Illinois WIC Nutrition Risk Criteria  
Desktop Reference*  
October 2015

*Refer to the Risk Factor Justification Manual for complete Risk Factor information and guidance, including: Definitions, Justification for Risk Criteria, Implications for WIC Nutrition Services (assessment, counseling and education guidance), References and Clarification, as provided by USDA.

<table>
<thead>
<tr>
<th>CORNERSTONE CODE (USDA # code &amp; title)</th>
<th>RISK FACTOR</th>
<th>DEFINITION</th>
</tr>
</thead>
</table>
| A010 (201)                            | LOW HGB/HCT – NON-SMOKERS  
All Participants | Women:  
Pregnant  
1\textsuperscript{st} trimester (1-13 weeks)  
Hematocrit less than 33%  
Hemoglobin less than 11 g/100 ml  
3\textsuperscript{rd} trimester (27-40+ weeks)  
Hematocrit less than 33%  
Hemoglobin less than 11 g/100 ml  
2\textsuperscript{nd} trimester - (14-26 weeks)  
Hematocrit < 32%  
Hemoglobin < 10.5 g /100 ml  
Breastfeeding & Postpartum  
Hematocrit < 36%  
Hemoglobin < 12 g/100 ml | Infants & Children:  
6 – 23 months  
Hematocrit less than 33%  
Hemoglobin less than 11 g/100 ml  
2 – 5 years old  
Hematocrit less than 33%  
Hemoglobin less than 11.1 g/100 ml |
| A020 (201)                            | LOW HGB/HCT - SMOKERS  
Pregnant, Breastfeeding & Postpartum Women  
– Smokes 1 or more cigarettes/day | Women:  
Pregnant  
1\textsuperscript{st} trimester - (1-13 weeks)  
Hematocrit < 34%  
Hemoglobin < 11.3 g/100 ml  
3\textsuperscript{rd} trimester - (27-40+ weeks)  
Hematocrit < 34%  
Hemoglobin < 11.3 g/100 ml  
2\textsuperscript{nd} trimester - (14-26 weeks)  
Hematocrit < 33%  
Hemoglobin < 10.8 g /100 ml  
Breastfeeding & Postpartum  
Hematocrit < 37%  
Hemoglobin < 12.1 g/100 ml |
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<tbody>
<tr>
<td>B010 (131) “Low Maternal Weight Gain”</td>
<td>LOW WEIGHT GAIN DURING PREGNANCY-Underweight Pregnant Women</td>
<td>Underweight (based on pre-pregnancy weight status) Low rate of gain in 2(^{nd}) or 3(^{rd}) trimesters or low weight gain at any point in the pregnancy such that a woman’s weight plots at any point beneath the bottom line of the appropriate weight gain range for her respective pre-pregnancy weight category on the IOM Prenatal Weight gain grid.</td>
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<tr>
<td>B020 (131)</td>
<td>LOW WEIGHT GAIN DURING PREGNANCY -Normal weight Pregnant Women</td>
<td>Normal weight (based on pre-pregnancy weight status) Low rate of gain in 2(^{nd}) or 3(^{rd}) trimesters or low weight gain at any point in the pregnancy such that a woman’s weight plots at any point beneath the bottom line of the appropriate weight gain range for her respective pre-pregnancy weight category on the IOM Prenatal Weight gain grid.</td>
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<td>B030 (131)</td>
<td>LOW WEIGHT GAIN DURING PREGNANCY-Overweight/Obese Pregnant Women</td>
<td>Overweight/Obese (based on pre-pregnancy weight status) Low rate of gain in 2(^{nd}) or 3(^{rd}) trimesters or low weight gain at any point in the pregnancy such that a woman’s weight plots at any point beneath the bottom line of the appropriate weight gain range for her respective pre-pregnancy weight category on the IOM Prenatal Weight gain grid.</td>
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| B040 (132)                               | MATERNAL WEIGHT LOSS IN PREGNANCY Pregnant Women | 1\(^{st}\) Trimester:  
  • Any weight loss below pre-pregnancy weight  
2\(^{nd}\) or 3\(^{rd}\) Trimester:  
  • Weight loss of 2 or more pounds |
| C010 (133) “High Maternal Weight Gain”   | HIGH WEIGHT GAIN DURING PREGNANCY Pregnant Women | All trimesters, singleton pregnancies, all weight categories: High weight gain at any point, such that her weight plots at any point above the top line of the weight gain range for her respective prepregnancy weight category on IOM Prenatal Weight gain grid. |
