bbox="449 448 827 475">• Closely examine growth chart. <li data-bbox="449 480 1409 508">• Eating non-food substances can interfere with a child’s intake of nutritious foods. <li data-bbox="449 513 1470 581">• Eating paint chips, dirt or clay can cause lead poisoning, anemia, nutrient deficiencies, parasitic infections, and displace nutrient dense foods. <p data-bbox="426 618 821 646">***Making the Connection***</p> <p data-bbox="449 651 1524 743"><i>Ask the parents what concerns they have about the child’s eating habits, food intake, or growth. Use food models to show appropriate serving sizes. Ask parents to identify two potential risks associated with pica.</i></p>	<p data-bbox="1593 261 1982 386">Refer to doctor or clinic if: child is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p data-bbox="1593 431 1730 459">Resources:</p> <ul data-bbox="1608 464 1995 768" style="list-style-type: none"> <li data-bbox="1608 464 1995 526">• Healthy Foods for Happy Kids 1-2 Years [1-39, 1-39(a)] <li data-bbox="1608 531 1995 592">• Healthy Foods for Happy Kids 3-5 Years [1-47, 1-47(a)] <li data-bbox="1608 597 1974 659">• Get the Lead Out With Good Nutrition [13-32] <li data-bbox="1608 664 1934 725">• WIC For You: Beware of Lead!, Vol. 7/No.1 <li data-bbox="1608 730 1898 768">• Foods with Iron [1-89]

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p data-bbox="155 256 365 422"> 422 Inadequate Diet Three or more diet deficiencies </p>	<p data-bbox="426 256 1136 289">Review Health History and Diet for Contributing Factors:</p> <ul data-bbox="449 297 821 573" style="list-style-type: none"> • insufficient calories • insufficient resources for food • recent illness • feeding problems • developmental delay • severe dental caries • prematurity • chronic medical conditions <p data-bbox="426 613 905 646">Counseling Topics and Considerations:</p> <ul data-bbox="449 654 1545 1239" style="list-style-type: none"> • Review the division of responsibility between parents and children. Parents/caregivers are responsible for providing healthy snacks and meals for children. Children are responsible for how much and which foods they eat. • Reinforce what parents are doing right with child’s diet. • Identify areas of diet that need attention and make appropriate suggestions: <ul data-bbox="485 824 1514 1052" style="list-style-type: none"> - Provide adequate number of servings from each food group. - Provide age-appropriate serving sizes. - Reinforce the importance of variety in the diet. - Avoid foods of low nutritional quality (candy, sweets and fatty foods). - Limit milk intake to no more than 16 oz. per day. - Limit juice intake to no more than 4 ounces per day for children 1-3 years and no more than 6 ounces for children 4-5 years. • Discuss weaning if appropriate (see risk code 419). • Refer to Picky Eaters section in the “Other Topics” portion of this Counseling Guide (immediately following risk code 903) • A diet that it is inadequate in necessary nutrients can lead to inadequate growth and development. <p data-bbox="426 1279 821 1312">***Making the Connection***</p> <p data-bbox="449 1320 1524 1433"><i>Ask parents what their concerns are about the child’s eating habits or food intake and to suggest one way to manage this concern. Use the child’s 24-hour diet recall during the counseling session. Use food models to show appropriate serving sizes. Have parents help plan meals and snacks incorporating nutrient dense foods.</i></p>	<p data-bbox="1593 256 1982 394">Refer to doctor or clinic if: child is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p data-bbox="1593 435 1730 467">Resources:</p> <ul data-bbox="1614 475 1992 979" style="list-style-type: none"> • Healthy Foods for Happy Kids 1-2 Years [1-39, 1-39(a)] • Healthy Foods for Happy Kids 3-5 Years [1-47, 1-47(a)] • Help! My Child is a Picky Eater [13-18, 13-18(a)] • 10 Ways to Get Your Kids to Eat More Fruits and Vegetables [13-68] • Vitamin C Foods [1-38] • Foods with Iron [1-89] • Calcium [13-8,13-8(a)] • Vitamin A [13-9] • Weaning Your Baby From the Bottle [13-170 , 13-170 (a)]

