RISK CODE	PRIORITY	CRITERION

PREGNANT WOMAN

ANTHROPOMETRIC CRITERIA

101 I **UNDERWEIGHT (Women):** Pre-Pregnancy Body Mass Index (BMI) < 18.5

111 I **OVERWEIGHT (Women):** Pre-Pregnancy Body Mass Index (BMI) ≥ 25.0

131 I **LOW MATERNAL WEIGHT GAIN:**

- A low rate of weight gain such that in the 2nd and 3rd trimesters, for singleton pregnancies:
  - Underweight (BMI < 18.5) prior to pregnancy with weight gain < 1 lb. per week
  - Normal weight (BMI 18.5-24.9) prior to pregnancy with weight gain < 0.8 lb. per week
  - Overweight (BMI 25.0-29.9) prior to pregnancy with weight gain < 0.5 lb. per week
  - Obese (BMI > 30.0) prior to pregnancy with weight gain < 0.4 lbs. per week
- Low weight gain at any point in this pregnancy, such that using a National Academies of Sciences, Medicine, and Engineering (NASEM – formerly known as the Institute of Medicine)-based weight gain grid, a pregnant woman's weight plots at any point beneath the bottom line of the appropriate weight gain range for her respective pre-pregnancy weight category as follows:
  - Underweight (BMI < 18.5) total weight gain range 28 – 40 lb.
  - Normal weight (BMI 18.5-24.9) total weight gain 25 – 35 lb.
  - Overweight (BMI 25.0-29.9) total weight gain 15 – 25 lb.
  - Obese (BMI > 30.0) total weight gain 11 – 20 lb.
- Until research supports the use of different BMI cut-offs to determine weight categories for adolescent pregnancies, the same BMI cut-offs will be used for all women, regardless of age, when determining WIC eligibility.

133 I **HIGH MATERNAL WEIGHT GAIN:**

- A high rate of weight gain such that in the 2nd and 3rd trimesters, for singleton pregnancies:
  - Underweight (BMI < 18.5) prior to pregnancy with weight gain > 1.3 lbs. per week
  - Normal weight (BMI 18.5-24.9) prior to pregnancy with weight gain > 1 lb. per week
  - Overweight (BMI 25.0-29.9) prior to pregnancy with weight gain > 0.7 lb. per week
  - Obese (BMI > 30.0) prior to pregnancy with weight gain > 0.6 lb. per week
- High weight gain at any point in this pregnancy, such that using an Institute of Medicine (IOM)-based weight gain grid, a pregnant woman's weight plots at any point above the top line of the appropriate weight gain range for her respective pre-pregnancy weight category.

BIOCHEMICAL CRITERIA

201 I **LOW HEMOGLOBIN OR HEMATOCRIT** as confirmed by lab tests:

Weeks at Test	Hgb. (gms)	Hct. (%)
0-13 (1st Trimester)	< 11.0	< 33
14-27 (2nd Trimester)	< 10.5	< 32
28-42 (3rd Trimester)	< 11.0	< 33

211 I **ELEVATED BLOOD LEAD LEVEL:** blood lead level ≥ 5 ug/dL within the past 12 months

CLINICAL CRITERIA

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I Presence of **MEDICAL CONDITION(S)** that may jeopardize the individual's nutritional status by its presence or by its treatment, through an adverse effect on the ingestion, absorption, or utilization of nutrients (see Appendix A for list of allowable medical conditions and the corresponding nutrition risk criteria codes). *Condition must be diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*

RISK CODE	PRIORITY	CRITERION
301	I	**HYPEREMESIS GRAVIDARUM (HG):** Severe and persistent nausea and vomiting during pregnancy which may cause more than 5% weight loss and fluid and electrolyte imbalances. This nutrition risk is based on a chronic condition, not single episodes. HG is a clinical diagnosis, made after other causes of nausea and vomiting have been excluded. *Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or self-reported by applicant/participant/guardian/caretaker.*
302	I	**GESTATIONAL DIABETES:** Any degree of glucose/carbohydrate intolerance with onset or first recognition during pregnancy. C*ondition must be diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/ guardian/caretaker.*
303	I	**HISTORY OF GESTATIONAL DIABETES:** *Condition must have been diagnosed by a physician/ physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*
304	I	**HISTORY OF PREECLAMPSIA (pregnancy-induced hypertension):** History of diagnosed preeclampsia. C*ondition must be diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*
311	I	**HISTORY OF PRETERM OR EARLY TERM DELIVERY** • Preterm Delivery: Delivery of an infant born ≤ 36 6/7 weeks gestation • Early Term Delivery: Deliver of an infant born ≥ 37 0/7 and ≤ 38 6/7 weeks gestation.
312	I	**HISTORY OF LOW BIRTH WEIGHT:** Any history of birth of an infant weighing ≤ 5 lbs. 8 oz. (≤ 2500 gms)
321	I	**HISTORY OF SPONTANEOUS ABORTION, FETAL OR NEONATAL LOSS** defined as having had any of the following**:** • Two or more (≥ 2) spontaneous abortions (spontaneous termination of a gestation at < 20 weeks gestation or < 500 grams) • Fetal death (spontaneous termination of a gestation at ≥ 20 weeks) • Neonatal death (death of an infant within 0-28 days of life) C*ondition must be diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*
331	I	**PREGNANCY AT A YOUNG AGE:** Conception of current pregnancy was prior to the 21st birthday
332	I	**SHORT INTERPREGNANCY INTERVAL:** Interpregnancy interval of less than 18 months from the date of a live birth to the conception of the subsequent pregnancy
334	I	**LACK OF OR INADEQUATE PRENATAL CARE** defined as: • Woman is 14-21 wks. gestation and has had 0 prenatal health care visits • Woman is 22-29 wks. gestation and has had ≤ 1 prenatal health care visits • Woman is 30-31 wks. gestation and has had ≤ 2 prenatal health care visits • Woman is 32-33 wks. gestation and has had ≤ 3 prenatal health care visits • Woman is ≥ 34 wks. gestation and has had ≤ 4 prenatal health care visits • Prenatal care was initiated after 26 weeks gestation
335	I	**MULTIFETAL GESTATION**: More than one (>1) fetus in current pregnancy

