

Number	Risk	Definition	Priority
Anthropometric			
(Percentiles are based on 2006 World Health Organization (WHO) growth standards as plotted on the CDC Birth to 24 month gender specific growth charts and 2000 CDC age/gender specific growth charts.)			
103	Underweight [HP]	<u>Underweight</u> Birth to < 1 year: $\leq 2.3^{\text{rd}}$ percentile weight-for-length 1 to < 2 years: $\leq 2.3^{\text{rd}}$ percentile weight-for-length ≥ 2 to 5 years: $\leq 5^{\text{th}}$ percentile Body Mass Index (BMI)-for-age	1/3
	At risk of underweight**	<u>At Risk of Underweight</u> Birth to < 1 year: $> 2.3^{\text{rd}}$ and $\leq 5^{\text{th}}$ percentile weight-for-length 1 to < 2 years: $> 2.3^{\text{rd}}$ and $\leq 5^{\text{th}}$ percentile weight-for-length ≥ 2 to 5 years: $> 5^{\text{th}}$ and $\leq 10^{\text{th}}$ percentile Body Mass Index (BMI)-for-age	
113	Obese	≥ 2 years to 5 years of age and $\geq 95^{\text{th}}$ %tile Body Mass Index (BMI)-for-age Note: this cut off is based on a standing height measurement. Recumbent length measurement may not be used to determine this RC.	3
114	Overweight	<u>Overweight</u> ≥ 2 years to 5 years of age and $\geq 85^{\text{th}}$ and $< 95^{\text{th}}$ percentile Body Mass Index (BMI)-for-age	1/3
	At risk of overweight	Having one or more of the following risk criteria for being at risk of becoming overweight: <ul style="list-style-type: none"> being <12 months of age and born to a woman who was obese (BMI ≥ 30) at the time of conception or any point in the 1st trimester of the pregnancy being <12 months and having a biological father who is obese (BMI ≥ 30) at the time of certification <p>BMI Notes: BMI based on "self-reported" weight and height of the mother/father or documented weight and height from WIC staff (i.e. prior WIC records, medical referral information or measurements taken by staff at the time of certification.) If infant <12months: pre-pregnancy weight must be used; if mother is pregnant or has had a baby w/in the last 6 months, use pre-pregnancy weight from the most current pregnancy.</p>	
115	High weight-for-length	<u>High weight-for-length</u> Birth to < 1 year: $\geq 97.7^{\text{th}}$ percentile weight-for-length 1 to < 2 years: $\geq 97.7^{\text{th}}$ percentile weight-for-length	1/3
121	Short stature**	<u>Short Stature</u> Birth to < 1 year: $\leq 2.3^{\text{rd}}$ percentile length-for-age 1 to < 2 years: $\leq 2.3^{\text{rd}}$ percentile length-for-age ≥ 2 to 5 years: $\leq 5^{\text{th}}$ percentile stature-for-age	1/3
	At risk of short stature	<u>At Risk of Short Stature</u> Birth to < 1 year: $> 2.3^{\text{rd}}$ and $\leq 5^{\text{th}}$ percentile length-for-age 1 to < 2 years: $> 2.3^{\text{rd}}$ and $\leq 5^{\text{th}}$ percentile length-for-age ≥ 2 to 5 years: 5^{th} and $\leq 10^{\text{th}}$ percentile stature-for-age Note: For infants born prematurely up to 2 years of age the assignment of this risk criterion must be based on adjusted gestational age.	

*Diagnosed by a physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders. ** See Guidelines on Growth Charts and Adjustment of Gestational Age for Premature, LBW and VLBW infants and children.

