

WIC 200-12 Supplement to Infant and Children Certification Form- May 2019

Cert Form #	USDA #	Certification Form Risk Criterion*	USDA Definition and Cutoff Value	Category/ Priority Infants	Category/ Priority Children
1a	103	Underweight	Underweight (Infants and Children Birth- < 24 months) \leq 2.3rd percentile weight-for-length based on Centers for Disease Control and Prevention (CDC) Birth to 24 months gender specific growth charts. These charts are based on 2006 World Health Organization (WHO) international growth standards. (Children 2-5 years of age) \leq 5th percentile Body Mass Index (BMI)-for-age or based on National Center for Health Statistics (NCHS)/CDC 2000 age/gender specific growth charts.	I	III
1b	103	At Risk of Underweight	At Risk of Underweight (Infants and Children Birth- < 24 months) \geq 2.3rd percentile and \leq 5th percentile weight-for-length based on CDC Birth to 24 months gender specific growth charts. These charts are based on 2006 World Health Organization (WHO) international growth standards. (Children 2-5 years of age) $>$ 5th percentile and \leq 10th percentile BMI-for-age based on National Center for Health Statistics (NCHS)/CDC 2000 age/gender specific growth charts.	I	III
2	115	High Weight for Length	High Weigh- for-Length (Infants and Children Birth- < 24 months) \geq 97.7th percentile weight-for-length based on the CDC Birth to 24 months gender specific growth charts. These charts are based on 2006 World Health Organization (WHO) international growth standards. http://www.cdc.gov/growthcharts/	I	III (12m-24m)
2a	113	Obese	Overweight (Children 2-5 years of age) Body Mass Index (BMI) \geq95th percentile based on NCHS/CDC, 2000 age/gender specific growth charts. <i>If recumbant length in a 2-3 year old, use weight/length \geq95th percentile. Cannot be used for risk assignment, for assessment and counseling only.</i>		III
2b	114.01	Overweight	Overweight (Children 2-5 years of age) BMI \geq85th percentile and $<$95th BMI for age based on NCHS/CDC, 2000 age/gender specific growth charts. In CT-WIC will auto-popuate as 114.01 when child's anthropometric data meets the cut-offs. However, 114.01 is also in the manual drop down selection box.		III
2b	114.02	At Risk Of Overweight	In CT-WIC this risk is 114.02. It should be manually selected if the following conditions apply. Infant $<$ 12 months of a biological mother (BMI \geq 30) at the time of conception or at any point in the first trimester. at the time of certification. + BMI of biological mother is based on self-reported, prepregnancy weight and height or on a measured weight and height documented by staff or other health care provider. Child \geq 12 months of a biological mother with a (BMI \geq 30) at the time of certification. + If the mother is pregnant or has had a baby within the past 6 months, use her prepregnancy weight to assess for obesity. Infant or a child of a biological father with a (BMI $>$ 30) at the time of certification. This risk assignment is based on self-reported, by the father , weight and height or on weight and height measurements taken by staff at the time of certification.	I	III

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3a/ 3b	121	Short Stature/ At Risk for Short Stature	Short stature (Infants Birth- 24 months) \leq 2.3rd percentile length-for-age based on CDC Birth to 24 months gender specific growth charts. These charts are based on 2006 World Health Organization (WHO) international growth standards. (Children 2-5 years) \leq 5th percentile stature-for-age based on the 2000 NCHS/CDC age/gender specific growth charts. At Risk for Short Stature. (Infants Birth- 24 months) \geq 2.3 rd percentile and \leq 5th percentile length for age based on CDC Birth to 24 months gender specific growth charts. These charts are based on 2006 World Health Organization (WHO) international growth standards. (Children 2-5 years) \geq 5th percentile and \leq 10 th percentile stature- for-age based on the 2000 NCHS/CDC age/gender specific growth charts. For premature infants, adjust for gestational age until the second birthday.	I	III
4	134	Failure to thrive	** Presence of Failure to thrive diagnosed by a physician	I	III
5	135	Slowed/Faltering Growth Patterns	Slowed/Faltering Growth: A. Infants from birth to 2 weeks of age: Excessive weight loss after birth defined as $>$ 7% of birth weight. B. Infants from 2 weeks of age to 6 months: Any weight loss. Use two separate measurements taken at least 8 weeks apart. See table in Risk write-up for description of mean values for weight gain (g/day) for Healthy Breastfed Infants- girls and boys.	I	
6	141	Low birth weight (\leq5.5 pounds or \leq2500 grams)	Low birth weight: (\leq 5.5 pounds or \leq 2500 grams): For infants and children $<$ 2 years of age.	I	III
7	142.01; 142.02	Preterm or Early Term Delivery	Preterm (142.01) or Early Term (142.02) Delivery: Infants and children $<$ 2 years of age born Preterm: \leq 36 6/7 weeks gestation; Early Term: \geq 37 0/7 and \leq 38 6/7. These risks are in the Medical Conditions pop-up box and once selected, will be system generated. These risks are also in the manual dropdown and should be diagnosed by the HCP.	I	III
8a	151	Small for gestational age	** Small for gestational age: for infants and children $<$ 2 years of age (based on medical diagnosis)	I	III
8b	153	Large for gestational age	** Large for gestational age: birth weight $>$ 9 pounds ($>$ 4000g)	I	

