

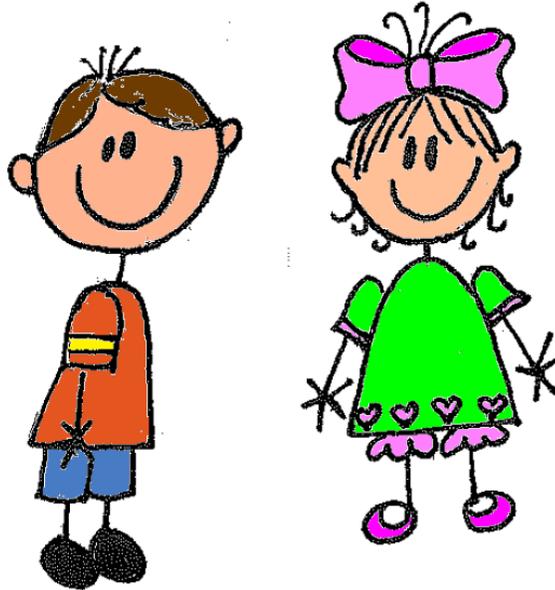


# Kansas WIC Program

## Nutrition Risk Factors Children

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Revised - September 19, 2016



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✓ Risk Conditions marked with a check ( ✓ ) are considered high risk by the SA. LAs have the option of declaring any additional client as high risk by using “Professional Discretion High Risk”.

Risk Conditions marked with a computer mouse (  ) are autocalculated by the KWIC system.

\* Risk Conditions marked with a computer mouse (  ) and asterisk ( \* ) are autocalculated by the KWIC system in situations when qualifying pertinent data exists in the KWIC system. However staff must assess and manually assign the risk factor if pertinent data is not part of the WIC record.

The definition for each Risk Condition is by followed the priority and the date the condition was last revised by the Risk Identification and Selection Collaborative.

## Inappropriate Beverages as Primary Milk Source

- Routinely feeding inappropriate beverages as the primary milk source. Examples of inappropriate beverages as primary milk source include:
  - Non-fat or reduced-fat milks (between 12 and 24 months of age only); or
  - Sweetened condensed milk; and
  - Imitation or substitute milks (such as inadequately or unfortified rice- or soy-based beverages, non-dairy creamer), or other “homemade concoctions,”

Priority 5  
7/09

## Feeding Sugar-Containing Fluids

- Routinely feeding a child any sugar-containing fluids. Such as:
  - Soda/soft drinks;
  - Gelatin water;
  - Corn syrup solutions; and
  - Sweetened tea.

Priority 5  
7/09

## Inappropriate Use of Bottles, Cups or Pacifiers

- Routinely using nursing bottles, cups or pacifiers improperly. Including:
  - Using a bottle to feed;
    - Fruit juice, or
    - Diluted cereal or other solid foods.
  - Allowing the child to fall asleep or be put to bed with a bottle at naps or bedtime;
  - Allowing the child to use the bottle without restriction (e.g., walking around with a bottle) or as a pacifier;
  - Using a bottle for feeding or drinking beyond 14 months of age;
  - Using a pacifier dipped in sweet agents such as sugar, honey, or syrups; and
  - Allowing a child to carry around and drink throughout the day from a cup.

Priority 5  
7/09

## Feeding Practices that Disregard Developmental Needs

- Routinely using feeding practices that disregard the developmental needs or stages of the child, such as:
  - Inability to recognize, insensitivity to, or disregarding the child’s cues for hunger and satiety (e.g., forcing a child to eat a certain type and/or amount of food or beverage or ignoring a hungry child’s requests for appropriate foods);
  - Feeding foods of inappropriate consistency, size, or shape that put children at risk of choking;

- Not supporting a child’s need for growing independence with self-feeding (e.g., solely spoon-feeding a child who is able and ready to finger-feed and/or try self-feeding with appropriate utensils); and
- Feeding a child food with an inappropriate texture based on his/her developmental stage (e.g., feeding primarily pureed or liquid food when the child is ready and capable of eating mashed, chopped or appropriate finger foods).

Priority 5  
7/09

### Feeding Foods that Could be Contaminated

- Feeding Foods to a child that could be contaminated with harmful microorganisms. Examples of potentially harmful foods for a child include:
  - Unpasteurized fruit or vegetable juice;
  - Unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese;
  - Raw or undercooked meat, fish, poultry, eggs;
  - Raw vegetable sprouts (alfalfa, clover, bean, and radish); and
  - Deli meats, hot dogs, and processed meats (avoid unless heated until steaming hot).
  - Undercooked or raw tofu.