Infant/Children Risk Criteria

New Hampshire WIC Program

Number	Risk	Definition	Priority												
Anthropometric															
134	*Failure to thrive** [HP]	<p>Failure to thrive (FTT) is a serious growth problem. Indicators health care providers may use to diagnose FTT include:</p> <ul style="list-style-type: none"> • Weight-for-age repeatedly below the 2.3rd percentile for infants/children younger than 2 years or repeatedly below the 5th percentile for children 2 years and older. • Weight-for-length repeatedly below the 2.3rd percentile for infants/children younger than 2 years or BMI repeatedly below the 5th percentile for children 2 years and older • Stature-for-age consistently below the 2.3rd percentile for children/infants younger than 2 years or repeatedly below 5th percentile for children 2 years and older. • Weight less than 75% of median (“typical”) weight-for-age. • Weight less than 80% of median weight-for-stature. • Progressive fall-off in weight-for-age, weight-for-stature, and/or stature-for-age, that crosses down two major percentile lines. <p>See potentially related RCs 141, 142, 411/425, and 902.</p>	1/3												
135	Slowed/Faltering Growth Pattern INFANT_[HP]	<p>A. Infants birth to 2 weeks of age: Excessive weight loss after birth. Defined as $\geq 7\%$ birth weight.</p> <p>OR</p> <p>B. Infants 2 weeks to 6 months of age: Any weight loss using 2 separate weights taken at least 8 weeks apart.</p>	1												
141	Low birth weight/Very low birth weight** INFANT_[HP]	<p>Low birth weight \leq to 5 pounds 8 ounces (≤ 2500 g).</p> <p>Very low birth weight \leq to 3 pounds 5 ounces (≤ 1500 g).</p>	1/3												
142	Preterm or Early Term Delivery** INFANT_[HP]	<p>Preterm: Delivery of an infant born $\leq 36 \frac{6}{7}$ weeks gestation.</p> <p>Early Term: Delivery of an infant born $\geq 37 \frac{0}{7}$ and $\leq 38 \frac{6}{7}$ weeks gestation.</p>	1/3												
151	*Small for gestational age**	Only for infants or children less than 24 months of age.	1/3												
152	Low head circumference**	<p>$\leq 2.3^{\text{rd}}$ percentile head circumference based on NCHS growth charts</p> <p>Note: assignment of this risk criterion for premature infants up to one year of age must be based on adjusted gestational age.</p>	1												
153	Large for gestational age	Birth weight \geq 9 pounds (≥ 4000 g)	1												
Biochemical															
201	Low Hematocrit/ Low Hemoglobin [HP]	<table border="1"> <thead> <tr> <th></th> <th><u>Hgb < (g/dl)</u></th> <th><u>Hct < (%)</u></th> </tr> </thead> <tbody> <tr> <td>Infants 6-12 months</td> <td>11.0</td> <td>32.9</td> </tr> <tr> <td>1 years to <2 years</td> <td>11.0</td> <td>32.9</td> </tr> <tr> <td>2 years to <5 years</td> <td>11.1</td> <td>33.0</td> </tr> </tbody> </table>		<u>Hgb < (g/dl)</u>	<u>Hct < (%)</u>	Infants 6-12 months	11.0	32.9	1 years to <2 years	11.0	32.9	2 years to <5 years	11.1	33.0	1/3
	<u>Hgb < (g/dl)</u>	<u>Hct < (%)</u>													
Infants 6-12 months	11.0	32.9													
1 years to <2 years	11.0	32.9													
2 years to <5 years	11.1	33.0													
211	Lead poisoning	Blood lead level greater than or equal to 5 ug/deciliter within the past 12 months.	1/3												

*Diagnosed by a physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders. ** See Guidelines on Growth Charts and Adjustment of Gestational Age for Premature, LBW and VLBW infants and children.

Number	Risk	Definition	Priority
341	*Nutrient Deficiency or Disease	Diagnosis of clinical signs of nutritional deficiencies or a disease caused by insufficient dietary intake of macro and micro nutrients. Diseases include, but are not limited to, Protein Energy Malnutrition, Scurvy, Rickets, Beri Beri, Hypocalcemia, Osteomalacia, Vitamin K Deficiency, Pellagra, Xerophthalmia, and iron deficiency.	1/3
342	*Gastro-intestinal disorders	Disease(s) or condition(s) that interferes with the intake or absorption of nutrients. The conditions include, but are not limited to: Gastroesophageal reflux disease (GERD), peptic ulcers, short bowel syndrome, inflammatory bowel disease, including ulcerative colitis or Crohn's disease, liver disease, pancreatitis, and biliary tract (gallbladder) disease.	1/3
343	*Diabetes mellitus	A metabolic disease characterized by hyperglycemia resulting from defects in insulin secretion, insulin action or both.	1/3
344	*Thyroid disorders	Thyroid dysfunctions caused by the abnormal secretion of the thyroid hormones. Conditions include but are not limited to: hyperthyroidism (high levels of thyroid hormone secreted), hypothyroidism (insufficient levels of thyroid hormone produced or severe iodine deficiency), and congenital hyperthyroidism/hypothyroidism.	1/3
345	*Hypertension and pre-hypertension	Includes chronic hypertension. HTN=BP reading >95 th tile; Pre-HTN=BP reading btw 90-95 th % for age, gender & height on 3 occasions. Children with high blood pressure (BP) are more likely to become adult w/ hypertension. BP and overweight are criteria to identify and treat hypertensive children	1/3
346	*Renal disease	Any renal disease including pyelonephritis and persistent proteinuria, but excluding urinary tract infections (UTI) involving the bladder.	1/3
347	*Cancer	The current condition, or the treatment for the condition, must be severe enough to affect nutritional status.	1/3
348	*Central nervous system disorders	Conditions which affect energy requirements, ability to feed self, or alter nutritional status metabolically, mechanically, or both. Includes, but is not limited to: epilepsy, cerebral palsy (CP), neural tube defects (NTDs), such as spina bifida, Parkinson's disease, and multiple sclerosis (MS).	1/3
349	*Genetic and congenital disorders	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, muscular dystrophy, thalassemia major and sickle cell anemia (not sickle cell trait).	1/3

*Diagnosed by a physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders. ** See Guidelines on Growth Charts and Adjustment of Gestational Age for Premature, LBW and VLBW infants and children.

