

Section 8: Certification, Eligibility & Coordination

Subject: FY18 CO WIC Policy Letter #5 Revised Nutrition Risk Criteria

New Policy: Colorado WIC has updated the following nutrition risk factors (NRFs):

- NRF #135 Slowed/Faltering Growth
- NRF #332 Short Interpregnancy Interval
- NRF #352a Infectious Disease - Acute
- NRF #352b Infectious Disease - Chronic

Description of Revised Criteria:

Nutrition Risk Factor	Revision	Identification & Assignment Procedures
NRF #135 Slowed/Faltering Growth	<ul style="list-style-type: none"> • Previously titled <i>Inadequate Growth</i>. • The <i>Definition/Cut-Off Value</i> section is revised to reflect the current scientific literature related to growth faltering in infants. • The <i>Participant Category</i> section no longer includes children, as the literature does not support identification of slowed or faltering growth based on weight measurements alone for children. • The <i>Definition, Justification, Implications for WIC Nutrition Services</i> and <i>Reference</i> sections have been expanded and updated. 	<ul style="list-style-type: none"> • System-assigned to infants from birth up to 2 weeks of age. • Staff will manually assign to infants from 2 weeks of age up to 6 months of age.
NRF #332 Short Interpregnancy Interval	<ul style="list-style-type: none"> • Previously titled Closely Spaced Pregnancy. • The <i>Definition/Cut-Off Value</i> section is revised to reflect a more recent review of data indicating increased risks for adverse perinatal and maternal outcomes with an interpregnancy interval of less than 18 months. The revised cut-off is also consistent with the Healthy People 2020 goal of reducing the proportion of pregnancies conceived within 18 months of a previous birth. • The <i>Definition, Justification, Implications for WIC Nutrition Services</i> and <i>Reference</i> sections have been expanded and updated. 	<ul style="list-style-type: none"> • System-assigned based off date of last live birth recorded in the Nutrition Interview or estimated date of conception calculated in a subsequent pregnancy record.
NRF #352a Infectious Disease - Acute	The criterion has been divided into two parts: <i>Acute</i> and <i>Chronic</i> (see below). The information was separated to better address the distinctions between these acute and chronic conditions. The <i>Justification, Implications for WIC Nutrition Services</i> and <i>Reference</i> sections have been expanded and updated.	Can be assigned during the Nutrition Interview or via the Risk Panel.
NRF #352b Infectious Disease - Chronic	The criterion has been divided into two parts: <i>Acute</i> (see above) and <i>Chronic</i> . The information was separated to better address the distinctions between these acute and chronic conditions. The <i>Justification, Implications for WIC Nutrition Services</i> and <i>Reference</i> sections have been expanded and updated.	Can be assigned during the Nutrition Interview or via the Risk Panel.

PREGNANT WOMAN

System Assigned (S): Compass assigns based on anthropometric, blood values, and/or dates entered in system. **User Assigned (U):** User assigns by checking a box or radio button, or by assigning on the Risk panel.

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
101	Underweight - Prepregnancy Body Mass Index (BMI) <18.5	1	L	S
111	Overweight - Prepregnancy Body Mass Index (BMI) ≥25.0	1	L	S
131	Low Maternal Weight Gain - Assign when weight plots at any point beneath the bottom line of the appropriate weight gain range for her respective prepregnancy weight category.	1	H	U
132	Maternal Weight Loss During Pregnancy - Is defined as follows: ► During 1 st trimester: any weight loss below pregravid weight. ► 2 nd or 3 rd trimester (14-40 weeks gestation): weight loss of ≥ 2 pounds (≥ 1 kg)	1	H	S
133	High Maternal Weight Gain - At any point in a singleton pregnancy, weight plots at any point above the top line of the appropriate weight gain range for her respective prepregnancy weight category. Note: Singleton pregnancy only	1	H	U
201	Low Hematocrit/Low Hemoglobin - Hemoglobin value below those listed in <i>Hemoglobin Levels Indicating NRF #201</i> table.	1	L	S
201B	Severely Low Hematocrit/Hemoglobin - Hemoglobin value low enough to necessitate a medical referral as listed in the <i>Standards for Severely Low Hemoglobin-NRF201b-High Risk Condition</i> table.	1	H	U
211	Elevated Blood Lead Levels - Blood lead level of ≥ 5 micrograms/deciliter within the past twelve months.	1	H	S
Compass Code	Name/Definition	Priority	Risk	User or System Assigned
300 Series	Medical Conditions *See <i>Clinical/Health/Medical Conditions List</i> for definitions, codes, and risk level (high or low).	1	L/H	U
401	Failure to Meet Dietary Guidelines for Americans Pregnant woman who meets the income, categorical, and residency eligibility requirements may be presumed to be at nutritional risk based on failure to	4	L	U

	<p>meet Dietary Guidelines for Americans. Based on an individual's estimated energy needs, this 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).</p> <p>Note: Assign 401 to a pregnant woman when a complete nutrition assessment (to include NRF 427) has been performed and for whom no other risk(s) are identified.</p>			
427	INAPPROPRIATE NUTRITION PRACTICES For WOMEN: Routine nutrition practices that may result in impaired nutrient status, disease, or health problems. These practices, with examples, are outlined below:	4	L	U
427A	<p>Consuming dietary supplements with potentially harmful consequences - Examples of dietary supplements which when ingested in excess of recommended dosages, may be toxic or have harmful consequences:</p> <ul style="list-style-type: none"> ▶ Single or multiple vitamins; ▶ Mineral supplements; and ▶ Herbal or botanical supplements/remedies/teas. 	4	L	U
427B	<p>Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery - Examples are:</p> <ul style="list-style-type: none"> ▶ Strict vegan diet; ▶ Low-carbohydrate, high-protein diet; ▶ Macrobiotic diet; and ▶ Any other diet restricting calories and/or essential nutrients. 	4	L	U
427C	<p>Compulsively ingesting non-food items (pica) - Examples of non-food items are:</p> <ul style="list-style-type: none"> ▶ Ashes; ▶ Baking soda; ▶ Burnt matches; ▶ Carpet fibers; ▶ Chalk; ▶ Cigarettes; ▶ Clay; ▶ Dust; ▶ Large quantities of ice and/or freezer frost; ▶ Paint chips; ▶ Soil; and ▶ Starch (laundry or cornstarch) 	4	L	U
Compass Code	Name/Definition	Priority	Risk	User or System Assigned
427D	<p>Inadequate vitamin/mineral supplementation recognized as essential by national public health policy - Examples are:</p> <ul style="list-style-type: none"> ▶ Consumption of < 27 mg of iron as a supplement daily. ▶ Consumption < 150 µg of supplemental iodine per day. 	4	L	U
	Pregnant woman ingesting foods that could be			

427E	<p>contaminated with pathogenic microorganisms - Examples of potentially harmful foods are:</p> <ul style="list-style-type: none"> ▶ Raw fish or shellfish, including oysters, clams, mussels, and scallops; ▶ Refrigerated smoked seafood, unless it is an ingredient in a cooked dish, such as a casserole; ▶ Raw or undercooked meat or poultry; ▶ Hot dogs, luncheon meats (cold cuts), fermented and dry sausage and other deli-style meat or poultry products unless reheated until steaming hot; ▶ Refrigerated pâté or meat spreads; ▶ Unpasteurized milk or foods containing unpasteurized milk; ▶ Soft cheeses such as feta, Brie, Camembert, blue-veined cheeses and Mexican style cheese such as queso blanco, queso fresco, or Panela unless labeled as made with pasteurized milk; ▶ Raw or undercooked eggs or foods containing raw or lightly cooked eggs including certain salad dressings, cookie and cake batters, sauces, and beverages such as unpasteurized eggnog; ▶ Raw sprouts (alfalfa, clover, and radish); or ▶ Unpasteurized fruit or vegetable juices. 	4	L	U
501	<p>Possibility of Regression in Nutritional Status - A participant who has previously been certified eligible for the Program may be considered to be at nutritional risk in the next certification period if the Competent WIC Authority (CWA) determines there is a possibility of regression in nutritional status without the benefits that the WIC Program provides.</p> <p>Note: Regression cannot be assigned to a participant two certification periods in a row.</p>	4	L	U
502	<p>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.</p>	N/A	L	S
601	<p>Breastfeeding Mother of Infant at Nutritional Risk - A breastfeeding woman whose breastfed infant has been determined to be at nutritional risk.</p>			
601A	Priority 1 mother	1	L	U
601B	Priority 2 mother	2	L	U
601D	Priority 4 mother	4	L	U
	Note: Mother must be the same priority as at-risk infant			
602	<p>Breastfeeding Complications or Potential Complications- A breastfeeding woman with any of the following complications or potential complications for breastfeeding:</p>			
602A	▶ severe breast engorgement	1	H	U
602B	▶ recurrent plugged ducts	1	H	U
		1	H	U