| C020 (133)                               | HIGH WEIGHT GAIN DURING PREGNANCY – Breastfeeding & Postpartum Women Underweight | • Most recent (singleton) pregnancy only; based on pre-pregnancy weight status  
  • Gestational weight gain > 40 lbs. |
| C030 (133)                               | HIGH WEIGHT GAIN DURING PREGNANCY – Breastfeeding & Postpartum Women Normal Weight | • Most recent (singleton) pregnancy only; based on pre-pregnancy weight status  
  • Gestational weight gain > 35 lbs. |
| C040 (133)                               | HIGH WEIGHT GAIN DURING PREGNANCY – Breastfeeding & Postpartum Women Overweight | • Most recent (singleton) pregnancy only; based on pre-pregnancy weight status  
  • Gestational weight gain > 25 lbs. |
| C050 (133)                               | HIGH WEIGHT GAIN DURING PREGNANCY – Breastfeeding & Postpartum Women Obese | • Most recent (singleton) pregnancy only; based on pre-pregnancy weight status  
  • Gestational weight gain > 20 lbs. |
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| D010 (101) “Underweight”              | LOW WEIGHT FOR HEIGHT RATIO Pregnant, Breastfeeding, & Postpartum Women | Pregnant Pre-pregnancy Body Mass Index (BMI) less than 18.5  
Postpartum and Breastfeeding Women <6 Months Postpartum Pre-pregnancy or current BMI less than 18.5  
Breastfeeding Women ≥ 6 Months Postpartum Current BMI less than 18.5 |
| D010 (103)                            | UNDERWEIGHT Infants & Children | • Birth to < 24 months Weight for length less than or equal to 2\(^{nd}\) (2.3\(^{rd}\)) percentile value on 2006 CDC Growth Chart  
• 2-5 years: BMI for age less than or equal to 5\(^{th}\) percentile value on 2000 CDC Growth Chart |
| D020 (103)                            | AT RISK OF UNDERWEIGHT Infants & Children | • Birth to < 24 months Weight for length 2\(^{nd}\) (2.3\(^{rd}\)) through 5\(^{th}\) percentile value on 2006 CDC Growth Chart  
• 2-5 years: BMI for age 5\(^{th}\) through 10\(^{th}\) percentile value on 2000 CDC Growth Chart |
| E010 (111) “Overweight”               | HIGH WEIGHT FOR HEIGHT RATIO – Pregnant, Breastfeeding & Postpartum Women | Pregnant, Postpartum; and Breastfeeding women < 6 months postpartum Pre-pregnancy Body Mass Index (BMI) greater than or equal to 25.0  
Breastfeeding Women > 6 months postpartum Current Body Mass Index (BMI) greater than or equal to 25.0 |
<p>| E020 (113)                            | OBESE Children 2 -5 years of age | BMI for age at or above 95(^{th}) percentile value on 2000 CDC Growth Charts |
| E030 (114)                            | OVERWEIGHT Children 2 – 5 years of age | BMI at 85th percentile up to 95(^{th}) percentile value on 2000 CDC Growth Charts |
| E040 (114)                            | AT RISK OF OVERWEIGHT Infants | Biological mother with a BMI ≥ 30 at the time of conception or at any point in the first trimester of pregnancy. BMI must be based on self-reported weight and height by the parent in attendance (i.e. one parent may not “self-report” for the other parent) or weight and height measurements taken by staff at the time of certification. If present, biological father with a BMI ≥ 30 at the time of certification. |</p>
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| E040 (114) AT RISK OF OVERWEIGHT     | Children   | Biological mother with a BMI > 30 at the time of certification.  
BMI must be based on self-reported weight and height by the parent in attendance (i.e. one parent may not “self-report” for the other parent) or weight and height measurements taken by staff at the time of certification. If present, biological father with a BMI > 30 at the time of certification. |
| E050 (115) HIGH WEIGHT FOR LENGTH   | Infants & Children < 24 months | Weight for length at or above 98th (97.7th) percentile as plotted on the 2006 CDC growth charts. |
| F010 (121) SHORT STATURE FOR AGE    | Infants & Children | • Birth to < 24 months: Length for age less than or equal to 2nd (2.3rd) percentile on 2006 CDC Growth Charts (adjusted gestational age should be used for premature infants/children up to 2 years of age).  