Number	Risk	Definition	Priority
Clinical/Health Medical			
351	*Inborn errors of metabolism (IEM)	Gene mutations or gene deletions that alter metabolism in the body, including but not limited to: <ul style="list-style-type: none"> • <u>Amino Acid Disorders</u>-i.e. phenylketonuria (PKU), maple syrup urine disease homocystinuria, tyrosinemia, hypermethioninemia, and histidinemia; • <u>Carbohydrate Disorders</u> i.e. fructoaldolase deficiency, galactosemia, glycogen storage diseases; • <u>Fatty Acid Oxidation Defects</u>-i.e. medium-chain acyl-CoA dehydrogenase (MCAD); • <u>Organic Acid Metabolism Disorders</u> –i.e. propionic acidemia, glutaric aciduria, methylmalonic acidemia; • <u>Lysosomal Storage Diseases</u>; • <u>Mitochondrial Disorders</u>; • <u>Peroxisomal Disorders</u>; and • <u>Urea Cycle Disorders</u>. <p style="text-align: right;">See: http://rarediseases.info.nih.gov/GARD</p>	1/3
352a	*Infectious diseases- Acute	A disease present within the last 6 months which is characterized by a single or repeated episode of relatively rapid onset and short duration. Includes, but not limited to: Hepatitis A, Hepatitis E, Meningitis (bacterial/viral). Parasitic infections, Listeriosis, Pneumonia, Bronchitis--3 episodes in last 6 months. <p style="text-align: right;">See: http://www.nlm.nih.gov/medlineplus/infections.html</p>	1/3
352b	*Infectious diseases- Chronic	Conditions likely lasting a lifetime and require long-term management of symptoms. These diseases and/or conditions include, but are not limited to: HIV (Human Immunodeficiency Virus), AIDS (Acquired Immunodeficiency Syndrome), Hepatitis D, Hepatitis B, Hepatitis C. <p style="text-align: right;">See: http://www.nlm.nih.gov/medlineplus/infections.html</p>	1/3
353	*Food allergies	An adverse immune health effects arising from a specific immune response that occurs reproducibly on exposure to a given food. Most common food allergies are: cow’s milk and foods containing cow’s milk, eggs, peanuts, tree nuts, fish, crustacean shellfish, wheat and soy.	1/3
354	*Celiac disease	An autoimmune disease precipitated by the ingestion of gluten (a protein in wheat, rye, and barley) that result in damage to the small intestine and malabsorption of the nutrients from food. Also known as: Celiac Sprue, Gluten-sensitive Enteropathy, Non-tropical Sprue.	1/3
355	*Lactose intolerance	Diagnosis of intolerance or symptoms well documented by the competent professional authority. Documentation should indicate that the ingestion of lactose causes symptoms consistent with lactose intolerance (i.e. gas, abdominal pain, bloating, and/or diarrhea) and the avoidance of such lactose containing products eliminates them.	1/3
356	*Hypoglycemia	Hypoglycemia can occur as a complication of diabetes, as a condition in itself, in association with other disorders, or under certain conditions such as prolonged fasting or long periods of strenuous exercise.	1/3
357	Drug-nutrient interactions	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.	1/3

*Diagnosed by a physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders. ** See Guidelines on Growth Charts and Adjustment of Gestational Age for Premature, LBW and VLBW infants and children.