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p data-bbox="128 261 384 391">423 Inappropriate or Excessive Intake of Dietary Supplements</p> <p data-bbox="142 431 369 521">Includes vitamins, minerals and herbal remedies</p>	<p data-bbox="426 261 905 289">Counseling Topics and Considerations:</p> <ul data-bbox="453 298 1545 634" style="list-style-type: none"> • This code does NOT apply to the regular use of a daily multivitamin/mineral supplement. Counsel parents on selecting a children’s product that provides no more than 100% of the Daily Values for vitamins and minerals. • Encourage participants to check with a doctor before giving a child a vitamin, mineral or herbal supplement. • Parents should only give child the amount prescribed/ recommended by doctor. • Review age-appropriate diet. A diet that consistently follows the Food Guide Pyramid should meet normal nutrient needs for healthy children. • Herbal supplements are not regulated by the Food and Drug Administration. Herbal supplements can be toxic and can cause harmful nutrient interactions. <p data-bbox="426 672 821 699">***Making the Connection***</p> <p data-bbox="453 709 1528 862"><i>Ask parents if there is a specific reason why they are giving their child a dietary supplement. Ask parents if they have a specific concern about their child’s eating habits, food intake or growth. Use the child’s 24-hour diet recall during the counseling session. Have parents help plan meals and snacks incorporating nutrient dense foods. Use food models to show appropriate serving sizes.</i></p>	<p data-bbox="1593 261 1982 386">Refer to doctor or clinic if: child is not under regular medical care, as indicated on the <i>Health History</i>.</p>
<p data-bbox="117 954 394 1079">424 Inadequate Vitamin or Mineral Supplementation</p> <p data-bbox="128 1120 384 1279">Includes children <36 months not taking 0.25 mg fluoride daily when water supply has <0.3 ppm fluoride</p>	<p data-bbox="426 954 905 982">Counseling Topics and Considerations:</p> <ul data-bbox="453 992 1545 1187" style="list-style-type: none"> • Parent can contact the local health department or a local dentist to obtain fluoride level of local water supply. If fluoride in water supply is <0.3 ppm, refer to physician for appropriate fluoride supplementation. • If bottled water is the primary water source for the child, refer to physician or dentist for appropriate fluoride supplementation. • Children who do not receive adequate fluoride are at risk for tooth decay. <p data-bbox="426 1224 821 1252">***Making the Connection***</p> <p data-bbox="453 1261 1528 1317"><i>Ask the parents what concerns they have about the child’s eating habits, food intake, or growth.</i></p>	<p data-bbox="1593 954 1982 1079">Refer to doctor or clinic if: child is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p data-bbox="1593 1120 1982 1279">Refer to doctor, dentist or clinic if: child is <36 months, not taking 0.25 mg fluoride daily and water supply has <0.3 ppm fluoride</p> <p data-bbox="1593 1317 1885 1377">Staff Resources: Bottled Water Fact Sheet</p>

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p data-bbox="117 261 394 358">425 Inappropriate Feeding Practices for Children</p> <p data-bbox="117 396 394 493">Routine consumption of 12 or more ounces of fruit juice per day</p> <p data-bbox="117 948 394 1078">Non-fat or reduced-fat milks as primary milk source between 12-24 months of age</p>	<p data-bbox="426 396 1276 423">Counseling Topics and Considerations (excessive juice consumption):</p> <ul data-bbox="453 431 1528 699" style="list-style-type: none"> • Limit juice to 4 oz./day for 1-3 year olds and no more than 6 oz./day for children 4-5 years. Juice is only one small part of a well-balanced diet. • Excessive juice intake may reduce a child’s intake of other nutritious foods and prevent a child from receiving necessary nutrients for proper growth. • Review the age appropriate feeding guidelines. • Discuss weaning if appropriate (see risk code 419). • Excessive juice consumption can lead to diarrhea, anemia, and inadequate growth and development. <p data-bbox="426 737 821 764">***Making the Connection***</p> <p data-bbox="453 773 1524 829"><i>Ask the parents what concerns they have about the child’s eating habits, food intake, or growth. Ask parents to state any strategies they might try to change this behavior.</i></p> <p data-bbox="426 951 1499 979">Counseling Topics and Considerations (non-fat and low-fat milks for children <2 years):</p> <ul data-bbox="453 987 1545 1255" style="list-style-type: none"> • To help meet caloric needs and maintain adequate growth, children younger than 2 years of age need the higher fat/calorie level in regular whole milk. The fat in whole milk is important to brain and neural growth in young children. • Identify areas of diet that need attention and make appropriate suggestions: <ul data-bbox="485 1122 1409 1219" style="list-style-type: none"> - Provide adequate number of servings from each food group. - Offer three meals and two healthy snacks daily (see Appendix for snacks list). - Provide age-appropriate serving sizes. • If child is overweight, see risk code 113. <p data-bbox="426 1292 821 1320">***Making the Connection***</p> <p data-bbox="453 1328 1524 1385"><i>Ask the parents what concerns they have about the child’s eating habits, food intake, or growth. Use food models to show appropriate serving sizes.</i></p>	<p data-bbox="1593 277 1982 407">Refer to doctor or clinic if: child is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p data-bbox="1593 448 1730 475">Resources:</p> <ul data-bbox="1608 483 1997 1027" style="list-style-type: none"> • Healthy Foods for Happy Kids 1-2 Years [1-39, 1-39(a)] • Healthy Foods for Happy Kids 3-5 Years [1-47, 1-47(a)] • Low-Fat Milk: Answers to Your Questions [13-19,13-19(a)] • WIC For You - Take Care and Beware, Vol. 6/No. 1 • Help! My Child is a Picky Eater [13-18, 13-18(a)] • 10 Ways to Get Your Kids to Eat More Fruits and Vegetables [13-68] • Weaning Your Baby From the Bottle [13-170,13-170(a)] <p data-bbox="1593 1065 1793 1092">Staff Resources:</p> <ul data-bbox="1608 1101 1990 1507" style="list-style-type: none"> • Ellyn Satter training material - TDH Audiovisual Library (No. VC4403) • <i>How to Get Your Kid to Eat...But Not Too Much</i>, Ellyn Satter, 1987 (800-808-7976) • <i>Child of Mine - Feeding with Love and Good Sense</i>, Ellyn Satter, 1986 (Bull Publishing Company, 800-676-2855) • Appendix