Priority 5  
7/09

### Diet Very Low in Calories and/or Essential Nutrients

- Routinely feeding a diet very low in calories and/or essential nutrients. Examples include:
  - Strict vegan diet;
  - Macrobiotic diet; and
  - Any other diet restricting calories and/or essential nutrients.

Priority 5  
7/09

### Intake of Dietary Supplements with Potentially Harmful Effects

- A child consuming inappropriate or excessive amounts of dietary supplements not prescribed by a physician. Including:
  - Single or multiple vitamins;
  - Mineral supplements; and
  - Herbal or botanical supplements/remedies/teas.
    - Examples of teas with **potentially** harmful effects to children include: licorice, comfrey leaves, sassafras, senna, buckhorn bark, cinnamon, wormwood, woodruff, valerian, foxglove, pokeroor or pokeweed, periwinkle, nutmeg, catnip, hydrangea, juniper, Mormon tea, thorn apple, yohimbe bark, lobelia, oleander, Mat e, kola nut (gotu cola) and chamomile.

Priority 5 7/09

## Inadequate Vitamin/Mineral Supplementation

- Routinely not providing vitamin/mineral supplements as recognized as essential by national public health policy when a child’s diet alone cannot meet nutrient requirements. Such as:
  - Providing children under 36 months of age less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride; and
  - Providing children 36-60 months of age less than 0.50 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride.
  - Not providing 400IU of vitamin D if a child consumes less than 1 quart of vitamin D fortified milk or formula.

Priority 5  
7/09

## Pica

- Routine ingestion of non-food items. Examples of inappropriate nonfood items including:
  - Ashes;
  - Carpet fibers;
  - Cigarettes or cigarette butts;
  - Clay;
  - Dust;
  - Foam rubber;
  - Paint chips;
  - Soil; and
  - Starch (laundry and cornstarch).

Priority 5  
07/09

## Possibility of Regression of Hemoglobin/Hematocrit

- A child who is reapplying for WIC benefits and currently assigned the risk factor “Low Hemoglobin/Hematocrit” when the CPA determines there is a possibility of regression in nutritional status without WIC benefits.
  - The client must be fully screen to identify risks;
  - The risk factor may not be used in combination with any other priority 3 risk factor; and
  - May only be used for the next certification period.

Priority 3  
4/01

## Possibility of Regression of Weight

- A child who is reapplying for WIC benefits and currently assigned the risk factor “Underweight, BMI/Age” or “Underweight, weight/length” when the CPA determines there is a possibility of regression in nutritional status without WIC benefits.

- The client must be fully screen to identify risks;
- The risk factor may not be used in combination with any other priority 3 risk factor; and
- May only be used for the next certification period. .

Priority 3  
4/01

### Tobacco Smoke Exposure in the Home

- Living with someone who smokes inside the home. KWIC will assign if **Environmental Tobacco Smoke Exposure: Household Smoking** is “Yes...” on most recent Health Interview record.

Priority 3  
06/07

### Assumed Risk for Women and Children over 2 Years

- A child greater than or equal to two ( $\geq 2$ ) years of age who meets the income and residential eligibility requirements may be presumed to be at nutrition risk based on failure to meet Dietary Guidelines **after the Kansas WIC Program Child Diet Questionnaire has been assessed** and no other risk factors are identified. For this criterion, failure to meet Dietary Guidelines 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) based on an individual’s estimated energy needs.

Priority 5  
06/12

### Assumed Risk for Infants and Children between 4 and 24 Months

- A child less than ( $< 2$ ) years of age who has begun to or is expected to begin to 1) consume complementary foods and beverages, 2) eat independently, 3) be weaned from breast milk or infant formula, or 4) transition from a diet based on infant/toddler foods to one based on the Dietary Guidelines for Americans, is at risk of inappropriate complementary feeding. This risk factor may only be assigned **after the Kansas WIC Program Toddler Diet Questionnaire has been assessed** and no other risk factors are identified.

Priority 5  
03/05

### Oral Health Conditions

- Diagnosis of oral health conditions a physician, dentist, or someone working under a physician’s orders as self-reported by client; or as reported or documented by a physician or dentist, or someone working under physician’s orders. Includes, but is not limited to:
  - Dental caries/cavities/tooth decay;
  - Periodontal disease (either stage - gingivitis or periodontitis); and

- Tooth loss, ineffectively replaced teeth or oral infections which impair the ability to ingest food in adequate quantity or quality

Priority 3  
11/13

#### ✓ **Disabilities Interfering with the Ability to Eat**

- Developmental, sensory or motor disabilities that restrict the ability to consume chew or swallow food or require tube feeding to meet nutritional needs. Disabilities include but are not limited to:
  - Minimal brain function;
  - Feeding problems due to a developmental disability such as pervasive development disorder (PDD) which includes autism;
  - Birth injury;
  - Head trauma;
  - Brain damage; or
  - Other disabilities.