• 2-5 yrs: Height for age less than or equal to 5th percentile on 2000 CDC growth grids. |
| F020 (121) AT RISK OF SHORT STATURE FOR AGE | Infants & Children | • Birth to < 24 months: Length for age 2nd (2.3rd) through 5th percentile on 2006 CDC Growth Charts (adjusted gestational age should be used for premature infants/children up to 2 years of age).  
• 2-5 yrs: Height for age 5th through 10th percentile on 2000 CDC growth grids. |
| G020 (503) PRELIMINARY ELIGIBILITY FOR PREGNANT WOMEN | 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. |
| H010 (141) LOW BIRTH WEIGHT         | Infants & Children < 24 months | Birth weight greater than 3 lb. 5 oz. (1500 gm) but less than or equal to 2500 gm (5 lb. 8 oz.). Applies for Infants and Children less than 24 months of age. |
| H020 (141) VERY LOW BIRTH WEIGHT    | Infants & Children < 24 months | Birth weight less than or equal to 1500 gm (3 lb. 5 oz.). Applies for Infants and Children less than 24 months of age. |
| H030 (142) PREMATURITY              | Infants & Children < 24 months | Birth at or before 37 weeks gestation. Applies for Infants and Children less than 24 months of age. |
| I010 (311, 312, 321, 339, 359)      | PREVIOUS POOR PREGNANCY OUTCOME | The following SRD:  
• History of a preterm delivery at or before 37 weeks gestation;  
• History of birth of an infant weighing less than or equal to 5 lb. 8 oz. (2500 gm);  
• History of:  
  • fetal death (death at 20 weeks or later gestation); or  
  • neonatal death (death occurring from birth through the first 28 days of life); or  
  • 2 or more spontaneous abortions (miscarriages)  
• Major surgery (including C-sections), trauma, or burn severe enough to compromise nutritional status more than 2 months previous-requires physician statement of need for nutritional support.  
• History of birth of an infant who has a congenital or birth defect linked to inappropriate nutritional intake (i.e. neural tube defect) |
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| I020 (301, 336, 345) | CURRENT PREGNANCY PROBLEM Pregnant Women | The following SRD:  
• Hyperemesis Gravidarum - severe nausea and vomiting to the extent the woman is dehydrated and acidotic  
• Fetal Growth Restriction - usually defined as fetal weight < 10th % for gestational age  
• Pregnancy Induced Hypertension (PIH, i.e. preeclampsia, eclampsia, gestational hypertension)  
Note: History of preeclampsia is risk code I050 (304) |
| I030 (302, 303, 337) | GESTATIONAL DIABETES Pregnant, Breastfeeding, & Postpartum Women | The following SRD:  
**Pregnant women**  
• presence of or history of diagnosed gestational diabetes OR  
• history of birth of an infant weighing greater than or equal to 9 lbs.  
**Breastfeeding/Postpartum women**  
• History of gestational diabetes per SRD OR  
• most recent pregnancy, or history of giving birth to an infant weighing greater than or equal to 9 lbs. |
| I040 (334) “Lace of or Inadequate Prenatal Care” | LACK OF ADEQUATE PRENATAL CARE Pregnant Women | Prenatal care beginning after the 1st trimester (after 13th week) or based on an Inadequate Prenatal Care Index published in a peer reviewed article such as Kessner et al:  
Wks Gest : # prenatal visits:  
14-21 0 or unknown  
22-29 1 or less  
30-31 2 or less  
32-33 3 or less  
34 or more 4 or less |
| I050 (304) | HISTORY OF PREECLAMPSIA Pregnant, Breastfeeding, & Postpartum Women | History of diagnosed preeclampsia per SRD |
| I060 (335) | MULTI-FETAL GESTATION Pregnant, Breastfeeding, & Postpartum Women | Pregnant women  
More than one (>1) fetus in a current pregnancy  
**Breastfeeding/Postpartum women**  
More than one (>1) fetus in the most recent pregnancy |
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| J020 (333)                            | HIGH PARITY and YOUNG AGE Pregnant, Breastfeeding, & Postpartum Women | **Pregnant women:** current pregnancy--Women under age 20 at date of conception who have had 3 or more previous pregnancies of at least 20 weeks duration, regardless of birth outcome. Current pregnancy must be at least her 4<sup>th</sup> pregnancy regardless of outcome  
**Breastfeeding /Postpartum women:** most recent pregnancy must be at least her 4<sup>th</sup> pregnancy regardless of outcome. Women under age 20 at date of conception who have had 3 or more previous pregnancies of at least 20 weeks duration, regardless of birth outcome. |
| K332 (332)                            | SHORT INTERPREGNANCY INTERVAL Pregnant, Breastfeeding & Postpartum Women | Short interpregnancy interval is defined as an interpregnancy interval of less than 18 months from the date of a live birth to the conception of the subsequent pregnancy for the following:  
• Pregnant women most current pregnancy  
• Postpartum women most recent pregnancy |
| L010 (331)                            | ADOLESCENT PREGNANCY Pregnant, Breastfeeding & Postpartum Women | Age 17 years or younger at time of conception |
