

WIC LOCAL AGENCY REPORT SCHEDULE

Month	Date Due	Date Sent	Title of Report
January			
	30 th		WIC Program Expenditure Report- eGrants
	30 th		Time Study Summary Report
	31 st		WIC Quarterly Narrative Report
February			
	15 th		Inventory Reports: Computer equipment (electronic) and other WIC Equipment (paper)
	28 th		Time Study Summary Report
	30 th		WIC Program Expenditure Report- eGrants
March	30 th		WIC Program Expenditure Report- eGrants
	30 th		Time Study Summary Report
April			
	30 th		WIC Program Expenditure Report- eGrants
	30 th		Time Study Summary Report
	30 th		Quarterly Narrative Report
	30 th		Annual Survey Results
May			
	30 th		WIC Program Expenditure Report- eGrants
	30 th		Time Study Summary Report
June	30 th		WIC Program Expenditure Report- eGrants
	30 th		Time Study Summary Report
July			
	30 th		WIC Program Expenditure Report- eGrants
	30 th		Time Study Summary Report
	31 st		Quarterly Narrative Report
August			
	30 th		WIC Program Expenditure Report- eGrants
	30 th		Time Study Summary Report
September	30 th		WIC Program Expenditure Report- eGrants
	20 th		Property Inventory Report
	30 th		Time Study Summary Report
October			
	30 th		WIC Program Expenditure Report- eGrants
	30 th		Time Study Summary Report
	31 st		Quarterly Narrative Report
November			
	30 th		WIC Program Expenditure Report- eGrants
	30 th		Time Study Summary Report
December	30 th		WIC Program Expenditure Report- eGrants
	30 th		Time Study Summary Report

Policy and Procedures







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United States Department of Agriculture
Food and Nutrition Service

Western Region



WC-4 (GEN)

Reply to: All State Memorandum 04-52
Attn of: **WRO Policy Memo 803-BA /SFPD Policy Memorandum #2004-5**
Subject: Implementation of the Certification and General Administration Provisions of P.L. 108-265
To: All Western State WIC Directors

**INFORMATION-
POLICY- X
ACTION- X**

BACKGROUND

This memorandum provides guidance on the implementation of the nondiscretionary certification and general administration provisions of Public Law 108-265, the Child Nutrition and WIC Reauthorization Act of 2004, enacted on June 30, 2004. These provisions include: (1) definition of "nutrition education"; (2) definition of "supplemental foods"; (3) certification period for breastfeeding women; and (4) the physical presence requirement. The provisions in this memorandum are nondiscretionary (i.e., they are to be implemented exactly as written in the law). The new law requires the Department to issue guidance to implement certain provisions as soon as possible following enactment of the law. The provisions set forth in this policy memorandum will be incorporated into the WIC Program regulations through a formal rulemaking in the near future. Policy memoranda addressing other WIC provisions in the legislation, including funding, rebates, vendor management and cost-containment, will be issued separately.

DEFINITIONS

Nutrition Education

Δ, pg 2-20, 2-29, 2-31 2-30

Legislative Change: Sec. 203(a)(1) of P.L. 108-265 amends Sec. 17(b)(7) of the Child Nutrition Act (CNA) by revising the definition of "nutrition education" to include a reference to "physical activity". It also removes the term "socioeconomic" from the current definition.

Implementation Date: This requirement becomes effective on October 1, 2004.

Current Regulatory Requirement: See Policy Change section.

Policy Change: The definition of "nutrition education" now reads as follows: *Nutrition education means individual and group sessions and the provision of materials that are designed to improve health status and achieve positive change in dietary and physical activity*



STATE OF ALASKA

DEPT. of HEALTH and SOCIAL SERVICES
DIVISION of PUBLIC HEALTH
Office of Children's Services

FRANK H. MURKOWSKI, GOVERNOR

3601 C Street, Suite 934
P O Box 240249
ANCHORAGE, AK 99524-0249
PHONE: (907) 269-3400

FAX: (907) 269-3465
<http://www.nse.state.ak.us/ncc/>

Reply to: All Local Agencies Memorandum No. 04-A02

Date: April 12, 2004

TO: X-LA WIC Coordinators
X-Satellites

Information- X
Policy- X
Action- X

Routine (hard copy only) -X
Urgent (fax and hard copy)-

FROM: Fatima S. Hoyer
State WIC Nutritionist & Breastfeeding Coordinator

SUBJECT: Medicaid Primary Payor for WIC Exempt Infant Formulas and Medical Foods

WIC Local Agencies (LAs) need to inform Medicaid WIC participants how to obtain WIC-eligible exempt infant formulas or medical foods (i.e. Non-contract formula) from Medicaid. Medicaid is the primary payor. This is a Western Region (WR) policy based on a review of the WIC regulation. Alaska WIC can issue participants up to six months of non-contract formula (NCF) warrants, allowing Medicaid ample time to approve and supply NCF. WIC will not issue NCF warrants, once the process is in place.

This Policy Memorandum expands on LA Memo No. 02-J and rescinds LA Memo No. 03-J07. It provides further background information, sources and clarification to continue complying and providing guidance to implement WR Policy Memo 804-Q, *Medicaid Primary Payor for WIC Exempt Infant Formulas and Medical Foods*.

The following instructions guide Medicaid WIC participants through the process. You will find detail WIC and Medicaid regulations, and websites for obtaining needed forms at the end of the memo.

How WIC Can Assist Medicaid WIC Participants to Obtain Non-Contract Formulas

WIC Local Agencies (LAs) Responsibilities

1. Give WIC Medicaid participants a copy of the Alaska WIC Enteral Nutrition Prescription Request Form (ENPR) (Attachment 1) which replaces the Alaska WIC Non-Contract Formula Request Form (NCFR), and a list of the Medicaid Durable Medical Equipment (DME) providers (Attachment 2).

The name change from NCFR to ENPR matches Medicaid terminology.

Overview

■ P & P Manual can be downloaded from DPA WIC Page:

■ State of AK Home page

■ Departments

– Health and Social Services

» Department of Public Assistance

» Family Nutrition Services (WIC)

» For Local Agencies

» Policies and Procedure Manuals

» Policy & Procedures

■ <http://health.hss.state.ak.us/dpa/programs/nutri/WIC/Admin/PandP-Manuals.htm>



Overview

8 Chapters

-  Chapter 1- Eligibility, Certification & Coordination of Services
-  Chapter 2- Nutrition Services
-  Chapter 3- Supplemental Foods
-  Chapter 4- Food Delivery System & Warrant Accountability & Control



Overview

- Chapter 5- Vendor Relations
- Chapter 6- Local Agency Monitoring
- Chapter 7- Nutrition Services & Administration Expenditures & Local Agency Reports
- Chapter 8- Caseload Management



Chapter One “Eligibility, Certification & Coordination of Services”



Chapter One “Eligibility, Certification and Coordination of Services”

■ Eligibility Determination & Documentation

■ Residency

- Do not have to be a US citizen
- Can be homeless
- Needs to be documented; village documentation different- address & village

■ Identity

- Checked upon initial cert / warrant pu
 - Once proof established, visual recognition



Chapter One

■ Physical Presence

- Client needs to be present; some exceptions
 - Disability
 - Documented on going health care
 - Working status is a barrier
 - Infants < 8 weeks

■ Income Eligibility

- ≤185% of the federal poverty level
- Adjunctive eligibility



Chapter One

■ Income Eligibility

- Dependent upon household size & income level
- Gross income
- Net income
- Income exclusions pg 1-15 through 1-18
- Income documentation
 - Computer drop down box
 - Adjunctive eligibility: Head Start, FSP, Certain AK Natives, ATAP, Free or Reduced Price School Lunch



WIC Alaska Native/American Indian Income Certification

Applicant's Name _____

If application is for yourself:

I am a member of the _____ tribe

If application is for an infant or child:

This child is a member of the _____ tribe

ALASKA INCOME ELIGIBILITY GUIDELINES

(Effective from July 1, 2009 to June 30, 2010)

Household Size	Annual	Monthly	Twice-Monthly	Bi-Weekly	Weekly
1	\$25,031	\$2,086	\$1,043	\$963	\$482
2	\$33,689	\$2,808	\$1,404	\$1,296	\$648
3	\$42,347	\$3,529	\$1,765	\$1,629	\$815
4	\$51,005	\$4,251	\$2,126	\$1,962	\$981
5	\$59,663	\$4,972	\$2,486	\$2,295	\$1,148
6	\$68,321	\$5,694	\$2,847	\$2,628	\$1,314
7	\$76,979	\$6,415	\$3,208	\$2,961	\$1,481
8	\$85,637	\$7,137	\$3,569	\$3,294	\$1,647
9	\$94,295	\$7,858	\$3,929	\$3,627	\$1,814
10	\$102,953	\$8,580	\$4,290	\$3,960	\$1,980
11	\$111,611	\$9,301	\$4,651	\$4,293	\$2,147
12	\$120,269	\$10,023	\$5,012	\$4,626	\$2,313
13	\$128,927	\$10,744	\$5,372	\$4,959	\$2,480
14	\$137,585	\$11,466	\$5,733	\$5,292	\$2,646
15	\$146,243	\$12,187	\$6,094	\$5,625	\$2,813
16	\$154,901	\$12,909	\$6,455	\$5,958	\$2,979
Each Add'l Member Add	\$8,658	\$722	\$361	\$333	\$167

If you are pregnant, add one to Household Size.