602C	► mastitis (fever or flu-like symptoms with localized breast tenderness)			
602D	► flat or inverted nipples	1	H	U
602E	► cracked, bleeding, or severely sore nipples	1	H	U
602F	► age 40 years or older	1	L	U
602G	► failure of milk to come in by 4 days postpartum	1	H	U
602H	► tandem nursing (breastfeeding two siblings who are not twins). Note: High Risk must be seen by a Lactation Management Specialist (LMS/CLC/IBCLC) or WIC High Risk Counselor within 24 hours.	1	H	U
801	Homelessness - Woman who lacks a fixed and regular night time residence; or whose primary night time 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 in the residence of another individual not exceeding 365 days; or ► A public or private place not designed or ordinarily used as a regular sleeping accommodation for human beings.	4	L	U
802	Migrancy - Categorically eligible woman who is a member of a family that contains at least one individual: ► Whose principal employment is in agriculture on a seasonal basis and; ► Has been so employed within the last 24 months and; ► Who establishes, for the purposes of such employment, a temporary abode.	4	L	U
901	Recipient of Abuse - Victim of violent physical assault within the past 6 months as self-reported, or as documented by a social worker, health care provider or on other appropriate documents, or as reported through consultation with a social worker, health care provider, or other appropriate personnel.	4	L	U
902	Woman or Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food - Pregnant woman assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples include a woman who is: ► ≤ 17 years of age; ► Mentally disabled/delayed and/or have a mental illness such as clinical depression (diagnosed by a physician or licensed psychologist); ► Physically disabled to a degree which restricts or limits food preparation abilities; or ► Currently using or having a history of abusing alcohol or other drugs.	4	L	U

903	Foster Care - Entering the foster care system during the previous 6 months or moving from one foster care home to another foster care home during the previous 6 months.	4	L	S
904	Environmental Tobacco Smoke Exposure (ETS) - Exposure to smoke from tobacco products inside the home.	1	L	U

BREASTFEEDING WOMAN

System Assigned (S): Compass assigns based on anthropometric, blood values, and/or dates entered in system.
User Assigned (U): User assigns by checking a box or radio button, or by assigning on the Risk panel.

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
101	Underweight - Current Body Mass Index (BMI) <18.5	1	L	S
111	Overweight - ► Woman <6 months postpartum: Prepregnancy Body Mass Index (BMI) ≥ 25.0 ► Woman ≥ 6 months postpartum: Current Body Mass Index (BMI) ≥ 25.0	1	L	S
133	High Maternal Weight Gain - For most recent pregnancy, total gestational weight gain exceeded the upper limit of the IOM's recommended range based on Body Mass Index (BMI). Note: Singleton pregnancy only	1	L	S
201	Low Hematocrit/Low Hemoglobin - Hemoglobin value below those listed in <i>Hemoglobin Levels Indicating NRF #201</i> table.	1	L	S
201B	Severely Low Hematocrit/Hemoglobin - Hemoglobin value low enough to necessitate a medical referral as listed in the <i>Standards for Severely Low Hemoglobin-NRF201b-High Risk Condition</i> table.	1	H	U
211	Elevated Blood Lead Levels - Blood lead level of ≥ 5 micrograms/deciliter within the past twelve months.	1	H	S
300 Series	Medical Conditions - *See <i>Clinical/Health/Medical Conditions List</i> for definitions, codes, and risk level (high or low).	1	L/H	U
401	Failure to Meet Dietary Guidelines for Americans - Breastfeeding woman who meets the eligibility requirements of income, categorical, and residency eligibility requirements may be presumed to be at nutritional risk based on <i>failure to meet Dietary Guidelines for Americans</i> . Based on an individual's estimated energy needs, this 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). Note: Assign 401 to breastfeeding women when a complete nutrition assessment has been performed <u>and</u> no other nutrition risk(s) are identified.	4	L	U
427	INAPPROPRIATE NUTRITION PRACTICES For WOMEN Routine nutrition practices that may result in impaired nutrient status, disease, or health problems. These practices, with examples, are outlined below:	4	L	U
427A	Consuming dietary supplements with potentially harmful consequences -	4	L	U

	Examples of dietary supplements which when ingested in excess of recommended dosages, may be toxic or have harmful consequences: ► Single or multiple vitamins; ► Mineral supplements; and ► Herbal or botanical supplements/remedies/teas.			
427B	Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery - Examples are: ► Strict vegan diet; ► Low-carbohydrate, high-protein diet; ► Macrobiotic diet; and ► Any other diet restricting calories and/or essential nutrients.	4	L	U
427C	Compulsively ingesting non-food items (pica) - Examples of non-food items are: ► Ashes; ► Baking soda; ► Burnt matches; ► Carpet fibers; ► Chalk; ► Cigarettes; ► Clay; ► Dust; ► Large quantities of ice and/or freezer frost; ► Paint chips; ► Soil; and ► Starch (laundry or cornstarch)	4	L	U
427D	Inadequate vitamin/mineral supplementation recognized as essential by national public health policy - Examples are: ► Consumption of < 150 µg of supplemental iodine per day ► Consumption of < 400 mcg of folic acid from fortified foods and/or supplements daily.	4	L	U
501	Possibility of Regression in Nutritional Status - A participant who has previously been certified eligible for the Program may be considered to be at nutritional risk in the next certification period if the Competent WIC Authority (CWA) determines there is a possibility of regression in nutritional status without the benefits that the WIC Program provides. Note: Regression cannot be assigned to a participant two certification periods in a row.	4	L	U
502	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.	N/A	L	S
601	Breastfeeding Mother of Infant at Nutritional Risk - A breastfeeding woman whose breastfed infant has been determined to be at nutritional risk.			
601A	Priority 1 mother	1	L	S
601B	Priority 2 mother	2	L	S
601D	Priority 4 mother	4	L	S
Note: Mother must be the same priority as at-risk infant				

602	Breastfeeding Complications or Potential Complications- A breastfeeding woman with any of the following complications or potential complications for breastfeeding:			
	▶ severe breast engorgement			
602A	▶ recurrent plugged ducts	1	H	U
602B	▶ mastitis (fever or flu-like symptoms with localized breast tenderness)	1	H	U
602C	▶ flat or inverted nipples	1	H	U
602D	▶ cracked, bleeding, or severely sore nipples	1	H	U
602E	▶ age 40 years or older	1	H	U
602F	▶ failure of milk to come in by 4 days postpartum	1	L	S
602G	▶ tandem nursing (breastfeeding two siblings who are not twins).	1	H	U
602H	Note: High Risk must be seen by a Lactation Management Specialist (LMS/CLC/IBCLC) or WIC High Risk Counselor within 24 hours.	1	H	U
801	Homelessness - Woman who lacks a fixed and regular night time residence; or whose primary night time 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 or; ▶ An institution that provides a temporary residence for individuals intended to be institutionalized or; ▶ A temporary accommodation in the residence of another individual not exceeding 365 days or; ▶ A public or private place not designed or ordinarily used as a regular sleeping accommodation for human beings.	4	L	U
802	Migrancy - Categorically eligible woman who is a member of a family that contains at least one individual: ▶ Whose principal employment is in agriculture on a seasonal basis and; ▶ Has been so employed within the last 24 months and; ▶ Who establishes, for the purposes of such employment, a temporary abode.	4	L	U
901	Recipient of Abuse - Victim of violent physical assault within the past 6 months as self-reported, or as documented by a social worker, health care provider or on other appropriate documents, or as reported through consultation with a social worker, health care provider, or other appropriate personnel.	4	L	U
902	Woman or Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food - Breastfeeding woman assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples include a woman who is: ▶ ≤ 17 years of age;	4	L	U