| M030 (151)                            | SMALL FOR GESTATIONAL AGE Infants and Children < 24 months | **Small for gestational age:** small for gestational age SRD: Applies to infants and children less than 24 months of age. |
| M040 (152)                            | LOW HEAD CIRCUMFERENCE Infants & Children < 24 months | **Low head circumference:** ≤2<sup>nd</sup> (2.3<sup>rd</sup>) percentile head circumference based on 2006 CDC growth charts (adjusted gestational age should be used for premature infants/children up to 2 years of age). |
| M050 (153)                            | LARGE FOR GESTATIONAL AGE Infants | **Large for gestational age:** birth weight greater than or equal to 9 lbs. OR presence of large for gestational age SRD. |
| N010 (352)                            | NUTRITION RELATED MEDICAL CONDITIONS -INFECTIOUS DISEASES All participants | A disease caused by growth of pathogenic microorganisms in the body severe enough to affect nutritional status including but not limited to tuberculosis, pneumonia, meningitis, parasitic infestations, hepatitis, bronchiolitis (3 x in last 6 months), HIV and/or AIDS.  
*The infectious disease must be present within the last 6 months, SRD.* |
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| N020 (342, 344-348, 354)              | NUTRITION RELATED MEDICAL CONDITIONS - CHRONIC DISEASE | Presence of chronic disease **SRD:**
|                                        | All participants | • Gastro-intestinal disorders-disease(s) or condition(s) that interfere with the intake or absorption of nutrients, including but not limited to GERD, Peptic ulcer, Post Bariatric Surgery, IBD, SBS, Liver disease, pancreatic disease, biliary tract diseases;
|                                        |                | • Celiac Disease;
|                                        |                | • Thyroid Disorders (i.e. Hypothyroidism; Hyperthyroidism);
|                                        |                | • Hypertension; Prehypertension;
|                                        |                | • Renal disease (excluding urinary tract infections (UTI));
|                                        |                | • Cancer;
<p>|                                        |                | • Central Nervous System disorders such as Parkinson’s disease and multiple sclerosis (MS), epilepsy, cerebral palsy, neural tube defects. |
| N030 (703) “Infant born to a Woman with Mental Retardation” | NUTRITION RELATED MEDICAL CONDITIONS - FEEDING PROBLEMS DUE TO SPECIAL CONDITIONS OR UNIQUE CHALLENGES | Infant born of a woman diagnosed with mental retardation <em>diagnosed by a physician or psychologist SRD.</em> |
| N050 (134)                              | NUTRITION RELATED MEDICAL CONDITIONS - FAILURE TO THRIVE | Presence of failure to thrive <strong>SRD.</strong> |
|                                        | Infants &amp; Children | |
| N060 (359)                              | NUTRITION RELATED MEDICAL CONDITIONS - CESAREAN SECTION | Cesarean section delivery within the past 2 months |
|                                        | Pregnant, Breastfeeding &amp; Postpartum Women | |</p>
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<td>N070 (353,355,357,358,359,360,361)</td>
<td>NUTRITION RELATED MEDICAL CONDITIONS - OTHER Pregnant, Breastfeeding &amp; Postpartum Women</td>
<td><strong>Drug nutrient interaction</strong>- use of prescription or OTC drugs that have been shown to interfere with nutrient intake or utilization to an extent that nutritional status is compromised. <strong>Recent major surgery (excluding C-sections), trauma or burns</strong> severe enough to compromise nutritional status within the past 2 months may be self-reported; more than 2 months previous requires physician statement of need for nutritional support. <strong>SRD:</strong> <strong>Other</strong> diseases or conditions with nutrition implications severe enough to affect nutritional status including: juvenile rheumatoid arthritis, lupus erythematosus, cardiorespiratory diseases, cystic fibrosis, clinical depression, eating disorder, food allergy, lactose intolerance, persistent asthma (moderate or severe) requiring daily medication.</td>
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<td>N070 (353,357,359,360)</td>
<td>NUTRITION RELATED MEDICAL CONDITIONS - OTHER Infants</td>
<td><strong>Drug nutrient interaction</strong>- use of prescription or OTC drugs that have been shown to interfere with nutrient intake or utilization to an extent that nutritional status is compromised. <strong>Recent major surgery, trauma or burns</strong> severe enough to compromise nutritional status within the past 2 months may be self-reported; more than 2 months previous requires physician statement of need for nutritional support. <strong>SRD:</strong> <strong>Other:</strong> Food allergy; other diseases or conditions severe enough to affect nutritional status.</td>