I certify that the family income does not exceed the maximum income for family size as shown in the table above:

Signed: _____ Date _____



Chapter One

- Applicant without proof income- 30 days
- No Proof form
- Zero Income
- Military Income
- Family Size
 - Definition
 - Adopted child, temporary custody, foster
 - Cohabitation, emancipated minor, pregnant woman



Chapter One

- Separate households, joint custody
- Mid Cert Income Disqualification
 - Required if client self discloses
 - Income eligibility re-determined if adjunctively income eligible lapses
- Participant File Documentation
 - Paper File
 - Family Information Form (R & R)



Chapter One

- Signed receipts kept for 3 years; either in client file or separate file
- If applicable
 - » Notification of Termination
 - » WIC & Medicaid Enteral Nutrition Prescription Request (ENPR), special medical formulas or Food Package III
 - » Referral forms
 - » Alaska WIC Program Complaint Form
 - » Lost/Stolen WIC Warrant Report
 - » Civil Rights Complaint Report
 - » Nutrition Care Plan for High Risk participants
- Paper or computer



Chapter One

- Progress notes & documentation of need for Ready-to-Feed formula

■ Retention or Participant Records

- Paper files; 3 years
- Signed receipts for warrants or food boxes; 3 years
- Computer files; state responsibility

■ Coordination or Cert Activities with Other Health & Social Services

- Required to make information on the following available:



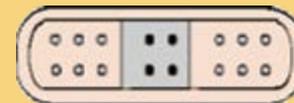
Chapter One

- Written material on Medicaid/DKC
- FSP, EPSDT, ATAP, Immunizations, CSE
- Coordination of services required with other local health care providers
- Referral Methods- verbal, phone calls, literature on referral agency
- Immunization*
 - Screening done to identify children under age two @ risk for under-immunization
 - Screen documented records



Chapter One

Age of Infant or Child	Doses of DTaP Required
By 3 months	1 dose of DTaP
By 5 Months	2 doses of DTaP
By 7 Months	3 doses of DTaP
By 19 Months	4 doses of DTaP



Chapter One

- If the child is not immunized or no record
 - Immunization schedule
 - Referral to the child's usual provider

■ Application Processing Standards, Certification Periods, and Recertification

- Application Notification Standards
 - Date of Application- date of call or visit
 - Mailed Application received



Chapter One

- High risk applicants, Priority I Pregnant & Infants, & homeless notified in 10 calendar days of eligibility / ineligibility
- Other applicants notified in 20 calendar days of eligibility / ineligibility
- **Warrant Issuance Standards**
 - LA must issue warrants at the time of notification of certification
 - Includes mailing warrants & satellite clinics



Chapter One

- Written Procedures for Appointments, Warrant Issuance & Nutrition Education
 - Late or missed appointments, procedure includes
 - » How late is too late to be processed
 - » How soon rescheduling occurs
 - » How no-shows are followed up
 - Nutrition Ed.
 - » Same as above

■ Certification Periods

- Pregnancies not ending in live births can be reassessed for pp WIC benefits
- Breastfeeding Woman for a period of up to one year pp, or until she stops bf, ending with the bf infants first birthday



Chapter One

■ Recertification

- 15 days to notify clients of pending Program expiration
- Shorten or extend cert. period up to 30 days to accommodate appointment scheduling

■ Denying or Terminating Benefits

- Explanation
- Referral
- Notification of Termination/Ineligibility
- File form- participant chart or Ineligible file



Chapter One

■ VOC

- Print 510 report
- Or print 510 plus 204 report
- Accepting VOC's
 - Not required within state
 - Accepted as proof of nutrition risk & income eligibility
 - Identity & residency must be documented
 - Incomplete VOC's accepted (participant's name & date of certification)



Chapter One

■ Dual Participation

- Both LA & State agency responsible
- State Agency reviews dual participation report semi-annually
- Works with involved LA agencies

■ Fair Hearings Procedures

- Means for individuals to appeal decisions to deny or disqualify from WIC or a claim for cash value of improperly obtained benefits
- At time of denial –notify of right to fair hearing via Notification of Termination /Ineligibility



Chapter One

■ Request for Hearing

- Within 60 days from date on Notification of Term.
- LA transmit request for Fair Hearing to State Civil Rights Coordinator- Becky Carrillo
- Benefits continue until the hearing reaches a decision or the certification ends

■ Participant Noncompliance & Abuse

■ Prevention

- Rights & Responsibilities
- Appropriate use of WIC foods & warrants
- Actions & consequences of noncompliance & abuse



Chapter One

■ Noncompliance

- Failure to follow program rules
- Intent & knowledge may not be present
 - » First Incident
 - » Multiple Incidents



ALASKA WIC PROGRAM IMPROPER ACTION REPORT
GIVE COPY TO PARTICIPANT

Agency: _____ Date: _____

Participant Name: _____ ID #: _____

Parent/Guardian Name: _____

Local Agency Statement:

Signature of Authorized Local Agency Representative

Participant Voluntary Statement: If you would like to tell your side of what happened, please write it here. (You are not required to write anything.)

Signature of Participant

If you feel you have been treated unfairly, you may ask for a Fair Hearing. WIC staff will tell you about Fair Hearings and help you get one. You must ask for the Fair Hearing within 60 days of the date on this form. The State WIC Director, 130 Seward St., Juneau, AK 99801, telephone 907-465-3100, will also help you apply for a Fair Hearing. At a Fair Hearing you, a friend or a relative can help give your side of the story.

The WIC Program is available to all without regard to race, color, national origin, sex, age or disability. To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington DC 20250-9410.

Chapter One

■ Dual Participation Actions

- First Incident
 - » Termination from previous LA
 - » Educate client
 - » Document
 - » Verify signed R & R in chart
- Multiple Incidents



Chapter One

■ Abuse

- Intentional violation of WIC program rules or regulations which result in improper receipt or misuse of benefits or actions that threaten or cause harm
- First Incident
 - » Written warning
 - » Educate
 - » Document-Improper Action Form
 - » Participant, chart & Civil Rights Coordinator receive copies



Chapter One

- **Lost or Stolen Warrants**
 - No replacement of lost warrants
 - Stolen may be replaced with a police report



Chapter One

■ Civil Rights

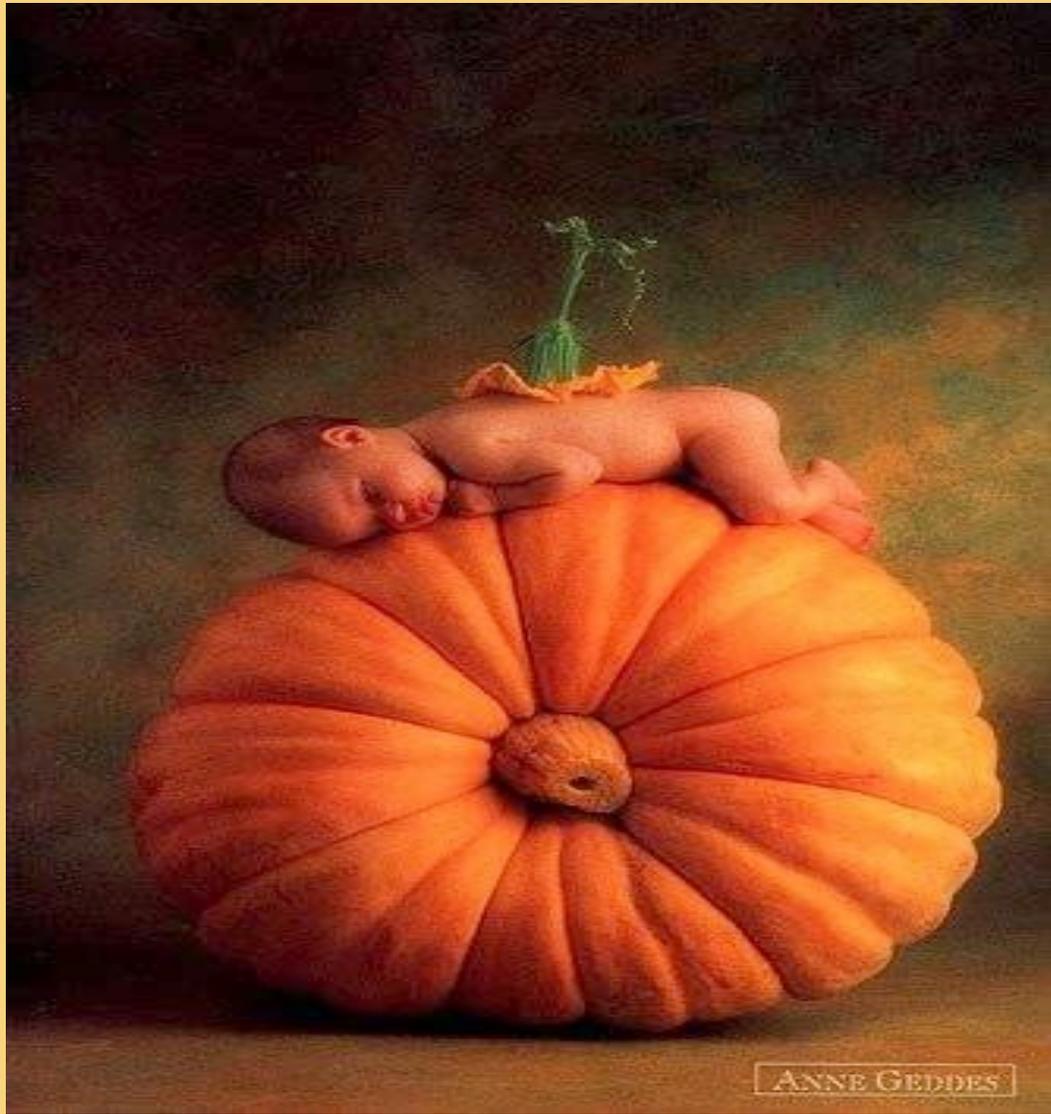
- LA required to protect participants' CR
- Use the Nondiscrimination Statement below on any public notification information your clinic sends out
 - In accordance with Federal law and U.S. Department of Agriculture policy, the WIC Program is prohibited from discrimination on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination write WSDA Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.”