Priority 3  
04/01

#### ✓ **Nutrient Deficiency Diseases**

- Presence of nutritional deficiencies or a disease caused by insufficient dietary intake of macro and micronutrients as diagnosed by a physician as self reported by caregiver; or as reported or documented by a physician, or someone working under physician's orders. Diseases include, but are not limited to:
  - Protein Energy Malnutrition;
  - Scurvy;
  - Rickets;
  - Beri Beri;
  - Hypocalcemia;
  - Osteomalacia;
  - Vitamin K Deficiency;
  - Pellagra;
  - Cheilosis;
  - Menkes Disease; or
  - Xerophthalmia.

Priority 3 04/01

#### ✓ **Cancer**

- Presence of cancer as diagnosed by a physician as self reported by caregiver; or as reported or documented by a physician, or someone working under physician's orders. The current condition, or the treatment for the condition, must be severe enough to affect nutritional status.

Priority 3 04/01

### ✓ Celiac Disease

- Presence of Celiac Disease (CD) diagnosed by a physician as self reported by caregiver; or as reported or documented by a physician or someone working under physician's orders. CD is an autoimmune disease precipitated by the ingestion of gluten (a protein in wheat, rye, and barley) that results in damage to the small intestine and malabsorption of the nutrients from food. Celiac Disease is also known as:
  - Celiac Sprue;
  - Gluten Enteropathy; or
  - Non-tropical Sprue.

Priority 3  
06/12

### Central Nervous System Disorders

- Presence of central nervous system disorders diagnosed by a physician as self reported by caregiver; or as reported or documented by a physician, or someone working under physician's orders. Central Nervous System Disorders are conditions which affect energy requirements, ability to feed self, or alter nutritional status metabolically, mechanically, or both. These include, but are not limited to:
  - Epilepsy;
  - Cerebral Palsy (CP);
  - Neural tube defects (NTDs), such as spina bifida;
  - Parkinson's Disease; or
  - Multiple Sclerosis.

Priority 3  
06/07

### ✓ Diabetes Mellitus

- Presence of diabetes mellitus diagnosed by a physician, as self-reported by caregiver; or as reported or documented by a physician, or someone working under a physician's orders.
  - Diabetes mellitus consists of a group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both.

Priority 3  
07/09

### ✓ Failure to Thrive

- Presence of failure to thrive. The condition must be diagnosed by a physician as self reported by the caregiver; or as reported or documented by a physician, or someone working under physician's orders.

Priority 3  
03/04

## Fetal Alcohol Syndrome

- Presence of Fetal Alcohol Syndrome diagnosed by a physician as self reported by the caregiver; or as reported or documented by a physician, or someone working under physician's orders.

Priority 3  
04/01

## Food Allergies

- Presence of food allergies diagnosed by a physician as self reported by the caregiver; or as reported or documented by a physician, or someone working under physician's orders. Food allergies are adverse health effects arising from a specific immune response that occurs reproducibly on exposure to a given food.

Priority 3 06/12

## Gastrointestinal Disorders

- Presence of gastrointestinal disorders diagnosed by a physician, as self-reported by caregiver; or as reported or documented by a physician, or someone working under physician's orders. Gastrointestinal disorders are diseases and/or conditions that interfere with the intake, digestion, and/or absorption of nutrients. The diseases and/or conditions include, but are not limited to:
  - Gastroesophageal reflux disease (GERD);
  - Peptic ulcer;
  - Post-bariatric surgery;
  - Short bowel syndrome;
  - Inflammatory bowel disease, including ulcerative colitis or Crohn's disease;
  - Liver disease;
  - Pancreatitis; or
  - Biliary tract diseases.

Priority 3 07/09

## ✓ Genetic and Congenital Disorders

- Presence of a hereditary or congenital condition at birth that causes physical or metabolic abnormality, such as genetic and congenital disorders as diagnosed by a physician as self reported by caregiver; or as reported or documented by a physician, or someone working under physician's orders. The current condition must alter nutrition status metabolically, mechanically, or both. May include, but is not limited to:
  - Cleft lip or palate;
  - Down's syndrome;
  - Thalassemia major;
  - Sickle cell anemia (not sickle cell trait); and
  - Muscular dystrophy.