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9	152	Low Head Circumference	Low head circumference. (Infant and Children Birth-24 months) \leq 2.3rd percentile head circumference-for-age. based on Centers for Disease Control and Prevention (CDC) Birth to 24 months gender specific growth charts. These charts are based on 2006 World Health Organization (WHO) international growth standards. For premature infants, adjust for gestational age until the second birthday.	I	III (12m-24 m)
10	201	Anemia	As stated on the certification form. Hemoglobin or hematocrit concentration below the 95% confidence interval (i.e. below .025 percentile) for healthy, well nourished individuals of the same age and sex. Cut off value is the current published guidance from Centers for Disease Control and Prevention (CDC).	I	III
11	211	Elevated blood lead level	Elevated blood lead level: \geq 5ug/dl within the past 12 months. Cut off value is the current published guidance from Centers for Disease Control and Prevention (CDC).	I	III
12	341	Nutrient Deficiency or Disease	Diagnosis of nutritional deficiencies or a disease caused by insufficient dietary intake of macro and micronutrients. Diseases including but not limited to: Protein Energy Malnutrition (PEM), Scurvy, Rickets, Beri-Beri, Hypocalcemia, Ostomalacia, Vit K Deficiency, Pellagra, Cheilosis, Menkes disease and Xerophthalmia.	I	III
13	342	Gastrointestinal disorder(s)	Disease(s) or condition(s) that interfere with the intake or absorption of nutrients. The conditions include but are not limited to: stomach or intestinal disorders, small bowel enterocolitis and syndrome, malabsorption syndromes, inflammatory bowel disease, including ulcerative colitis or Crohn's disease, liver disease, pancreatitis, gallbladder disease and gastroesophageal reflux (GERD).	I	III
14	349	Nutritionally significant genetic or congenital disorder	Genetic or congenital disorder. Hereditary or congenital condition at birth that causes physical or metabolic abnormality. The current condition must alter nutrition status metabolically, mechanically, or both. May include but is not limited to, cleft lip or palate, Down's syndrome, thalassemia major, sickle cell anemia (not sickle cell trait) and muscular dystrophy.	I	III
14	351	Inborn errors of metabolism.	Inborn errors of metabolism. Generally refers to gene mutations or gene deletions that alter metabolism in the body, including but not limited to: phenylketonuria, (PKU), maple syrup urine disease, galactosemia, hyperlipoproteinemia, homocystinuria, tyrosinemia, histidinemia, urea cycle disorders, glutaric aciduria, methylmalonic acidemia, glycogen storage disease, galactokinase deficiency, fructoaldolase deficiency, propionic acidemia, hypermethionemia, and medium-chain acyl-CoA dehydrogenase (MCAD).	I	III
15	352a & 352b	Nutrition related infectious disease (acute and chronic)	In CT-WIC, these risks are coded as 352.01 and 352.02. Infectious Disease (Acute and Chronic). Diseases caused by growth of pathogenic microorganisms that affect nutritional status. Acute- Includes but not limited to: tuberculosis, pneumonia, meningitis, parasitic infections, hepatitis, bronchiolitis (3 episodes in 6 mos). For Acute conditions the infectious disease must be present within the past 6 months. Chronic- including but not limited to HIV (Human Immunodeficiency Virus) infection, AIDS (Acquired Immunodeficiency Syndrome).	I	III