Chapter One

- New staff must be briefed on civil rights rules during orientation
- LA must provide Civil Rights in-service annually
- LA immediately notifies the state agency of any CR complaints





Chapter Two “Nutrition Services”



Chapter Two

Annual Participant Survey

-  LA required to assess participant views on nutrition education and breastfeeding promotion once per year
-  Questionnaires can be developed by LA
-  State Agency has 5 questions that are added to the survey
-  Results are reported to SA via Quarterly Report (April's) & as part of the annual nutrition education plan



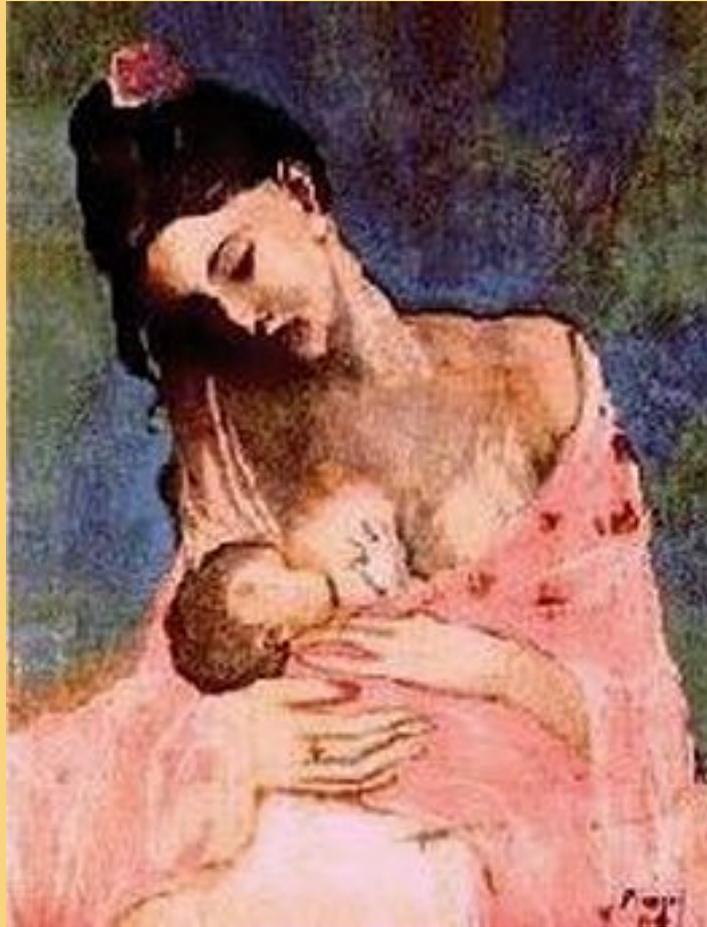
Chapter Two

■ Nutrition Education Contact Requirements

- Two nutrition contacts per 6 months
- Proxy or alternates can attend classes & pu warrants for clients



Chapter Three “Supplemental Foods”



Chapter Three “Supplemental Foods”

Supplemental Food Prescriptions

“Supplemental foods means those foods containing nutrients determined by nutrition research to be lacking in the diets of pregnant, breastfeeding and postpartum women, infants, and children. These supplemental foods promote the health of the WIC participant as indicated by relevant nutrition science, public health concerns, and cultural eating patterns.”

Redemption of Warrants for Formula

-  Full amount of formula
-  Infant formula rebate- billed for all formula on warrant
-  Clients return unused formula to LA



Chapter Three

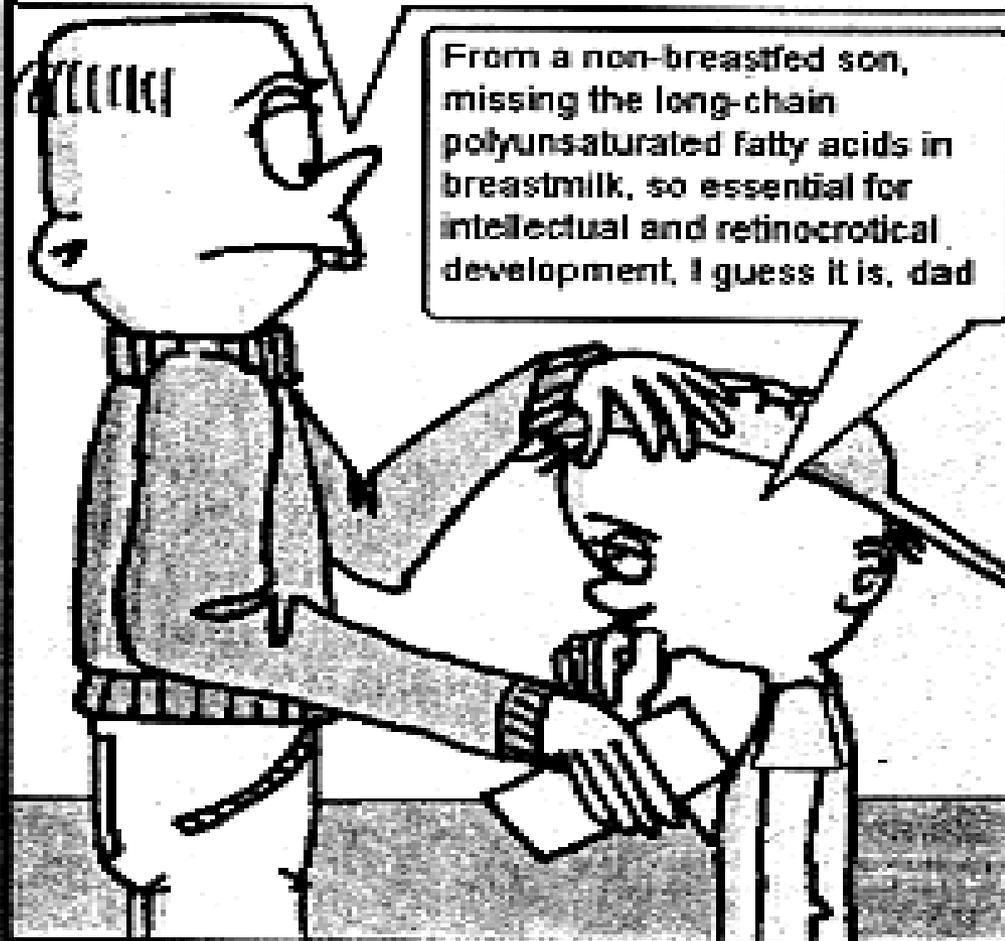
■ Non-Contract Formula

■ Enteral Nutrition Prescription Request (ENPR)

- <http://www.hss.state.ak.us/dpa/programs/nutri/WIC/LocalAgencies/LAENPRForms.htm>
- Copy of the forms approval in chart
- LA keep issuance rate $\leq 5\%$



Are these grades really the best you could have accomplished, son?



From a non-breastfed son, missing the long-chain polyunsaturated fatty acids in breastmilk, so essential for intellectual and retinocrotical development, I guess it is, dad



Chapter Four “Food Delivery System, and Warrant Accountability and Control”



Chapter Four “Food Delivery System, and Warrant Accountability and Control”

■ Participants receive supplemental foods

- Picked up checks
- Mailed checks
- Mailed food boxes

■ Alternates

- Legal age
- Name recorded in the file
- Can be changed with verbal ok from client



Chapter Four

Stolen Warrants

-  LA may provide replacement warrants no more than two times in a one year period; no more than one set of warrants in a 6 month period and only with a police report

Lost Warrants

-  Not replaced

Lost Mailed Warrants

-  May be replaced if not received 7 days from the mailing date



Lost and Stolen WIC Warrant Report

- I understand that use of warrants which are reported lost or stolen is fraud and that if I use two sets of WIC warrants for the same month I may be disqualified from the WIC Program.
- I may also have to pay back the amount from the warrants that were reported lost or stolen.
- If the warrants I thought were lost or stolen are found, I will return them to my WIC Office.
- WIC can only replace lost or stolen warrants two times in a one year period.