</tr>
<tr>
<td>N070 (353,355,357,359,360,361)</td>
<td>NUTRITION RELATED MEDICAL CONDITIONS - OTHER Children</td>
<td><strong>Drug nutrient interaction</strong>- use of prescription or OTC drugs that have been shown to interfere with nutrient intake or utilization to an extent that nutritional status is compromised. <strong>Recent major surgery, trauma or burns</strong> severe enough to compromise nutritional status within the past 2 months may be self-reported; more than 2 months previous requires physician statement of need for nutritional support. <strong>SRD:</strong> <strong>Other:</strong> Clinical depression, food allergy, lactose intolerance, other diseases or conditions severe enough to affect nutritional status, including juvenile rheumatoid arthritis, lupus erythematosus, cardiorespiratory diseases, cystic fibrosis, persistent asthma (moderate or severe) requiring daily medication.</td>
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<td>N080 (343)</td>
<td>NUTRITION RELATED MEDICAL CONDITIONS -DIADETES MELLITUS All participants</td>
<td>Presence of diabetes mellitus per SRD.</td>
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<td>N090 (363)</td>
<td>NUTRITION RELATED MEDICAL CONDITIONS - PREDIABETES Breastfeeding &amp; Postpartum Women</td>
<td>Presence of Pre-Diabetes per SRD.</td>
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<tr>
<td>O010 (701)</td>
<td>INFANT OF WIC MOTHER</td>
<td>Status of an infant (less than 6 months of age) whose mother was a WIC Program participant during pregnancy. THIS RISK FACTOR CAN BE APPLIED ONLY BEFORE THE INFANT BECOMES SIX MONTHS OF AGE.</td>
</tr>
<tr>
<td>P010 (701)</td>
<td>INFANT OF NON- WIC HIGH RISK MOTHER</td>
<td>Status of an infant (less than 6 months of age) whose mother would have been Priority I if she had been a WIC Program participant during pregnancy according to documentation in her medical records. THIS RISK FACTOR CAN BE APPLIED ONLY BEFORE THE INFANT BECOMES SIX MONTHS OF AGE.</td>
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| Q100 (601, 702)                       | BREASTFEEDING PRIORITY I Breastfeeding Women & Infants (same “Q” risk must be assigned to both mother and baby) | • Breastfeeding or Pregnant category woman breastfeeding an infant who is WIC eligible as a Priority I (601)  
• Infant who is breastfed by a woman who is WIC eligible as a Priority I (702) |
| Q200 (601, 702)                       | BREASTFEEDING PRIORITY II Breastfeeding Women & Infants (same “Q” risk must be assigned to both mother and baby) | • Breastfeeding woman without higher priority risks breastfeeding a WIC eligible Priority II infant (601)  
• Priority II Infant who is breastfed (702) |
| Q400 (601, 702)                       | BREASTFEEDING PRIORITY IV Breastfeeding Women & Infants (same “Q” risk must be assigned to both mother and baby) | • Breastfeeding woman without higher priority risks breastfeeding a WIC eligible a Priority IV infant (601)  
• Infant without higher priority risks who is breastfed by a WIC eligible Priority IV woman (702) |
| Q602 (602)                            | BREASTFEEDING COMPLICATIONS OR POTENTIAL COMPLICATIONS | • Breastfeeding or Pregnant category woman currently with any of the following complications or potential complications:  
  ▪ Severe breast engorgement, cracked, bleeding or severely sore nipples, recurrent plugged ducts, age ≥ 40 years, mastitis, failure of milk to come in by 4 days postpartum, flat or inverted nipples, tandem nursing (breastfeeding two siblings who are not twins). |
| R010 (349, 351, 362)                  | NUTRITION/FEEDING CONDITIONS DUE TO SPECIAL HEALTH CARE NEEDS Pregnant, Breastfeeding & Postpartum Women | • Genetic or congenital disorder-condition at birth that causes physical or metabolic abnormality which alters nutrition status metabolically or mechanically (i.e. cleft lip/palate, Down Syndrome, sickle cell anemia (not trait));  
• Inborn errors of metabolism;  
• Developmental, sensory or motor disabilities that restrict the ability for intake, chew or swallow for or require tube feeding to meet nutritional needs, including developmental disability such as pervasive development disorder (PDD) which includes autism. |
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| R010 (349, 351, 362, 382)               | NUTRITION/FEEDING CONDITIONS DUE TO SPECIAL HEALTH CARE NEEDS Infants & Children | - Genetic or congenital disorder-condition at birth that causes physical or metabolic abnormality which alters nutrition status metabolically or mechanically, such as cleft lip, or palate, Down Syndrome, sickle cell anemia (not trait);
- Inborn errors of metabolism;
- Developmental, sensory or motor disabilities that restrict the ability for intake, chew or swallow for or require tube feeding to meet nutritional needs, including developmental disability such as pervasive development disorder (PDD) which includes autism.