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16	343	Diabetes mellitus	Diagnosis of Diabetes mellitus	I	III
16	344	Thyroid disorders	Thyroid disorders. Hypothyroidism (insufficient levels of thyroid hormone produced or defect in receptor) or hyperthyroidism (high levels of thyroid hormone secreted). Congenital Hyperthyroidism, Congenital Hypothyroidism, Postpartum Thyroiditis.	I	III
16	345	Hypertension and Prehypertension	Hypertension (chronic) and Prehypertension.	I	III
16	346	Renal disease	Any renal disease Including pyelonephritis, persistent proteinuria but excluding urinary tract infections (UTI) involving the bladder.	I	III
16	347	Cancer	Cancer. A chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biologic restraints. The current condition, or the treatment for the condition, must be severe enough to affect nutritional status.	I	III
16	356	Hypoglycemia	Diagnosis of Hypoglycemia.	I	III
16	354	Celiac disease	Celiac disease. Celiac Disease (CD) is an autoimmune disease precipitated by the ingestion of gluten (a protein in wheat, rye, and barley) that results in damage to the small intestine and malabsorption of the nutrients from food. (1). CD is also known as Celiac Sprue, Gluten Enteropathy, Non tropical Sprue. <i>See revised RISC write-up for updated justification, addition of Implications for WIC Nutrition Services section and updated references.</i>	I	III
16	355	Lactose Intolerance	Lactose intolerance is the syndrome of one or more of the following: diarrhea, abdominal pain, flatulence, and/or bloating, that occurs after lactose ingestion when there is insufficient production of the enzyme lactase to digest lactose. If not diagnosed by a physician, the symptoms must be well documented by the competent professional authority. Documentation should indicate the cause to be dairy products and the avoidance of dairy products eliminates symptoms. <i>See revised RISC write-up for updated justification, addition of Implications for WIC Nutrition Services section and updated references.</i>	I	III
17	353	Food Allergies	Food allergies. An adverse immune response to a food or a hypersensitivity that causes adverse immunologic reaction. <i>See revised RISC write-up for updated justification, addition of Implications for WIC Nutrition Services section and updated references.</i>	I	III
18	348	CNS disorders	Central nervous system disorders. Conditions that affect energy requirements and may affect the individual's ability to feed self; that alter nutritional status metabolically, mechanically, or both. Includes but is not limited to: epilepsy, cerebral palsy (CP), neural tube defects (NTD) such as: spina bifida or myelomeningocele, Parkinson's disease, and multiple sclerosis (MS).	I	III
18	357	Drug Nutrient Interactions	Drug nutrient interaction. Use of prescription or over-the-counter drugs or medications that have been shown to interfere with nutrient intake or utilization, to an extent that nutritional status is compromised.	I	III

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18	358	Eating disorders	Eating disorders. Anorexia nervosa, bulimia, are characterized by a disturbed sense of body image and morbid fear of becoming fat. Symptoms are manifested by abnormal eating patterns including, but not limited to: self-induced vomiting, purgative abuse, alternate patterns of starvation; use of drugs such as appetite suppressants, thyroid preparations or diuretics; self-induced marked weight loss.	I	III
18	359	Recent Major Surgery, Trauma, Burns	Recent major surgery, trauma, burns (including C-sections) severe enough to compromise nutritional status. Any occurrence: Within past (≤ 2) months may be self reported. More than two (>2) months must have the continued need for nutritional support diagnosed by a physician or a health care provider working under the orders of a physician.	I	III
18	360	Other nutrition related medical conditions	Other medical conditions. Diseases or conditions with nutritional implications not included in any of the other medical conditions. The current condition or treatment for the condition must be severe enough to affect nutritional status. Including: juvenile rheumatoid arthritis (JRA), lupus erythematosus, cardiorespiratory diseases, heart disease, cystic fibrosis, persistent asthma (moderate or severe) requiring daily medication.	I	III
18	362	Developmental delays, sensory or motor delays interfering with the ability to eat.	Developmental delays, sensory or motor delays interfering with the ability to eat. Developmental, sensory or motor disabilities that restrict the ability to chew, or swallow food or require tube feeding to meet nutritional needs. Includes but not limited to: minimal brain function; feeding problems due to developmental delays; birth injury; head trauma; brain damage; other disabilities.	I	III
19	381	Oral Health Conditions	Oral Health Conditions. Must be diagnosed by a physician or health care provider working under the orders of a physician or by adequate documentation by the CPA. Dental caries, often referred to as "cavities" or "tooth decay". Periodontal diseases, which are infections that affect the tissues and bone that support the teeth. Classified by severity- major stages are gingivitis and periodontitis. For more information can be found at: https://www.perio.org/consumer/types-gum-disease.html . Tooth loss, and/or ineffectively replaced teeth or oral infections which impair the ability to ingest food in adequate quantity or quality.	I	III