Warrant Signature: _____ Date: _____

Name	Issued Warrants	Reissued Warrants
	For Month:	For Month:

Agency Comments:

If you feel you have been treated unfairly, you may ask for a Fair Hearing. WIC staff will tell you about the Fair Hearings and help you get one. You must ask for the Fair Hearing within 60 days of the date on this form. The State WIC Director, 130 Seward St., Juneau, AK 99801, telephone (907) 465-3100, will also help you apply for a Fair Hearing. At a Fair Hearing you, a friend or a relative can help give your side of the story.

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Chapter Four

Undelivered Food Boxes

- LA verify correct, current address
- LA should contact State Agency
- SA Verifies status of missing box
- SA will inform LA of box status
- Missing box can not be replaced if too late



Chapter Six “Local Agency Monitoring”



Chapter Six “Local Agency Monitoring”

Monitoring

-  LA operations
-  Financial, participant reports, nutrition education plan from most recent grant
-  On-site visits
-  Development of corrective action plans to resolve program deficiencies
 -  On-Site Visits



Chapter Six

- **Local Agency Self Assessment**
 - Due with the Management Evaluation
 - Local Agency Monitoring Standards Form

- **Local Agency Monitoring Standards Form**
 - Nutrition Services
 - Clinic Operations
 - Caseload Mgt.
 - Civil Rights
 - Financial Mgt.
 - Staffing & Org.
 - Information Mgt. Sys.
 - Food Delivery/Food Instrument Acct.
 - Vendor Relations



Chapter Seven: Nutrition Services & Administration Expenditures & LA Reports



<http://go.to/funpic>



Inventory

■ Property Inventory report

■ Annually & due by February 15th

■ Includes:

- Desks, hemocue machines, TV sets, VCR equipment, projectors
- computer equipment (electronic)
- Items with a purchase price >\$1,000 should have a State of Alaska property tag number



PROPERTY INVENTORY REPORT

Local Agency No: _____

Page _____ of _____

Local Agency Name: _____

Clinic Site: _____

Item #	State Property Tag #	Serial #	Description of Item	Condition			Acquisition Date	Acquisition Cost
				New	Good	Unusable		
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

Please note: Record all non-expendable equipment over \$500 purchased with WIC funds.
 Record State Property Tag Numbers for all equipment over \$500 purchased by the State WIC Office.

I certify this information to be true and correct.

(Sign last page only)

Signature:
 Printed Name:
 Title:
 Date:



Chapter Eight “Caseload Management”



Chapter Eight “Caseload Management”

- “Goal of caseload mgt. is to deliver, with available resources, appropriately prescribed food packages and nutrition services to the maximum number of persons most in need.”
- Monthly caseload assignments or Performance Standards
 - 97% & 103%
 - Funding based on caseload



Chapter Eight

■ Caseload Monitoring

- State & LA will monitor active participants (clients that receive warrants) on a monthly basis
- Technical assistance will be offered to LA not meeting caseload projections

■ Benefit Targeting

- LA outreach plans for public awareness
- Particularly minorities and women in 1st trimester



Chapter Eight

- Program availability & eligibility standards
- Materials used should display varieties of races, colors, ages and sexes
- Alaska Native & other Minority outreach
 - All agencies are required to do outreach to minority organizations, churches and community groups to reach these populations.



Chapter Eight

- Missed appointments
 - No-Show rate $\leq 8\%$ per quarter
 - $\geq 8\%$ no-show rate plan developed to reduce the rate
 - Pregnant women
 - Must be attempted to contact to reschedule first initial appt.



Chapter Eight

■ Waiting Lists

- Applicants for recertification are placed on the same list as new applicants
- Waiting list persons are notified within 20 days of the time apply for services of their placement on the list
 - Transfers
 - Priority Based





Case Study

A family comes into WIC and the Mother wants goats milk for her family. The family includes an infant.

- What Chapter do you find the policy that deals with this issue?
- What does the policy guide you to do?



Case Study

A mother comes into the WIC office stating that she has lost her WIC checks for the month (August).

- What Chapter do you find the policy that deals with this issue?
- What does the policy guide you to do to resolve this situation?



Case Study

A family comes into qualify for WIC. There are 3 children and 2 working adults. The father is a military personnel serving overseas and not living with the family. The mother runs a daycare out of her home. The mother recently received a large settlement for an insurance claim.

- What Chapter do you find the policy that deals with this issue?
- What does the policy guide you to do to calculate their income?



Case Study

- Referrals should be documented where?
 - What chapter do you find this information in?



Case Study

■ What Chapter contains the Reporting Schedule?



Case Study

- Who can develop a High Risk (HR) care plan? Who can implement the HR care plan?



Case Study

 Who gets the vouchers when the child is with the parents 50/50?



**State WIC Staff Functions
State of Alaska- FFY 2012**

FUNCTIONAL RESPONSIBILITIES	STAFF	BACK-UP STAFF
Budget and Program Funding, Program Management and Operations Strategic/Work Plan National WIC Association Funding Formula Personnel and Staff Supervision	Kathleen Wayne, WIC Director (465-8636)	Becky Carrillo, Assistant Program Manager (465-8629)
Front Office Reception Travel Procurement Local Agency Directory Local Agency Supplies (limited) Printing/Publication of Materials (limited) Breastfeeding supplies Warrant paper Time Sheets Inventory Management Evaluation Support	Vacant, Admin Assistant 1 (465-3388)	
PROGRAM OPERATIONS AND ACCOUNTABILITY		
Participant Violation/Complaint Civil Rights/Fair Hearings (Participants) State Plan/Local Agency Grant Application Confidentiality Immigration Issues Local Agency Monitoring Disaster Response Coordination Federal Regulations OSHA/CLIA Compliance Personnel	Becky Carrillo, Assistant Program Manager (465-8629)	Dana Kent, Clinic Operations Coord. (465-5322) and/or Kathleen Wayne, State WIC Director (465-8630)
Food Package Development Food Package Substitutions Cultural Food Package Clinic Operations/Quality Assurance Coordinator's Training Clinic Services Standard Local Agency Referral Network Web Page Updates Caseload Management Policy & Procedure Manual Marketing & Outreach Breastfeeding	Dana Kent, Clinic Operations Coordinator (465-5322)	Becky Carrillo, Assistant Program Manager, (465-8629) Fatima Hoger, WIC State Nutrition Coordinator (269-3459)

Referral Services Immunization Medicaid Referrals Denali Kid Care		
Financial Management Administrative Expenditures Food Funds Management FNS-798 Reports Time Studies Audits and Claims	Nove Barril WIC Accounting (465-3107)	Vacant, Admin Assistant I 465-3388
Grants and Contracts Grant Administration eGrants Grant Amendments	Kim Ridle, Grants and Contracts (465-4823)	Britten Burkehouse Grants and Contracts (465-4938)

VENDOR MANAGEMENT/FMNP		
WIC Farmers' Market Nutrition Program (FMNP) MOV: Reports, Records, Reconciliation of lost & damaged boxes, Invoices, Bank Imaging Price lists Vendor Fraud Issues Vendor Fraud Compliance Investigation Participant Dual Participation Void/Redeemed/Redeemed Not Issued Warrants	Alice Albrecht, Assistant Vendor Coordinator (465-8630)	Sandra Harbanuk, Vendor Coordinator (465-4704)
WIC Farmers' Market Nutrition Program (FMNP) Vendor Fraud Issues Vendor Fraud Compliance Investigation Administrative Hearing (Vendors) WIC Food List	Sandy Harbanuk, Vendor Coordinator (465-4704)	Alice Albrecht, Assistant Vendor Coordinator 465-8630

Food Stamp Coordination Food Delivery Systems Mail Order Vendor Issues TIP/PIPP Reports Food Package Development Vendor Cost Containment		Dana Kent, Clinic Operations Coordinator (465-5322) Elaine Nisonger, Public Health Specialist 269-8446 Becky Carrillo, Assistant Program Manager
Vendor Management Vendor Application Vendor Contract Monitoring Reports Secret Shopper Buys Vendor Training Warrant Inspection Participant Dual Participation Void/Redeemed/Redeemed Not Issued Warrants	Sandy Harbanuk, Vendor Coordinator (465-4704)	Alice Albrecht, Assistant Vendor Coordinator

NUTRITION SERVICES	STAFF	BACK-UP STAFF
WIC Nutrition Services, Nutrition Risk Criteria, Value Enhanced Nutrition Assessment (VENA); Strategic Plan Nutrition Education and Training; UAA CPA Training Program; Nutrition Surveillance and WIC Data Reports; Clinical Consultations and Technical Assistance; Nutrition Service Standards; Management Evaluations; Nutrition Education Plan Goals and Objectives; Staff	Fatima Hoger, State WIC Nutrition Coordinator (269-3459)	Dana Kent, Clinic Operations Coordinator (465-5322)
AK Food Coalition Commodity Supplemental Food Program (CSFP) Eat Smart Alaska Senior Farmers' Market Nutrition Program (SFMNP) Five-to-Nine A-Day Physical Activity Promotion Eat Smart Alaska Oral Health Healthy Alaska 2010 Obesity/Physical Activity WIC Foods Nutrient Analysis	Elaine Nisonger, WIC/Community Nutritionist (269-8446)	Kathleen Wayne, WIC Director (465- 8636) Fatima Hoger, WIC Nutritionist (269-3459)
SPIRIT TRANSFER SYSTEM	STAFF	BACK UP