RISK CODE	PRIORITY	CRITERION
336	I	**FETAL GROWTH RESTRICTION (FGR)** (replaces the term Intrauterine Growth Retardation (IUGR) *Condition must be diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*
337	I	**HISTORY OF BIRTH OF A LARGE FOR GESTATIONAL AGE (LGA) INFANT:** Any history of giving birth to an infant weighing ≥ 9 lbs. or 4000 gms) Condition *must be diagnosed by a physician/ physician extender. The diagnosis may be reported or documented by a physician/ physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*
338	I	**PREGNANT WOMAN CURRENTLY BREASTFEEDING** (i.e., nurses at least once every 24 hrs.)
339	I	**HISTORY OF BIRTH WITH NUTRITION-RELATED CONGENITAL OR BIRTH DEFECT:** A woman who has given birth to an infant who has a congenital or birth defect linked to inappropriate nutritional intake, e.g., inadequate zinc, folic acid, excess vitamin A. C*ondition must be diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/ physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*
371	I	**NICOTINE AND TOBACCO USE:** Any use of products that contain nicotine and/or tobacco to include cigarettes, pipes, cigars, electronic nicotine delivery systems, hookahs, smokeless tobacco or nicotine replacement therapies in current pregnancy.
372	I	**ALCOHOL AND SUBSTANCE USE** including: • Any alcohol use in current pregnancy, • Any illegal substance use and/or abuse of prescription medications, and/or • Any marijuana use in any form.
381	I	**ORAL HEALTH CONDITIONS**: Conditions which interfere with the ability to ingest food in adequate quantity or quality. Dental conditions may include: tooth decay, chronic oral sores/lesions, abscessed tooth, chronic bleeding gums (gingivitis, periodontal disease), loose teeth, severe edentulous conditions (missing or no teeth). *Presence of the dental problem may be diagnosed by a dentist, physician/physician extender, someone working under a dentist's or physician's/physician extender's orders; or, it may be identified through adequate documentation by the WIC CPA. If diagnosed, the diagnosis may be reported or documented by a dentist, physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*
382	I	**FETAL ALCOHOL SPECTRUM DISORDERS:** Conditions that cover a range of possible diagnosis including fetal alcohol syndrome (FAS), partial fetal alcohol syndrome (pFAS), alcohol-related birth defects (ARBD), alcohol-related neurodevelopmental disorder (ARND), and neurobehavioral disorder that can occur in a person whose mother consumed alcohol during pregnancy. *The diagnosis may be reported by a physician/ physician extender's orders, or as self-reported by applicant/participant/caregiver.*
602	I	**BREASTFEEDING COMPLICATIONS OR POTENTIAL COMPLICATIONS:** A pregnant woman who is breastfeeding with any of the following complications or potential complications limited to: severe breast engorgement; recurrent plugged ducts; mastitis; flat or inverted nipples; cracked, bleeding, or severely sore nipples; age ≥ 40 years; failure of milk to come in by 4 days postpartum; tandem nursing (breastfeeding siblings who are not twins).

DIETARY CRITERIA

401	IV	**FAILURE TO MEET DIETARY GUIDELINES FOR AMERICANS.** Women who meet the income, categorical, and residency eligibility requirements may be presumed to be at nutrition risk for failure to meet *Dietary Guidelines for Americans [Dietary Guidelines].* Based on an individual's estimated energy needs, the *Failure to meet Dietary Guidelines* risk criterion is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans.

RISK CODE	PRIORITY	CRITERION
		This risk is assigned only to individuals for whom a complete nutrition assessment (including assessment of the risk criterion 427 "Inappropriate Nutrition Practices for Women") has been performed and for whom no other risk(s) is identified.
427	IV	**INAPPROPRIATE NUTRITION PRACTICES FOR WOMEN:** Routine nutrition practices that may result in impaired nutrient status, disease, or health problems. *(Refer to Appendix B for definitions)*
		ECO-SOCIAL CRITERIA
502	NA	**TRANSFER OF CERTIFICATION**: Person with current valid Verification of Certification (VOC) document from another State or local agency. The VOC is valid through the end of the current certification period, even if the participant does not meet the receiving agency's nutritional risk, priority or income criteria, or the certification period 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 agency is at maximum caseload, the transferring participant must be placed at the top of any waiting list and enrolled as soon as possible. This criterion would be used primarily when the VOC card/document does not reflect another (more specific) nutrition risk condition or if the participant was certified based on a nutrition risk condition not in use by NC.
503	IV	**TEMPORARY ELIGIBILITY FOR PREGNANT WOMEN:** A pregnant woman who meets WIC income eligibility standards but has not yet been evaluated for nutrition risk for a period of up to 60 days. *(Refer to Chapter 6C, Section 5)*
601	I, II, IV	**BREASTFEEDING MOTHER OF INFANT AT NUTRITIONAL RISK:** A pregnant woman who is breastfeeding and whose breastfed infant has been determined to be at nutritional risk based on Priority I, II, or IV criteria. *Must be the same priority as at-risk infant.*
801	IV	**HOMELESSNESS:** Lacking a fixed and regular nighttime residence; or having a primary nighttime residence that 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.
802	IV	**MIGRANCY:** Being a member of a family which has 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.
901	IV	**RECIPIENT OF ABUSE:** Defined as the experience of physical, sexual, emotional, economic, or psychological maltreatment that may frighten, intimidate, terrorize, manipulate, hurt, humiliate, blame, injure, and/or wound a woman. The abuse may be self-reported by the individual, by a family member, a social worker, health care provider or other appropriate personnel. Types of abuse include but are not limited to Domestic Violence (DV) and/or Intimate Partner Violence (V).
902	IV	**WOMAN WITH LIMITED ABILITY TO MAKE APPROPRIATE FEEDING DECISIONS AND/OR PREPARE FOOD**. Examples include, but are not limited to a woman with the following: • Documentation or self-report of misuse of alcohol, use of illegal substance, use of marijuana, or misuse of prescription medications. • Mental illness, including clinical depression diagnosed, documented, or reported by a physician or psychologist or someone working under a physician's orders or as self-reported by applicant/participant/caregiver. • Intellectual disability diagnosed, documented, or reported by a physician or psychologist or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver. • Physical disability to a degree which impairs or limits food preparation abilities. • ≤ 17 years of age.

RISK CODE	PRIORITY	CRITERION
903	IV	**IN FOSTER CARE:** Designated by DSS or living in a private/public/public child placement agency licensed by the state of North Carolina/DHHS/DSS as evidenced by**:** • entering the foster care system during the previous six months; or • moving from one foster care home to another foster care home during the previous six months.
904	I	**ENVIRONMENTAL TOBACCO SMOKE EXPOSURE (ETS):** Defined as exposure to smoke from tobacco products inside enclosed areas, like the home, place of child care, etc. ETS is also known as passive, secondhand, or involuntary smoke. The ETS definition also includes the exposure to the aerosol from electronic nicotine delivery systems.