- Fetal Alcohol Syndrome. |
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| S020 (427.1, 427.2, 427.3, 427.5, 902) | INAPPROPRIATE NUTRITION PRACTICES Pregnant, Breastfeeding & Postpartum Women | Routine nutrition practices that may result in impaired nutrient status, disease, or health problems. 
**Pregnant, Breastfeeding & Postpartum Women:**
**Dietary Supplements:** consumes Dietary supplements with potentially harmful consequences (i.e. excessive use of vitamin and/or mineral supplements; and herbal or botanical supplements/remedies/teas).  
**Note: further category specific criteria listed below**
**Low Calorie Diet:** diet very low in calories and/or essential nutrients (i.e. strict vegan; low-carbohydrate or high protein; macrobiotic; other diets restricting calories and/or essential nutrients.) or impaired intake/absorption (i.e. bariatric surgery).
**Pica:** compulsively ingesting non-food items (pica) (i.e. starch (laundry or corn), clay, dirt or large amounts of ice, or other non-food item(s) that replaces normal food items.)

**Caregiver Limited Ability:** woman as her own caregiver (i.e. adolescent) and/or whose caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food.  
Examples include:
- Individuals who are 17 years of age or younger;
- mentally disabled/delayed and/or have a mental illness, such as clinical depression, diagnosed by a physician or licensed psychologist;
- physically disabled which limits food preparation abilities; or
- currently abusing or history of abusing alcohol and/or other drugs.

**Pregnant Women only:**
**Food Safety:** ingesting potentially harmful foods, (i.e. cold hot dogs, deli meats, dry sausage, smoked seafood, or meat pates; raw/undercooked meats poultry, fish, shellfish, or eggs; raw sprouts; soft cheeses; unpasteurized juice or milk; or Mexican style cheese made with unpasteurized milk.)
**Dietary Supplements:** inadequate vitamin/mineral supplementation:
- less than 27 mg/day supplemental iron per day
- less than 150 Φg of supplemental iodine per day

**Breastfeeding Women, in addition to above:**
**Dietary Supplements:** inadequate vitamin/mineral supplementation:
- less than 150 Φg of supplemental iodine per day
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| S020 (425, 902) | INAPPROPRIATE NUTRITION PRACTICES Children | Routine use of feeding practices that may result in impaired nutrient status, disease, or health problems.  
Inappropriate milk source: routinely feeding non-fat or reduced fat milk (age 12-23 months). Offers sweetened condensed milk, imitation, or other substitutes to replace milk.  
Sugar-containing fluids, routinely feeding sugar-containing fluids, such as soda/soft drinks, gelatin water, or sweetened tea.  
Nursing bottles or cups (i.e. bottle used after 14 months, bottle at nap/bedtime, use of bottle for juice or foods, allows bottle/cup offered without restriction, pacifier dipped in sweet agents).  
Developmental readiness (i.e. inability to recognize hunger/satiety cues; not allowing self-feeding; feeding foods offered inappropriate for developmental stage and choking risk.)  
Potentially harmful foods, (i.e. cold hot dogs, deli meats, dry sausage, smoked seafood, or meat pates; raw/undercooked meats, poultry, fish, shellfish, or eggs; undercooked or raw tofu; raw sprouts; soft cheeses; unpasteurized juice or milk; and Mexican style cheese made with unpasteurized milk.)  