Project Manager for transferring SPIRIT into Alaska	Pat Nault, Project Manager (465-6397)	Terry Hoskinson, Project Assistant (465-6398)
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Clinic Operations



Caseload

- Performance Standards
- Assess program and site operations and clinic functions
- Evaluate Success

Statewide Caseload

SFY 2008-2011 Caseload Totals



WIC 112

Alaska WIC Program

Daily Appointment Log

Page 1 of 2

Printed: 9/16/05 1:24PM

Database: RCPSVR

From: 9/19/05 To: 9/19/05

9/19/05 Monday

Time	Person	Event	Appointment Notes	Phone	DOB	Cross Reference
8:30 AM	██████ , Sarah	Certification	Certification for Dylan new, chart made. DM	458-8219 DISC	1/20/80	
9:00 AM	██████ , Lisa and 2 dependants	Certification	bf/rc Lisa and new baby and rc/c Alden and Lansan DM	490-0007 OK	1/10/79	
9:00 AM	██████ , Sarah	Certification	Pregnancy check from faxed in application ab	458-8219 DISC	1/20/80	
9:30 AM	██████ , Lisa	Certification		490-0007	1/10/79	
10:00 AM	██████ , Lisa	Certification		490-0007	1/10/79	
10:00 AM	██████ , Stephanie	Certification	cert c/Tyriq. pl	488-2722 OK	5/1/80	Oct Del
10:30 AM	██████ , Amanda and 1 dependant	Certification	8 mos Alice pl	451-7846 BVS Y	2/8/74	
10:30 AM	██████ , Lisa	Certification		490-0007	1/10/79	
10:30 AM	██████ , Talya	Certification	rc 2 children Samuel and Lawrence ██████ both children will need Hgb if 6mo old still low weight for height refer to Anne for mid cost check (mailed warrants for September lab	458-7131 LM	1/20/72	
11:00 AM	██████ , Talya	Certification		458-7131	1/20/72	
11:00 AM	██████ , Malinda and 1 dependant	Certification	RC/C Aanika, NK	322-4002 OK M+H R/S	8/21/77	
11:30 AM	██████ , Jennifer and 1 dependant	Certification	rc/c Yule DM	488-7447 OK	2/12/86	
1:00 PM	██████ , Jolene and 2 dependants	Certification	rc/c Brady-Jade and Torrin DM	978-1705 LM	1/17/75	
1:00 PM	██████ , Carina	Certification	6 mos check and rc/c DM	452-2667 OK	10/28/74	
1:00 PM	██████ , Crystal	Certification	rc/c Lianna pl	374-0472 OK	8/28/84	
1:30 PM	██████ , Jolene	Certification		978-1705	1/17/75	
1:30 PM	██████ , Carina	Certification		452-2667	10/28/74	
1:30 PM	██████ , Audrey	Certification	NA bf/rc Audrey and new baby, transfer in from Anch. DM	644-4877 NA	6/2/74	
2:00 PM	██████ , Jeanna	Certification	cert pp wants to partially breastfeed mom and new infant. pl	374-0522 DISC	7/5/83	
2:00 PM	██████ , Audrey	Certification		644-4877	6/2/74	

WIC 206

Birth Dates of Breastfed Infants

Printed: 5/15/06 2:34PM

Database : ANCSTATE

<u>LA</u>	<u>Clinic</u>	<u>DOB</u>	<u>Status</u>	<u>HR</u>	<u>Name</u>	<u>LA</u>	<u>Clinic</u>	<u>DOB</u>	<u>Status</u>	<u>HR</u>	<u>Name</u>
501	1	11/9/05	IB		Hannah Grace Acosta	501	1	5/14/04	IB		Annisa J Boots
501	1	9/16/04	IB		Kage Campbell Adkins	501	1	5/14/04	IB		Annisa J Boots
501	1	5/25/02	IB		Jeanna Adkins	501	1	12/29/05	IP		Daniel Edward Borja Jr.
501	1	2/14/06	IP		Mercy Valentine Afatia	501	1	12/29/05	IP		Daniel Edward Borja Jr.
501	1	1/12/06	IB		Andrea Ah Fua	501	1	2/2/04	IB		Amber Nicole Boshears
501	1	4/5/05	IB		Diego Albizo	501	1	2/2/04	IB		Amber Nicole Boshears
501	1	1/11/06	IP		Chanelle C Alejo	501	1	3/7/06	IB		Jeffrey Edward Delano Izays
501	1	1/15/06	IB		Angelina Alexander	501	1	8/22/05	IB		Kira Patricia Boye
501	1	6/15/00	IB		Mikayla Alfaro	501	1	10/17/05	IB		Anthony Eugene Boyles
501	1	10/22/03	IB		Jerome Gabriel Allard	501	1	6/5/05	IB		Aiden Emil Paul Brewster
501	1	10/22/03	IB		Jerome Gabriel Allard	501	1	9/28/05	IB		Alexander Paul Brown
501	1	1/29/06	IB		Brawley E Allen	501	1	7/29/04	IP		Adison Riley Brown
501	1	3/19/05	IB		Romulus Angelo	501	1	3/11/01	IP		Avery Bryant
501	1	2/16/06	IB		Olijah Manuel Armstrong	501	1	3/11/01	IP		Avery Bryant
501	1	10/25/05	IB		Theresa Arreola	501	1	3/22/01	IB		Talon Kristofer Bryson
501	1	9/28/05	IP		Savanna M Aspen-Headen	501	1	5/27/05	IB		Lavrielle Nicholle Bulaong C
501	1	3/27/04	IB		Conrado K Astrande	501	1	2/27/05	IB		Emma Burns
501	1	3/27/04	IB		Conrado K Astrande	501	1	7/3/05	IB		J'adori Burse
501	1	4/26/05	IB		Ashlyn P Atkinson	501	1	6/8/05	IB		Lyrik Bush
501	1	4/26/05	IB		Ashlyn P Atkinson	501	1	5/19/05	IB		Connor Byrd
501	1	4/15/06	IP		Azariah Faamanuiga Atonio	501	1	2/21/06	IP		Guillermo Kainoa Cabrera
501	1	11/15/05	IB		Daniel Michael Avalos	501	1	1/12/06	IP		Annalee Cadavos-Robles
501	1	2/9/05	IB		Ichetou Jorobo Ba	501	1	1/12/06	IP		Annalee Cadavos-Robles
501	1	2/8/06	IB		Alaric Danger Baird	501	1	7/3/00	IB		Brandy Campbell
501	1	12/9/05	IP		Raphael Baltazar	501	1	3/1/06	IB		Madeleine Elizabeth Canno
501	1	2/9/06	IB		Ava Ray Banks	501	1	3/26/06	IP		Greyson Eylffel Cano
501	1	11/30/05	IP		Deshawn Noel Barbee	501	1	3/26/06	IP		Greyson Eylffel Cano
501	1	5/30/05	IP		Piper Baringer	501	1	8/18/04	IB		Vanessa Cardenas
501	1	12/16/98	IB		Alexander Jeffery Bartlett	501	1	7/24/05	IB		Cadence C Carpenter
501	1	11/17/98	IP		Marie K Bartman	501	1	4/3/01	IB		Katelynn Carpio
501	1	10/14/98	IB		Keagan W. Bates	501	1	2/14/06	IB		Trinity Lynn Carr
501	1	12/20/05	IB		Syrai Ariana-Joleigh Beasle	501	1	3/2/05	IB		Jose L Carraher Arevalo
501	1	8/1/05	IB		Gian Becerril	501	1	3/2/05	IB		Jose L Carraher Arevalo
501	1	8/1/05	IB		Gian Becerril	501	1	4/7/06	IB		Byron Kamuela Carrillo
501	1	10/16/03	IB		Sydney James Behrens	501	1	7/11/05	IP		Hayden Daniel Carter
501	1	3/11/99	IB		Doris Bell	501	1	7/11/05	IP		Hayden Daniel Carter
501	1	6/23/05	IB		Jenelle R Bennett	501	1	10/23/02	IB		Illyahna A-M Cartright
501	1	2/11/06	IP		Starla Benson	501	1	10/23/02	IB		Illyahna A-M Cartright
501	1	10/12/05	IB		Joseph Benjamin Berkey	501	1	6/22/05	IB		Aracelia Mercedes Castro-C