RISK CODE	PRIORITY	CRITERION

POSTPARTUM WOMAN

ANTHROPOMETRIC CRITERIA

101	III	**UNDERWEIGHT (Women):** Pre-Pregnancy or current Body Mass Index (BMI) < 18.5
111	III	**OVERWEIGHT (Women):** Pre-Pregnancy Body Mass Index (BMI) ≥ 25.0
133	III	**HIGH MATERNAL WEIGHT GAIN** in most recent pregnancy with total gestational weight gain exceeding the upper limit of the IOM's (Institute of Medicine) recommended range based on Body Mass Index (BMI) for singleton pregnancies as follows: • Underweight (BMI < 18.5) prior to pregnancy with > 40 lbs. total weight gain • Normal weight (BMI 18.5 – 24.9) prior to pregnancy with > 35 lbs. total weight gain • Overweight (BMI 25.0 – 29.9) prior to pregnancy with >25 lbs. total weight gain • Obese (BMI ≥ 30.0) prior to pregnancy with > 20 lbs. total weight gain

BIOCHEMICAL CRITERIA

201	III	**LOW HEMOGLOBIN OR HEMATOCRIT** as confirmed by lab tests:

Age at Test	Hgb. (gms)	Hct. (%)
< 15 yrs.	< 11.8	< 36.0
15 to <18 yrs.	< 12.0	< 35.9
≥ 18 yrs.	< 12.0	< 36.0

211	III	**ELEVATED BLOOD LEAD LEVEL:** Blood lead level ≥ 5 ug/dL within the past 12 months

CLINICAL CRITERIA

341 342 343 344 345 346 347 348 349 351 352a	III 352b 353 354 355 356 357 358 359 360 361 362 363	Presence of **MEDICAL CONDITION(S)** that may jeopardize the individual's nutritional status by its presence or by its treatment, through an adverse effect on the ingestion, absorption, or utilization of nutrients (see Appendix A for list of allowable medical conditions and the corresponding nutrition risk criteria codes). *Condition must be diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*
303	III	**HISTORY OF GESTATIONAL DIABETES** in most recent pregnancy OR history of gestational diabetes. *Condition must have been diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*
304	I	**HISTORY OF PREECLAMPSIA (pregnancy-induced hypertension):** History of diagnosed preeclampsia. C*ondition must be diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*
311	III	**HISTORY OF PRETERM OR EARLY TERM DELIVERY (**in most recent pregnancy) • Preterm Delivery: Delivery of an infant born < 36 6/7 weeks gestation • Early Term Delivery: Deliver of an infant born > 37 0/7 and < 38 6/7 weeks gestation
312	III	**HISTORY OF LOW BIRTH WEIGHT** in most recent pregnancy with the birth of an infant weighing ≤ 5 lbs. 8 oz. or ≤ 2500 gms

RISK CODE	PRIORITY	CRITERION
321	III	**SPONTANEOUS ABORTION, FETAL OR NEONATAL LOSS** in most recent pregnancy by having had any of the following**:** • spontaneous abortion (spontaneous termination of a gestation at < 20 weeks gestation or < 500 grams) • a fetal death (spontaneous termination of a gestation at ≥ 20 weeks) • a neonatal death (death of an infant within 0-28 days of life) *Condition must be diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*
331	III	**PREGNANCY AT A YOUNG AGE:** Conception of most recent pregnancy was prior to the 21st birthday.
332	II	**SHORT INTERPREGNANCY INTERVAL:** Interpregnancy interval of less than 18 months from the date of a live birth to the conception of the subsequent pregnancy
335	III	**MULTIFETAL GESTATION:** More than one (>1) fetus in most recent pregnancy
337	III	**HISTORY OF BIRTH OF A LARGE FOR GESTATIONAL AGE INFANT** in most recent pregnancy OR history of giving birth to an infant weighing ≥ 9 lbs. or 4000 gms. *Condition must be diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/ physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*
339	III	**HISTORY OF BIRTH WITH NUTRITION-RELATED CONGENITAL OR BIRTH DEFECT** in most recent pregnancy (A woman who has given birth to an infant who has a congenital or birth defect linked to inappropriate nutritional intake, e.g., inadequate zinc, folic acid, excess vitamin A) C*ondition must be diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*
371	III	**NICOTINE AND TOBACCO USE:** Any use of products that contain nicotine and/or tobacco to include cigarettes, pipes, cigars, electronic nicotine delivery systems, hookahs, smokeless tobacco or nicotine replacement therapies in postpartum period.

372	III	**ALCOHOL AND SUBSTANCE USE** including**:**
		• Alcohol Use - A serving, or standard sized drink is 12 oz. beer; 5 oz. wine; or 1½ oz. 80 proof distilled spirits (e.g. rum, vodka, whiskey, cordials or liqueurs)
		  – High Risk Drinking: Routine consumption of ≥ 8 drinks per week or ≥ 4 drinks on any day
		  – Binge drinking: Routine consumption of ≥ 4 drinks within 2 hours.
		• Any illegal substance use and/or abuse of prescription medications.

381	III	**ORAL HEALTH CONDITIONS:** Conditions which interfere with the ability to ingest food in adequate quantity or quality. Dental conditions may include: tooth decay, chronic oral sores/lesions, abscessed tooth, chronic bleeding gums (gingivitis, periodontal disease), loose teeth, severe edentulous conditions (missing or no teeth). *Presence of the dental problem may be diagnosed by a dentist, physician/physician extender, someone working under a dentist's or physician's/physician extender's orders; or, it may be identified through adequate documentation by the WIC CPA. If diagnosed, the diagnosis may be reported or documented by a dentist, physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*
382	III	**FETAL ALCOHOL SPECTRUM DISORDERS:** Conditions that cover a range of possible diagnosis including fetal alcohol syndrome (FAS), partial fetal alcohol syndrome (pFAS), alcohol-related birth defects (ARBD), alcohol-related neurodevelopmental disorder (ARND), and neurobehavioral disorder that can occur in a person whose mother consumed alcohol during pregnancy. *The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*

