

WIC 200-12 Supplement to Infant and Children Certification Form- September 2015

Cert Form# /SWIS	USDA #	Certification form Risk Criterion	USDA Definition and Cutoff Value	Category/ Priority Infants	Category/ Priority Children
1a 10	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 10	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 58	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 56	113	Obese	Overweight (Children 2-5 years of age) Body Mass Index (BMI) \geq 95th percentile based on NCHS/CDC, 2000 age/gender specific growth charts. <i>If recumbant length in a 2-3 year old, use weight/length \geq 95th percentile. Cannot be used for risk assignment, for assessment and counseling only.</i>		III
2b 12	114	Overweight	Overweight (Children 2-5 years of age) BMI \geq 85th percentile and $<$ 95th BMI for age based on NCHS/CDC, 2000 age/gender specific growth charts.		III
2b 13	114	At Risk Of Overweight	<p>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.</p> <p>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.</p> <p>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.</p>	I	III

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3a/ 3b 59/ 14	121	Short Stature/ At Risk for Short Stature	<p>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.</p> <p>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 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.</p>	I	III
4 15	134	Failure to thrive	** Presence of Failure to thrive diagnosed by a physician	I	III

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5 16	135	Inadequate growth	<p>Inadequate growth: A low rate of weight gain as defined below and as described in Attachments 135 A and B.</p> <p>A. Infants from birth to 1 month of age: Excessive weight loss after birth or not back to birth weight by 2 weeks of age B. Infants from birth to 6 months of age: Based on 2 weights taken at least 1 month apart, the infant's actual weight is less than the calculated expected monthly minimal weight gain based on the table below:</p> <table border="1"> <thead> <tr> <th>Age</th> <th colspan="4">Average weight gain</th> </tr> </thead> <tbody> <tr> <td>birth-1mo</td> <td>18 gm/day</td> <td>4 ½ oz/wk</td> <td>19 oz/mo</td> <td>1lb 3 oz/mo</td> </tr> <tr> <td>1-2 mos</td> <td>25 gm/day</td> <td>6 ¼ oz/wk</td> <td>27 oz/mo</td> <td>1lb 11oz/mo</td> </tr> <tr> <td>2-3 mos</td> <td>18 gm/day</td> <td>4 ½ oz/wk</td> <td>19 oz/mo</td> <td>1lb 3 oz/mo</td> </tr> <tr> <td>3-4 mos</td> <td>16 gm/day</td> <td>4 oz/wk</td> <td>17 oz/mo</td> <td>1lb 1oz/mo</td> </tr> <tr> <td>4-5 mos</td> <td>14 gm/day</td> <td>3 ½ oz/wk</td> <td>15 oz/mo</td> <td></td> </tr> <tr> <td>5-6 mos</td> <td>12 gm/day</td> <td>3 oz /wk</td> <td>13 oz/mo</td> <td></td> </tr> </tbody> </table> <p>C. Infants and children from 6 months to 59 months of age:</p> <p>Option I: Based on 2 weights taken at least 3 months apart, the infant or child's actual weight is less than the calculated expected weight gain based on the table below:</p> <table border="1"> <thead> <tr> <th>Age</th> <th colspan="4">Average weight gain</th> </tr> </thead> <tbody> <tr> <td>6-12 mos</td> <td>9 g/day</td> <td>2¼ oz/wk</td> <td>9 ½ oz/mo</td> <td>3 lbs 10 oz/6 mos</td> </tr> <tr> <td>12-59 mos</td> <td>2 ½ g/day</td> <td>0.6 oz/wk</td> <td>2.7 oz/mo</td> <td>1 lb/6mos</td> </tr> </tbody> </table> <p>Option II: A low rate of weight gain over a 6 month period (+ or - 2 weeks) as defined by the following chart:</p> <table border="1"> <thead> <tr> <th>Age in months at end of 6 mo interval</th> <th>Weight gain per 6mo interval in pounds</th> </tr> </thead> <tbody> <tr> <td>6</td> <td>< 7</td> </tr> <tr> <td>9</td> <td>< 5</td> </tr> <tr> <td>12</td> <td>< 3</td> </tr> <tr> <td>18-60</td> <td>< 1</td> </tr> </tbody> </table>	Age	Average weight gain				birth-1mo	18 gm/day	4 ½ oz/wk	19 oz/mo	1lb 3 oz/mo	1-2 mos	25 gm/day	6 ¼ oz/wk	27 oz/mo	1lb 11oz/mo	2-3 mos	18 gm/day	4 ½ oz/wk	19 oz/mo	1lb 3 oz/mo	3-4 mos	16 gm/day	4 oz/wk	17 oz/mo	1lb 1oz/mo	4-5 mos	14 gm/day	3 ½ oz/wk	15 oz/mo		5-6 mos	12 gm/day	3 oz /wk	13 oz/mo		Age	Average weight gain				6-12 mos	9 g/day	2¼ oz/wk	9 ½ oz/mo	3 lbs 10 oz/6 mos	12-59 mos	2 ½ g/day	0.6 oz/wk	2.7 oz/mo	1 lb/6mos	Age in months at end of 6 mo interval	Weight gain per 6mo interval in pounds	6	< 7	9	< 5	12	< 3	18-60	< 1	I	III
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12	< 3																																																																
18-60	< 1																																																																
6 17;18	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 19	142	Prematurity: infant born at <38 weeks gestation	Prematurity: infants and children <2 years of age born at <38 weeks gestation	I	III																																																												
8a 20; 21	151	Small for gestational age	** Small for gestational age: for infants and children <2 years of age (based on medical diagnosis)	I	III																																																												