	<ul style="list-style-type: none"> ▶ Mentally disabled/delayed and/or have a mental illness such as clinical depression (diagnosed by a physician or licensed psychologist); ▶ Physically disabled to a degree which restricts or limits food preparation abilities; ▶ Currently using or having a history of abusing alcohol or other drugs. 			
903	Foster Care - Entered the foster care system during the previous 6 months or moved from one foster care home to another foster care home during the previous 6 months.	4	L	S
904	Environmental Tobacco Smoke Exposure (ETS) - Exposure to smoke from tobacco products inside the home. Note: ETS is also known as passive, secondhand, or involuntary smoke.	1	L	U

NON-BREASTFEEDING WOMAN

System Assigned (S): Compass assigns based on anthropometric, blood values, and/or dates entered in system. **User Assigned (U):** User assigns by checking a box or radio button, or by assigning on the Risk panel.

Compass Codes	Name/Definition	Priority	Risk	User or System Assigned
101	Underweight - Current Body Mass Index (BMI) <18.5	6	L	S
111	Overweight - Prepregnancy Body Mass Index (BMI) ≥ 25.0	6	L	S
133	High Maternal Weight Gain - For most recent pregnancy, total gestational weight gain exceeded the upper limit of the IOM's recommended range based on Body Mass Index (BMI). Note: Singleton pregnancy only	6	L	S
201	Low Hematocrit/Low Hemoglobin - Hemoglobin value below those listed in <i>Hemoglobin Levels Indicating NRF #201</i> table.	6	L	S
201B	Severely Low Hematocrit/Low Hemoglobin - Hemoglobin value low enough to necessitate a medical referral as listed in the <i>Standards for Severely Low Hemoglobin-NRF201b-High Risk Condition</i> table.	6	H	U
211	Elevated Blood Lead Levels - Blood lead level of ≥ 5 micrograms/deciliter within the past twelve months.	6	H	S
300 Series	Medical Conditions - *See <i>Clinical/Health/Medical Conditions List</i> for definitions, codes, and risk level (high or low).	6	L/H	U
401	Failure to Meet Dietary Guidelines for Americans - Non-breastfeeding woman who meets the income, categorical, and residency eligibility requirements may be presumed to be at nutritional risk based on <i>failure to meet Dietary Guidelines for Americans</i> . Based on an individual's estimated energy needs, this 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). Note: Assign 401 to a non-breastfeeding woman when a complete nutrition assessment (to include NRF 427) has been performed and for whom no other risk(s) are identified.	6	L	U
427	INAPPROPRIATE NUTRITION PRACTICES For WOMEN Routine nutrition practices that may result in impaired nutrient status, disease, or health problems. These practices, with examples, are outlined below:	6	L	U
427A	Consuming dietary supplements with potentially harmful consequences - Examples of dietary supplements which when ingested in excess of recommended dosages, may be toxic or have harmful consequences are:	6	L	U

	<ul style="list-style-type: none"> ▶ Single or multiple vitamins; ▶ Mineral supplements; and ▶ Herbal or botanical supplements/remedies/teas. 			
427B	<p>Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery - Examples are:</p> <ul style="list-style-type: none"> ▶ Strict vegan diet; ▶ Low-carbohydrate, high-protein diet; ▶ Macrobiotic diet; and ▶ Any other diet restricting calories and/or essential nutrients. 	6	L	U
427C	<p>Compulsively ingesting non-food items (pica) - Examples of non-food items are:</p> <ul style="list-style-type: none"> ▶ Ashes; ▶ Baking soda; ▶ Burnt matches; ▶ Carpet fibers; ▶ Chalk; ▶ Cigarettes; ▶ Clay; ▶ Dust; ▶ Large quantities of ice and/or freezer frost; ▶ Paint chips; ▶ Soil; and ▶ Starch (laundry or cornstarch) 	6	L	U
427D	<p>Inadequate vitamin/mineral supplementation recognized as essential by national public health policy - For example:</p> <ul style="list-style-type: none"> ▶ Consumption of less than 400 mcg of folic acid from fortified foods and/or supplements daily by non-pregnant woman. 	6	L	U
501	<p>Possibility of Regression - A participant who has previously been certified eligible for the Program may be considered to be at nutritional risk in the next certification period if the Competent WIC Authority (CWA) determines there is a possibility of regression in nutritional status without the benefits that the WIC Program provides.</p> <p>Note: Regression cannot be assigned to a participant two certification periods in a row.</p>	6	L	U
502	<p>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.</p>	N/A	L	S

Compass Codes	Name/Definition	Priority	Risk	User or System Assigned
801	Homelessness - Woman who lacks a fixed and regular night time residence; or whose primary night time residence is: <ul style="list-style-type: none"> ▶ 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 or; ▶ An institution that provides a temporary residence for individuals intended to be institutionalized or; ▶ A temporary accommodation in the residence of another individual not exceeding 365 days or; ▶ A public or private place not designed or ordinarily used as a regular sleeping accommodation for human beings. 	6	L	U
802	Migrancy - Categorically eligible woman who is a member of a family that contains at least one individual: <ul style="list-style-type: none"> ▶ Whose principal employment is in agriculture on a seasonal basis and; ▶ Has been so employed within the last 24 months and; ▶ Who establishes, for the purposes of such employment, a temporary abode. 	6	L	U
901	Recipient of Abuse - Victim of violent physical assault within the past 6 months as self-reported, or as documented by a social worker, health care provider or on other appropriate documents, or as reported through consultation with a social worker, health care provider, or other appropriate personnel.	6	L	U
902	Woman or Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food - Non-breastfeeding woman assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples include a woman who is: <ul style="list-style-type: none"> ▶ ≤ 17 years of age; ▶ Mentally disabled/delayed and/or have a mental illness such as clinical depression (diagnosed by a physician or licensed psychologist); ▶ Physically disabled to a degree which restricts or limits food preparation abilities; or ▶ Currently using or having a history of abusing alcohol or other drugs. 	6	L	U
903	Foster Care - Entered the foster care system during the previous 6 months or moved from one foster care home to another foster care home during the previous 6 months.	6	L	S
904	Environmental Tobacco Smoke Exposure (ETS) - Exposure to smoke from tobacco products inside the home. Note: ETS is also known as passive, secondhand, or involuntary smoke.	6	L	U

INFANT

System Assigned (S): Assigned by Compass based on anthropometric, blood values, and/or dates entered system.
User Assigned (U): Assigned by the user by checking a box or radio button, or by assigning on the Risk panel.