RISK	PRIORITY	CRITERION

CODE		
		DIETARY CRITERIA
401	VI	**FAILURE TO MEET DIETARY GUIDELINES FOR AMERICANS.** Women who meet the income, categorical, and residency eligibility requirements may be presumed to be at nutrition risk for failure to meet *Dietary Guidelines for Americans [Dietary Guidelines].* Based on an individual's estimated energy needs, the *Failure to meet Dietary Guidelines* risk criterion is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans. **This risk is assigned <u>only</u> to individuals for whom a complete nutrition assessment (including assessment of the risk criterion 427 "Inappropriate Nutrition Practices for Women") has been performed and for whom no other risk(s) is identified.**
427	VI	**INAPPROPRIATE NUTRITION PRACTICES FOR WOMEN** defined as routine nutrition practices that may result in impaired nutrient status, disease, or health problems. *(Refer to Appendix B)*
		ECO-SOCIAL CRITERIA
502	NA	**TRANSFER OF CERTIFICATION** Person with current valid Verification of Certification (VOC) document from another State or local agency. The VOC is valid through the end of the current certification period, even if the participant does not meet the receiving agency's nutritional risk, priority or income criteria, or the certification period 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 agency is at maximum caseload, the transferring participant must be placed at the top of any waiting list and enrolled as soon as possible. This criterion would be used primarily when the VOC card/document does not reflect another (more specific) nutrition risk condition or if the participant was certified based on a nutrition risk condition not in use by NC.
801	VI	**HOMELESSNESS:** Lacking a fixed and regular nighttime residence; or having a primary nighttime residence that 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.
802	VI	**MIGRANCY:** Being a member of a family which has 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.
901	VI	**RECIPIENT OF ABUSE**: Defined as the experience of physical, sexual, emotional, economic, or psychological maltreatment that may frighten, intimidate, terrorize, manipulate, hurt, humiliate, blame, injure, and/or wound a woman. The abuse may be self-reported by the individual, by a family member, a social worker, health care provider or other appropriate personnel. Types of abuse include but are not limited to Domestic Violence (DV) and/or Intimate Partner Violence (V).
902	VI	**WOMAN WITH LIMITED ABILITY TO MAKE APPROPRIATE FEEDING DECISIONS AND/OR TO PREPARE FOOD**. Examples include, but are not limited to, a woman with the following: • Documentation or self-report of misuse of alcohol, use of illegal substance, use of marijuana, or misuse of prescription medications • Mental illness, including clinical depression diagnosed, documented, or reported by a physician or psychologist or someone working under a physician's orders or as self-reported by applicant/participant/caregiver. • Intellectual disability diagnosed, documented, or reported by a physician or psychologist or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver. • Physical disability to a degree which limits food preparation abilities • $\leq$ 17 years of age.

RISK CODE	PRIORITY	CRITERION
903	VI	**IN FOSTER CARE:** Designated by DSS or living in a private/public/public child placement agency licensed by the state of North Carolina/DHHS/DSS as evidenced by**:** • entering the foster care system during the previous six months; or • moving from one foster care home to another foster care home during previous six months.
904	IV	**ENVIRONMENTAL TOBACCO SMOKE EXPOSURE** (ETS): Defined as exposure to smoke from tobacco products inside enclosed areas, like the home, place of childcare, etc. ETS is also known as passive, secondhand, or involuntary smoke. The ETS definition also includes the exposure to the aerosol from electronic nicotine delivery systems.

RISK CODE	PRIORITY	CRITERION

BREASTFEEDING WOMAN

ANTHROPOMETRIC CRITERIA

101 I

UNDERWEIGHT (Women):
- For women < 6 months postpartum: Pre-Pregnancy or current Body Mass Index (BMI) < 18.5
- For women ≥ 6 months postpartum: Current Body Mass Index (BMI) < 18.5

111 I

OVERWEIGHT (Women):
- For women < 6 months postpartum: Pre-Pregnancy Body Mass Index (BMI) > 25.0
- For women > 6 months postpartum: Current Body Mass Index (BMI) > 25.0

133 I

HIGH MATERNAL WEIGHT GAIN in most recent pregnancy with total gestational weight gain exceeding the upper limit of the IOM's (Institute of Medicine) recommended range based on Body Mass Index (BMI) for singleton pregnancies as follows:
- Underweight (BMI < 18.5) prior to pregnancy with > 40 lbs. total weight gain
- Normal weight (BMI 18.5 – 24.9) prior to pregnancy with > 35 lbs. total weight gain
- Overweight (BMI 25.0 – 29.9) prior to pregnancy with >25 lbs. total weight gain
- Obese (BMI ≥ 30.0) prior to pregnancy with > 20 lbs. total weight gain

BIOCHEMICAL CRITERIA

201 I

LOW HEMOGLOBIN OR HEMATOCRIT as confirmed by lab tests**:**

Age at Test	Hgb. (gms)	Hct. (%)
< 15 yrs.	< 11.8	< 36.0
15 to <18 yrs.	< 12.0	< 35.9
≥ 18 yrs.	< 12.0	< 36.0

211 I

ELEVATED BLOOD LEAD LEVEL: blood lead level ≥ 5 ug/dL within the past 12 months

CLINICAL CRITERIA

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Presence of **MEDICAL CONDITION(S)** that may jeopardize the individual's nutritional status by its presence or by its treatment, through an adverse effect on the ingestion, absorption, or utilization of nutrients (see Appendix A for list of allowable medical conditions and the corresponding nutrition risk criteria codes). *Condition must be diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*

303 I

HISTORY OF GESTATIONAL DIABETES in most recent pregnancy OR history of gestational diabetes. *Condition must have been diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*

304 I

HISTORY OF PREECLAMPSIA (pregnancy-induced hypertension): History of diagnosed preeclampsia. C*ondition must be diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*

RISK CODE	PRIORITY	CRITERION
311	I	**HISTORY OF PRETERM OR EARLY TERM DELIVERY (History of Preterm or Early Term Delivery)** in most recent pregnancy • Preterm Delivery: Delivery of an infant born ≤ 36 6/7 weeks gestation • Early Term Delivery: Deliver of an infant born ≥ 37 0/7 and ≤ 38 6/7 weeks gestation
312	I	**HISTORY OF LOW BIRTH WEIGHT** in most recent pregnancy (birth of an infant weighing ≤ 5 lbs. 8 oz. or ≤ 2500 gms)
321	I	**FETAL OR NEONATAL LOSS** in most recent pregnancy in which there was a multifetal gestation with one or more fetal or neonatal deaths but with one or more infants still living**:** • a fetal death (spontaneous termination of a gestation at ≥ 20 weeks gestation) • a neonatal death (death of an infant within 0-28 days of life) *Condition must have been diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/caretaker.*
331	I	**PREGNANCY AT A YOUNG AGE:** Conception of most recent pregnancy was prior to the 21st birthday
332	I	**SHORT INTERPREGNANCY INTERVAL:** Interpregnancy interval of less than 18 months from the date of a live birth to the conception of the subsequent pregnancy
335	I	**MULTIFETAL GESTATION:** More than one (>1) fetus in most recent pregnancy
337	I	**HISTORY OF BIRTH OF A LARGE FOR GESTATIONAL AGE INFANT** in most recent pregnancy OR history of giving birth to an infant weighing ≥ 9 lbs. or 4000 gms. *Condition must have been diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*
339	I	**HISTORY OF BIRTH WITH NUTRITION-RELATED CONGENITAL OR BIRTH DEFECT** in most recent pregnancy (A woman who has given birth to an infant who has a congenital or birth defect linked to inappropriate nutritional intake, e.g., inadequate zinc, folic acid, excess vitamin A) *Condition must have been diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian caretaker.*
371	I	**NICOTINTE AND TOBACCO USE***:* Any use of products that contain nicotine and/or tobacco to include cigarettes, pipes, cigars, electronic nicotine delivery systems, hookahs, smokeless tobacco or nicotine replacement therapies in postpartum period.