**WIC 503**

Alaska WIC Program

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Family Groups

Printed: 5/15/06 2:36PM

Agency ID: 511

Database: ANCSTATE

Clinic ID: 1

Last Name	First Name	Relation	Cat.	SSN	DOB	Cert Date	Term Date	Rel-End Date
Muehlenkamp	Carolina		WB	550-81-0928	08-16-1977	08-31-05	08-14-06	
Muehlenkamp	Blake	Birth Mother	C	- -	04-24-2002	04-27-06	10-27-06	
Muehlenkamp	Kailei	Birth Mother	IP	- -	08-14-2005	08-31-05	08-14-06	
Rolando	Cicely		WB	574-86-7566	08-28-1977	03-01-06	11-24-06	
Rolando	Aidan	Birth Mother	C	- -	01-14-2003	02-07-06	07-07-06	
Rolando	Mason	Birth Mother	IP	- -	11-24-2005	03-01-06	11-24-06	
Hudson	India		WB	574-34-3059	04-02-1977	06-24-05	06-06-06	
Semaken	Raighn	Birth Mother	GR	574-29-9298	02-18-2000	09-07-04	02-18-05	
Hudson	Pehja	Birth Mother	IB	- -	06-06-2005	06-27-05	06-06-06	
Chavez	Danann		WB	574-86-5034	02-25-1985	01-19-06	12-06-06	
Brusell	Hayley/duplic	Father	IB	574-37-2825	01-18-2003	09-08-03	01-18-04	
Lewis	Danita		G	574-64-5033	03-21-1970	07-29-99		
Lewis	LeVander	Birth Mother	GR	537-33-8363	08-15-1995	02-14-00	08-14-00	
Caraglin	Gina		G	051-58-9707	11-15-1974	10-08-01	02-17-02	
Smith	Ormead	Birth Mother	C	574-35-0701	02-17-2001	02-28-05	08-28-05	
Blandov	Richelle		G	574-50-0307	11-04-1971	05-01-98	11-01-98	

Print Setup

Print

Save As

Close

WIC 512

Program Graduates

Start Date: 5/1/2006

End Date: 5/31/2006

Local Agency: 514 - Aleutian/Pribilof IS Assn Inc

Clinic #: 7 - King Cove WIC Clinic

<u>Term Date</u>	<u>Client Type</u>	<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>	<u>Mailing Address</u>	<u>City</u>	<u>Zip Code</u>	<u>Phone #1</u>	<u>Phone #2</u>
5/21/2006	WP	Newton	Melanie	Lee	P.O. Box 6	King Cove	99612	497-4172	

Clinic #: 13 - Unalaska WIC Clinic

<u>Term Date</u>	<u>Client Type</u>	<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>	<u>Mailing Address</u>	<u>City</u>	<u>Zip Code</u>	<u>Phone #1</u>	<u>Phone #2</u>
5/10/2006	WP	Keegan	Jennifer	Lorraine	720 Rezanof Drive	Kodiak	99615	486-5218	

Clinic #: 12 - Sand Point WIC Clinic

<u>Term Date</u>	<u>Client Type</u>	<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>	<u>Mailing Address</u>	<u>City</u>	<u>Zip Code</u>	<u>Phone #1</u>	<u>Phone #2</u>
5/8/2006	WB	Galovin	Chrystal	E.	8213 E 5th Ave	Anchorage	99504	744-3802	240-9291

Start Date: 5/1/2006 **End Date:** 5/31/2006**Local Agency:** 506 - Alaska Family Resource C**Clinic:** B - Wasilla WIC Clinic

<u>Term Date</u>	<u>Client Type</u>	<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>	<u>Mailing Address</u>	<u>City</u>	<u>Zip Code</u>	<u>Phone #1</u>	<u>Phone #2</u>
5/1/2006	C	Garcia	Kenadee	L	PO Box 877605	Wasilla	99687	376-9371	775-1942
5/1/2006	C	Tuttle	Madison	Dawn Marie	PMB 441 Box 875910	Wasilla	99687	357-9488	775-0879
5/1/2006	IF	Meininger	Travinn	Xander	1501 Morrie Circle	Wasilla	99654	355-3098	-
5/1/2006	C	Tuttle	Jovan		PMB 441 Box 875910	Wasilla	99687	357-9488	775-0879
5/1/2006	WB	Media	Theresa	M.	3800 Breeze Ct	Wasilla	99654	745-4383	-
5/1/2006	IP	Hoglin	Layla	D	PO Box 2208	Palmer	99645	775-1306	-
5/1/2006	C	Adams	Lisa	Nicole	1680 Centurian Place, #4	Wasilla	99654	373-6507	775-5138 c
5/1/2006	C	Adams Jr	Nathan	Lee	1680 Centurian Place, #4	Wasilla	99654	373-6507	775-5138 c
5/1/2006	WB	Kojin	Hionia	V	P.O. Box 92846	Anchorage	99509	561-6774	223-4851
5/1/2006	C	Mack	Emily	Elizabeth	3060 N Lazy Eight Circle St 2Pt	Wasilla	99654	841-9059	-
5/1/2006	WB	Sullivan	Cassandra	P	PO Box 2208	Palmer	99645	775-1306	-
5/1/2006	IB	Kojin	Maxima		P.O. Box 92846	Anchorage	99509	561-6774	223-4851
5/2/2006	C	Kline	Isabella	Leigh	951 Craig Stadler Loop	Wasilla	99654	376-5579	355-1974
5/2/2006	C	Lochner	Linnea	C.	P.O Box 877316	Wasilla	99687	373-0196	715-8576
5/2/2006	C	Whaley	Serena	M	1725 Westmorland	Wasilla	99654	775-1577	-
5/2/2006	C	Perry	Owen	Paul	P.O. Box 875707	Wasilla	99687	376-8010	232-6615
5/2/2006	C	Rakhmanova	Yekaterina	A	HC 33 Box 3059-R	Wasilla	99654	373-1534	-
5/2/2006	C	Scott	Jessy	Mickeal James	HC03 Box 8415	Palmer	99645	746-0549	232-2399
5/2/2006	WB	Gray	Jasmine	Chei-May	3220 Bald Eagle Dr	Wasilla	99654	357-8080	376-7640
5/2/2006	C	Polishchuk	Andrew		2000 West Glacier Ave # B	Wasilla	99654	376-9648	841-7567
5/2/2006	C	Kraus	Ethen	James	PO Box 873641	Wasilla	99687	373-8908	715-7168

WIC 505a

Active Participation by Clinic

Start Date: 4/1/2006

End Date: 4/30/2006

Printed: 5/15/06 3:01PM

Database : ANCSSTATE

Agency	Clinic Nbr	C	IB	IF	IP	Unk	W1	W2	W3	WB	WP	Grand Total
501	1	1139	117	354	75	1	73	119	116	141	148	2283
	2	908	132	228	62		40	59	66	124	99	1718
	8	165	23	37	15		11	14	18	24	16	323
	9	1										1
501 Total		2213	272	619	152	1	124	192	200	289	263	4325
502	1	1020	160	181	99		42	93	81	217	74	1967
	2	374	58	82	20		16	23	24	51	41	689
	3	327	46	78	24		13	32	14	54	24	612
	5	26	7	3	3				2	9		50
	10	3	1							1		5
502 Total		1750	272	344	146	0	71	148	121	332	139	3323
503	1	306	56	70	40		19	31	23	74	29	648
	2	14	3	4	2		2	6		3	1	35
	4	24	4	1				1	2	6		38
	5	19	2	3	2		3	2		3		34
	7	14	1	1	2		2	5	1	2		28
	8	156	21	50	22		7	23	15	37	13	344
	11	4	1	1				1		1		8
	12	29	12	4	5				1	10	2	63
	13	118	18	17	15		4	6	8	33	5	224
	14	3	1	2				1		1		8
	15	2			1					1		4
	17	22	7	3	6		2	4	2	11		57
	18	10	1				1	3		1	1	17

WIC 505e

Version-08070928

Enrolled Participation by clinic**Start Date:** 9/1/2007**End Date:** 9/30/2007

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Printed: 10/22/07 10:47AM

Server : ANCSTATE

Database : WIC_DATA

Agency	Clinic #	C	IB	IF	IP	W1	W2	W3	WB	WP	Grand Total
501	1	1315	114	399	97	87	125	144	163	152	2596
	2	1039	148	295	102	49	94	118	159	130	2134
	8	243	45	41	8	6	17	17	43	12	432
	9	1								1	2
501 Total		2598	307	735	207	142	236	279	365	295	5164
502	1	1284	205	307	160	99	128	140	267	117	2707
	2	328	32	72	26	10	20	39	46	20	593
	3	289	40	69	22	17	32	16	51	21	557
	5	31	1	1	2	1		2	1	1	40
	10	3									3
502 Total		1935	278	449	210	127	180	197	365	159	3900
503	1	379	70	86	32	20	28	32	84	32	763
	2	14	1	5	3	1	2	2	2	1	31
	4	17	8	2	3		1	2	8	1	42
	5	16	2	6		1	1		2	1	29
	7	12		2	2	1	1	1	2		21
	8	154	24	48	21	7	17	15	33	23	342
	11	7	1					1	1		10
	12	35	10	9	9		2	4	12	4	85

Other AKWIC Reports

- WIC 103 Missed Appointments
- WIC 202 Reminder Letters
- WIC 204 Cert History
- WIC 205A/B EDC Dates-Agency/Clinic
- WIC 301 Risk Factor Analysis
- WIC 347 High Risk Summary
- WIC 303 Certification Summary- New/Recert
- WIC 501 Participant Listing

Other AKWIC Reports

- WIC 713 Clients by Distribution Method
- WIC 713 Transferred Clients
- WIC 903 Series- Food Package Index, Food Packages, Warrant types, Food Pkg to Warrant Type

Surveys-Customer Satisfaction

- Retain Participants
- National Food Package
- AK Food Package Committee
- Annual Survey



Required Survey Questions

- State has developed 5 questions that need to be added to each clinic survey
- Questions will change each year
- 5% of the your current caseload needs to be surveyed each year

OUTREACH PYRAMID

All outreach strategies should focus on:

• Changing Perceptions

Addressing myths, integrating WIC message into community fabric.