Priority 3  
04/01

## Hypertension and Prehypertension

- Presence of hypertension or prehypertension diagnosed by a physician as self reported by caregiver; or as reported or documented by a physician, or someone working under physician's orders.
  - Hypertension during childhood is age-specific, and is defined as blood pressure readings greater than the 95<sup>th</sup> percentile for age, gender, and height on at least three separate occasions.
  - Blood pressure reading between the 90<sup>th</sup> and 95<sup>th</sup> percentile is considered prehypertension.

Priority 3  
07/09 (Edited 10/14)

## Hypoglycemia

- Presence of hypoglycemia diagnosed by a physician, as self-reported by caregiver; or as reported or documented by a physician, or someone working under a physician's orders.

Priority 3  
04/01

## ✓ Inborn Errors of Metabolism

- Presence of inherited metabolic disorder caused by a defect in the enzymes or their co-factors that metabolize protein, carbohydrate, or fat, diagnosed by a physician as self reported by caregiver; or as reported or documented by a physician, or someone working under physician's orders. Inborn errors of metabolism (IEM) generally refer to gene mutations or gene deletions that alter metabolism in the body, including but not limited to:
  - Amino Acid Disorders - Amino Acid Metabolism Disorders are characterized by the inability to metabolize a certain essential amino acid. The build-up of the amino acid that is not metabolized can be toxic. Treatment of amino acid disorders involves restricting one or more essential amino acids to the minimum required for growth and development and supplying the missing product due to the blocked reaction.
    - [Phenylketonuria \(includes clinically significant hyperphenylalaninemia variants\);](#)
    - [Maple syrup urine disease;](#)
    - [Homocystinuria;](#)
    - [Tyrosinemia;](#)
  - Carbohydrate Disorders - This group of disorders includes an enzyme deficiency or its cofactor that affects the catabolism or anabolism of carbohydrate. Carbohydrate disorders are complex and affect neurological, physical, and nutritional status.
    - [Galactosemia](#)
    - [Glycogen storage disease type I](#)
    - [Glycogen storage disease type II](#) (see also [Pompe disease](#))
    - [Glycogen storage disease type III](#)

- [Glycogen storage disease type IV \(Andersen Disease\)](#)
- [Glycogen storage disease type V](#)
- [Glycogen storage disease type VI](#)
- Hereditary Fructose Intolerance ([Fructose 1-phosphate aldolase deficiency](#), Fructose 1, 6, biphosphatase deficiency, fructose kinase deficiency)
- Fatty Acid Oxidation Disorders - Fatty acid oxidation defects include any enzyme defect in the process of mitochondrial fatty acid oxidation (FAO) system. The biochemical characteristic of all FAO defects is abnormally low ketone production as a result of the increased energy demands. This results in fasting hypoglycemia with severe acidosis secondary to the abnormal accumulation of intermediate metabolites of FAO, which can result in death.
  - [Medium-chain acyl-CoA dehydrogenase deficiency](#)
  - [Long-chain 3-hydroxyacyl-CoA dehydrogenase deficiency](#)
  - [Trifunctional protein deficiency type 1](#) (LCHAD deficiency)
  - [Trifunctional protein deficiency type 2](#) (mitochondrial trifunctional protein deficiency)
  - [Carnitine uptake defect](#) (primary carnitine deficiency)
  - [Very long-chain acyl-CoA dehydrogenase deficiency](#)
- [Organic Acid Metabolism Disorders](#) - Organic Acid Disorders are characterized by the excretion of non-amino organic acids in the urine. Most of the disorders are caused by a deficient enzyme involving the catabolism of specific amino acid(s). As a result, the non-metabolized substance accumulates due to the blockage of the specific metabolic pathway, which is toxic to certain organs and may also cause damage to the brain.
  - [Isovaleric acidemia](#)
  - [3-Methylcrotonyl-CoA carboxylase deficiency](#)
  - [Glutaric acidemia type I](#)
  - [Glutaric acidemia type II](#)
  - [3-hydroxy-3-methylglutaryl-coenzyme-A lyase deficiency](#)
  - [Multiple carboxylase deficiency](#) (Biotinidase deficiency, [Holocarboxylase synthetase deficiency](#))
  - [Methylmalonic acidemia](#)
  - [Propionic acidemia](#)
  - [Beta-ketothiolase deficiency](#)
- [Lysosomal Storage Diseases](#) - Lysosomal storage diseases are a group of related conditions characterized by increased storage of undigested large molecules in lysosomes. Lysosomes are cellular organelles responsible for intracellular degradation and recycling of macromolecules. Due to a defect in a specific lysosomal enzyme, the macromolecule that normally would be metabolized is not broken down; instead, it accumulates in the lysosomes. This leads to tissue damage, organ failure and premature death. Common clinical features include bone abnormalities, organomegaly, developmental impairment and central, peripheral nervous system disorders.
  - [Fabry disease](#) ( $\alpha$ -galactosidase A deficiency)
  - [Gauchers disease](#) (glucocerebrosidase deficiency)