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p>425 (cont'd) Inappropriate Feeding Practices for Children</p> <p>Foods low in essential nutrients and high in calories that replace age-appropriate nutrient dense foods between 12-24 months of age</p>	<p>Counseling Topics and Considerations (feeding foods low in essential nutrients and high in calories):</p> <ul style="list-style-type: none"> • Review the division of responsibility between parents and children. Parents/caregivers are responsible for providing healthy snacks and meals for children Children are responsible for how much and which foods they eat. • Feeding foods low in essential nutrients and high in calories can reduce a child’s intake of nutritious foods and keep a child from receiving the necessary nutrients for proper growth. • Excessive intake of candy, sweets, junk food, soft drinks, juice drinks, other sweetened beverages, etc. can decrease a child’s appetite and can contribute to weight and/or dental problems. • Limit juice intake to no more than 4 ounces per day for children 1-3 years and no more than 6 ounces for children 4-5 years. <p>***Making the Connection*** <i>Review healthy snacks for children (see Appendix). Ask parent to identify healthy alternatives to junk food (that their child likes).</i></p>	<p>See referral information and resources listed above for risk code 425.</p>
<p>Feeding foods that can cause choking</p>	<p>Counseling Topics and Considerations (choking):</p> <ul style="list-style-type: none"> • Review age appropriate foods based on size, shape and consistency. • Review foods that are choking hazards for young children (see Appendix). • Modify foods by chopping, slicing, cooking, and/or mashing. Food should be in small soft pieces that are easy to chew (see Appendix). • Other techniques to avoid choking: <ul style="list-style-type: none"> - Children should sit down when eating. - Children need support when eating, like a high chair or booster seat. - Don’t feed a child when he is crying, laughing, walking or playing. <p>***Making the Connection*** <i>Ask parents to name foods that are possible choking hazards. Ask parents how to modify foods to minimize the choking risk (slicing, mashing, cutting, cooking).</i></p>	<p>See referral information and resources listed above for risk code 425.</p>

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p data-bbox="117 256 394 354">425 (cont'd) Inappropriate Feeding Practices for Children</p> <p data-bbox="117 391 394 483">Forcing a child to eat a certain type or amount of food</p>	<p data-bbox="426 391 1541 418">Counseling Topics and Considerations (forcing a child to eat a certain type/amount of food)</p> <ul data-bbox="453 427 1556 870" style="list-style-type: none"> • Review the division of responsibility between parents and children. Parents are responsible for providing healthy snacks and meals for children (see Appendix for list of healthy snacks). Children are responsible for how much and which foods they eat. • A healthy diet is one that contains a wide variety of foods. • No one food is absolutely necessary for the proper growth of a child. Foods in the same food group (e.g. fruits, vegetables, breads, etc.) provide similar nutrients. If a child won't drink milk, parents can substitute foods such as cheese, yogurt and puddings made with milk. • If a parent believes a certain food is necessary and the child is refusing it, review the Food Guide Pyramid to help parent find other foods that provide similar nutrients. • Forcing a child to finish all the food on their plate may cause the child to override their body's natural cues that regulate food intake (hunger, appetite and satiety). • It usually takes 7-10 tries before a child accepts a new food. • Parents should set a good example. <p data-bbox="426 906 821 933">***Making the Connection***</p> <p data-bbox="453 941 1507 1034"><i>Ask parents to state specific concerns they have about their child's eating behaviors. Review the Food Guide Pyramid to identify foods that contain similar nutrients (e.g., in the same food group) to substitute for foods their child is refusing.</i></p>	<p data-bbox="1614 391 1982 483">See referral information and resources listed above for risk code 425.</p>