"WIC is a public health nutrition education program. It empowers people to make healthy nutrition choices for themselves and their families."

• Addressing Barriers

Cultural Competency and Sensitivity, Literacy and Language

Use Frequently

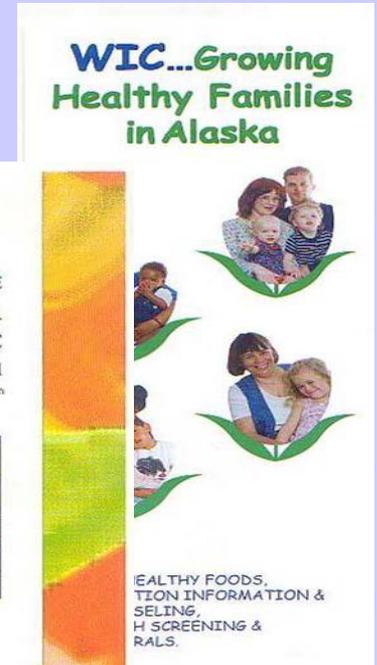
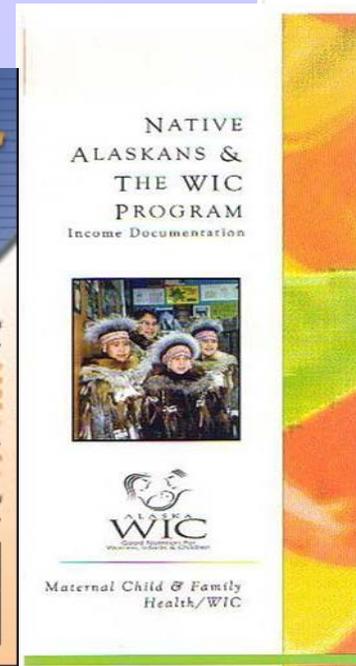
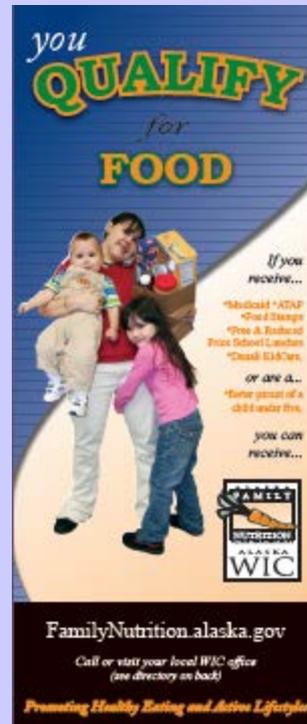


Resource List of Places to do Outreach

- School based health centers, day care centers, preschools, Headstart programs
- Civic Organizations: Lion's Club, Kiwanis Club, Rotary, Shriner's
- Medical Providers: provider offices, public health, hospitals, clinics, CHA's, CHR's, CHIS's, dentists
- Food bank, WIC vendors
- Public buildings: library, health department, courthouse, public assistance office
- Vendors & Farmers' Market
- Private businesses
- Chamber of Commerce
- Media: local newspaper, radio, TV
- Town or city events
- Churches

Statewide Outreach

- WIC Program Brochures
- WIC Posters



Quarterly Reports

Any questions?





Breastfeeding & WIC

Breastfeeding: A WIC Priority

- Improves health outcomes for infants
 - Fewer infections and disease
 - Improved IQ
 - Lower rates of obesity and diabetes
- Improves health outcomes for mothers
 - Faster recovery from pregnancy
 - Lower risk of breast cancer
- Reduces health care costs

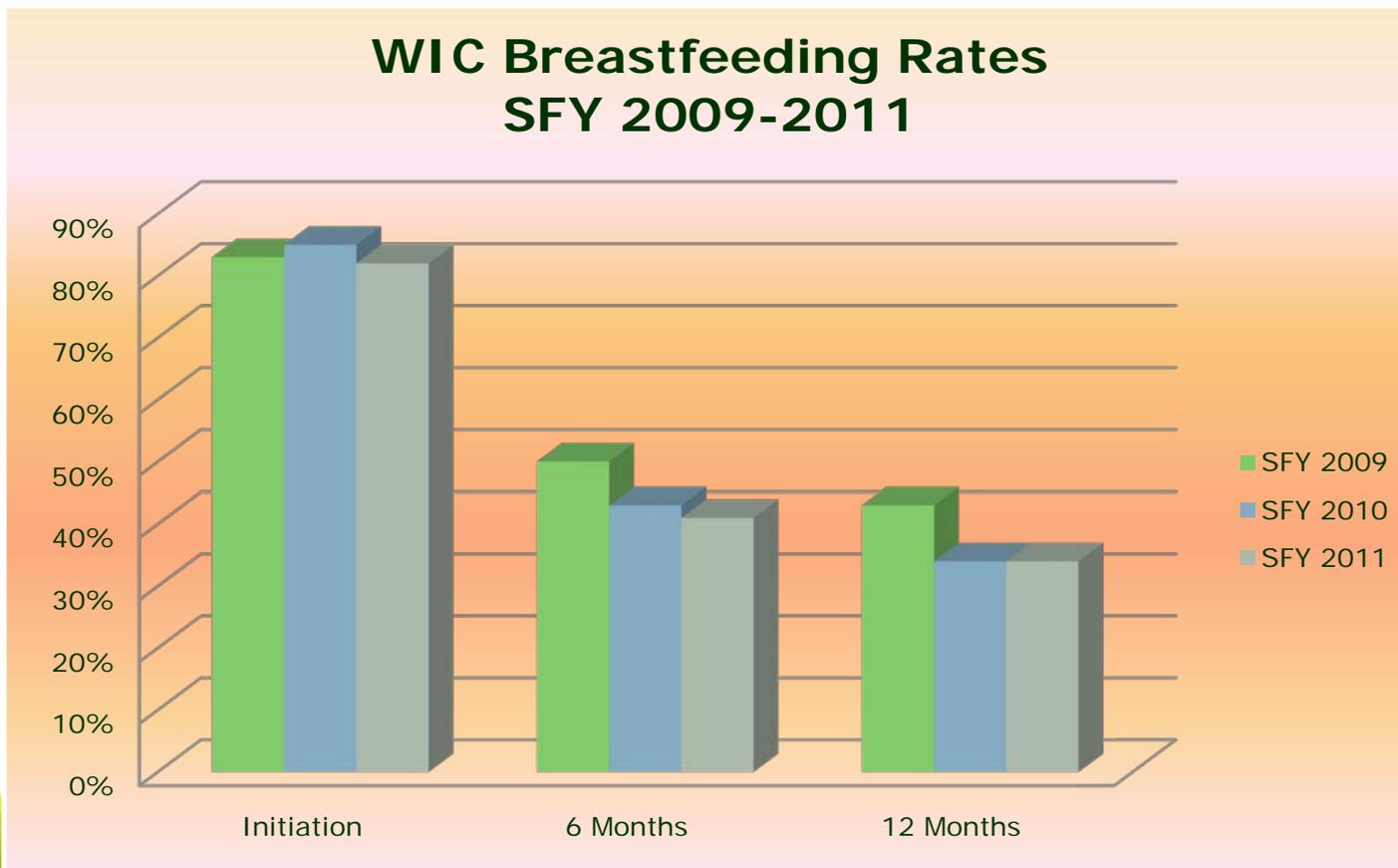


Healthy People 2020 Objectives

- 81.9% initiation of breastfeeding (AK 74.6%)
- 60.6% duration at 6 months (AK 44.3%)
- 34.1% duration at 1 year (AK 23.8%)
- 46.2% Exclusively through 3 months (AK 35%)
- 25.5% Exclusively through 6 months (AK 14.8%)
- 38% increase the proportion of employers that have worksite lactation support programs.
- 14.2% Reduce the proportion of breastfed newborns who receive formula supplementation within the first 2 days of life. (AK 24.5%)
- 8.1% Increase the proportion of live births that occur in facilities that provide recommended care for lactating mothers and their babies. (21.3%)



SFY 2009-2011 WIC Breastfeeding Rates



Entering Breastfeeding Duration in AKWIC

- See Hand out:
- Breastfeeding Data must be entered in both Mom's & Babies record
- BF Duration is entered in the number of WEEKS an infant was breastfed
- Age Formula Started is entered in the age of WEEKS the infant started formula



Breast Pump Loans

Alaska WIC Breast Pump Loan & Release Agreement WIC Clinic _____

The WIC Program is extremely pleased with your decision to provide your infant with breast milk. In order to borrow a pump or be issued a single-user pump, you must agree to abide by this Loan and Release Form Agreement.