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20	382	Fetal Alcohol Syndrome	Fetal Alcohol Syndrome (FAS) is based on the presence of retardard growth, a pattern of facial abnormalities, abnormalities of the central nervous system, including mental retardation.	I	III
21	383	Neonatal Abstinence Syndrome	NAS is a combination of physiologic and neurologic symptoms that can be identified immediately after birth and can last up to 6 months after birth (2,3). This condition must be present within the first 6 months of birth and diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by the infant's caregiver. See the clarification section for more information about self-reporting a diagnosis.	I	
23	603	Breastfeeding complications or potential complications	Breastfeeding complications or potential complications. A breastfed infant with any of the following complications of breastfeeding: a. jaundice; b. weak or ineffective suck; c. difficulty latching to mother's breast; d. inadequate output i.e. stooling for age (as determined by a physican or other health care provider.) and/or < 6 wet diapers per day.	I,II, IV	
24	702	Breastfeeding infant of a mother at nutritional risk	In CT-WIC, this risk is split into 2: 702.01 Breastfeeding infant of a mother at nutritional risk, Non-Dietary and 702.02 Breastfeeding infant of a mother at nutritional risk, Dietary. Infant and mother must be at the same priortiy level.		
	411	Dietary risks- Inappropriate nutrition practices for infants.	The conditions or behaviors below fall under dietary risk factors and should be specifed on the certification form.	IV	
25	411.1	Routinely using a substitute(s) for breastmilk or for FDA approved iron-fortified infant formula as the primary nutritient source during the first year of life.	Examples of substitutes: Cow's, goat's or sheep's milk (whole, reduced-fat, low-fat or skim), canned or sweetened condensed milk; and imitation substitute milk (such as rice- or soy-based beverages, non-dairy creamer), or other "homemade concoctions"	IV	

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25	411.2	Routinely using nursing bottles or cups improperly.	Examples include: Using a bottle to feed fruit juice; Feeding any sugar-containing fluids, such as soda/soft drinks, gelatin water, corn syrup solutions, sweetened tea; Allowing the infant to fall asleep or be put to bed with a bottle at naps or bedtime; Allowing the infant to use the bottle without restriction (e.g., walking around with a bottle) or as a pacifier. Propping the bottle when feeding; Allowing an infant to carry around and drink throughout the day from a covered or training cup; Adding any food (cereal or other solid foods) to the infant's bottle.	IV	
25	411.3	Routinely offering complementary foods* or other substances that are inappropriate in type or timing. <i>*Complementary foods are any foods or beverages other than breast milk or infant formula</i>	Examples of inappropriate complementary foods: Adding sweet agents such as sugar, honey, or syrups to any beverage (including water) or prepared food, or used on a pacifier; and any food other than breast milk or iron-fortified infant formula before 6 months of age .	IV	
25	411.4	Routinely using feeding practices that disregard the developmental needs or stage of the infant	Examples include: Inability to recognize, insensitivity to, or disregarding the infant's cues for hunger and satiety (e.g., forcing an infant to eat a certain type and/or amount of food or beverage or ignoring an infant's hunger cues); Feeding foods of inappropriate consistency, size, or shape that put infants at risk of choking; Not supporting an infant's need for growing independence with self-feeding (e.g., solely spoon-feeding an infant who is able and ready to finger-feed and/or try self-feeding with appropriate utensils); Feeding an infant foods with inappropriate textures based on his/her developmental stage (e.g., feeding primarily pureed or liquid foods when the infant is ready and capable of eating mashed, chopped or appropriate finger foods).	IV	
25	411.5	Feeding foods to an infant that could be contaminated with harmful microorganisms or toxins.	Examples of potentially harmful foods: Unpasteurized fruit or vegetable juice; Unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese; Honey (added to liquids or solid foods, used in cooking, as part of processed foods, on a pacifier, etc.); Raw or undercooked meat, fish, poultry, or eggs; Raw vegetable sprouts (alfalfa, clover, bean, and radish); and Deli meats, hot dogs, and processed meats (avoid unless heated until steaming hot). Feeding donor human milk acquired directly from individuals or the Internet.	IV	
25	411.6	Routinely feeding inappropriately diluted formula	Examples include: Failure to follow manufacturer's dilution instructions (to include stretching formula for household economic reasons) Failure to follow specific instructions accompanying a prescription.	IV	
25	411.7	Routinely limiting the frequency of nursing of the exclusively breastfed infant when breast milk is the sole source of nutrients.	Examples of inappropriate frequency of nursing: Scheduled feedings instead of demand feedings; Less than 8 feedings in 24 hours if less than 2 months of age.	IV	
25	411.8	Routinely feeding a diet very low in calories and/or essential nutrients.	Examples: Vegan diet; Macrobiotic diet; and Other diets very low in calories and/or essential nutrients	IV	