- [Pompe disease](#) (glycogen storage disease Type II, or acid  $\alpha$ -glucosidase deficiency)
- [Mitochondrial Disorders](#) - Mitochondrial Disorders are caused by the dysfunction of the mitochondrial respiratory chain, or electron transport chain (ETC). Mitochondria play an essential role in energy production. The ETC dysfunction increases free radical production, which causes mitochondrial cellular damage, cell death and tissue necrosis and further worsens ETC dysfunction and thus forms a vicious cycle. The disorders can affect almost all organ systems. However, the organs and cells that have the highest energy demand, such as the brain and muscles (skeletal and cardiac) are most affected. The clinical features vary greatly among this group of disorders, but most have multiple organ dysfunctions with severe neuropathy and myopathy.
  - [Leber hereditary optic neuropathy](#)
  - [Mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes \(MELAS\)](#)
  - [Mitochondrial neurogastrointestinal encephalopathy disease \(MNGIE\)](#)
  - [Myoclonic epilepsy with ragged-red fibers \(MERRF\)](#)
  - [Neuropathy, ataxia, and retinitis pigmentosa \(NARP\)](#)
  - [Pyruvate carboxylase deficiency](#)
- Peroxisomal Disorders - There are two types of peroxisomal disorders: single peroxisomal enzyme deficiencies and peroxisomal biogenesis disorders. These disorders cause severe seizures and psychomotor retardation. Peroxisomes are small organelles found in cytoplasm of all cells. They carry out oxidative reactions which generate hydrogen peroxides. They also contain catalase (peroxidase), which is important in detoxifying ethanol, formic acid and other toxins. Single peroxisomal enzyme deficiencies are diseases with dysfunction of a specific enzyme, such as acyl coenzyme A oxidase deficiency. Peroxisomal biogenesis disorders are caused by multiple peroxisome enzymes such as Zellweger syndrome and neonatal adrenoleukodystrophy.
  - [Zellweger Syndrome Spectrum](#)
  - [Adrenoleukodystrophy \(x-ALD\)](#)
- [Urea Cycle Disorders](#) - Urea Cycle Disorders occur when any defect or total absence of any of the enzymes or the cofactors used in the urea cycle results in the accumulation of ammonia in the blood. The urea cycle converts waste nitrogen into urea and excretes it from the kidneys. Since there are no alternate pathways to clear the ammonia, dysfunction of the urea cycle results in neurologic damages.
  - [Citrullinemia](#)
  - [Argininosuccinic aciduria](#)
  - [Carbamoyl phosphate synthetase I deficiency](#)

Priority 3  
05/11 (Minor edit 10/14)

### ✓ Infectious Diseases

- An infectious disease within the past 6 months, and diagnosed by a physician as self reported by caregiver; or as reported or documented by a physician, or

someone working under physician's orders. The condition must be severe enough to affect nutritional status. Includes, but is not limited to:

- Bronchiolitis (3 episodes in last 6 months);
  - A lower respiratory tract infection caused by the respiratory syncytial virus (RSV), that affects young children, usually under 24 months of age.
- HIV (Human Immunodeficiency Virus infection);
- AIDS (Acquired Immunodeficiency Syndrome);
- Hepatitis;
- Tuberculosis;
- Meningitis;
- Parasitic infections; or
- Pneumonia.

Priority 3  
04/01

### Lactose Intolerance

- Presence of lactose intolerance diagnosed by a physician as self reported by caregiver; or as reported or documented by a physician, or someone working under physician's orders. Lactose intolerance is the syndrome of one or more of the following: diarrhea, abdominal pain, flatulence, and/or bloating, that occurs after lactose ingestion.

Priority 3  
06/12

### Other Medical Conditions

- Presence of medical condition(s) with nutritional implications that are not included in any of the other medical conditions diagnosed by a physician as self reported by caregiver; or as reported or documented by a physician, or someone working under physician's orders. 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; or
  - Persistent asthma (moderate or severe) requiring daily medication.

Priority 3  
04/01

### ✓ Recent Major Surgery, Trauma, Burns

- Major surgery, trauma or burns severe enough to compromise nutritional status. Any occurrence:
  - within the past two ( $\leq 2$ ) 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.

Priority 3  
04/01

### ✓ Renal Disease

- Presence of renal disease diagnosed by a physician as self reported by caregiver; or as reported or documented by a physician, or someone working under physician's orders. Any renal disease including pyelonephritis and persistent proteinuria, but excluding urinary tract infections (UTI) involving the bladder.