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p>425 (cont'd) Inappropriate Feeding Practices for Children</p> <p>Other Inappropriate Practices:</p> <ul style="list-style-type: none"> • Ignoring a child’s request for appropriate foods • Restricting a child’s ability to consume nutritious meals at an appropriate frequency per day • Not supporting a child’s need for growing independence with self-feeding • Feeding or offering a child primarily pureed or liquid food when the child is ready and capable of eating foods of an appropriate texture. 	<p>Counseling Topics and Considerations (other inappropriate practices):</p> <ul style="list-style-type: none"> • Misinterpreting, ignoring or overruling a child’s natural ability to regulate food intake, based on hunger, appetite and satiety, can result in poor dietary intake and impaired growth. • Review the division of responsibility between parents and children. Parents are responsible for providing healthy snacks and meals for children. Children are responsible for how much and which foods they eat. • Children have small stomachs and may need to eat every 2 to 3 hours. Schedule regular healthy snacks and three meals each day. Snacks are like miniature meals (see Appendix for a list of healthy snacks). • Consistently trying to control a child’s food intake may keep a child from learning to control their own food intake. • Once a child is developmentally ready to finger feed, eat with utensils or eat foods of varying textures, these skills should be developed by encouraging the child to finger feed, use utensils, and try new foods. • Children need healthy snacks between meals (see Appendix for a list of healthy snacks) <p>***Making the Connection*** <i>Ask the parents what concerns they have about the child’s eating habits, food intake, or growth Ask parents to identify one thing they can do to help their child develop independence with self-feeding and to develop healthy eating habits, food intake or growth.</i></p>	<p>See referral information and resources listed above for risk code 425.</p>
<p>501 Possibility of Regression</p>	<p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Review diet and growth chart with parent. • Reinforce what parents are doing right with the child’s diet. Use this as an opportunity to praise the parent. • Regression is used to prevent the deterioration of recently improved nutritional status. <p>***Making the Connection*** <i>Ask the parents what concerns they have about the child’s eating habits, food intake, or growth.</i></p>	<p>Refer to doctor or clinic if: child is not under regular medical care, as indicated on the <i>Health History</i>.</p>

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p style="text-align: center;">502 Transfer of Certification</p>	<p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Review diet and growth chart with parent. • Reinforce what parents are doing right with child’s diet. <p>***Making the Connection*** <i>Ask the parents what concerns they have about the child’s eating habits, food intake, or growth.</i></p>	<p>Refer to doctor or clinic if: child is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p>Resources:</p> <ul style="list-style-type: none"> • Healthy Foods for Happy Kids 1-2 Years [1-39, 1-39(a)] • Healthy Foods for Happy Kids 3-5 Years [1-47, 1-47(a)]
<p style="text-align: center;">801 Homelessness</p>	<p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Review diet and growth chart with parent. • If appropriate, offer special food packages for homeless families or families without access to refrigeration. • Reinforce what parents are doing right with child’s diet. <p>***Making the Connection*** <i>Ask the parents what concerns they have about the child’s eating habits, food intake, or growth.</i></p>	<p>Refer to Social Services</p> <p>Refer to doctor or clinic if: child is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p>Resources:</p> <ul style="list-style-type: none"> • Healthy Foods for Happy Kids 1-2 Years [1-39, 1-39(a)] • Healthy Foods for Happy Kids 3-5 Years [1-47, 1-47(a)]
<p style="text-align: center;">802 Migrancy</p>	<p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Review diet and growth chart with parent. • If appropriate, offer special food packages for families without access to refrigeration. • Reinforce what parents are doing right with child’s diet. <p>***Making the Connection*** <i>Ask the parents what concerns they have about the child’s eating habits, food intake, or growth.</i></p>	<p>Refer to Social Services</p> <p>Refer to doctor or clinic if: child is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p>Resources:</p> <ul style="list-style-type: none"> • Healthy Foods for Happy Kids 1-2 Years [1-39, 1-39(a)] • Healthy Foods for Happy Kids 3-5 Years [1-47, 1-47(a)]