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25	411.9	Routinely using inappropriate sanitation in preparation, handling, and storage of expressed human milk or formula	<p>Examples of inappropriate sanitation: Limited or no access to: Safe water supply (documented by appropriate officials), Heat source for sterilization, and/or Refrigerator or freezer for storage. Failures to properly prepare, handle, and store bottles, storage containers or breast pumps properly; expressed breast milk or formula. Human Milk- Thawing in a microwave, Refreezing, Adding freshly expressed unrefrigerated human milk to frozen human milk, Adding refrigerated human milk to frozen milk in an amount that is greater than the amount of frozen milk. Feeding thawed human milk more than 24 hours after it was thawed, Saving human milk from a bottle used for another feeding, Failure to clean breast pump per manufacturer's instruction. Feeding donor human milk acquired directly from individuals or the Internet. Formula- Storing at room temperature for more than 1 hour. Failure to store prepared formula per manufacturer's instruction, Using formula in a bottle one hour after the start of a feeding, Saving formula from a used bottle for another feeding, Failure to clean bottles properly.</p> <p>Published guidelines on the handling and storage of infant formula indicate that it is unsafe to feed an infant prepared formula which, for example: has been held at room temperature longer than 1 hour or longer than recommended by the manufacturer; has been held in the refrigerator longer than han recommended by the manufacturer; remains in a bottle one hour after the start of feeding; and/or remains in a bottle from an earlier feeding, is fed using improperly cleaned bottles. (1). See WIC Works Resource system for detailed explanation of how to discuss appraite human milk storage guidelines with participants. For purposes of WIC Eligibility Determination, there is not a clear cut-off value to determine unsafe refrigeration limits of breastmilk due to lack of concensus among leading organizations.</p>	IV	
25 B4	411.10	Feeding dietary supplements with potentially harmful consequences	<p>Example of dietary supplements, which when fed in excess of recommended dosage, may be toxic or have harmful consequences: Single or multi-vitamins; Mineral supplements; and Herbal or Botanical supplements/remedies/teas.</p>	IV	
25	411.11	Routinely not providing dietary supplements recognized as essential by national public health policy when an infant's diet alone cannot meet nutrient requirements.	<p>Examples include: Infants who are 6 months of age or older who are ingesting less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride;</p> <p>Infants who are exclusively breastfed, or who are ingesting less than 1 liter (or 1 quart) per day of vitamin D-fortified formula, and are not taking a supplement of 400 IU of vitamin D.</p>	IV	
25	428	Dietary risks associated with complementary feeding	<p>Use this as the only NRC if no other NRC can be identified. Complete NA must be done first and the participant must be screened for NRC #411 before assigning this risk. The reason regarding specific issues for risk must be noted in the chart and addressed in education provided to the parent/guardian. An infant is at risk of inappropriate complementary feeding practices if they have begun or are about to:</p> <ul style="list-style-type: none"> -Consume complementary foods and beverages -Eat independently -Wean from breast milk or infant formula 	IV 4-12m	