Priority 3  
04/01

### Thyroid Disorders

- Presence of a thyroid disorder diagnosed by a physician as self reported by caregiver; or as reported or documented by a physician, or someone working under physician's orders. Thyroid dysfunctions that occur during fetal development, and in childhood are caused by the abnormal secretion of thyroid hormones. The medical conditions include, but are not limited to, the following:
  - Hyperthyroidism - Excessive thyroid hormone production (most commonly known as Graves' disease and toxic multinodular goiter).
  - Hypothyroidism -Low secretion levels of thyroid hormone (can be overt or mild/subclinical). Most commonly seen as chronic autoimmune thyroiditis (Hashimoto's thyroiditis or autoimmune thyroid disease). It can also be caused by severe iodine deficiency.

Priority 3  
05/11

### ✓ 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.

Priority 3  
04/01

### ✓ Elevated Blood Lead Levels

- Blood lead level of greater than or equal to five ( $\geq 5$ )  $\mu\text{g}/\text{deciliter}$  within the past 12 months.

Priority 3  
05/15

## Foster Care

- A child who has entered 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.

Priority 7  
4/01

### ✓ Underweight, BMI/Age

- 2 to 5 years old with a Body Mass Index (BMI)/age less than or equal to ( $\leq$ ) the 5<sup>th</sup> percentile as plotted on the 2000 CDC age/gender specific growth charts.

Priority 3  
05/11

### ✓ At Risk of Underweight, BMI/Age

- 2 to 5 years old with a Body Mass Index (BMI)/age greater than ( $>$ ) the 5<sup>th</sup> percentile and less than or equal to ( $\leq$ ) the 10<sup>th</sup> percentile as plotted on the 2000 CDC age/gender specific growth charts.

Priority 3  
05/11 (10/14)

### ✓ Underweight, weight/length

- 12 to less than ( $<$ ) 24 months of age with a weight-for-length less than or equal to ( $\leq$ ) the 2.3<sup>rd</sup> percentile as plotted on the CDC Birth to 24 months gender specific growth charts based on 2006 World Health Organization international growth standards.

Priority 3  
05/11

### ✓ At Risk of Underweight, weight/length

- 12 to less than ( $<$ ) 24 months of age with a weight-for-length greater than ( $>$ ) the 2.3<sup>rd</sup> percentile and less than or equal to ( $\leq$ ) the 5<sup>th</sup> percentile as plotted on the CDC Birth to 24 months gender specific growth charts based on 2006 World Health Organization international growth standards.

Priority 3  
05/11

### ✓ Obese, BMI/Age

- 2 to 5 years old with a standing height and a BMI/age greater than or equal to ( $\geq$ ) the 95<sup>th</sup> percentile as plotted on the 2000 CDC age/gender specific growth charts.

Priority 3  
05/11

### 📁 Overweight

- 2 to 5 years old with a standing height and a BMI/age greater than or equal to ( $\geq$ ) the 85<sup>th</sup> percentile and less than ( $<$ ) the 95<sup>th</sup> percentile BMI/age as plotted on the 2000 CDC age/gender specific growth charts.

Priority 3  
05/11 (Minor edit 10/14)

### ✓ 📁 High Weight for Length

- Less than ( $<$ ) 24 months of age with a recumbent length greater than or equal to ( $\geq$ ) the 97.7<sup>th</sup> percentile weight/length as plotted on the CDC Birth to 24 months gender specific growth charts based on 2006 World Health Organization international growth standards.

Priority 3  
05/11

### 📁 Short Stature, standing height

- Less than or equal to ( $\leq$ ) the 5<sup>th</sup> percentile height for age as plotted on the 2000 CDC age/gender specific growth charts.

Priority 3  
05/11

### 📁 At Risk of Short Stature, standing height

- Greater than ( $>$ ) the 5<sup>th</sup> percentile and less than or equal to ( $\leq$ ) the 10<sup>th</sup> percentile height for age percentile as plotted on the 2000 CDC age/gender specific growth charts.

Priority 3  
05/11 (10/14)

### 📁 Short Stature, recumbent length

- Less than ( $<$ ) 24 months of age with a recumbent length less than or equal to ( $\leq$ ) the 2.3<sup>rd</sup> percentile length for age (or adjusted gestational age) as plotted on the CDC Birth to 24 months gender specific growth charts based on 2006 World Health Organization international growth standards. For children with a history of prematurity this factor is based upon adjusted gestational age. Instructions for adjusting for gestational age are found in Attachment A of this document.