Number	Risk	Definition	Priority
Clinical/Health Medical			
359	Recent major surgery, physical trauma, burns	Major surgery, trauma or burns severe enough to compromise nutritional status. Any occurrence: within the past two (2) months may be self-reported, more than two (>2) months previous must have the continued need for nutritional support diagnosed by a physician or a health care provider working under the orders of a physician.	1/3
360	*Other medical conditions	Diseases or conditions with nutritional implications that are 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. Includes, but is not limited to: juvenile rheumatoid arthritis (JRA), lupus erythematosus, cardiorespiratory diseases, heart disease, cystic fibrosis, (asthma see risk criterion #352-bronchiolitis).	1/3
362	Disabilities interfering w/ 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 or disabilities (pervasive developmental delays including autism), birth injury, head trauma, brain damage, other disabilities.	1/3
381	*Oral Health Conditions	Dental caries (cavities/tooth decay) is a common chronic infectious transmittable disease from bacteria metabolizing sugars to acid which demineralize the tooth structure. Periodontal disease is an infection that affects the bone and tissue that support the teeth. There are 2 stages: gingivitis (milder/reversible) and periodontitis (more destructive). Tooth loss, ineffectively replaced teeth or oral infection which impairs the ability to eat food in adequate quantity or quality.	1/3
382	Fetal alcohol spectrum disorders	Fetal Alcohol Spectrum Disorders (FASDs) are a group of conditions that can occur in a person whose mother consumed alcohol during pregnancy. FASDs 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).	1/3
383	*Neonatal Abstinence Syndrome INFANT_[HP]	(NAS) is a drug withdrawal syndrome that occurs among drug-exposed (primarily opioid-exposed) infants as a result of the mother's use of drugs during pregnancy. 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.	1

*Diagnosed by a physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders. ** See Guidelines on Growth Charts and Adjustment of Gestational Age for Premature, LBW and VLBW infants and children.

Number	Risk	Definition	Priority
--------	------	------------	----------

Dietary 401 ~ Presumed ~ Failure to Meet the Dietary Guidelines 5

Note: May be assigned as a RC only after a complete assessment for RC 425.

May use this if assessing dietary needs. The Dietary Guidelines referenced below has the **minimum** daily amount of the food group equivalents recommended and/or **maximum** in fat, sugar or salt. This is based on calorie ranges specified.

If assigning this RC there should not be any other RC assigned.

Dietary Guidelines 2020

12-23 months old who are no longer receiving human milk/infant formula

	Equivalents	Minimum Daily Amounts /Calories								Equivalents
		700		800		900		1000		
Grains**	ounce	1 ¾		2 ¼		2 ½		3		Grains: 1 ounce = 1 slice of bread, 1 oz. or 1 cup of ready-to-eat cereal, 1/2 c. of cooked cereal, rice, or pasta ** Whole grains: at least ½ of grain choices Vegetables: 1 c. vegetables - cooked or chopped raw, 1 c. of vegetable juice, 2 c. leafy salad greens, ½ c dried vegetables. Fruit: 1 c. of chopped, cooked, or canned fruit, 1 c. of 100% fruit juice; 1 medium fruit or ½ c dried fruit Dairy: 1 c. of milk or yogurt, 1½ oz of natural or 2 oz of processed cheese = 1 cup Protein Foods: 1 oz. of cooked lean meat, poultry, or fish. 1/4 c. cooked dry beans, 1 egg, 1 tbs. peanut butter, ½ ounce of nuts or seeds = 1 ounce of lean meat. Oils: 1 tsp. vegetable oil, margarine, mayo etc. (1 Tsp= 5gms) 1 tbsp. LF mayo; 2 TBSP light salad dressing = 5 grams Sugar: i.e. cookie, pie, candy, donut, cake, sodas, etc. (1 tsp. sugar=4 gm)
Vegetables	cup	2/3		3/4		1		1		
Fruits	cup	½		¾		1		1		
Protein foods	ounce	2		2		2		2		
Dairy	cup	1 2/3		1 3/4		2		2		
Oils (tsp/gms)	Tsp (gms)	2 (9g)		2 (9g)		2 (8g)		3 (13g)		
Maximum Daily Amounts										
% Total Fat	30 to 40%									
Calories		700		800		900		1000		
Fat	gms.	23	31	27	36	30	40	33	44	
Sat'd fat	na									
Salt	1,200 mg/day									
Calorie Needs										
Age (months)		Boys				Girls				
12		800				800				
15		900				800				
18		1000				900				
21-23		1000				1000				

[Dietary Guidelines for Americans, 2020-2025](#)

*Diagnosed by a physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders. ** See Guidelines on Growth Charts and Adjustment of Gestational Age for Premature, LBW and VLBW infants and children.

Number	Risk	Definition	Priority
Dietary			

2-5 years old [Dietary Guidelines for Americans, 2020-2025](#)