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25	401	Failure to meet USDA/DHHS Dietary Guidelines (DG) For Americans.	Applies to children \geq 2 years of age. This is an assumption of not meeting DG when no other NRC has been identified. Complete NA must be done first and must screen out dietary NRC # 425 before assigning this risk. The Food Guide Pyramid was the Dietary Guidelines (DG) icon at the time the 2002 IOM Committee on Dietary Risk Assessment in the WIC Program report. The DG icon changed to MyPlate in 2011. Although the icon has changed, the Findings and the Supporting Research are still applicable to this criterion. <i>See revised RISC write-up for updated justification, addition of Implications for WIC Nutrition Services section, updated references and Clarification section for more information.</i>		V \geq 2 yrs
	425	Dietary risks- Inappropriate nutrition practices for children.	The conditions or behaviors below fall under dietary risk factors and should be specified on the certification form.		
25	425.1	Routinely feeding inappropriate beverages as the primary milk source.	Examples of inappropriate beverages as primary milk source: Non-fat or reduced-fat milks (between 12 and 24 months of age only) or sweetened condensed milk; and Imitation or substitute milks (such as inadequately or unfortified rice- or soy-based beverages, non-dairy creamer), or other "homemade concoctions." CT State policy allows the issuance of non-fat or reduced fat (1%, 2%) milks if overweight or obesity is a concern and documented. See WIC Policy 300-14 Non-Standard Issuance of Milks for more details.		V
25	425.2	Routinely feeding a child any sugar-containing fluids.	Examples of sugar-containing fluids: Soda/soft drinks; Gelatin water, Corn syrup solutions and Sweetened tea.		V
25	425.3	Routinely using nursing bottles, cups, or pacifiers improperly.	Using a bottle to feed: -Fruit juice, or -Diluted cereal or other solid foods. Allowing the child to fall asleep or be put to bed with a bottle at naps or bedtime. Allowing the child to use the bottle without restriction (e.g., walking around with a bottle) or as a pacifier. Using a bottle for feeding or drinking beyond 14 months of age. Using a pacifier dipped in sweet agents such as sugar, honey, or syrups. Allowing a child to carry around and drink throughout the day from a covered or training cup.		V
25	425.4	Routinely using feeding practices that disregard the developmental needs or stages of the child	Examples include: Inability to recognize, insensitivity to, or disregarding the child's cues for hunger and satiety (e.g., forcing a child to eat a certain type and/or amount of food or beverage or ignoring a hungry child's requests for appropriate foods); Feeding foods of inappropriate consistency, size, or shape that put children at risk of choking; Not supporting a child's need for growing independence with self-feeding (e.g., solely spoon-feeding a child who is able and ready to finger-feed and/or try self-feeding with appropriate utensils); Feeding a child food with an inappropriate texture based on his/her developmental stage (e.g., feeding primarily pureed or liquid food when the child is ready and capable of eating mashed, chopped or appropriate finger foods).		V

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25	425.5	Feeding foods to a child that could be contaminated with harmful microorganisms or toxins	Unpasteurized fruit or vegetable juice; Unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert, blue-veined and Mexican-style cheese (queso blanco); Raw or undercooked meat, fish or poultry or eggs; Raw vegetable sprouts (alfalfa, clover, bean and radish); Hot dogs, luncheon meats (deli meats/cold cuts) or unless reheated until steaming hot.		V
25	425.6	Routinely feeding a diet very low in calories and/or essential nutrients	Examples: Vegan diet; Macrobiotic diet; and Other diets very low in calories and/or essential nutrients.		V
25	425.7	Feeding dietary supplements with potentially harmful consequences.	Example of dietary supplements, which when fed in excess of recommended dosage, may be toxic or have harmful consequences: Single or multi-vitamins; Mineral supplements; and Herbal or Botanical supplements/remedies/teas.		V
25	425.8	Routinely not providing dietary supplements recognized as essential by national public health policy when a child's diet alone cannot meet nutrient requirements	Examples include: Providing children under 36 months of age less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride; Providing children 36-60 months of age less than 0.50 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride. Not providing 400 IU of vitamin D if a child consumes less than 1 liter (or 1 quart) of vitamin D fortified milk or formula.		V
25	425.9	Compulsively ingesting non-food items (pica)	Examples of inappropriate nonfood items: Ashes; Carpet fibers; Cigarettes or cigarette butts; Clay; Dust; Foam rubber; Paint chips; Soil; and Starch (laundry and cornstarch).		V
25	428	Dietary risks associated with complementary feeding	Use this as the only NRC if no other NRC can be identified. Complete NA must be done first and the participant must be screened for NRC #411 before assigning this risk. The reason regarding specific issues for risk must be noted in the chart and addressed in education provided to the parent/guardian. An infant is at risk of inappropriate complementary feeding practices if they have begun or are about to: -Consume complementary foods and beverages -Eat independently -Wean from breast milk or infant formula -Transition from a diet based on infant/toddler foods to one based on the DGAs		V 12m-23m
26	701	Infant (0-6 months) of a WIC mother or of a woman who would have been eligible during pregnancy	Infant up to 6 months old of a WIC mother or of a woman who would have been WIC eligible during pregnancy. An infant <6 months of age whose mother was a WIC participant during pregnancy; or whose mother's medical records document that she was at nutritional risk during pregnancy, because of abnormal or detrimental nutritional conditions detectable by biochemical or anthropometric measurements; or other nutritionally related medical conditions.	II	