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p align="center">901 Recipient of Child Abuse or Neglect within Past Six Months</p>	<p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Review diet and growth chart with parent. • Reinforce what parents are doing right with child’s diet. <p>***Making the Connection*** <i>Ask the parents what concerns they have about the child’s eating habits, food intake, or growth.</i></p>	<p>Refer to Child Protective Services, 1-800-252-5400.</p> <p>Refer to doctor or clinic if: child is not under regular medical care, as indicated on the <i>Health History</i>.</p>
<p align="center">902 Child of Woman or Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food</p> <ul style="list-style-type: none"> • 17 years or younger • mentally disabled or delayed, or mental illness • physical disability which restricts or limits ability to prepare food • current use or history of abusing alcohol or other drugs 	<p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Review diet and growth chart with parent. • Reinforce what parents are doing right. It is very important to be sensitive, encouraging and non-judgemental toward teens. Teen parents often face many special stresses. • Children that qualify for this risk code are at risk for failure to thrive, neglect and abuse. <p>***Making the Connection*** <i>Ask the parents what concerns they have about the child’s eating habits, food intake, or growth.</i></p>	<p>Refer to doctor or clinic if: child is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p>Refer to Social Services if: deemed appropriate</p> <p>Refer to Child Protective Services if: signs of abuse or neglect; 1-800-252-5400.</p> <p>Resources:</p> <ul style="list-style-type: none"> • Healthy Foods for Happy Kids 1-2 Years [1-39, 1-39(a)] • Healthy Foods for Happy Kids 3-5 Years [1-47, 1-47(a)]
<p align="center">903 Foster Care During the previous 6 months</p>	<p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Review diet and growth chart with caregiver. • Reinforce what caregivers are doing right with child’s diet. • Children in foster care have higher rates of chronic medical conditions that can be avoided or minimized by providing adequate nutrition. 	<p>Refer to doctor or clinic if: child is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p>Resources:</p> <ul style="list-style-type: none"> • Healthy Foods for Happy Kids 1-2 Years [1-39, 1-39(a)] • Healthy Foods for Happy Kids 3-5 Years [1-47, 1-47(a)]

Other Topics - Children

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p>Other Topics: Picky Eater</p>	<p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Review the division of responsibility between parents and children. Parents/caregivers are responsible for providing healthy snacks and meals for children (see Appendix for list of healthy snacks). Children are responsible for how much and which foods they eat. • Discuss normal toddler feeding behaviors that are of concern to the parent: <ul style="list-style-type: none"> - Decreased appetite after 1 year of age (this mirrors the slower growth rate) - Erratic eating pattern (eating a lot one day and very little the next day) - Rejecting new foods (It may take several exposures to a new food before a child will try it; it usually takes 7-10 tries before a child accepts a new food.) - Food jags (eating the same food over and over for a period of days) - Whining, complaining or arguing at mealtime • Strategies for feeding toddlers: <ul style="list-style-type: none"> - Be patient and flexible. - Be a good example, children learn by watching their parents/caregivers. - Children need snacks. Schedule regular healthy snacks and meals for your child (see Appendix for a list of healthy snacks). - Expect to have good days and bad days; this is normal. - Children may not eat well when new feeding strategies are first introduced. Parents must be consistent, firm and patient. <p>***Making the Connection*** <i>Use the growth chart to illustrate decrease in velocity in the growth after the first birthday. Or, use the growth chart to confirm the child's adequate growth even though food intake may be erratic. Ask parents to come up with one or two strategies they can use to deal with their picky eater.</i></p>	<p>Refer to doctor or clinic if: child is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p>Resources:</p> <ul style="list-style-type: none"> • Healthy Foods for Happy Kids 1-2 Years [1-39, 1-39(a)] • Healthy Foods for Happy Kids 3-5 Years [1-47, 1-47(a)] • Help! My Child is a Picky Eater [13-18, 13-18(a)] <p>Staff Resources:</p> <ul style="list-style-type: none"> • Ellyn Satter training material - TDH Audiovisual Library (No.: VC4403) • <i>How to Get Your Kid to Eat...But Not Too Much</i>, Ellyn Satter, 1987 (800-808-7976) • <i>Child of Mine - Feeding with Love and Good Sense</i>, Ellyn Satter, 1986 (Bull Publishing Company, 800-676-2855) • Appendix

