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)** ≤ 2.3rd percentile weigth-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)** ≤ 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)** ≥2.3rd percentile and ≤ 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 ≤ 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)** ≥ 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) ≥95th percentile** based on NCHS/CDC, 2000 age/gender specific growth charts. *If recumbant length in a 2-3 year old, use weight/length ≥ 95th percentile. Cannot be used for risk assignment, for assessment and counseling only.*		III
2b	114.01	**Overweight**	**Overweight (Children 2-5 years of age) BMI** ≥85th 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 ≥ 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 ≥ 12 months of a biological mother with a (BMI ≥ 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

Cert Form #	USDA #	**Certification Form Risk Criterion***	USDA Definition and Cutoff Value	Category/ Priority **Infants**	Category/ Priority **Children**
3a/ 3b	121	**Short Stature/ At Risk for Short Stature**	**Short stature (Infants Birth- 24 months)** ≤ 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)** ≤ 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)** ≥ 2.3 rd percentile and ≤ 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)** ≥5th percentile and ≤ 10th 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 measurments taken at least 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 (≤5.5 pounds or ≤2500 grams)**	**Low birth weight:** (≤5.5 pounds or ≤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:** **I**nfants and children <2 years of age born Preterm: ≤36 6/7 weeks gestation; Early Term: ≥ 37 0/7 and ≤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

Cert Form #	USDA #	**Certification Form Risk Criterion***	USDA Definition and Cutoff Value	Category/ Priority **Infants**	Category/ Priority **Children**
8b	153	**Large for gestational age**	** Large for gestational age: birth weight >9 pounds (> 4000g)	I	
9	152	**Low Head Circumference**	**Low head circumference. (Infant and Children Birth-24 months)** ≤2.3rd percentile head circumference-for-age. ased 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: ≥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 limted to: Protein Energy Malnutrition (PEM), Scurvy, Rickets, Beri-Beri, Hypocalcemia, Ostomalacia, Vit K Deficiency, Pellagra, Cheilosis, Menkes disease and Xeropthalmia.	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, methylomalonic acidemia, glycogen storage disease, galactokinase deficiency, fructoaldolase deficiency, proprionic acidemia, hypermethionemia, and medium-chain acyl-CoA dehydrogenase (MCAD).	I	III

Cert Form #	USDA #	**Certification Form Risk Criterion***	USDA Definition and Cutoff Value	Category/ Priority **Infants**	Category/ Priority **Children**
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 limted to HIV (Human Immunodeficiency Virus) infection, AIDS (Acquired Immunodeficiency Syndrome).	I	III
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.** Hypertension is defined as high blood pressure which may eventually cause health problems and includes chronic hypertension during pregnancy, preeclampsia, eclampsia, chronic hypertension with superimposed preeclampsia, and gestational hypertension. Prehypertension is defined as being at high risk for developing hypertension, based on blood pressure levels. Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver. See Clarification for more information about self-reporting a diagnosis.	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 Enteropothy, Non tropical Sprue. *See revised RISC write-up for updated justification, addition of Implications for WIC Nutrition Services section and updated references.*	I	III

Cert Form #	USDA #	**Certification Form Risk Criterion***	USDA Definition and Cutoff Value	Category/ Priority **Infants**	Category/ Priority **Children**
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. *See revised RISC write-up for updated justification, addition of Implications for WIC Nutrition Services section and updated references.*	I	III
17	353	**Food Allergies**	**Food allergies.** An adverse immune response to a food or a hypersensitivity that causes adverse immunologic reaction. *See revised RISC write-up for updated justification, addition of Implications for WIC Nutrition Services section and updated references.*	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, absorption, distribution, metabolism, or excretion, to an extent that nutritional status is compromised.	I	III
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 ($\leq$ 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

Cert Form #	USDA #	**Certification Form Risk Criterion***	USDA Definition and Cutoff Value	Category/ Priority **Infants**	Category/ Priority **Children**
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
20	382	**Fetal Alcohol Spectrum Disorders (FASDs)**	**Fetal alcohol spectrum disorders (FASDs)** are a group of conditions that can occur in a person whose mother consumed alcohol during pregnancy. FASDs is an overarching phrase that encompasses a range of possible diagnoses, including fetal alcohol syndrome (FAS), partial fetal alcohol syndrome (pFAS), alcohol-related birth defects (ARBD), alcohol-related neurodevelopmental disorder (ARND), and neurobehavioral disorder associated with prenatal alcohol exposure (ND-PAE). Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver. See Clarification for more information about self-reporting a diagnosis.	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	

Cert Form #	USDA #	**Certification Form Risk Criterion***	USDA Definition and Cutoff Value	Category/ Priority **Infants**	Category/ Priority **Children**
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	
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.** ***Complementary foods are any foods or beverages other than breast milk or infant formula***	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	

Cert Form #	USDA #	**Certification Form Risk Criterion***	USDA Definition and Cutoff Value	Category/ Priority **Infants**	Category/ Priority **Children**
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	
25	411.9	**Routinely using inappropriate sanitation in preparation, handling, and storage of expressed human milk or formula**	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 unrefridgerated 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 manufactruer'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. **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 appropraite 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.**	IV	

Cert Form #	USDA #	**Certification Form Risk Criterion***	USDA Definition and Cutoff Value	Category/ Priority **Infants**	Category/ Priority **Children**
25 B4	411.10	**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.	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.**	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; 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.	IV	
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	IV 4-12m	
25	401	**Failure to meet USDA/DHHS Dietary Guidelines (DG) For Americans.**	**Applies to children ≥ 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. *See revised RISC write-up for updated justification, addition of Implications for WIC Nutrition Services section, updated references and Clarification section for more information.*		V ≥ 2 yrs
	425	**Dietary risks- Inappropriate nutrition practices for children.**	The conditions or behaviors below fall under dietary risk factors and should be specifed 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

Cert Form #	USDA #	**Certification Form Risk Criterion***	USDA Definition and Cutoff Value	Category/ Priority **Infants**	Category/ Priority **Children**
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
25	425.5	**Feeding foods to a child that could be contaminated with harmful microoganisms or toxins**	Unpastuerized fruit or vegetable juice; Unpasturized 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 dietvery 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

Cert Form #	USDA #	**Certification Form Risk Criterion***	USDA Definition and Cutoff Value	Category/ Priority **Infants**	Category/ Priority **Children**
25	425.9	**Complusviely 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	
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

Cert Form #	USDA #	**Certification Form Risk Criterion***	USDA Definition and Cutoff Value	Category/ Priority **Infants**	Category/ Priority **Children**
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**	**Receipient 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 intelectual 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
30	904	**Environmental Tobacco Smoke Exposure (ETS).**	**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.	I	III