372	I	**ALCOHOL AND SUBSTANCE USE:**
		• Alcohol Use - A serving, or standard sized drink is 12 oz. beer; 5 oz. wine; or 1½ oz. 80 proof distilled spirits (e.g. rum, vodka, whiskey, cordials or liqueurs).
		  – High Risk Drinking: Routine consumption of ≥ 8 drinks per week or ≥ 4 drinks on any day
		  – Binge drinking: Routine consumption of ≥ 4 drinks within 2 hours.
		• Any illegal substance use and/or abuse of prescription medications.
		• Any marijuana use in any form.

381	I	**ORAL HEALTH CONDITIONS:** Conditions which interfere with the ability to ingest food in adequate quantity or quality. Dental conditions may include: tooth decay, chronic oral sores/lesions, abscessed tooth, chronic bleeding gums (gingivitis, periodontal disease), loose teeth, severe edentulous conditions (missing or no teeth) *Presence of the dental problem may be diagnosed by a dentist, physician/physician extender, someone working under a dentist's or physician's/physician extender's orders; or, it may be identified through adequate documentation by the WIC CPA. If diagnosed, the diagnosis may be reported or documented by a dentist, physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*

RISK CODE	PRIORITY	CRITERION
382	I	**FETAL ALCOHOL SPECTRUM DISORDERS:** Conditions that cover a range of possible diagnosis including fetal alcohol syndrome (FAS), partial fetal alcohol syndrome (pFAS), alcohol-related birth defects (ARBD), alcohol-related neurodevelopmental disorder (ARND), and neurobehavioral disorder that can occur in a person whose mother consumed alcohol during pregnancy. *The diagnosis may be reported by a physician/ physician extender's orders, or as self-reported by applicant/participant/caregiver.*
602	I	**BREASTFEEDING COMPLICATIONS OR POTENTIAL COMPLICATIONS:** A breastfeeding woman with any of the following complications or potential complications for breastfeeding and which are limited to: severe breast engorgement; recurrent plugged ducts; mastitis; flat or inverted nipples; cracked, bleeding, or severely sore nipples; age ≥ 40 years; failure of milk to come in by 4 days postpartum; tandem nursing (breastfeeding siblings who are not twins)
		DIETARY CRITERIA
401	IV	**FAILURE TO MEET DIETARY GUIDELINES FOR AMERICANS.** Women who meet the income, categorical, and residency eligibility requirements may be presumed to be at nutrition risk for failure to meet *Dietary Guidelines for Americans [Dietary Guidelines].* Based on an individual's estimated energy needs, the *Failure to meet Dietary Guidelines* risk criterion is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans). **This risk is assigned only to individuals for whom a complete nutrition assessment (including assessment of the risk criterion 427 "Inappropriate Nutrition Practices for Women") has been performed and for whom no other risk(s) is identified.**
427	IV	**INAPPROPRIATE NUTRITIONAL PRACTICES FOR WOMEN** defined as routine nutrition practices that may result in impaired nutrient status, disease, or health problems *(Refer to Appendix B).*
		ECO-SOCIAL CRITERIA
502	NA	**TRANSFER OF CERTIFICATION** Person with current valid Verification of Certification (VOC) document from another State or local agency. The VOC is valid through the end of the current certification period, even if the participant does not meet the receiving agency's nutritional risk, priority or income criteria, or the certification period 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 agency is at maximum caseload, the transferring participant must be placed at the top of any waiting list and enrolled as soon as possible. This criterion would be used primarily when the VOC card/document does not reflect another (more specific) nutrition risk condition or if the participant was certified based on a nutrition risk condition not in use by NC
601	I, II, IV	**BREASTFEEDING MOTHER OF INFANT AT NUTRITIONAL RISK.** A breastfeeding woman whose breastfed infant has been determined to be at nutritional risk based on Priority I, II, or IV criteria. *Must be the same priority as at-risk infant.*
801	IV	**HOMELESSNESS:** Lacking a fixed and regular nighttime residence; or having a primary nighttime residence that 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.
802	IV	**MIGRANCY:** Being a member of a family which has 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.

RISK CODE	PRIORITY	CRITERION
901	IV	**RECIPIENT OF ABUSE:** Defined as the experience of physical, sexual, emotional, economic, or psychological maltreatment that may frighten, intimidate, terrorize, manipulate, hurt, humiliate, blame, injure, and/or wound a woman. The abuse may be self-reported by the individual, by a family member, a social worker, health care provider or other appropriate personnel. Types of abuse include but are not limited to Domestic Violence (DV) and/or Intimate Partner Violence (V).
902	IV	**WOMAN WITH LIMITED ABILITY TO MAKE APPROPRIATE FEEDING DECISIONS AND/OR TO PREPARE FOOD**. Examples include, but are not limited to, a woman with the following: • Documentation or self-report of misuse of alcohol, use of illegal substance, use of marijuana, or misuse of prescription medications • Mental illness, including clinical depression diagnosed, documented, or reported by a physician or psychologist or someone working under a physician's orders or as self-reported by applicant/participant/caregiver. • Intellectual disability diagnosed, documented, or reported by a physician or psychologist or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver. • Physical disability to a degree which limits food preparation abilities. • < 17 years of age.
903	IV	**IN FOSTER CARE:** Designated by DSS or living in a private/public/public child placement agency licensed by the state of North Carolina/DHHS/DSS as evidenced by**:** • entering the foster care system during the previous six months; <u>or</u> • moving from one foster care home to another foster care home during previous six months.
904	I	**ENVIRONMENTAL TOBACCO SMOKE EXPOSURE** (ETS): Defined as exposure to smoke from tobacco products inside enclosed areas, like the home, place of child care, etc. ETS is also known as passive, secondhand, or involuntary smoke. The ETS definition also includes the exposure to the aerosol from electronic nicotine delivery systems.