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
103A	At Risk of Underweight - > 2nd percentile and ≤ 5 th percentile weight-for-length	1	L	S
103B	Underweight- ≤ 2nd percentile weight-for-length Note: CDC labels the 2.3 rd percentile as the 2 nd percentile on the Birth to 24 months gender specific growth charts.	1	H	S
114	At Risk of Overweight- ► Biological mother with a BMI ≥ 30 at the time of conception or at any point in the first trimester of pregnancy. (Compass assigns using biological mother's most recent pregnancy record.) ► Biological father with a BMI ≥ 30 at the time of certification. BMI must be based on self-reported weight and height by the father 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.	1	L	S U
115	High Weight-for-Length - ≥ 98 th percentile weight-for-length Note: CDC labels the 97.7 th percentile as the 98 th percentile on the Birth to 24 months gender specific growth charts.	1	L	S
121A	At Risk for Short Stature - > 2nd percentile and ≤ 5 th percentile length-for-age as plotted on the CDC Birth to 24 months gender specific growth charts. Note: • CDC labels the 2.3 rd percentile as the 2 nd percentile on the birth to 24 months gender-specific growth charts. • Assignment for premature infant is based on adjusted gestational age.	1	L	S
121B	Short Stature - ≤ 2nd percentile length-for-age as plotted on the CDC Birth to 24 months gender specific growth charts. Note: • CDC labels the 2.3 rd percentile as the 2 nd percentile on the birth to 24 months gender-specific growth charts. • Assignment for premature infant is based on adjusted gestational age.	1	L	S
134	Failure to Thrive - Presence of failure to thrive (FTT) diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by endorser/caregiver.	1	H	U

135	<p>Slowed/Faltering Growth Pattern -</p> <p><i>Infants Birth up to 2 weeks (< 14 days)</i></p> <ul style="list-style-type: none"> Excessive weight loss after birth, defined as $\geq 7\%$ birth weight. <p>Note: Requires further assessment and counseling by the WIC High Risk Counselor within 24 hours of risk identification.</p> <p><i>Infants 2 weeks to 6 months of age</i></p> <ul style="list-style-type: none"> Any weight loss. Use two separate weight measurements taken at least 8 weeks apart. <p>Note: WIC High Risk Counselor visit is required within 30 days of risk identification.</p>	1	H	S
		1	H	U
141A	<p>Low Birth Weight -</p> <p>Birth weight defined as ≤ 5 pounds 8 ounces (≤ 2500 grams)</p>	1	H	S
141B	<p>Very Low Birth Weight -</p> <p>Birth weight defined as ≤ 3 pounds 5 ounces (≤ 1500 grams)</p>	1	H	S
142	<p>Prematurity -</p> <p>Infant born ≤ 37 weeks/0 days gestation</p>	1	L	S
151	<p>Small for Gestational Age (SGA) -</p> <p>Diagnosed as small for gestational age.</p>	1	H	U
153	<p>Large for Gestational Age (LGA) -</p> <p>Birth weight of ≥ 9 pounds (≥ 4000 g) or presence of LGA as diagnosed by a physician or someone working under a physician's orders, or as self reported by endorser/caregiver.</p>	1	L	S
201	<p>Low Hematocrit/Low Hemoglobin -</p> <p>Hemoglobin value below those listed in <i>Hemoglobin Levels Indicating NRF #201</i> table.</p>	1	L	S
201B	<p>Severely Low Hematocrit/Hemoglobin -</p> <p>Hemoglobin value low enough to necessitate a medical referral as listed in the <i>Standards for Severely Low Hemoglobin-NRF201b-High Risk Condition</i> table.</p>	1	H	U
211	<p>Elevated Blood Lead Levels -</p> <p>Blood lead level of ≥ 5 micrograms/deciliter within the past twelve months.</p>	1	H	S
300 Series	<p>Medical Conditions -</p> <p>*See <i>Clinical/Health/Medical Conditions List</i> for definitions, codes, and risk level (high or low).</p>	1	L/H	U

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
411	INAPPROPRIATE NUTRITION PRACTICES FOR INFANTS: Routine use of feeding practices that may result in impaired nutrient status, disease, or health problems. These practices, with examples, are outlined below:	4	L	U
411A	Routinely using a substitute(s) for human milk or for FDA approved iron-fortified formula as the primary nutrient source during the first year of life. Examples of substitutes: ▶ Low iron formula without iron supplementation; ▶ Cow's milk, goat's milk, or sheep's milk (whole, reduced fat, low-fat, skim), canned evaporated or sweetened condensed milk; and ▶ Imitation or substitute milks (such as rice- or soy-based beverages, non-dairy creamer), or "other homemade concoctions."	4	L	U
411B	Routinely using nursing bottles or cups improperly. ▶ Using a bottle to feed fruit juice. ▶ Feeding any sugar-containing fluids, such as soda/soft drinks, gelatin water, corn syrup solutions, and sweetened tea. ▶ Allowing the infant to fall asleep or be put to bed with a bottle at naps or bedtime. ▶ Allowing the infant to use the bottle without restriction (e.g. walking around with a bottle) or as a pacifier. ▶ Propping the bottle when feeding. ▶ Allowing an infant to carry around and drink throughout the day from a covered or training cup. ▶ Adding any food (cereal or other solid foods) to the infant's bottle.	4	L	U
411C	Routinely offering complementary foods* or other substances that are inappropriate in type or timing. Examples of inappropriate complementary foods: ▶ Adding sweet agents such as sugar, honey, or syrups to any beverage (including water) or prepared food, or used on a pacifier. ▶ Introducing any food other than human milk or iron-fortified infant formula before 6 months of age. * Complementary foods are any foods or beverages other than human milk or infant formula.	4	L	U

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
411D	<p>Routinely using feeding practices that disregard the developmental needs or stage of the infant.</p> <ul style="list-style-type: none"> ► Inability to recognize, insensitivity to, or disregarding the infant's cues for hunger and satiety (e.g., forcing an infant to eat a certain type and/or amount of food or beverage or ignoring an infant's hunger cues). ► Feeding foods of inappropriate consistency, size, or shape that put infants at risk of choking. ► Not supporting an infant's need for growing independence with self-feeding (e.g., solely spoon-feeding an infant who is able and ready to finger-feed and/or try self-feeding with appropriate utensils). ► Feeding an infant food with inappropriate textures based on his/her developmental stage (e.g., feeding primarily pureed or liquid foods when the infant is ready and capable of eating mashed, chopped or appropriate finger foods). 	4	L	U
411E	<p>Feeding foods to an infant that could be contaminated with harmful microorganisms or toxins.</p> <p>Examples of potentially harmful foods:</p> <ul style="list-style-type: none"> ► Unpasteurized fruit or vegetable juice; ► Unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese; ► Honey (added to liquids or solid foods, used in cooking, as part of processed foods, on a pacifier, etc.); ► Raw or undercooked meat, fish, poultry, or eggs; ► Raw vegetable sprouts (alfalfa, clover, bean, and radish); ► Deli meats, hot dogs, and processed meats (avoid unless heated until steaming hot). ► Donor human milk acquired directly from individuals or the Internet. 	4	L	U
411F	<p>Routinely feeding inappropriately diluted formula.</p> <ul style="list-style-type: none"> ► Failure to follow manufacturer's mixing instructions (to include stretching formula for household economic reasons). ► Failure to follow specific instructions accompanying a prescription. 	4	L	U
411G	<p>Routinely limiting the frequency of nursing of the exclusively breastfed infant when human milk is the sole source of nutrients.</p> <p>Examples of inappropriate frequency of nursing:</p> <ul style="list-style-type: none"> ► Scheduled feedings instead of demand feedings; and ► Less than 8 feedings in 24 hours if less than 2 months of age. 	4	L	U

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
411H	<p>Routinely feeding a diet very low in calories and/or essential nutrients.</p> <p>Examples:</p> <ul style="list-style-type: none"> ▶ Vegan diet ▶ Macrobiotic diet ▶ Other diets very low in calories and/or essential nutrients 	4	L	U
411I	<p>Routinely using inappropriate sanitation in the feeding, preparation, handling, and storage of expressed human milk or formula.</p> <p>▶ Limited or no access to a:</p> <ul style="list-style-type: none"> • Safe water supply (documented by appropriate authorities); • Heat source for sterilization; and/or • Refrigerator or freezer for storage. <p>▶ Failure to prepare, handle, and store bottles, storage containers or breast pumps properly; examples include:</p> <p>Human Milk</p> <ul style="list-style-type: none"> • Thawing/heating in a microwave • Refreezing • Adding freshly expressed unrefrigerated human milk to frozen human milk • Adding freshly pumped chilled human milk to frozen human milk in an amount that is greater than the amount of frozen human milk • Feeding thawed refrigerated human milk more than 24 hours after it was thawed • Saving human milk from a used bottle for another feeding • Failure to clean breast pump per manufacturer's instruction • Feeding donor human milk acquired directly from individuals or the Internet. <p>Formula</p> <ul style="list-style-type: none"> • Failure to prepare and/or store formula per manufacturer's or physicians instructions • Storing at room temperature for more than 1 hour • Using formula in a bottle one hour after the start of a feeding • Saving formula from a used bottle for another feeding • Failure to clean baby bottle properly 	4	L	U
411J	<p>Feeding dietary supplements with potentially harmful consequences.</p> <p>Examples of dietary supplements which, when fed in excess of recommended dosage, may be toxic or have harmful consequences:</p> <ul style="list-style-type: none"> ▶ Single or multi-vitamins; ▶ Mineral supplements; and ▶ Herbal or botanical supplements/remedies/teas. 	4	L	U