	Equivalents	Minimum Daily Amounts /Calories								
		1000		1200		1400		1600		
Grains**	ounce	3		4		5		5		
Vegetables	cup	1		1 ½		1 ½		2		
Fruits	cup	1		1		1 ½		1 ½		
Protein foods	ounce	2		3		4		5		
Dairy	cups	2		2½		2½		2½		
Oils (tsp/gms)	Tsp (gms)	3 (15g)		3-4 (17g)		3-4 (17g)		4 (22g)		
Maximum Daily Amounts										
% Total Fat	30 to 40% (2-3y.o.)				25 to 35% (4-5y.o.)					
Calories		1000		1200		1400		1600		
% range		30	40	25	40	25	40	25	35	
Fat	gms.	33	44	33	53	39	62	44	62	
Sat'd fat	<10% total calories									
+d Sugars	<10% total calories									
Limit on kcals for other uses	calories	130		80		90		100		
Sodium	1-3 years: 1,200 mg/day/ 4-5 years: 1,500 mg/day									
Calorie Needs										
Age	Boys				Girls					
Activity Level										
	Sedentary	Moderate	Active	Sedentary	Moderate	Active				
2	1000	1000	1000	1000	1000	1000				
3	1000	1400	1400	1000	1200	1400				
4	1200	1400	1600	1200	1400	1400				
5	1200	1400	1600	1200	1400	1600				
Sedentary -no other activity above standard activities of living										
Moderate -Standard daily activities of living + 60 minutes activity daily										
Active - Standard daily activities of living + greater than 60 minutes activity daily										

Equivalents
<p>Grains: 1 ounce = 1 slice of bread, 1 oz. or 1 cup of ready-to-eat cereal, 1/2 c. of cooked cereal, rice, or pasta</p> <p>** Whole grains: at least ½ of grain choices</p> <p>Vegetables: 1 c. vegetables - cooked or chopped raw, 1 c. of vegetable juice, 2 c. leafy salad greens, ½ c dried vegetables.</p> <p>Fruit: 1 c. of chopped, cooked, or canned fruit, 1 c. of 100% fruit juice; 1 medium fruit or ½ c dried fruit</p> <p>Dairy: 1 c. of milk or yogurt, 1½ oz of natural or 2 oz of processed cheese = 1 cup</p> <p>Protein Foods: 1 oz. of cooked lean meat, poultry, or fish. 1/4 c. cooked dry beans, 1 egg, 1 tbs. peanut butter, ½ ounce of nuts or seeds = 1 ounce of lean meat.</p> <p>Oils: 1 tsp. vegetable oil, margarine, mayo etc. (1 Tsp= 5gms) 1 tbsp. LF mayo; 2 TBSP light salad dressing = 5 grams</p> <p>Sugar: i.e. cookie, pie, candy, donut, cake, sodas, etc. (1 tsp sugar=4 gm)</p>

411 Inappropriate nutrition practices for infants INPI, such as:

[411.1]	INPI Substitutes for BM or formula	Routinely using a substitute for breastmilk or iron-fortified formula as the primary nutrient during the first year, such as: <ul style="list-style-type: none"> • Low-iron formula • Cow's milk, goat's milk, or sheep's milk (whole, reduced fat, low-fat or skim), canned or evaporated or sweetened condensed milk; • Imitation or substitute milks (such as: rice or soy-based beverages, non-dairy creamer), or other homemade concoctions. 	4
---------	---	--	---

*Diagnosed by a physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders. ** See Guidelines on Growth Charts and Adjustment of Gestational Age for Premature, LBW and VLBW infants and children.

Infant/Children Risk Criteria

New Hampshire WIC Program

Number Dietary	Risk	Definition	Priority
[411.2]	INPI Misuse of cups/bottles	Routinely using nursing bottles or cups improperly, such as: <ul style="list-style-type: none"> • 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 an infant to fall asleep or to be put to bed with a bottle. • Allowing an infant to use a bottle w/o restriction, i.e. walking around w/ a bottle) or as a pacifier. • Propping the bottle when feeding. • Allowing an infant to carry around a drink throughout the day from a covered or training cup. • Adding any food (cereal or other solid foods) to the infant's bottle. 	4
[411.3]	INPI Inappropriate intro of complementary foods	Routinely offering complementary foods other than breast milk or formula, or other substances that are inappropriate in type or timing, such as: <ul style="list-style-type: none"> • Adding sweet agents such as sugar, honey, or syrups to any beverage (including water) or prepared food, or used on any pacifier; or • Any food other than breast milk or iron-fortified infant formula before 6 months of age. 	4
[411.4]	INPI Disregard to developmental needs	Routinely using feeding practices that disregard the developmental needs or stage of the infant, such as: <ul style="list-style-type: none"> • Inability to recognize, insensitivity to, or disregarding the infant's cues for hunger and satiety (i.e. forcing an infant to eat a certain type and or amount of food or beverage or ignoring an infant's hunger cues). • Feeding of inappropriate consistency, size, or shape that put infant's at risk of choking. • Not supporting an infant's needs for growing independence with self-feeding (i.e. 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 (i.e. feeding primarily pureed or liquid foods when the infant is ready capable of eating mashed, chopped or appropriate finger foods). 	4
[411.5]	INPI Potentially harmful foods	Routinely feeding foods to an infant that could be contaminated with harmful microorganisms or toxins, such as: <ul style="list-style-type: none"> • Unpasteurized fruit or vegetable juice; • Unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert, blue-veined and Mexican-style cheese; unless labeled "made with pasteurized milk"; • 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 (unless heated to steaming hot). • Donor human milk acquired directly from individuals or the internet. 	4

*Diagnosed by a physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders. ** See Guidelines on Growth Charts and Adjustment of Gestational Age for Premature, LBW and VLBW infants and children.