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p>Other Topics: Diarrhea</p>	<p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Preventative measures: <ul style="list-style-type: none"> - Wash hands before meal preparation and eating, and after using the toilet, changing diapers, sneezing or coughing. - Wash fruits and vegetables before you give them to your child. - Promptly refrigerate foods to prevent spoilage. - Limit juice intake to no more than 4 ounces per day for children 1-3 years and no more than 6 ounces for children 4-5 years. • What to do if child has diarrhea: <ul style="list-style-type: none"> - Call doctor if diarrhea continues for more than 24 hours. - Give electrolyte solutions (Pedialyte®, Infalyte®, Pediatric Electrolyte®, Kao Lectrolyte®). - Do not give Kool-Aid®, sports drinks, soft drinks, gelatin or broths as a substitute for electrolyte solutions. - Continue to feed your child small amounts of normal foods she likes. <p>***Making the Connection*** <i>Ask parents to come up with one or two strategies they can use to deal with diarrhea.</i></p>	<p>Refer to doctor or clinic if child has any of the following problems:</p> <ul style="list-style-type: none"> • fever above 99 degrees F • diarrhea for more than 24 hours • dry, sunken eyes or dry mouth or tongue • more than 3 watery stools in 24 hours • refuses to eat or drink • seems cold, listless, floppy, or won't wake up <p>Resources:</p> <ul style="list-style-type: none"> • Common Childhood Problems (1-9 years), What About Diarrhea? [13-125,13-125(a)] • Food Safety at Home [113-20, 13-20(a)] <p>Staff Resources:</p> <ul style="list-style-type: none"> • Nutrition Fact Sheet No.15, Diarrhea in Infancy and Early Childhood • Nutrition Fact Sheet No.1, A Quick Consumer Guide to Safe Food Handling • Nutrition Fact Sheet No. 3, Handling Eggs Safely at Home • Nutrition Fact Sheet No. 2- Meat and Poultry Guidelines

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p>Other Topics: Constipation</p>	<p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Causes of constipation: <ul style="list-style-type: none"> - Not enough fiber and/or fluids in the diet - Lack of physical activity - No regular toilet habits - Possibly a side effect of medicines or certain medical problems • What to do if child is constipated: <ul style="list-style-type: none"> - Offer healthy foods from all the groups in the Food Guide Pyramid. Stress the importance of fluids and fiber-rich foods (see Appendix). - Add water and fluids to child's diet, up to about 6-8 cups of fluids a day. This should include no more than 16 oz. of milk and no more than 6 oz. of juice daily. - Add high-fiber foods to child's diet: fruits (cut into small pieces), vegetables (cooked soft and cut into small pieces), whole grain products and beans (see Appendix). - Encourage 30 minutes of moderate physical activity daily. - Encourage parents to set regular toilet times. <p>***Making the Connection*** <i>Ask parents to come up with one or two strategies they can use to deal with constipation.</i></p>	<p>Refer to doctor or clinic if child has any of the following problems:</p> <ul style="list-style-type: none"> • bloody stools or stomach pain. • strains or screams when trying to pass stools. • child has less than three stools in one week. <p>Resources:</p> <ul style="list-style-type: none"> • Common Childhood Problems (1-9 years) What About Constipation? [13-100, 13-100(a)] • Healthy Foods for Happy Kids 1-2 Years [1-39, 1-39(a)] • Healthy Foods for Happy Kids 3-5 Years [1-47, 1-47(a)] • Help! My Child is a Picky Eater [13-18, 13-18(a)] • 10 Ways to Get Your Kids to Eat More Fruits and Vegetables [13-68] <p>Staff Resources:</p> <ul style="list-style-type: none"> • Nutrition Fact Sheet No.14, Constipation in Infancy and Early Childhood • Appendix