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
411K	<p>Routinely not providing dietary supplements recognized as essential by national public health policy when an infant's diet alone cannot meet nutrient requirements.</p> <p>► Infants who are 6 months of age or older who are ingesting less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride.</p> <p>► Infants who are exclusively breastfed, or who are ingesting less than one liter (or 1 quart) per day of vitamin D-fortified formula and are not taking a supplement of 400 IU of vitamin D.</p>	4	L	U
428	<p>Dietary Risk Associated with Complementary Feeding Practices -</p> <p>Infant 4-12 months of age who has begun to or is expected to begin to:</p> <ol style="list-style-type: none"> 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 <i>Dietary Guidelines for Americans</i>. <p>Note: A complete nutrition assessment, including for risk #411, Inappropriate Nutrition Practices for Infants, must be performed prior to assigning this risk.</p> 	4	L	U
501	<p>Possibility of Regression -</p> <p>A participant who has previously been certified eligible for the Program may be considered to be at nutritional risk in the next certification period if the Competent WIC Authority (CWA) determines there is a possibility of regression in nutritional status without the benefits that the WIC Program provides.</p> <p>Note: Regression cannot be assigned to a participant two certification periods in a row.</p>	4	L	U
502	<p>Transfer of Certification -</p> <p>Person with current valid Verification of Certification (VOC) documents 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.</p>	N/A	L	S
603 603A 603B 603C 603D	<p>Breastfeeding Complications or Potential Complications -</p> <p>Breastfed infant with any of the following complications or potential complications for breastfeeding:</p> <p>► jaundice</p> <p>► weak or ineffective suck</p> <p>► difficulty latching onto mother's breast</p> <p>► inadequate stooling (for age, as determined by a physician or other health care professional), and/or less than 6 wet diapers per day.</p> <p>Note: High Risk must be seen by a Lactation Management Specialist (LMS/CLC/IBCLC) or WIC High Risk Counselor within 24 hours.</p>	1	H	U

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
701	Infant Up to 6 Months Old of WIC Mother or of a Woman Who Would Have Been Eligible During Pregnancy - Infant < 6 months of age whose mother was a WIC Program participant during pregnancy or whose mother's medical records document that the woman was at nutritional risk during pregnancy because of detrimental or abnormal nutritional conditions detectable by biochemical or anthropometric measurements or other documented nutritionally related conditions.	2	L	S
702A	Breastfeeding Infant of Woman at Nutritional Risk - Priority 1 infant	1	L	S
702B	Priority 2 infant	2	L	S
702D	Priority 4 infant Note: Infant must be the same priority as at-risk mother	4	L	S
703	Infant Born of Woman with Mental Retardation or Alcohol or Drug Abuse during Most Recent Pregnancy- Infant born of a woman: ► With presence of mental retardation diagnosed, documented, or reported by a physician or psychologist or someone working under a physicians orders, or as self-reported by applicant/participant/caregiver; or ► Documentation or self-report of any use of alcohol or illegal drugs during most recent pregnancy.	1	H	U
801	Homelessness - Infant who lacks a fixed and regular nighttime residence; or whose primary nighttime residence is: ► A supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence) designed to provide temporary living accommodations; ► An institution that provides a temporary residence for individuals intended to be institutionalized; ► A temporary accommodation of not more than 365 days in the residence of another individual; or ► A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.	4	L	U
802	Migrancy - Infant who is a member of a family that contains at least one individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of such employment, a temporary abode.	4	L	U

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
901	Recipient of Abuse - Battering or child abuse/neglect within the past 6 months as self-reported by endorser/proxy or documented by a social worker, health care provider, or on other appropriate documents, or as reported through consultation with a social worker, health care provider, or other appropriate personnel.	4	L	U
902	Infant of Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food - Infant whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples include care givers who are: <ul style="list-style-type: none"> ▶ ≤ 17 years of age; ▶ Mentally disabled/delayed and/or have a mental illness such as clinical depression (diagnosed by a physician or licensed psychologist); ▶ Physically disabled to a degree which restricts or limits food preparation abilities; or ▶ Currently using or having a history of abusing alcohol or other drugs. 	4	L	U
903	Foster Care - Entering the foster care system during the previous 6 months or moving from one foster care home to another foster care home during the previous 6 months.	4	L	S
904	Environmental Tobacco Smoke Exposure (ETS) - Exposure to smoke from tobacco products inside the home. Note: ETS is also known as passive, secondhand, or involuntary smoke.	1	L	U

CHILD

System Assigned (S): Compass assigns based on anthropometric, blood values, and/or dates entered in system.

User Assigned (U): User assigns by checking a box or radio button, or by assigning on the Risk panel.

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
103A	At Risk of Underweight - <i>Child ≥ 12 months to <24 months:</i> $> 2^{\text{nd}}$ percentile and $\leq 5^{\text{th}}$ percentile weight-for-length <i>Child 2-5 years of age:</i> $> 5^{\text{th}}$ percentile and $\leq 10^{\text{th}}$ percentile Body Mass Index (BMI)-for-age	3	L	S
103B	Underweight - <i>Child ≥ 12 months to <24 months:</i> $\leq 2^{\text{nd}}$ percentile weight-for-length Note: CDC labels the 2.3 rd percentile as the 2 nd percentile on the Birth to 24 months gender specific growth charts. <i>Child 2-5 years of age:</i> $\leq 5^{\text{th}}$ percentile Body Mass Index (BMI)-for-age	3	H	S
113	Obese - <i>Child 2-5 years of age:</i> $\geq 95^{\text{th}}$ percentile Body Mass Index (BMI)-for-age Note: standing height only	3	H	S
114	Overweight - <i>Child 2-5 years of age:</i> $\geq 85^{\text{th}}$ and $< 95^{\text{th}}$ percentile Body Mass Index (BMI)-for-age	3	L	S
	At Risk of Overweight - <i>Child ≥ 12 months to 5 years of age:</i> Biological mother** and/or biological father 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 the mother is pregnant or has had a baby within the past 6 months but was not on WIC during that pregnancy, use her preconceptional weight to assess for obesity since her current weight will be influenced by pregnancy-related weight gain. For children <24 months of age whose biological mother was on WIC during the most recent pregnancy, Compass assigns using the biological mother's most recent pregnancy record.	3	L	S/U