Effective October 2021

Number	Risk	Definition	Priority		
[411.6]	INPI Inappropriately diluted formula	Routinely feeding inappropriately diluted formula. <ul style="list-style-type: none"> • Failure to follow manufacturer’s dilution instructions (to include stretching formula for household economic reasons.) • Failure to follow specific instructions accompanying a prescription. 	4		
[411.7]	INPI Infrequent breastfeeding as sole source of nutrients	Routinely limiting the frequency of nursing of the exclusively breastfed infant when breastmilk is the sole source of nutrients. Example of inappropriate frequency of nursing: <ul style="list-style-type: none"> • Scheduled feedings instead of on demand feedings; • Less than 8 feedings in 24 hours if less than 2 months of age. 	4		
[411.8]	INPI Restrictive diets	Routinely feeding a diet very low in calories and or nutrients. Such as: <ul style="list-style-type: none"> • Vegan diets; • Macrobiotic diets; and • Other diets very low in calories and/or essential nutrients 	4		
[411.9]	INPI Lack of sanitation in prep, handling, or storage of expressed human milk or formula	<p>Routinely using inappropriate sanitation in prep, handling or storage of expressed human milk or formula, including:</p> <ul style="list-style-type: none"> • Limited or no access to a- <ul style="list-style-type: none"> ○ Safe water supply (i.e. water containing: nitrate at concentration > 10 milligrams per liter, lead or pesticides) (documented by appropriate officials) ○ Heat source for sterilization ○ Refrigerator or freezer for storage. • Failure to properly prepare, handle and store bottles, storage containers or breast pumps properly for human milk or formula noted below: <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Human Milk such as:</p> <ul style="list-style-type: none"> • thawing in the microwave; • refreezing; • adding freshly expressed unrefrigerated human milk to frozen human milk; • adding together refrigerated human milk in an amount that is greater than the amount of frozen human milk; • feeding thawed human milk > 24 hours after it was thawed; • saving human milk from a used bottle for use at another feeding; • failure to clean breast pump per manufacturer’s instruction. • Feeding donor human milk acquired directly from individuals or the internet. </td> <td style="width: 50%; vertical-align: top; border-left: 1px dashed black;"> <p>Formula such as:</p> <ul style="list-style-type: none"> • storing at room temperature for >1 hour; • failure to prepare and/or store prepared formula per manufacturer’s or physician instructions; • using formula in a bottle one hour after the start of a feeding; • serving formula from a used bottle for another feeding; • failure to clean baby bottle properly. </td> </tr> </table>	<p>Human Milk such as:</p> <ul style="list-style-type: none"> • thawing in the microwave; • refreezing; • adding freshly expressed unrefrigerated human milk to frozen human milk; • adding together refrigerated human milk in an amount that is greater than the amount of frozen human milk; • feeding thawed human milk > 24 hours after it was thawed; • saving human milk from a used bottle for use at another feeding; • failure to clean breast pump per manufacturer’s instruction. • Feeding donor human milk acquired directly from individuals or the internet. 	<p>Formula such as:</p> <ul style="list-style-type: none"> • storing at room temperature for >1 hour; • failure to prepare and/or store prepared formula per manufacturer’s or physician instructions; • using formula in a bottle one hour after the start of a feeding; • serving formula from a used bottle for another feeding; • failure to clean baby bottle properly. 	4
<p>Human Milk such as:</p> <ul style="list-style-type: none"> • thawing in the microwave; • refreezing; • adding freshly expressed unrefrigerated human milk to frozen human milk; • adding together refrigerated human milk in an amount that is greater than the amount of frozen human milk; • feeding thawed human milk > 24 hours after it was thawed; • saving human milk from a used bottle for use at another feeding; • failure to clean breast pump per manufacturer’s instruction. • Feeding donor human milk acquired directly from individuals or the internet. 	<p>Formula such as:</p> <ul style="list-style-type: none"> • storing at room temperature for >1 hour; • failure to prepare and/or store prepared formula per manufacturer’s or physician instructions; • using formula in a bottle one hour after the start of a feeding; • serving formula from a used bottle for another feeding; • failure to clean baby bottle properly. 				
[411.10]	INPI Feeding dietary supplements with potential harmful consequences	Routinely providing dietary supplement, which when fed in excess of the recommended does, may be toxic or have harmful consequences, such as: <ul style="list-style-type: none"> • Single or multi vitamins; • Mineral supplements and, • Herbal/botanical supplements/remedies/teas. 	4		

*Diagnosed by a physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders. ** See Guidelines on Growth Charts and Adjustment of Gestational Age for Premature, LBW and VLBW infants and children.