Low calorie diet (i.e. strict vegan; macrobiotic; other diets restricting calories and/or essential nutrients.)  
Dietary supplements:  
• Excessive use of vitamins, minerals and other herbal or botanical supplements/remedies/teas.  
• Fluoride: If fluoride in water supply has less than 0.3 ppm, and supplemental fluoride not offered as follows:  
  Child (less than 36 months): 0.25 mg/day  
  Child (36-60 months): 0.50 mg/day  
• Vitamin D: If child consumes less than 1 liter (1 quart) of Vitamin D fortified milk or formula and not providing 400 IU of Vitamin D  
Pica: Intake of paint chips, dirt, cigarettes/cigarette butts, or large amounts of ice, or other non-food item(s) that replaces normal food items.  
Caregiver Limited Ability: child whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Caregiver examples include:  
• Individuals who are 17 years of age or younger;  
• Mentally disabled/delayed and/or have a mental illness, such as clinical depression, diagnosed by a physician or licensed psychologist;  
• physically disabled which limits food preparation abilities; or  
• currently abusing or history of abusing alcohol and/or other drugs. |
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| S020 (411, 902)  | INAPPROPRIATE NUTRITION PRACTICES Infants | Routine use of feeding practices that may result in impaired nutrient status, disease, or health problems.  
**Breastmilk or iron-fortified formula**, not offering breastmilk or iron-fortified formula for first year; failure to properly mix formula or follow prescription instructions; inappropriate sanitation for formula preparation (safe water supply per documentation, no heat source, or refrigeration); failure to prepare, handle and store bottles, storage containers or breast pumps properly (see RFJM for complete details).  
**Nursing bottles or cups** (improper use of bottle for juice, sugary drinks, or cereal/solid foods; propping; put to sleep with bottle; bottle/cup offered without restriction throughout day.)  
**Inappropriate complementary foods** (offers sweet agents, i.e. honey or corn syrup in food, beverage, water or on pacifier; or food other than human milk or iron-fortified formula before months of age.)  
**Developmental readiness** (i.e. inability to recognize hunger/satiety cues; inappropriate for choking risk; not allowing self-feeding; foods offered inappropriate for developmental stage.)  
**Potentially harmful foods** (i.e. honey; raw/undercooked meats, fish, poultry, eggs; cold hot dogs, deli-meats (unless heated to steaming hot); raw vegetable sprouts; unpasteurized juices, milk or products made with unpasteurized products, soft cheeses and Mexican style cheese.)  
**Scheduled feedings for Exclusive Breastfeeding Only** (Not allowing infant to feed on demand; less than 2 months of age (less than 8 feedings in 24 hrs) or 2 to 6 months of age (less than 6 feedings in 24 hrs).  
**Low calorie diet** (i.e. strict vegan diet; macrobiotic; other diets restricting calories and/or essential nutrients.)  
**Dietary supplements**:  
- Excessive use of vitamins, minerals, and other herbal/botanical supplements/remedies/teas.  
- **Fluoride**: If water supply has less than 0.3 ppm and not offering 0.25 mg/day supplemental fluoride to Infants 6 months and older.  
- **Vitamin D**: Infants who are exclusively breastfed, or are ingesting less than 1 liter (or 1 quart) per day of Vitamin D-fortified formula, and are not taking supplement of 400 IU of Vitamin D.  