RISK CODE	PRIORITY	CRITERION

INFANT

ANTHROPOMETRIC CRITERIA

103	I	**UNDERWEIGHT** (weight-for-length ≤ 2.3rd percentile as plotted on the 2009 Centers for Disease Control (CDC)/WHO Birth to 24 months gender specific growth charts*) **OR** **AT RISK OF UNDERWEIGHT** (weight-for-length ≤ 5th percentile as plotted on the 2009 CDC/WHO Birth to 24 months gender specific growth charts*)
114	I	**AT RISK OF OVERWEIGHT** based on the presence of one or both of the following: • **Infant of obese mother:** Having a biological mother with BMI ≥ 30.0 at time of conception of this infant or at any time in 1st trimester of this most recent pregnancy (*BMI must be based on pre-pregnancy weight and height self-reported by the mother or on weight and height measurements that were taken during her pregnancy by staff or a health care provider.)* • **Infant of obese father:** Having a biological father with BMI ≥ 30.0 at time of certification (*BMI must be based on weight and height self-reported by the father or on weight and height measurements taken by staff at time of certification.)*
115	I	**HIGH WEIGHT-FOR-LENGTH:** weight-for-length ≥ 97.7th percentile as plotted on the 2009 CDC/WHO Birth to 24 months gender specific growth charts*
121	I	**SHORT STATURE** (length-for-age ≤ 2.3rd percentile as plotted on the 2009 CDC/WHO Birth to 24 months gender specific growth charts*) **OR** **AT RISK OF SHORT STATURE** (length-for-age ≤ 5th percentile as plotted on the 2009 CDC/WHO Birth to 24 months gender specific growth charts*) *For premature infants (i.e., ≤ 37 weeks gestational age), risk assignment is based on adjusted gestational age.*
134	I	**FAILURE TO THRIVE** *Presence of failure to thrive must be diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by parent/caretaker.* The diagnosis describes an inadequate growth pattern where growth is significantly lower than what is expected for age and sex.
135	I	**SLOWED/FALTERING GROWTH PATTERN** defined as**:** • **Infants birth to up to 2 weeks of age *(at the time of certification)*:** Excessive weight loss after birth, defined as ≥7% birth weight • **Infants 2 weeks up to 6 months of age *(at the time of certification)*:** Any weight loss. Use two separate weights taken at least 8 weeks apart.
141	I	**LOW BIRTH WEIGHT** (>1500 gms - ≤ 2500 gms or >3 lbs. 5oz - ≤ 5 lbs. 8 oz.**) AND** **VERY LOW BIRTH WEIGHT** (≤ 1500 gms or ≤ 3 lbs. 5 oz.)
142	I	**PREMATURITY (Preterm or Early Term Delivery):** • Preterm Delivery: Delivery of an infant born ≤ 36 6/7 weeks gestation • Early Term Delivery: Deliver of an infant born ≥ 37 0/7 and ≤ 38 6/7 weeks gestation
151	I	**SMALL FOR GESTATIONAL AGE (SGA)** *Presence of SGA must be diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by parent/caretaker.*
153	I	**BIRTH WEIGHT ≥ 9 LBS (4000 GMS) OR LARGE FOR GESTATIONAL AGE (LGA)** *Presence of LGA must be diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by parent/caretaker.*

*Based on 2006 World Health Organization international growth standards

RISK CODE	PRIORITY	CRITERION
		BIOCHEMICAL CRITERIA
201	I	**LOW HEMOGLOBIN OR HEMATOCRIT** as confirmed by lab tests: Age at Test — Hgb (gms) — Hct (%) 6 to < 12 mo. — < 11.8 — < 33.0
211	I	**ELEVATED BLOOD LEAD LEVEL:** Blood lead level ≥ 5 ug/dL within the past 12 months
		CLINICAL CRITERIA
341 342 343 344 345 346 347 348 349 351 352a 352b 354 355 356 357 359 360 362	I	Presence of **MEDICAL CONDITION(S)** that may jeopardize the individual's nutritional status by its presence or by its treatment, through an adverse effect on the ingestion, absorption, or utilization of nutrients (see Appendix A for list of allowable medical conditions and the corresponding nutrition risk criteria codes). *Condition must be diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*
381	I	**ORAL HEALTH CONDITIONS:** Conditions may include tooth decay (including nursing or baby bottle caries), chronic oral sores/lesions, oral candidiasis, or an abscessed tooth. *Presence of the dental problem may be diagnosed by a dentist, physician/physician extender, someone working under a dentist's or physician's/physician extender's orders; or, it may be identified through adequate documentation by the WIC CPA. If diagnosed, the diagnosis may be reported or documented by a dentist, physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by parent/caretaker.*
382	I	**FETAL ALCOHOL SPECTRUM DISORDERS**: Conditions that cover a range of possible diagnosis including fetal alcohol syndrome (FAS), partial fetal alcohol syndrome (pFAS), alcohol-related birth defects (ARBD), alcohol-related neurodevelopmental disorder (ARND), and neurobehavioral disorder that can occur in a person whose mother consumed alcohol during pregnancy. *The diagnosis may be reported by a physician/ physician extender's orders, or as self-reported by applicant/participant/caregiver.*
383	I	**NEONATAL ABSTINENCE SYNDROME** Neonatal abstinence syndrome (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. *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.*
603	I	**BREASTFEEDING COMPLICATIONS OR POTENTIAL COMPLICATIONS** which are present at the time of certification and which are limited to: jaundice, weak or ineffective suck, difficulty latching onto mother's breast, inadequate stooling (as determined by physician/healthcare professional), < 6 wet diapers per day
		DIETARY CRITERIA
411	IV	**INAPPROPRIATE NUTRITION PRACTICES FOR INFANTS** defined as routine use of feeding practices that may result in impaired nutrient status, disease, or health problems. *(Refer to Appendix C)*
428	IV	**DIETARY RISK ASSOCIATED WITH COMPLEMENTARY FEEDING PRACTICES** and current chronological age is ≥ 4 months. Infants who meet the eligibility requirements of income, category and residence and who have begun or are expected to begin to consume complementary foods are at risk of inappropriate complementary feeding. **This risk is assigned only to individuals for whom a complete nutrition assessment (including assessment of the risk criterion 425 "Inappropriate Nutrition Practices for Children") has been performed and for whom no other risk(s) is identified.**