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8b 22	153	Large for gestational age	** Large for gestational age: birth weight >9 pounds (> 4000g)	I	
9 23	152	Low Head Circumference	Low head circumference. (Infant and Children Birth-24 months) ≤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 24-27	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 28	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 29	341	Nutrient deficiency 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 30	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 31	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 31	351	Nutritionally significant genetic or congenital disorder	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

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15 32; 33	352	Nutrition related infectious disease	Infectious Disease. A disease caused by growth of pathogenic microorganisms that affect nutritional status. Includes but not limited to: tuberculosis, pneumonia, meningitis, parasitic infections, hepatitis, bronchiolitis (3 episodes in 6 mos), HIV (Human Immunodeficiency Virus) infection, AIDS (Acquired Immunodeficiency Syndrome). The infectious disease must be present within the past 6 months.	I	III
16 34	343	Nutrition related non-infectious chronic disease	Diagnosis of Diabetes mellitus	I	III
16 34	344	Nutrition related non-infectious chronic disease	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 34	345	Nutrition related non-infectious chronic disease	Hypertension (chronic) and Prehypertension.	I	III
16 34	346	Nutrition related non-infectious chronic disease	Any renal disease Including pyelonephritis, persistent proteinuria but excluding urinary tract infections (UTI) involving the bladder.	I	III
16 34	347	Nutrition related non-infectious chronic disease	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 34	356	Nutrition related non-infectious chronic disease	Diagnosis of Hypoglycemia.	I	III
16 34	354	Nutrition related non-infectious chronic 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 34	355	Nutrition related non-infectious chronic disease	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 34	353	Nutrition related non-infectious chronic disease	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 36	348	Other nutrition related medical conditions	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

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18 36	357	Other nutrition related medical conditions	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
18 36	358	Other nutrition related medical conditions	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 36	359	Other nutrition related medical conditions	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 36	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 36	361	Other nutrition related medical conditions	Presence of clinical depression . May also be diagnosed by a psychologist.	I	III
18 36	362	Other nutrition related medical conditions	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 37	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 38	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 39	703	Infant born to a woman with mental retardation	Infant born to a woman with mental retardation diagnosied by a physician or licensed psychologist.	I	
22 40	703	Infant born to a woman who abused drugs or alcohol during most recent pregnancy	Infant born to a woman with documentation or self report of any use of alcohol or illegal drug during most recent pregnancy.	I	
23 41	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. waek or ineffective suck; c. difficulty latching to mother's breast; d. inadequate stooling for age (as determined by a physican or other health care provider.) and/or < 6 wet diapers per day.	I,II, IV	
24 42; 43	702	Breastfeeding infant of a mother at nutritional risk	Breastfeeding infant of a mother at nutritional risk. 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 47	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 53	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	

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25 46	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 4 months of age.	IV	
25 45	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 D1	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).	IV	
25 49	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 52	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; and Less than 6 feedings in 24 hours if between 2 and 6 months of age.	IV	
25 A8	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 51	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.</p> <p>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 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, 9, 20). See WIC Works Resource system for detailed explanation of how to discuss appropriate human milk storage guidelines with participants.</p> <p>For purposes of WIC Eligibility Determination, there is not a clear cut-off value to determine unsafe refrigeration limits due to lack of consensus 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 B3	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; Further, to prevent rickets and vitamin D deficiency in healthy infants and children, the AAP recommends a supplement of 400 IU per day for the following</p> <ol style="list-style-type: none"> 1. All breastfed and partially breastfed infants unless they are weaned to at least 1 liter (or 1 quart) per day of vitamin D-fortified formula. 2. All nonbreastfed infants who are ingesting less than 1 liter (or 1 quart) per day of vitamin D-fortified formula. 	IV	
D4	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 44	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 D2	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."		V
25 D3	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 53	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 54	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 D1	425.5	Feeding foods to a child that could be contaminated with harmful microorganisms	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

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Cert Form# /SWIS	USDA #	Certification form Risk Criterion	USDA Definition and Cutoff Value	Category/ Priority Infants	Category/ Priority Children
25 A8	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 B4	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 B3	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 B1	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 D4	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 55	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 B5,B6	501	Possible regression in the nutritional status if removed from the program	Possibility of Regression. 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 may not be used twice consecutively 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

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Cert Form# /SWIS	USDA #	Certification form Risk Criterion	USDA Definition and Cutoff Value	Category/ Priority Infants	Category/ Priority Children
28 B7	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 B8	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 B9	901	Other nutritional risks	Receipt 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
30 C3	902	Other nutritional risks	Infant or 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; mentally disabled /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 or other drugs.	IV	V
29 C2	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 D5	904	Other nutritional risks	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