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
115	High Weight-for-Length - <i>Child ≥ 12 months to < 24 months of age:</i> $\geq 98^{\text{th}}$ percentile weight-for-length as plotted on the CDC Birth to 24 months gender specific growth charts. Note: CDC labels the 97.7^{th} percentile as the 98^{th} percentile on the Birth to 24 months gender specific growth charts.	3	L	S
121A	At Risk for Short Stature - <i>Child ≥ 12 months to < 24 months of age:</i> $> 2^{\text{nd}}$ percentile and $\leq 5^{\text{th}}$ percentile length-for-age as plotted on the CDC Birth to 24 months gender specific growth charts. Note: CDC labels the 2.3^{rd} percentile as the 2^{nd} percentile on the Birth to 24 months gender specific growth charts. Note: Assignment for a child with a history of prematurity is based on adjusted gestational age. <i>Child 2-5 years of age:</i> $> 5^{\text{th}}$ percentile and $\leq 10^{\text{th}}$ percentile height-for-age.	3	L	S
121B	Short Stature - <i>Child ≥ 12 months to < 24 months of age:</i> $\leq 2^{\text{nd}}$ percentile length-for-age as plotted on the CDC Birth to 24 months gender specific growth charts. Note: CDC labels the 2.3^{rd} percentile as the 2^{nd} percentile on the birth to 24 months gender-specific growth charts. Note: Assignment for a child with a history of prematurity is based on adjusted gestational age. <i>Child 2-5 years of age:</i> $\leq 5^{\text{th}}$ percentile height-for-age	3	L	S
134	Failure to Thrive - Presence of failure to thrive (FTT) diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by endorser/caregiver.	3	H	U
141A	Low Birth Weight - <i>Child < 24 months of age:</i> Birth weight defined as ≤ 5 pounds 8 ounces (≤ 2500 grams)	3	L	S
141B	Very Low Birth Weight - <i>Child < 24 months of age:</i> Birth weight defined as ≤ 3 pounds 5 ounces (≤ 1500 grams)	3	L	S
142	Prematurity - <i>Child < 24 months of age:</i> Born ≤ 37 weeks/0 days gestation	3	L	U
151	Small for Gestational Age (SGA) - <i>Child < 24 months of age:</i> Diagnosed as small for gestational age.	3	L	U

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
201	Low Hematocrit/Low Hemoglobin - Hemoglobin value below those listed in <i>Hemoglobin Levels Indicating NRF #201</i> table.	3	L	S
201B	Severely Low Hematocrit/Hemoglobin - Hemoglobin value low enough to necessitate a medical referral as listed in the <i>Standards for Severely Low Hemoglobin-NRF201b-High Risk Condition</i> table.	3	H	U
211	Elevated Blood Lead Levels - Blood lead level of ≥ 5 micrograms/deciliter within the past twelve months.	3	H	S
300 Series	Medical Conditions - *See <i>Clinical/Health/Medical Conditions List</i> for definitions, codes, and risk level (high or low).	3	L/H	U
401	Failure to Meet Dietary Guidelines for Americans - Child ≥ 24 months of age who meets the income, categorical, and residency eligibility requirements may be presumed to be at nutritional risk based on <i>failure to meet Dietary Guidelines for Americans</i> . Based on a child's estimated energy needs, this 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). Note: Assign 401 to child 2-5 years of age when a complete nutrition assessment has been performed and no other nutrition risks are identified.	5	L	U
425	INAPPROPRIATE NUTRITION PRACTICES FOR CHILDREN - Routine use of feeding practices that may result in impaired nutrient status, disease, or health problems.	5	L	U
425A	Routinely feeding inappropriate beverages as the primary milk source - Examples of inappropriate beverages as primary milk source: ► Non-fat or reduced-fat milks between 12 and 24 months of age only (unless overweight or obesity is a concern) or sweetened condensed milk; and ► Goat's milk, sheep's milk, imitation or substitute milks (that are unfortified or inadequately fortified), or other "homemade concoctions."	5	L	U
425B	Routinely feeding a child any sugar-containing fluids Examples of sugar-containing fluids: ► Soda/soft drinks ► Gelatin water ► Corn syrup solutions; and ► Sweetened tea	5	L	U

425C	<p>Routinely using nursing bottles, cups, or pacifiers inappropriately -</p> <ul style="list-style-type: none"> ▶ Using a bottle to feed: <ul style="list-style-type: none"> • Fruit juice, or • Diluted cereal or other solid foods. ▶ Allowing the child to fall asleep or be put to bed with a bottle at naps or bedtime. ▶ Allowing the child to use the bottle without restriction (e.g., walking around with a bottle) or as a pacifier. ▶ Using a bottle for feeding or drinking beyond 14 months of age. ▶ Using a pacifier dipped in sweet agents such as sugar, honey, or syrups. ▶ Allowing a child to carry around and drink throughout the day from a covered or training cup. 	5	L	U
425D	<p>Routinely using feeding practices that disregard the developmental needs or stages of the child -</p> <ul style="list-style-type: none"> ▶ 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 request for appropriate foods). ▶ Feeding foods of inappropriate consistency, size, or shape that puts child at risk of choking. ▶ Not supporting a child's need for growing independence with self-feeding (e.g., solely spoon-feeding a child who is able and ready to finger-feed and/or try self-feeding with appropriate utensils). ▶ Feeding a child food with an inappropriate texture based on his/her developmental stage (e.g., feeding primarily pureed or liquid foods when the child is ready and capable of eating mashed, chopped or appropriate finger foods). 	5	L	U
425E	<p>Feeding foods to a child that could be contaminated with harmful microorganisms or toxins-</p> <p>Examples of potentially harmful foods for a child:</p> <ul style="list-style-type: none"> ▶ Unpasteurized fruit or vegetable juice; ▶ Unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese; ▶ Raw or undercooked meat, fish, poultry, or eggs; ▶ Raw vegetable sprouts (alfalfa, clover, bean, and radish); and ▶ Deli meat, hot dogs, and processed meats (avoid unless heated until steaming hot). 	5	L	U
425F	<p>Routinely feeding a diet very low in calories and/or essential nutrients -</p> <p>Examples:</p> <ul style="list-style-type: none"> ▶ Vegan diet; ▶ Macrobiotic diet; and ▶ Other diets very low in calories and/or essential nutrients. 	5	L	U
425G	<p>Feeding dietary supplements with potentially harmful consequences -</p> <p>Examples of dietary supplements which when fed in excess of recommended dosage may be toxic or have harmful consequences:</p> <ul style="list-style-type: none"> ▶ Single or multi-vitamins; ▶ Mineral supplements; and ▶ Herbal or botanical supplements/remedies/teas. 	5	L	U

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
425H	<p>Routinely not providing dietary supplements recognized as essential by national public health policy when a child's diet alone cannot meet nutrient requirements -</p> <ul style="list-style-type: none"> ▶ Providing child < 36 months of age less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride. ▶ Providing child 36-60 months of age less than 0.50 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride. ▶ Not providing 400 IU of vitamin D per day if a child consumes less than 1 liter (or 1 quart) of vitamin D fortified milk or formula. 	5	L	U
425I	<p>Routine ingestion of nonfood items (pica) -Examples of inappropriate nonfood items:</p> <ul style="list-style-type: none"> ▶ Ashes; ▶ Carpet fibers; ▶ Cigarettes or cigarette butts; ▶ Clay; ▶ Dust; ▶ Foam rubber; ▶ Paint chips; ▶ Soil; and ▶ Starch (laundry or cornstarch). 	5	L	U
428	<p>Dietary Risk Associated with Complementary Feeding Practices - Child ≥ 12 to < 24 months of age who has begun to or is expected to begin to:</p> <ol style="list-style-type: none"> 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 <i>Dietary Guidelines for Americans</i>, and is at risk of inappropriate complementary feeding <p>Note: A complete nutrition assessment, including #425, Inappropriate Nutrition Practices for Children, must be completed prior to assigning this risk.</p>	5	L	U

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
501	<p>Possibility of Regression - A participant who has previously been certified eligible for the Program may be considered to be at nutritional risk in the next certification period if the Competent WIC Authority (CWA) determines there is a possibility of regression in nutritional status without the benefits that the WIC Program provides.</p> <p>Note: Regression cannot be assigned to a participant two certification periods in a row.</p>	5	L	U
502	<p>Transfer of Certification - Person with current valid Verification of Certification (VOC) documents 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.</p>	N/A	L	S
801	<p>Homelessness - Child who lacks a fixed and regular night time residence; or whose primary night time residence is:</p> <ul style="list-style-type: none"> ▶ 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. 	5	L	U
802	<p>Migrancy - Child who is a member of a family that contains at least one individual:</p> <ul style="list-style-type: none"> ▶ Whose principal employment is in agriculture on a seasonal basis and; ▶ Has been so employed within the last 24 months and; ▶ Who establishes, for the purposes of such employment, a temporary abode. 	5	L	U
901	<p>Recipient of Abuse - Battering or child abuse/neglect within the past 6 months as self-reported by endorser/proxy or documented by a social worker, health care provider, or on other appropriate documents, or as reported through consultation with a social worker, health care provider, or other appropriate personnel.</p>	5	L	U

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
902	<p>Child of Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food - Child whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples may include caregivers who are:</p> <ul style="list-style-type: none"> ▶ ≤ 17 years of age; ▶ Mentally disabled/delayed and/or have a mental illness such as clinical depression (diagnosed by a physician or licensed psychologist); ▶ Physically disabled to a degree which restricts or limits food preparation abilities; ▶ Currently using or having a history of abusing alcohol or other drugs. 	5	L	U
903	<p>Foster Care - Entered the foster care system during the previous 6 months or moved from one foster care home to another foster care home during the previous 6 months.</p>	5	L	U
904	<p>Environmental Tobacco Smoke Exposure (ETS) - Exposure to smoke from tobacco products inside the home.</p> <p>Note: ETS is also known as passive, secondhand, or involuntary smoke.</p>	3	L	U

Clinical/Health/Medical Conditions

All Conditions are User-assigned, unless specifically noted. Risk level assigned (*High or Low Risk*) noted in the Definition section.