**Caregiver Limited Ability**, child whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Caregiver examples include:  
- individuals who are 17 years of age or younger;  
- mentally disabled/delayed and/or have a mental illness, such as clinical depression, diagnosed by a physician or licensed psychologist;  
- physically disabled which limits food preparation abilities; or  
- currently abusing or history of abusing alcohol and/or other drugs. |
<table>
<thead>
<tr>
<th>CORNERSTONE CODE (USDA # code &amp; title)</th>
<th>RISK FACTOR</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>S050 (427.4)</td>
<td>INADEQUATE FOLIC ACID Breastfeeding &amp; Postpartum Women</td>
<td>Consumption of less than 400 mcg of folic acid (synthetic) from daily supplement.</td>
</tr>
<tr>
<td>S060 (428)</td>
<td>DIETARY RISK ASSOCIATED WITH COMPLEMENTARY FEEDING PRACTICES Infants (4 to 12 months) &amp; Children (12 through 23 months) *Assigned only if no other risks apply.</td>
<td>An infant or child who has begun to or is expected to begin the following: 1) consume complementary foods and beverages; 2) eat independently; 3) be weaned from breast milk or infant formula; and/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.</td>
</tr>
<tr>
<td>S070 (401)</td>
<td>FAILURE TO MEET DIETARY GUIDELINES FOR AMERICANS Pregnant, Postpartum Woman and Children ≥ 2 years *Assigned only if no other risks apply.</td>
<td>Women and children two years of age and older who meet the eligibility requirements of income, categorical, and residency status may be presumed to be at nutrition risk based on failure to meet Dietary Guidelines for Americans. 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 individual’s estimated energy needs.</td>
</tr>
<tr>
<td>T010 (341) “Nutrient Deficiency Diseases”</td>
<td>CLINICAL MANIFESTATIONS OF MALNUTRITION All participants</td>
<td>Presence of nutrient deficiency diseases SRD: Diagnosis of nutritional deficiencies or a disease caused by insufficient dietary intake of macro and micro nutrients. Diseases include, but are not limited to, Protein Energy Malnutrition, Scurvy, rickets, Beri Beri, Hypocalcemia, Osteomalacia, Vitamin K Deficiency, Pellagra, Cheilosis, Menkes Disease, and Xerophthalmia.</td>
</tr>
<tr>
<td>T020 (381) “Oral Health Conditions”</td>
<td>DENTAL PROBLEMS All participants</td>
<td>Presence of Oral health conditions SRD:  • Dental caries (i.e. cavities or tooth decay)  • Periodontal diseases (i.e. gingivitis and periodontitis)  • Tooth loss, ineffectively replaced teeth or oral infections which impair the ability to ingest food in adequate quantity or quality.</td>
</tr>
<tr>
<td>U211 (211)</td>
<td>ELEVATED BLOOD LEAD LEVELS All participants</td>
<td>Blood lead of 5 mcg/deciliter or greater. Lead screening test must have been performed in previous 12 months and blood lead values must be documented in client’s health record including date of test.</td>
</tr>
<tr>
<td>V010 (502) “Transfer of Certification”</td>
<td>VERIFICATION OF OUT OF STATE CERTIFICATION INCLUDING MIGRANTS All participants</td>
<td>The only risk factor that can be assigned to out-of-state transfer clients.</td>
</tr>
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<td>DEFINITION</td>
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</tbody>
</table>
| V020 (801,802)    | HOMELESS/MIGRANT                   | **Homelessness:** A woman, infant or child who lacks a fixed and regular nighttime residence; or whose primary residence is:  
| “Homelessness/  |                                     | • a supervised publicly or privately operated shelter (including a welfare hotel, congregate shelter, or a shelter for victims of domestic violence) designed to provide temporary living accommodation;  
| Migrancy”        | All participants                   | • 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.  
|                   |                                     | **Migrancy:** Categorically eligible women, infants and children who are members of families which contain at least one individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months and who establishes, for the purpose of such employment, a temporary abode. |
| V030 (903)        | FOSTER CARE TRANSITION             | *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. |
|                   | All participants                   |                                                                                                                                 |
| X010 (371)        | SMOKING                            | Any daily smoking of tobacco products, i.e., cigarettes, pipes, or cigars.                                                                |
|                   | Pregnant & Breastfeeding Women     |                                                                                                                                 |
| X020 (904)        | ENVIRONMENTAL TOBACCO SMOKE        | Any participant exposed to environmental tobacco smoke (ETS) from tobacco products used inside their home.                               |
|                   | All participants                   |                                                                                                                                 |
| Y010 (372)        | OTHER SUBSTANCE USE                | Pregnant women  
|                   | Pregnant                           | • Any alcohol or illegal drug use.  
|                   |                                    | **Breastfeeding/Postpartum women**  
|                   |                                    | • Routine current use of 2 or more (≥ 2) drinks per day. A serving or standard sized drink is:  
|                   |                                    | 1 can of beer (12 fluid oz), 5 oz wine, 1 ½ oz liquor; or  
|                   |                                    | • Binge drinking, i.e. drinks 5 or more (≥ 5)drinks on the same occasion on at least one day in the past 30 days; or  
|                   |                                    | • Heavy drinking, i.e. drinks 5 or more (≥ 5) drinks on the same occasion on five or more days in the previous 30 days; or  
|                   |                                    | • Any illegal drug use  
|                   | Infants                            | Infant born of a woman with documented or self-reported use of alcohol or illegal drugs during her most recent pregnancy. |