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p>Other Topics Weaning from the Bottle</p>	<p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Only put breastmilk, formula, milk or water into the bottle. • Start weaning process when child is healthy, be consistent and continue until weaning is complete. Involve all caregivers, include all family members and child care providers. • Replace child’s least favorite bottle feeding with the cup. Gradually replace one bottle at a time with a cup. Replace the favorite feeding last. • Comfort children at bedtime by rocking, singing, reading or giving a soft toy. • Limit milk intake to no more than 16 oz. • Review food sources of calcium in case child refuses milk from a cup during the weaning process (see Appendix). <p>The Child Who Is Very Resistant to Weaning</p> <ul style="list-style-type: none"> • When attempts at weaning have failed, counsel the mother to water down the liquids in the bottle while offering liquids in the cup at full strength: <ul style="list-style-type: none"> - Dilute/water down the breastmilk, formula, or water in the bottle. - Each day add a little more water to the fluid in the bottle. - Once started, never give the child full-strength liquid from the bottle. • Counsel on offering other food sources of calcium in case child refuses milk from a cup during the weaning process (see Appendix). • Children who continue sucking because of developmental needs can continue on bottles of plain water. <p>Children With Special Health-Care Needs</p> <p>Children who cannot wean from the bottle due to an inability to drink from the cup or eat solid foods require further referrals. Ensure that the child is being followed by a physician and refer to Registered Dietitian for high-risk counseling and to the local Early Childhood Intervention Program (ECI) for evaluation.</p>	<p>Refer to doctor or clinic if:</p> <ul style="list-style-type: none"> • child seems unable to drink from a cup or eat solid food. • child shows delays in eating skills. <p>Resources</p> <ul style="list-style-type: none"> • Weaning Your Baby From the Bottle [13-170,13-170 (a)] • Healthy Teeth for a Healthy Smile [13-89, 13-89(a)] • Calcium [13-8,13-8(a)] <p>Staff Resources: Nutrition Fact Sheet No.16, Weaning from the Bottle</p> <p>Refer to ECI if: child has developmental delay or disability, 1-800-250-2246.</p> <p>Staff Resources:</p> <ul style="list-style-type: none"> • WIC Policy CR 07.1 • Appendix

Appendix – Individual Counseling Guide – Children

Note: Depending on child's age and oral-motor skills, parents should cut and mash foods into small pieces, removing seeds, pits, skin, gristle and bone. Also, parents should avoid serving potential choking hazards to young children.

Calorie-dense Foods

High Calorie-Dense Foods:

- Milk (not nonfat or low-fat if younger than 24 months)
- Powdered milk added to mashed potatoes or other moist foods
- Puddings made with whole milk (not the ready-to-eat variety)
- Yogurt (not low fat)
- Cheese
- Eggs
- Meats
- Peanut Butter* (over 2 years old only unless mixing with a milkshake)
- Nuts and seeds*
- Dry beans and peas

Medium Calorie-Dense Foods:

- Breads
- Cereal
- Rice
- Pasta
- Vegetables

High-Fiber Foods

- Strawberries
- Apples with peel
- Broccoli
- Corn
- Carrots
- Pears
- Blueberries
- Bran cereals
- 100% Whole wheat bread
- Iron Kids bread
- Beans
- Lentils
- Split peas

High-Protein Foods

- Milk
- Cheese
- Yogurt
- Egg
- Beef
- Chicken
- Fish
- Pork
- Beans
- Peas
- Tofu
- Pasta
- Whole wheat bread

Iron-Rich Foods

- Liver
- Beef
- Chicken
- Turkey
- Pork
- Dried beans
- Greens
- Nuts and Seeds*
- Peanut Butter*
- Green Peas
- Lima Beans
- Enriched grain products
- Dried Fruits*

**potential choking hazard for young children*

Appendix – Individual Counseling Guide – Children

Vitamin C-Rich Foods

- Orange juice
- Oranges
- Grapefruit juice
- Cantaloupe
- Mango
- Papaya
- Strawberries
- Guavas
- Cabbage
- Green and red chiles
- Green peppers
- Fresh tomatoes
- Broccoli
- Brussels sprouts
- Cauliflower

Calcium-Rich Foods

- Milk
- Yogurt
- Hard cheese, like Swiss, mozzarella, cheddar
- Pudding made with milk, custard, flan
- Ice cream
- Soup, made with milk

Calcium-Rich Foods that are Milk Protein-Free and Lactose-Free

- Calcium-fortified soy milk
- Calcium-fortified rice milk
- Calcium-fortified cereal
- Calcium-fortified orange juice
- Collard, turnip, beet and kale greens
- Bok choy
- Black-eyed peas and northern beans
- Corn tortillas
- Broccoli
- Rhubarb
- Okra
- Figs
- Almonds*
- Sesame seeds*
- Sardines with bones*
- Tofu made with calcium sulfate

Calcium-Rich Foods that are Lactose-Reduced

- Lactose-reduced milk (Dairy Ease® & Lactaid®)

Foods to Avoid or Modify to Prevent Choking*

- Peanuts, other nuts
- Seeds
- Whole kernel corn
- Whole grapes, berries or cherries
- Raisins and dried fruit
- Peanut and other nut butters
- Whole pieces of canned fruit
- Large chunks of cheese
- Fruit with pits
- Hard pieces of partially cooked vegetables
- Tough meats
- Hard candy
- Chewing gum
- Popcorn
- Hot dogs
- Sausages
- Potato/corn chips
- Fish with bones
- Marshmallows
- Plain wheat germ
- Cookies
- Whole beans
- Raw carrots
- Other raw and cooked vegetables