NRF Code	Compass Description	Definition	Categories				
			P	B	N	I	C
301	Hyperemesis Gravidarum*	Severe nausea and vomiting to the extent that the pregnant woman becomes dehydrated and acidotic. (<i>High Risk</i>)	X				
302	Gestational Diabetes*	Any degree of glucose/carbohydrate intolerance with onset or first recognition during pregnancy. (<i>High Risk</i>)	X				
303	History of Gestational Diabetes*	History of diagnosed gestational diabetes mellitus (GDM). (<i>Low Risk</i>)	X	X	X		
304	History of Preeclampsia*	History of diagnosed preeclampsia. (<i>Low Risk</i>)	X	X	X		
311	History of Preterm Delivery	Birth of an infant at ≤ 37 weeks gestation: (<i>Low Risk</i>) Pregnant: Any history of preterm delivery Breastfeeding/Non- Breastfeeding: Most recent pregnancy	X	X	X		
312	History of Low Birth Weight	Birth of an infant weighing ≤ 5 pounds 8 ounces (≤ 2500 gm). (<i>Low Risk</i>) Pregnant: Any history of low birth weight Breastfeeding/Non-Breastfeeding: Most recent pregnancy	X	X	X		
321	History of Spontaneous Abortion, Fetal or Neonatal Loss	Any history of spontaneous abortion, fetal or neonatal loss. (<i>Low Risk</i>) <ul style="list-style-type: none"> 321A Pregnant: Any history of fetal or neonatal death or 2 or more spontaneous abortions. 321B Breastfeeding: 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. 321C Non-Breastfeeding: Spontaneous abortion, fetal or neonatal loss in most recent pregnancy. <i>Note:</i> Spontaneous abortion occurs before 20 weeks; fetal death occurs at or after 20 weeks gestation; neonatal death is within 0-28 days of life.	X	X	X		
331	Pregnancy at a Young Age** **System assigned	331A: < 16 years (<i>High Risk</i>) 331B: 16 to < 18 years (<i>Low Risk</i>) Pregnant: Current pregnancy Breastfeeding/Non-Breastfeeding: Most recent pregnancy	X	X	X		

NRF Code	Compass Description	Definition	Categories				
			P	B	N	I	C
332	Short Interpregnancy Interval** **System assigned	Interpregnancy interval of less than 18 months from the date of a live birth to the conception of the subsequent pregnancy for the following: <i>(Low Risk)</i> Pregnant: Current pregnancy Breastfeeding/Non-Breastfeeding: Most recent pregnancy	X	X	X		
333	High Parity and Young Age** **System assigned	Woman under age 20 years at date of conception who have had 3 or more previous pregnancies of at least 20 weeks duration, regardless of birth outcome for the following: <i>(Low Risk)</i> Pregnant: Current pregnancy Breastfeeding/Non-Breastfeeding: Most recent pregnancy	X	X	X		
334	Lack of or Inadequate Prenatal Care	Prenatal care beginning after the 1 st trimester (after 13 th week). <i>(Low Risk)</i>	X				
335	Multi-fetal Gestation	More than one fetus in: Pregnant: the current pregnancy <i>(Low Risk)</i> Breastfeeding: the most recent pregnancy <i>(High Risk)</i> Non-Breastfeeding: the most recent pregnancy <i>(Low Risk)</i>	X	X	X		
336	Fetal Growth Restriction (FGR)*	Fetal weight <10 th percentile for gestational age. <i>(High Risk)</i> Note: Fetal Growth Restriction (FGR) may be diagnosed by a physician with serial measurements of fundal height, abdominal girth and can be confirmed with ultrasonography. FGR replaces the term Intrauterine Growth Retardation (IUGR)	X				
337	History of Birth of a Large for Gestational Age Infant*	Pregnant: Any history of giving birth to an infant weighing ≥ 9 pounds (4000 grams). <i>(Low Risk)</i> Breastfeeding/Non-Breastfeeding: Most recent pregnancy, or history of giving birth to an infant weighing ≥ 9 pounds (4000 grams). <i>(Low Risk)</i>	X	X	X		
338	Pregnant Woman Currently Breastfeeding	Breastfeeding woman now pregnant. <i>(Low Risk)</i>	X				
339	History of Birth with a 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. <i>(Low Risk)</i> Pregnant: Any history of birth with nutrition-related congenital or birth defect. Breastfeeding/Non-Breastfeeding: Most recent pregnancy	X	X	X		

NRF Code	Compass Description	Definition	Categories				
			P	B	N	I	C
341	Nutrient Deficiency Diseases*	<p>Nutritional deficiency or disease caused by insufficient dietary intake of macro and micronutrients. Diseases include, but are not limited to: <i>(High Risk)</i></p> <ul style="list-style-type: none"> Protein energy malnutrition Scurvy Rickets Vitamin K deficiency Pellagra Cheilosis Beriberi Hypocalcemia Osteomalacia Menkes disease Xerophthalmia 	X	X	X	X	X
342	Gastro-intestinal Disorders*	<p>Disease(s) and/or conditions(s) that interfere with the intake or absorption of nutrients. The diseases and/or conditions include, but are not limited to: <i>(High Risk)</i></p> <ul style="list-style-type: none"> 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 Biliary tract disease 	X	X	X	X	X
343	Diabetes Mellitus*	<p>Consists of a group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both. <i>(High Risk)</i></p>	X	X	X	X	X
344	Thyroid Disorders*	<p>Thyroid dysfunctions that occur in pregnant and postpartum women, during fetal development, and in childhood are caused by the abnormal secretion of thyroid hormones. The medical conditions include, but are not limited to: <i>(High Risk)</i></p> <ul style="list-style-type: none"> Hyperthyroidism Hypothyroidism Congenital Hyperthyroidism Congenital Hypothyroidism Postpartum Thyroiditis 	X	X	X	X	X

NRF Code	Compass Description	Definition	Categories				
			P	B	N	I	C
345	Hypertension and Prehypertension*	Presence of Hypertension or Prehypertension. <i>(High Risk)</i>	X	X	X	X	X
346	Renal Disease*	Any renal disease including pyelonephritis and persistent proteinuria, but excluding urinary tract infections (UTI) involving the bladder. <i>(High Risk)</i>	X	X	X	X	X
347	Cancer *	A chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biologic restraints. The current condition, or treatment of the condition, must be severe enough to affect nutritional status. <i>(High Risk)</i>	X	X	X	X	X
348	Central Nervous System Disorders*	Conditions which affect energy requirements, ability to feed self, or alter nutritional status metabolically, mechanically, or both. These include but are not limited to: <i>(High Risk)</i> <ul style="list-style-type: none"> Epilepsy Cerebral palsy (CP) Neural tube defects (NTD), such as spina bifida Parkinson's disease Multiple sclerosis (MS) 	X	X	X	X	X
349	Genetic and Congenital Disorders*	A hereditary or congenital condition at birth that causes physical or metabolic abnormality. The current condition must alter nutrition status metabolically, mechanically, or both. May include but is not limited to: <i>(High Risk)</i> <ul style="list-style-type: none"> Cleft lip or palate Down's syndrome Muscular dystrophy Thalassemia major Sickle cell anemia (not sickle cell trait) 	X	X	X	X	X
351	Inborn Errors of Metabolism*	Inherited metabolic disorders caused by a defect in the enzymes or their co-factors that metabolize protein, carbohydrate, or fat. Inborn errors of metabolism (IEM) generally refer to gene mutations or gene deletions that alter metabolism in the body, including but not limited to: <i>(High Risk)</i> <ul style="list-style-type: none"> Amino acid disorders Organic acid metabolism disorders Fatty acid oxidation disorders Lysosomal storage diseases Urea cycle disorders Carbohydrate disorders Peroxisomal disorders Mitochondrial disorders 	X	X	X	X	X