Priority 3  
05/11

### 📁 At Risk of Short Stature, recumbent length

- Less than ( $<$ ) 24 months of age with a recumbent length greater than ( $>$ ) 2.3<sup>rd</sup> percentile and less than or equal to the ( $\leq$ ) the 5<sup>th</sup> percentile length for age (or adjusted gestational age) as plotted on the CDC Birth to 24 months gender specific growth charts based on 2006 World Health Organization international growth standards. For children with a history of prematurity this factor is based upon

adjusted gestational age. Instructions for adjusting for gestational age are found in Attachment A of this document.

Priority 3  
05/11

### ✓ **Very Low Birth Weight**

- Less than (<) 24 months of age with a birth weight less than or equal to ( $\leq$ ) 3 pounds 5 ounces (1500 g).

Priority 3  
03/04

### **Low Birth Weight**

- Less than (<) 24 months of age with a birth weight greater than (>) 3 pounds 5 ounces (1500 g) and less than or equal to ( $\leq$ ) 5 pounds 8 ounces (2500 g).

Priority 3  
03/04

### **Prematurity<sup>1</sup>**

- Less than (<) 24 months of age and born at less than or equal to ( $\leq$ ) 37 weeks gestation.

Priority 3  
03/04

### ✓ **Low Hemoglobin / Hematocrit**

- Children greater than or equal to 24 months of age
  - Hemoglobin less than (<) 11.1 g/dl
  - Hematocrit concentration less than (<) 33%
- Children 12 - <24 months of age
  - Hemoglobin less than (<) 11.0 g/dl
  - Hematocrit concentration less than (<) 32.9%
- Children 6 - < 12 month of age
  - Hemoglobin less than (<) 11.0 g/dl
  - Hematocrit concentration less than (<) 33%

Priority 3  
04/01 (Minor edit 10/2015)

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<sup>1</sup> Children, up to 24 months of age who were premature usually, fall in the lower percentiles before adjusting for gestational age. Instructions for adjusting for gestation age are found in Attachment A of this document.

### Migrancy

- A child who is a member of a family 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.

Priority 7  
04/01

### Homelessness

- A child who lacks a fixed and regular nighttime residence; or
- A child 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.

Priority 7  
04/01

### Transfer of Certification

- Person with current valid Verification of Certification (VOC) document from another State or local agency. The VOC is valid until the certification period expires, and shall be accepted as proof of eligibility for program benefits. If the receiving local agency has waiting lists for participation, the transferring participant shall be placed on the list ahead of all other waiting applicants.
- This criterion would be used primarily when the VOC card/document does not reflect another (more specific) nutrition risk condition at the time of transfer or if the participant was initially certified based on a nutrition risk condition not in use by the receiving State agency.

Priority n/a  
04/01

**Table 1 - Risk Factors for Children with Priority & USDA Risk Code**

For a listing of the USDA risk codes and priorities for all categories, [see PPM CRT 07.00.00 - Nutrition Eligibility.](#)

<i><b>Risk Factor</b></i>	<b>Priority</b>	<b>USDA Risk Code</b>
Assumed Risk for Infants and Children between 4-24 months	5	428
Assumed Risk for Women & Children over 2 yrs	5	401
At Risk of Underweight (BMI/Age)	3	103
At Risk of Underweight (weight/length)	3	103
At Risk of Short Stature (recumbent length)	3	121
At Risk of Short Stature (standing height)	3	121
Cancer	3	347
Celiac Disease	3	354
Central Nervous System Disorders	3	348
Diabetes Mellitus	3	343
Diet Very Low in Calories and/or Essential Nutrients	5	425.6
Disabilities Interfering with the Ability to Eat	3	362
Drug Nutrient Interactions	3	357
Elevated Blood Lead Levels	3	211
Failure to Thrive	3	134
Feeding Foods that Could Be Contaminated	5	425.5
Feeding Practices Disregarding Developmental Needs	5	425.4
Feeding Sugar-Containing Fluids	5	425.2
Fetal Alcohol Syndrome	3	382
Food Allergies	3	353
Foster Care	7	903
Gastrointestinal Disorders	3	342
Genetic and Congenital Disorders	3	349
High Weight for Length	3	115