Number Dietary	Risk	Definition	Priority
[411.11]	INPI Inadequate vitamin/ mineral supplementation	Routinely not providing dietary supplements recognized as essential by national public health policy when an infant's diet alone cannot meet the nutrient requirement. Such as: <ul style="list-style-type: none"> • Infants \geq to 6 months not taking 0.25 mg of fluoride daily when their water supply contains less than 0.3 ppm of fluoride. • Exclusively breastfed infants not taking a supplement of 400 IU Vit. D/day. <p>Non-breastfed infant or Breastfed infant supplemented with formula who are ingesting less than 1 liter (32 oz.) of formula/day <u>and</u> are not supplemented with 400 IU vitamin D/day.</p>	4
425 Inappropriate nutrition practices <u>for children INPC</u>, such as:			
[425.1]	INPC Inappropriate beverages	Routinely feeding inappropriate beverages as the primary milk source, such as: <ul style="list-style-type: none"> • Non-fat or reduced fat milks btw the ages of 12 and 24 months or sweetened condensed milk; or • Goats milk, sheep's milk, Imitation or substitute milks (ie: inadequately or unfortified rice or soy-based beverage, non-dairy creamer) or other homemade concoctions. 	5
[425.2]	INPC Inappropriate beverages	Routinely feeding a child sugar containing fluids , such as: <ul style="list-style-type: none"> • Soda/soft drinks, • Gelatin water; • Corn syrup solutions, • Sweetened tea. 	5
[425.3]	INPC Routinely using nursing bottles, cups or pacifiers improperly	Using a bottle to feed: <ul style="list-style-type: none"> → Fruit juice; or → Diluted cereal or solid foods. <ul style="list-style-type: none"> • Allowing the child to fall asleep at naps or bedtime with the bottle. • Allowing the child to use the bottle without restriction (e.g., walking around with a bottle) or as a pacifier. • Use of 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. 	5

*Diagnosed by a physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders. ** See Guidelines on Growth Charts and Adjustment of Gestational Age for Premature, LBW and VLBW infants and children.

Number Dietary	Risk	Definition	Priority
[425.4]	INPC Routinely using feeding practices that disregard the developmental needs or stages of the child	<ul style="list-style-type: none"> • Inability to recognize, insensitivity to or disregarding the child’s cues for hunger and satiety (i.e. forcing a child to eat a certain type and/or amount of food or beverage or ignoring a hungry child’s request 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 (i.e. solely spoon-feeding a child who is able and ready to finger feed and/or try self-feeding with appropriate utensils). <p>Feeding a child with inappropriate texture based on his/her developmental stage (i.e. feeding primarily pureed or liquid food when the child is ready and capable of eating mashed, chopped or appropriate finger foods).</p>	5
[425.5]	INPC Potentially harmful foods	<p>Routinely feeding foods to a child that could be contaminated with harmful microorganisms, such as:</p> <ul style="list-style-type: none"> • Unpasteurized fruit or vegetable juice; • Unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert, blue-veined and Mexican-style cheese; unless labeled “made with pasteurized milk”; • Raw or undercooked meat, fish, poultry or eggs; • Raw vegetable sprouts (alfalfa, clover, bean and radish); and • Deli meats, hotdogs and processed meats (unless heated to steaming hot). 	5
[425.6]	INPC Restrictive diets	<p>Routinely feeding a diet very low in calories and/or essential nutrients. Such as:</p> <ul style="list-style-type: none"> • Vegan diets; • Macrobiotic diets; and • Other diets very low in calories and/or essential nutrients 	5
[425.7]	INPC Inappropriate or excessive intake of dietary supplements	<p>Routinely providing dietary supplements, which when fed in excess of the recommended dose, may be toxic or have harmful consequences, such as:</p> <ul style="list-style-type: none"> • Single or multi vitamins, • Mineral supplements, • Herbal/botanical supplements/remedies/teas. 	5
[425.8]	INPC Inadequate vitamin/ mineral supplementation	<p>Routinely not providing dietary supplements recognized as essential by national public health policy when a child’s diet alone cannot meet nutrient requirement. Such as:</p> <ul style="list-style-type: none"> • Not providing 400 IU of vitamin D if a child consumes < 1 liter/32 oz of vitamin D fortified milk or formula. • Inadequate fluoride intake according to the following table: 	5

Fluoride Supplementation Schedule

Age	Fluoride concentration in local water supply ppm
	<0.3
1-3 years	0.25
3-6 years	0.5

*Diagnosed by a physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders. ** See Guidelines on Growth Charts and Adjustment of Gestational Age for Premature, LBW and VLBW infants and children.