NRF Code	Compass Description	Definition	Categories				
			P	B	N	I	C
352a	Infectious Diseases - Acute*	A disease which is characterized by a single or repeated episode of relatively rapid onset and short duration. The infectious disease must be present within the past 6 months. Includes, but not limited to: <i>(High Risk)</i> <ul style="list-style-type: none"> Hepatitis A Hepatitis E Listeriosis Pneumonia Meningitis (Bacterial/Viral) Bronchitis (3 episodes in last 6 months) Parasitic Infections 	X	X	X	X	X
352b	Infectious Diseases - Chronic*	Conditions likely lasting a lifetime and require long-term management of symptoms. Includes, but not limited to: <i>(High Risk)</i> <ul style="list-style-type: none"> HIV (Human Immunodeficiency Virus) AIDS (Acquired Immunodeficiency Syndrome) Hepatitis B Hepatitis C Hepatitis D 	X	X	X	X	X
353	Food Allergies*	Adverse health effects arising from a specific immune response that occurs reproducibly on exposure to a given food. <i>(High Risk)</i> Note: Food allergy reactions occur when the body's immune system responds to a harmless food as if it were a threat. The foods that most often cause allergic reactions include cow's milk (and foods made from cow's milk), eggs, peanuts, tree nuts, fish, shellfish, wheat, and soy. Clarification: Unlike food allergies, food intolerances do not involve the immune system. Food intolerances are adverse reactions to food caused either by the properties of the food itself (such as a toxin) or the characteristics of the individual (such as a metabolic disorder). Food intolerances are often misdiagnosed as food allergies because the symptoms are often similar.	X	X	X	X	X
354	Celiac Disease*	An autoimmune disease precipitated by the ingestion of gluten (a protein in wheat, rye, and barley) that result in damage to the small intestine and malabsorption of the nutrients from food. Also known as Celiac Sprue, Gluten-sensitive Enteropathy, and Non-tropical Sprue. <i>(High Risk)</i>	X	X	X	X	X

NRF Code	Compass Description	Definition	Categories				
			P	B	N	I	C
355	Lactose Intolerance*	The syndrome of one or more of the following: diarrhea, abdominal pain, flatulence, and/or bloating, that occurs after lactose ingestion. (<i>Low Risk</i>) <i>Note:</i> Evidence of the condition may be documented by the WIC staff	X	X	X	X	X
356	Hypoglycemia*	Presence of hypoglycemia. (<i>High Risk</i>) <i>Note:</i> Hypoglycemia can occur as a complication of diabetes, as a condition in itself, in association with other disorders, or under certain conditions such as early pregnancy, prolonged fasting, or long periods of strenuous exercise. Symptomatic hypoglycemia is a risk observed in a substantial proportion of newborns who are small for gestational age. It is uncommon and of shorter duration in newborns who are of the appropriate size for gestational age.	X	X	X	X	X
358	Eating Disorders*	Eating disorders (anorexia nervosa and bulimia) are characterized by a disturbed sense of body image and morbid fear of becoming fat. Symptoms are manifested by abnormal eating patterns including, but not limited to: (<i>High Risk</i>) <ul style="list-style-type: none"> • Self-induced vomiting • Purgative abuse • Alternating periods of starvation • Use of drugs such as appetite suppressants, thyroid preparations or diuretics • Self-induced marked weight loss <i>Note:</i> Evidence of the condition may be documented by the WIC High Risk Counselor	X	X	X		
359	Recent Major Surgery, Trauma, Burns	Major surgery (including C-sections), trauma or burns severe enough to compromise nutritional status. Any occurrence: (<i>High Risk</i>) <ul style="list-style-type: none"> • Within the past two months may be self reported. • More than two 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. 	X	X	X	X	X

NRF Code	Compass Description	Definition	Categories				
			P	B	N	I	C
360	Other Medical Conditions *	Diseases or conditions with nutritional implications that are not included in any of the other medical conditions. The current condition, or treatment for the condition, must be severe enough to affect nutritional status. This includes, but is not limited to: <i>(High Risk)</i> <ul style="list-style-type: none"> Juvenile Rheumatoid Arthritis (JRA) Persistent Asthma (moderate or severe) requiring daily medication Cardio Respiratory Diseases Cystic Fibrosis Lupus Erythematosus Heart Disease 	X	X	X	X	X
361	Depression*	Presence of clinical depression, including postpartum depression. <i>(High Risk)</i>	X	X	X		
362	Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat	Developmental, sensory, or motor disabilities that restrict the ability to chew or swallow food or require tube feeding to meet nutritional needs. Disabilities include but are not limited to: <i>(High Risk)</i> <ul style="list-style-type: none"> 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 Other disabilities 	X	X	X	X	X
363	Pre-Diabetes*	Impaired fasting glucose (IFG) and/or impaired glucose tolerance (IGT) are referred to as pre-diabetes. These conditions are characterized by hyperglycemia that does not meet the diagnostic criteria for diabetes mellitus. <i>(High Risk)</i>		X	X		
371	Maternal Smoking	Any smoking of tobacco products, i.e., cigarettes, pipes, or cigars. <i>(Low Risk)</i>	X	X	X		

NRF Code	Compass Description	Definition	Categories				
			P	B	N	I	C
372	Alcohol and Illegal Drug Use **system assigned based on Pregnant Woman Nutrition Interview 3f	372A Pregnant: <ul style="list-style-type: none"> Any current alcohol use** (<i>High Risk</i>) Breastfeeding (<i>High Risk</i>) and Non-Breastfeeding Postpartum (<i>Low Risk</i>): <ul style="list-style-type: none"> Routine current use of ≥ 2 drinks per day; or Binge drinking, i.e., drinks 5 or more drinks on the same occasion on at least one day in the past 30 days; or Heavy Drinking, i.e., drinks 5 or more drinks on the same occasion on five or more days in the previous 30 days <i>Note:</i> One drink is 1 can (12 oz) of beer; 5 oz wine; 1 ½ fluid oz liquor	X				
		372B Pregnant: <ul style="list-style-type: none"> Any current illegal drug use. (<i>High Risk</i>) Breastfeeding and Non-Breastfeeding Postpartum: (<i>High Risk</i>) <ul style="list-style-type: none"> Any current illegal drug use 	X				
381	Oral Health Conditions*	Oral health conditions include, but are not limited to: (<i>Low Risk</i>) <ul style="list-style-type: none"> Dental caries, often referred to as "cavities" or "tooth decay" Periodontal diseases (stages include gingivitis and periodontitis) Tooth loss, ineffectively replaced teeth or oral infections which impair the ability to ingest food in adequate quantity or quality <i>Note:</i> Evidence of the condition may be documented by the WIC staff	X	X	X	X	X
382	Fetal Alcohol Syndrome*	Fetal Alcohol Syndrome (FAS) is based on the presence of retarded growth, a pattern of facial abnormalities, and abnormalities of the central nervous system, including mental retardation. (<i>High Risk</i>)				X	X

* Presence of the condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver. A self-reported diagnosis (My doctor says that I have/my son or daughter has...) should prompt the CWA to validate the presence of the condition by asking more pointed questions related to that diagnosis.