RISK CODE	PRIORITY	CRITERION
		assessment of the risk criterion 411 "Inappropriate Nutrition Practices for Infants") has been performed and for whom no other risk(s) is identified.
		ECO-SOCIAL CRITERIA
502	NA	**TRANSFER OF CERTIFICATION** Person with current valid Verification of Certification (VOC) document from another State or local agency. The VOC is valid through the end of the current certification period, even if the participant does not meet the receiving agency's nutritional risk, priority or income criteria, or the certification period 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 agency is at maximum caseload, the transferring participant must be placed at the top of any waiting list and enrolled as soon as possible. This criterion would be used primarily when the VOC card/document does not reflect another (more specific) nutrition risk condition or if the participant was certified based on a nutrition risk condition not in use by NC
701	II	**INFANT < 6 MONTHS OF AGE, BORN TO WOMAN WHO PARTICIPATED ON WIC DURING THIS PREGNANCY OR INFANT < 6 MONTHS OF AGE, BORN TO WOMAN WHO DID NOT PARTICIPATE ON WIC DURING PREGNANCY BUT WHO WAS AT NUTRITIONAL RISK BASED ON PRIORITY I CRITERIA.** Document mother's nutritional risk in infant's health record.
702	I, IV	**BREASTFED INFANT WHOSE MOTHER IS AT NUTRITIONAL RISK BASED ON PRIORITY I CRITERIA OR BREASTFED INFANT WHOSE MOTHER IS AT NUTRITIONAL RISK BASED ON PRIORITY IV CRITERIA.**
801	IV	**HOMELESSNESS:** Lacking a fixed and regular nighttime residence; or having a primary nighttime residence that 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.
802	IV	**MIGRANCY:** Being a member of a family which has 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.
901	IV	**RECIPIENT OF ABUSE:** Child abuse and/or neglect defined as any act or failure to act that results in harm to a infant or put an infant at risk of harm. Child abuse may physical (including shaken baby syndrome), sexual, or emotional, or neglect of an infant by a parent, caretaker, or other person in a custodial role. It may be self-reported by the individual, by a family member, documented or reported by a social worker, health care provider or other appropriate personnel.
902	IV	**INFANT OF PRIMARY CAREGIVER WITH LIMITED ABILITY TO MAKE APPROPRIATE FEEDING DECISIONS AND/OR PREPARE FOOD**. Examples include, but are not limited to an infant of caregiver with the following: • Documentation or self-report of misuse of alcohol, use of illegal substance, use of marijuana, or misuse of prescription medications • Mental illness, including clinical depression diagnosed, documented, or reported by a physician or psychologist or someone working under a physician's orders or as self-reported by applicant/participant/caregiver. • Intellectual disability diagnosed, documented, or reported by a physician or psychologist or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver. • Physical disability to a degree which impairs ability to feed infant or limits food preparation abilities. • ≤ 17 years of age.

RISK CODE	PRIORITY	CRITERION
903	IV	**IN FOSTER CARE:** Designated by DSS or living in a private/public/public child placement agency licensed by the state of North Carolina/DHHS/DSS as evidenced by**:** • entering the foster care system during the previous six months; or • moving from one foster care home to another foster care home during previous six months.
904	I	**ENVIRONMENTAL TOBACCO SMOKE EXPOSURE** (ETS): Defined as exposure to smoke from tobacco products inside enclosed areas, like the home, place of child care, etc. ETS is also known as passive, secondhand, or involuntary smoke. The ETS definition also includes the exposure to the aerosol from electronic nicotine delivery systems.

RISK CODE	PRIORITY	CRITERION

CHILD

ANTHROPOMETRIC CRITERIA

103	III	**UNDERWEIGHT** • For age 12-23 months (weight-for-length ≤ 2.3rd percentile as plotted on the 2009 CDC/WHO Birth to 24 months gender specific growth charts*) • For age 2-5 years (BMI-for-age ≤ 5th percentile as plotted on the 2000 CDC 2-20 years gender specific growth charts) OR **AT RISK OF UNDERWEIGHT** • For age 12-23 months (weight-for-length ≤ 5th percentile as plotted on the 2009 CDC/WHO Birth to 24 months gender specific growth charts*) • For age 2-5 years (BMI-for-age ≤ 10th percentile as plotted on the 2000 CDC 2-20 years gender specific growth charts)
113	III	**OBESE (Children 2 – 5 years of age):** 2-5 years and BMI-for-age ≥ 95th percentile as plotted on the 2000 CDC 2-20 years gender specific growth charts
114	III	**OVERWEIGHT:** age 2-5 years and BMI-for-age ≥ 85th and < 95th percentile as plotted on the 2000 Centers for Disease Control (CDC) 2-20 years gender specific growth charts **OR** **AT RISK OF OVERWEIGHT** based on the presence of one or both of the following: • **Child of obese mother:** Having a biological mother with BMI ≥ 30.0 at time of certification of this child (*BMI must be based on weight and height self-reported by the mother or on weight and height measurements taken by staff at the time of certification. If mother is pregnant or had a baby within the past 6 months, use her pre-pregnancy weight to determine BMI since her current weight will be influenced by pregnancy-related weight gain.)* • **Child of obese father:** Having a biological father with BMI ≥ 30.0 at time of certification of this child (*BMI must be based on weight and height self-reported by the father or on weight and height measurements taken by staff at time of certification.)*
115	III	**HIGH WEIGHT-FOR-LENGTH (Children < 24 months of age):** weight-for-length ≥ 97.7th percentile as plotted on the 2009 CDC/WHO Birth to 24 months gender specific growth charts*
121	III	**SHORT STATURE** • For age 12-23 months (length-for-age ≤ 2.3rd percentile as plotted on the 2009 CDC/WHO Birth to 24 months gender specific growth charts*) • For age 2-5 years (stature-for-age ≤ 5th percentile as plotted on the 2000 CDC 2-20 years gender specific growth charts) **OR** **AT RISK OF SHORT STATURE** • For age 12-23 months (length-for-age ≤ 5th percentile as plotted on the 2009 CDC/WHO Birth to 24 months gender specific growth charts*) • For age 2-5 years (stature-for-age ≤ 10th percentile as plotted on the 2000 CDC 2-20 years gender specific growth charts) *For children < 2 years old with a history of prematurity (i.e., ≤ 37 weeks gestational age), risk assignment is based on adjusted gestational age.*
134	III	**FAILURE TO THRIVE** *Presence of failure to thrive must be diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by parent/caretaker.* The diagnosis describes an inadequate growth pattern where growth is significantly lower than what is expected for age and sex.
141	III	**HISTORY OF LOW BIRTH WEIGHT** (> 1500 gms - ≤ 2500 gms or > 3 lbs. 5oz - ≤ 5 lbs. 8 oz.) **OR VERY LOW BIRTH WEIGHT** (≤ 1500 gms or ≤ 3 lbs. 5 oz.): current chronological age is < 24 months

*Based on 2006 World Health Organization international growth standards.