Number	Risk	Definition	Priority
--------	------	------------	----------

[425.9]	INPC Pica	Routine ingestion of nonfood items including, but not limited to: ashes; carpet fibers; dust; foam; rubber; paint chips; soil; and starch (laundry and cornstarch).	5
---------	---------------------	---	---

428	~ Presumed ~ Dietary Risk Associated with Complementary Feeding Practices For infants age 4 through 12 months only.		4
-----	---	--	---

NOTE: May be assigned as a RC only after a complete assessment for RC 411. If assigning this RC there should not be any other RC assigned.

The following table may be used for assessment and counseling purposes of full term healthy infants. As a guideline, it identifies **typical** daily amounts w/ ~ serving sizes.

	Typical Daily Servings		
	<u>0-6 months</u>	<u>6-8 months</u>	<u>8-12 months</u>
Iron-Fortified Infant Formula	Only human milk or formula is needed for the first 6 months.	24-32 oz	24 oz
Grains-		1-2 TBSP Iron-fortified infant cereals, bread, small pieces of crackers	2-4 TBSP Iron-fortified infant cereals; other grains: baby crackers, bread, noodles, corn grits, soft tortilla pieces
Meat or meat substitute meat, poultry, or fish, cooked mashed beans, egg yolk, cheese, yogurt, tofu		1-2 TBSP	2-4 TBSP
Vegetables		2-4 TBSP	4-6 TBSP
Fruits		2-4 TBSP	4-6 TBSP

Source: USDA FNS Infant Nutrition and Feeding Guide WIC April 2019

Other Risk

502	Transfer (nutrition risk unknown)	Person with current valid Verification of Certification (VOC) document from another State or local agency.	1/3
603	Breastfeeding complication	A breastfed infant with any of the following complications or potential complications for breastfeeding: a. jaundice b. weak or ineffective suck c. difficulty latching onto mother's breast d. inadequate stooling (for age, as determined by a physician or other health care professional), and/or less than 6 wet diapers per day	1/3

*Diagnosed by a physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders. ** See Guidelines on Growth Charts and Adjustment of Gestational Age for Premature, LBW and VLBW infants and children.

Infant/Children Risk Criteria

New Hampshire WIC Program

Number	Risk	Definition	Priority
Other Risk			
701	Infant up to 6 mo. old of WIC mother or of a woman who would have been WIC eligible	An infant < six months of age whose mother was a WIC Program participant during pregnancy or whose mother's medical records document that the woman was at nutritional risk during pregnancy because of detrimental or abnormal nutritional conditions detectable by biochemical or anthropometric measurements or other documented nutritionally related medical conditions.	2
702	Breastfeeding infant of woman at nutritional risk	Must be the same priority as mother	1, 2 or 4
801	Homelessness	An infant who lacks a fixed and regular nighttime residence; or whose primary nighttime residence is: a supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence) designed to provide temporary living accommodations; 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 for, or ordinarily used as, a regular sleeping accommodation for human beings.	4/5
802	Migrancy	Infants who are 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.	4/5
901	Recipient of abuse	Battering/ violent physical assault within past 6 months as documented by a social worker, health care provider or on other appropriate documents, or as reported through consultation with a social worker, health care provider, or other appropriate personnel.	4/5
902	Infant of primary caregiver with limited ability (*mental illness including clinical depression and Intellectual disability as diagnosed by physician or psychologist)	Infant whose primary caregiver <i>is assess to have a limited ability to make appropriate feeding decisions and/or prepare food.</i> Examples <u>may</u> include individuals who are: <ul style="list-style-type: none"> • less than or equal to 17 years of age [HR] • *mental illness including clinical depression • Physical disability to a degree which impairs ability to feed infant/child or limits food preparation abilities. • *Intellectual disability • Documentation or self-report of currently using or having a history of misuse of alcohol, use of illegal substances, use of marijuana, or misuse or prescription medications. <p>RC potentially for infant if either 361 or 372 RC for mother/caretaker is assigned.</p>	4/5
903	Foster care	Entering the foster care system during the previous 6 months or moving from one foster care home to another. Foster care home during the previous 6 months.	4/5
904	Environmental tobacco smoke [ETS] exposure	Exposure to smoke from tobacco products inside closed areas, like the home, place of childcare, etc. This definition also includes exposure to the aerosol from electronic nicotine delivery systems.	1/3

*Diagnosed by a physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician's orders. ** See Guidelines on Growth Charts and Adjustment of Gestational Age for Premature, LBW and VLBW infants and children.