**potential choking hazard for young children*

Appendix – Individual Counseling Guide – Children

Vegan Sources of Specific Nutrients

Calories and Fat

Vegan diets for children tend to be high in fiber. The fiber fills their stomachs, making it difficult to consume enough energy (calories). Concentrated sources of energy are needed, such as:

- Fortified soybean milk
- Fortified rice milk
- Nuts*
- Dried fruits*
- Avocados
- Fruit juices

Protein

- Legumes
- Grains
- Soy products
- Nuts*

Iron

- Whole grains
- Nuts*
- Seeds*
- Dried fruits*
- Legumes
- Cooking in iron pots and skillets
- Consume vitamin C with every meal that contains iron

Vegan Sources of Specific Nutrients

Calcium

- Calcium-fortified soy milk
- Calcium-fortified rice milk
- Calcium-fortified cereal
- Calcium-fortified orange juice
- Collard, turnip, beet and kale greens
- Bok choy
- Black-eyed peas and northern beans
- Corn tortillas
- Broccoli
- Rhubarb
- Okra
- Figs
- Almonds*
- Sesame seeds*
- Tofu with calcium sulfate
- Calcium supplement

Vegan Sources of Specific Nutrients

Vitamin B-12

The only reliable source of vitamin B-12 for humans is animal foods.

- Vitamin B-12 supplement
- Soy milk fortified with vitamin B-12
- Breakfast cereals fortified with vitamin B-12
- Yeast grown in media rich in vitamin B

Riboflavin

- Green leafy vegetables
- Whole grains
- Yeast
- Legumes

**potential choking hazard for young children*

Appendix – Individual Counseling Guide – Children

<u>Healthy Snacks for Young Children</u>	<u>Healthy Snacks for Young Children</u>	<u>Healthy Snacks for Young Children</u>
<p><u>Breads and Cereals</u></p> <ul style="list-style-type: none"> • Bread • Bagels • English Muffins • Tortillas • Pita Bread • Cereal (dry or with milk) • Crackers (animal, graham, saltine) • Pretzels • Rice cakes <p><u>Fruits</u></p> <ul style="list-style-type: none"> • Fresh, canned or frozen fruit • fruit juice • dried fruit* <p><u>Vegetables</u></p> <ul style="list-style-type: none"> • Fresh, canned or frozen vegetables • Vegetable soup <p><u>Milk Products</u></p> <ul style="list-style-type: none"> • Milk • Yogurt • Cheese (sliced, cubed, string cheese) • Cottage cheese • Pudding made with milk 	<p><u>Meats and Proteins</u></p> <ul style="list-style-type: none"> • Tuna • Peanut butter • Hard-cooked eggs • Bean soup • Tofu made with calcium sulfate • Bean dips and spreads <p><u>Combination Snack Ideas:</u></p> <ul style="list-style-type: none"> • Quick bread or muffins made with ingredients such as carrots, zucchini, pumpkin, bananas, nuts, dates, raisins, lemons, squash or berries. • Flour tortillas topped with refried beans or canned chili, grated cheese, chopped tomatoes and low-fat sour cream or yogurt. • Cereal topped with fresh fruit and milk. • English muffin or pita bread topped with spaghetti sauce, mushrooms, green peppers, black olives and grated cheese. • Baked potatoes or potato skins broiled with shredded cheese and low-fat sour cream or yogurt. • Chili, heated and topped with onions, lettuce and tomato; Serve as a dip with bread or crackers. • Fruit Shake (milk blended with orange juice and fresh fruit). 	<p><u>Combination Snack Ideas:</u></p> <ul style="list-style-type: none"> • Parfait made with yogurt, fruit, and granola. • Gelatin made with fruit or vegetable juice, vegetables, fruits. Serve with cottage cheese. • Frozen Fruit Cubes (pureed applesauce or fruit juice frozen into cubes). • Stuffed Celery* (fill celery with either light cream cheese or peanut butter then top with raisins*, shredded carrots or nuts*). • Veggie Dip (cottage cheese or yogurt blended with dried buttermilk dressing served with raw vegetables* for dipping). • Fruit Dip (yogurt topped with wheat germ and served with slices of fresh fruit for dipping). • Bagels or bread topped with spreadable cheese or peanut butter* then sliced bananas, crushed pineapple or shredded carrots. • Kabobs* made with any combination of the following: cheese, fruit, vegetables and sliced or cubed cooked meat (remove toothpicks before serving). • Yogurt Frost (fruit juice blended with yogurt fresh fruit and ice). • Popcorn sprinkled with grated cheese*

**potential choking hazard for young children*