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27	501	Possible regression in the nutritional status if removed from the program	In CT-WIC, this risk is split into 2 risks: 501.01 for Possibility of Regression, Dietary and 501.02 for Possibility of Regression, Non-Dietary. A participant who has previously been certified eligible for the program may be considered to be at nutritional risk in the next certification period if the competent professional authority determines there is a possibility of regression in nutritional status without the benefits that the WIC program provides. Possible regression is limited to be used one time following a certification period and may not be used to recertify a Priority II infant. Assign to previous priority or its equivalent in a new category.	I or IV	III or V
	502	Transfer of Certification	In CT-WIC, this risk is split into 6 risks: 502.01, 502.02, 502.03, 502.04, 502.05 and 502.06. Transfer. A person with a current valid Verification of Certification (VOC) document from another State or local agency. The VOC is valid through the end of the certification period, even if the participant does not meet the receiving agency's nutritional risk, priority or income criteria, or the certification extends beyond the receiving agency's certification period for that category, and shall be accepted as proof of eligibility for program benefits. If the receiving local agency has waiting lists for participation, the transferring participant shall be placed on the list ahead of all other waiting applicants.	N/A	N/A
28	801	Homelessness or Migrancy	Homelessness. An infant or child who lacks a fixed and regular nighttime residence; or whose residence is: a shelter providing temporary living; an institution that provides a temporary residence for individuals intended to be institutionalized; a temporary accommodation of not more than 365 days in the residence of another individual; or a public or private place not designed as a sleeping place for human beings.	IV	V
28	802	Homelessness or Migrancy	Migrancy. Members of families, which contain at least one individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of such employment, a temporary abode.	IV	V
30	901	Other nutritional risks	Recipient of abuse. Child abuse or neglect within the last 6 months as self reported or as documented by a social worker or on other appropriate documents, or as reported through consultation with a social worker, health care provider or other appropriate personnel. Child abuse or neglect: any recent act or failure to act resulting in imminent risk of serious harm, death, serious physical or emotional harm, sexual abuse, or exploitation of an infant or child by a parent or caregiver.	IV	V
22	902	Other nutritional risks	Infant/Child of Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food. Infant or child whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples may include individuals who are: <17 years of age; have intellectual disability/delayed or have a mental illness such as depression (diagnosed by a physician or a psychologist); physically disabled to a degree which restricts or limits food preparation; or currently using or having a history of abusing alcohol, other drugs or prescription medications.	IV	V
29	903	Entering or moving within the foster care system during the previous six months.	Foster care. Entering or moving within the foster care system during the previous 6 months; or moving from multiple foster care homes within the previous 6 months.	IV	V

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Cert Form #	USDA #	Certification Form Risk Criterion*	USDA Definition and Cutoff Value	Category/ Priority Infants	Category/ Priority Children
30	904	Environmental Tobacco Smoke Exposure (ETS).	<p>Environmental Tobacco Smoke Exposure (ETS). ETS exposure is defined for WIC eligibility purposes as exposure to smoke from tobacco products inside the home. In a comprehensive scientific report, the Surgeon General concluded that there is no risk-free level of exposure to secondhand smoke. However, for the purposes of risk identification in WIC, the definition used is based on the CDC Pediatric Nutrition Surveillance System (PedNSS) and the Pregnancy Nutrition Surveillance System (PNSS) questions to determine ETS exposure. Also known as passive, second or involuntary smoke.</p>	I	III