RISK CODE	PRIORITY	CRITERION
142	III	**HISTORY OF PREMATURITY (History of Preterm or Early Term Delivery:** Current chronological age is < 24 months of age and • Preterm Delivery: Delivery of an infant born ≤ 36 6/7 weeks gestation • Early Term Delivery: Delivery of an infant born ≥ 37 0/7 and ≤ 38 6/7 weeks gestation gestational age was ≤ 37 weeks
151	III	**HISTORY OF SMALL FOR GESTATIONAL AGE (SGA):** Current chronological age is < 24 months *SGA must have been diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by parent/caretaker.*

BIOCHEMICAL CRITERIA

201	III	**LOW HEMOGLOBIN OR HEMATOCRIT** as confirmed by lab tests: Age at Test — Hgb (gms) — Hct (%) 1 - < 2 years — < 11.0. — < 32.9 2 -< 5 years — < 11.1 — < 33.0
211	III	**ELEVATED BLOOD LEAD LEVEL:** blood lead level ≥ 3.5 ug/dL within the past 12 months

CLINICAL CRITERIA

341 342 343 344 345 346 347	348 349 351 352a 352b 354	355 356 357 359 360 361 362	III Presence of **MEDICAL CONDITION(S)** that may jeopardize the individual's nutritional status by its presence or by its treatment, through an adverse effect on the ingestion, absorption, or utilization of nutrients (see Appendix A for list of allowable medical conditions and the corresponding nutrition risk criteria codes). *Condition must be diagnosed by a physician/physician extender. The diagnosis may be reported or documented by a physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by applicant/participant/guardian/caretaker.*
381	III	**ORAL HEALTH CONDITIONS**: Conditions may include tooth decay (including nursing or baby bottle caries) or other conditions which interfere with the ability to ingest food in adequate quantity or quality such as chronic oral sores/lesions, abscessed teeth, chronic bleeding gums (gingivitis, periodontal disease), or severe malocclusions. *Presence of the dental problem may be diagnosed by a dentist, physician/physician extender, someone working under a dentist's or physician's/physician extender's orders; or, it may be identified through adequate documentation by the WIC CPA. If diagnosed, the diagnosis may be reported or documented by a dentist, physician/physician extender, someone working under a physician's/physician extender's orders, or self-reported by parent/caretaker.*	
382	III	**FETAL ALCOHOL SPECTRUM DISORDERS.** Conditions that cover a range of possible diagnosis including fetal alcohol syndrome (FAS), partial fetal alcohol syndrome (pFAS), alcohol-related birth defects (ARBD), alcohol-related neurodevelopmental disorder (ARND), and neurobehavioral disorder that can occur in a person whose mother consumed alcohol during pregnancy. *The diagnosis may be reported by a physician/ physician extender's orders, or as self-reported by applicant/participant/caregiver.*	

DIETARY CRITERIA

401	V	**FAILURE TO MEET DIETARY GUIDELINES FOR AMERICANS AND CURRENT CHRONOLOGICAL AGE IS > 24 MONTHS.** Children two years of age and older who meet the income categorical, and residency eligibility requirements may be presumed to be at nutrition risk for failure to meet *Dietary Guidelines for Americans [Dietary Guidelines].* Based on an individual's estimated energy needs, the *Failure to Meet the Dietary Guidelines* risk criterion is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans. **This risk is assigned <u>only</u> to individuals for whom a complete nutrition assessment (including assessment of the risk criterion 425 "Inappropriate Nutrition Practices for Children") has been performed and for whom no other risk(s) is identified.**

RISK CODE	PRIORITY	CRITERION
425	V	**INAPPROPRIATE NUTRITION PRACTICES FOR CHILDREN** defined as routine use of feeding practices that may result in impaired nutrient status, disease, or health problems. (*Refer to Appendix D*)
428	V	**DIETARY RISK ASSOCIATED WITH COMPLEMENTARY FEEDING PRACTICES** and current chronological age is < 24 months**.** Children who meet the eligibility requirements of income, category, and residence and who consume complementary foods, eat independently, are being weaned from breast milk or infant formula and begin to transition from a diet based on infant/toddler foods to one based on the *Dietary Guidelines for Americans,* are at risk of inappropriate complementary feeding. **This risk is assigned <u>only</u> to individuals for whom a complete nutrition assessment (including assessment of the risk criterion 425 "Inappropriate Nutrition Practices for Children") has been performed and for whom no other risk(s) is identified.**
		ECO-SOCIAL CRITERIA
502	NA	**TRANSFER OF CERTIFICATION** Person with current valid Verification of Certification (VOC) document from another State or local agency. The VOC is valid through the end of the current certification period, even if the participant does not meet the receiving agency's nutritional risk, priority or income criteria, or the certification period 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 agency is at maximum caseload, the transferring participant must be placed at the top of any waiting list and enrolled as soon as possible. This criterion would be used primarily when the VOC card/document does not reflect another (more specific) nutrition risk condition or if the participant was certified based on a nutrition risk condition not in use by NC.
801	V	**HOMELESSNESS:** Lacking a fixed and regular nighttime residence; or having a primary nighttime residence that 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.
802	V	**MIGRANCY:** Being a member of a family which has 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.
901	V	**RECIPIENT OF ABUSE**: Child abuse and/or neglect is defined as any act or failure to act that results in harm or puts a child at risk of harm. Child abuse may be physical, sexual, or emotional or neglect of a child under the age of 18 by a parent, caretaker, or other person in a custodial role. It may be self-reported by the individual, by a family member, or by a social worker, health care provider or other appropriate personnel.
902	V	**CHILD OF A PRIMARY CAREGIVER WITH LIMITED ABILITY TO MAKE APPROPRIATE FEEDING DECISIONS AND/OR PREPARE FOOD**. Examples may include individuals who are**:** • Documentation or self-report of misuse of alcohol, use of illegal substance, use of marijuana, or misuse of prescription medications • Mental illness, including clinical depression diagnosed, documented, or reported by a physician or psychologist or someone working under a physician's orders or as self-reported by applicant/participant/caregiver. • Intellectual disability diagnosed, documented, or reported by a physician or psychologist or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver. • Physical disability to a degree which impairs ability to feed child or limits food preparation abilities. • ≤ 17 years of age.

RISK CODE	PRIORITY	CRITERION
903	V	**IN FOSTER CARE:** Designated by DSS or living in a private/public/public child placement agency licensed by the state of North Carolina/DHHS/DSS as evidenced by**:** • entering the foster care system during the previous six months; or • moving from one foster care home to another foster care home during previous six months.
904	III	**ENVIRONMENTAL TOBACCO SMOKE EXPOSURE** (ETS): Defined as exposure to smoke from tobacco products inside enclosed areas, like the home, place of child care, etc. ETS is also known as passive, secondhand, or involuntary smoke. The ETS definition also includes the exposure to the aerosol from electronic nicotine delivery systems.