<i>Risk Factor</i>	<b>Priority</b>	<b>USDA Risk Code</b>
Homelessness	7	801
Hypertension and Prehypertension	3	345
Hypoglycemia	3	356
Inadequate Vitamin/Mineral Supplementation	5	425.8
Inappropriate Beverages as Primary Milk Source	5	425.1
Inappropriate Use of Bottles, Cups or Pacifiers	5	425.3
Inborn Errors of Metabolism	3	351
Infectious Diseases	3	352
Intake of Dietary Supplements with Harmful Effects	5	425.7
Lactose Intolerance	3	355
Low Birth Weight	3	141
Low Hemoglobin/Hematocrit	3	201
Migrancy	7	802
Nutrient Deficiency Diseases	3	341
Obese (BMI/Age)	3	113
Oral Health Conditions	3	381
Other Medical Conditions	3	360
Overweight (BMI/Age)	3	114
Pica	5	425.9
Possibility of Regression of Hemoglobin/Hematocrit	3	501
Possibility of Regression of Weight	3	501
Prematurity	3	142
Recent Major Surgery, Trauma, Burns	3	359
Renal Disease	3	346
Short Stature (recumbent length)	3	121
Short Stature (standing height)	3	121
Thyroid Disorders	3	344
Tobacco Smoke Exposure in the Home	3	904
Transfer of Certification	1	502
Underweight (BMI/Age)	3	103

<i><b>Risk Factor</b></i>	<b>Priority</b>	<b>USDA Risk Code</b>
Underweight (weight/length)	3	103
Very Low Birth Weight	3	141

## Table 2 - High-Risk Risk Factors for Children

For information on providing nutrition education for high-risk clients, see [PPM NED 02.03.00 - Nutrition Education Contact - Second, High Risk](#).

<i>Risk Factor</i>
At Risk of Underweight, BMI/Age
At Risk of Underweight, weight/length
Cancer
Celiac Disease
Diabetes Mellitus
Disabilities Interfering with the Ability to Eat
Drug Nutrient Interactions
Elevated Blood Lead Levels
Failure to Thrive
Genetic and Congenital Disorders
High Weight for Length
Inborn Errors of Metabolism
Infectious Diseases
Low Hemoglobin / Hematocrit
Nutrient Deficiency Diseases
Obese, BMI/Age
Recent Major Surgery, Trauma, Burns
Renal Disease
Underweight, BMI/Age
Underweight, weight/length
Very Low Birth Weight

### Table 3 - Risk Factors Requiring Documentation of Physician Diagnosis

For the following risk factors the condition must be diagnosed by a physician as self-reported by caregiver; or as reported or documented by a physician, or someone working under physician's orders. Self-reporting of a diagnosis by a medical professional should not be confused with self diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. This should be documented by marking the [Risk Assigned Based on MD Diagnosis] check box on the Assign Risk Factors Window in KWIC.

<i>Risk Factor</i>
Cancer
Celiac Disease
Central Nervous System Disorders
Diabetes Mellitus
Failure to Thrive
Food Allergies
Gastrointestinal Disorders
Genetic and Congenital Disorders
Hypertension / Prehypertension
Hypoglycemia
Inborn Errors of Metabolism
Infectious Diseases
Lactose Intolerance
Nutrient Deficiency Diseases
Oral Health Conditions <sup>2</sup>
Other Medical Conditions
Recent Major Surgery, Trauma, Burns <sup>3</sup>
Renal Disease
Thyroid Disorders

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<sup>2</sup> Oral Health Conditions can also be assigned based on diagnosis, documentation or report by a dentist.

<sup>3</sup> Any occurrence 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.

## Attachment A - Calculating Gestation-Adjusted Age<sup>4</sup>

### INSTRUCTIONS\*:

- Document the child's gestational age in weeks. (Mother/caregiver can self-report, or referral information from the medical provider may be used.)
  - Subtract the child's gestational age in weeks from 40 weeks (gestational age of term infant) to determine the adjustment for prematurity in weeks.
  - Subtract the adjustment for prematurity in weeks from the child's chronological postnatal age in weeks to determine the child's gestation-adjusted age.
- \* For WIC nutrition risk determination, adjustment for gestational age should be calculated for all premature infants for the first 2 years of life. This adjustment is automatically done by the KWIC system.

### EXAMPLE:

Randy was born prematurely on March 19. His gestational age at birth was determined to be 30 weeks based on ultrasonographic examination. At the time of the June 11 clinic visit, his chronological postnatal age is 12 weeks. What is his gestation-adjusted age?

- $30 =$  gestational age in weeks
- $40 - 30 =$  weeks adjustment for prematurity
- $12 - 10 = 2$  weeks gestation-adjusted age

His measurements should be plotted on a growth chart as a 2-week-old infant.

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<sup>4</sup> Adapted from the Centers for Disease Control and Disease Prevention (CDC) internet training module: "Overview of the CDC Growth Charts"; [www.cdc.gov/nccdphp/dnpa/growthcharts/trainingmodules/module2/text/page5itext](http://www.cdc.gov/nccdphp/dnpa/growthcharts/trainingmodules/module2/text/page5itext).