WIC Participant Information

Date: _____ SSN: _____ Infant's DOB: _____

Name: _____ Email Address _____
Last First

Mailing Address _____ City _____ Zip _____

Residence Address _____ City _____ Zip _____

Home Phone# _____ Cell _____ Work _____

Additional Contact Person's Name _____ Email Address _____

Mailing Address _____ City _____ Zip _____

Home Phone# _____ Cell _____ Work _____

.....
Breast Pump Issued _____ Pump Serial Number _____ OR _____ State Tag Number

- Electric Breast Pump
 Pump In Style

Reason for Issuance: Back to Work/School Increase Milk Supply NICU Other

Check as appropriate:

- For Single User Electric Pumps Only:* I understand that I will be issued only one single-user electric pump while on the Alaska WIC Program. I understand that I should not loan out or sell this pump.
- I have received and understand instructions for operating this breast pump including how to properly close the case. I am able to operate this breast pump without assistance.
- I have inspected this breast pump and agree that it is in good condition.
- I have received and understand instructions for cleaning this breast pump.
- I agree to follow the instructions for operating and cleaning this breast pump.
- I understand that the WIC Program, or its representatives, cannot be held responsible for any personal damage caused by the use of this breast pump. I release the WIC Program from any liability regarding my use of this breast pump.
- I understand this breast pump is a loan from the WIC Program, and that it is loaned to me on a priority basis. I may be required to return it for use by a higher priority WIC participant. I agree to return the breast pump on (date) _____ or sooner, if requested or if I am not using it on a daily basis.
- I understand that I must return the breast pump undamaged and clean or be subject to a financial penalty of \$565.00. If I don't return the loaned electric breast pump, the state may use other types of legal options to collect payment, including small claims court, which could result in Permanent Fund Dividend (PFD) garnishment.
- I understand that this breast pump must not be removed from the local area without special permission.

Our supplies are limited so please return the breast pump, when you no longer need it. THANK YOU.
The WIC Program reserves the right to schedule monthly appointments, call you to check on the pump and may issue vouchers on a monthly basis while the pump is on loan.

WIC Participant Signature _____ Date _____
Breast pump Returned Date _____

WIC Representative Signature _____ Date _____



Tracking Electric Breast Pumps

- Set up tracking log for electric breast pumps
- Call or visit with client monthly
- Send a series of 2 letters if client is not bringing back pump
- Paper work and follow up information to the Juneau WIC if pump is not retrieved



Other Breastfeeding Items

- Vitamin D
- Nipple shields
- Nipple shells
- Harmony Pumps
- Single Electric



Entering Breastfeeding Duration in AKWIC

Breastfeeding Duration and *Age Formula Started* are two of the most important fields in the WIC system.

Delivery Date	Birth Wt	B F Dur	Age F St	Survival Time
8/28/02	05lb 01oz			Living
8/28/02	06lb 01oz			Living

You must enter the *Breastfeeding Duration* and *Age Formula Started* values on both the woman and the infant's records for the system to correctly assign their *Client Types*.

If the wrong *Client Type* is assigned you will have errors in the *Term Date* calculations and will not be able to access the correct food packages. This can also affect your breastfeeding statistics in AKWIC.

Breastfeeding Duration (B F Dur) is the number of weeks an infant was breastfed.

If the infant is **still breastfeeding** leave the field "blank".

If the infant was breastfeeding but has **completely** stopped breastfeeding enter the number of weeks that infant did breastfeed.

If the infant **never breastfed** enter "0" (zero).

0 = never breastfed

Blank = still breastfeeding

1 or greater = number of weeks when stopped breastfeeding

Age Formula Started (Age F ST) is the age in weeks the infant started on formula.

Leave the field "blank" if the infant is not on formula.

Or enter the age of the infant (in weeks) when the infant was started on formula.

Blank = not on formula

0 = formula started between birth and one week of age

1 or greater = number of weeks when formula was started

Note: *Age Formula Started* only applies to formula provided (issued) by WIC.

If the family is buying formula on their own leave the field blank. Do not enter an *Age Formula Started*. This leaves the women's *Client Type* as *Enhanced Breastfeeding (WB)*. Entering an *Age Formula Started* converts the woman to partially breastfeeding and you will not have access to enhanced food packages.

Infant Age: Enter this for Date **first fed formula** or when **breastfeeding has completely stopped**.

Less than 4 days	00 weeks
4-10 days	01 week
11-17 days	02 weeks
18-24 days	03 weeks
25-31 days	04 weeks
1 month	04 weeks
2 months	09 weeks
3 months	13 weeks
4 months	17 weeks
5months	22 weeks
6 months	26 weeks
7 months	30 weeks
8 months	35 weeks
9 months	39 weeks
10 months	43 weeks
11 months	48 weeks
12 months	52 weeks
13 months	56 weeks
14 months	61 weeks
15 months	65 weeks
16 months	69 weeks
17 months	74 weeks
18 months	78 weeks
19 months	82 weeks
20 months	87 weeks
21 months	91 weeks
22 months+	96 weeks+

Information provided by Caren Webb and Lynn Copoulos.

WIC Quarterly Report

Due 30 days past end of quarter (Oct. 31st, Jan 31st, April 30th, July 31st)

LA Name & Number: _____ Date: _____

Fiscal Year: _____ (Please circle the quarter this report is due for)

First, Second, Third, Fourth Quarter

Staff Name & Title: _____

1. Attach a copy of your Sample Formula Log.
 2. Attach a copy of any outreach materials that you developed this quarter.
 3. Attach a copy of your Annual Survey and a summary of its results with the 3rd quarter report.
- *****

I. Caseload

The Alaska WIC average for no-show rates is 8%. This is calculated by using the equation: (AC/EC)100-100. AC = active caseload (AK WIC Report 505a) and EC = enrolled caseload (AK WIC Report 505e).

Example: active caseload (AC) =100; enrolled caseload (EC) = 175
 $100/175 = .57$
 $.57 \times 100 = 57$
 $100 - 57 = 43\%$

What is your no-show rate for the quarter?

If you are above the 8% average; what are your plans to address it?

Did you (on average) meet or exceed your monthly caseload this quarter? Please circle, highlight or underline: **Yes** **No**

If no; what was your average monthly caseload for current quarter: _____

If caseload is below performance standard, please explain your plan for meeting the standard.

Please comment on any changes in caseload trends or anticipated changes in your caseload.

II. **Local Agency Staffing Update** (Staff does not include Breastfeeding Peer Counselors (BFPC))

How many staff member(s)* do you have at the time of this report:	RD	LN	RN & BS	LPN	CPA	Non CPA Staff	Vacancies
Coordinators							
Professional CPA							
Paraprofessional CPA							
Paraprofessional CPA In Training							
Front Office Staff/ Lab Tech/ Receptionist							
Administrator							
Total							

*(RD) Registered Dietitian, (LN) Licensed Nutritionist, (RN) Registered Nurse, (BS) Bachelor of Science, (LPN) Licensed Practical Nurse, (CPA) Competent Professional Authority

III. **Village Travel**

If no village travel is required for this local agency skip to the Nutrition Services & Education Plan section III.

		Comments Section
The number of villages served by local agency.		
The target number of visits to be made this year. (Taken from the grant proposal.)		
The number of villages visited this quarter.		
The number of villages scheduled to be visited this quarter that were cancelled. Please note in "Comments Section" why the trips were not made.		
Cumulative fiscal year village visits to date.		
List dates and locations of travel this quarter.		
List the number of clients enrolled during your travel in the villages visited this quarter. Cumulative number of clients enrolled during		

your travel in the villages to date.

III. Nutrition Services and Education Plan

Goal 1 Meet or exceed federal caseload targets

1. Describe your outreach activities this quarter. (Attach pictures if available)

2. How successful were they and why?

Least Successful

1 2 3 4 5 6 7 8 9 10

Most Successful

Goal 3 Quality Client Nutrition Services

1. Describe how Participant Centered Services (PCS) skills and tools (circle charts) are used to determine participants' personal nutrition interests and needs and to tailor nutrition counseling and education.

2. How successful were these efforts?

Least Successful

1 2 3 4 5 6 7 8 9 10

Most Successful

3. Describe one **nutrition education counseling, method and strategy** used at your WIC clinic(s), this quarter.

4. How successful was it and why?

Least Successful

1 2 3 4 5 6 7 8 9 10

Most Successful

5. Describe **the breastfeeding promotion and support** activities and strategies used at your WIC clinic(s), this quarter.

6. How successful were they and why?

Least Successful

1 2 3 4 5 6 7 8 9 10

Most Successful

7. What **in-service education and training** has the WIC staff received this quarter?
Include topics, schedule, mode of delivery, evaluation and the CPA competencies met.

8. How successful were they and why?

Least Successful

1 2 3 4 5 6 7 8 9 10

Most Successful

Goal 4 Children Overweight Prevention

2. What activities has the WIC program done this quarter to reduce children's overweight?

3. How successful were they and why? Scale of 1-10 (10 most and 1 least successful)
(Circle one)

1 2 3 4 5 6 7 8 9 10

3. How are Family Nutrition Program Nutrition Education Themes incorporated into the participants nutrition education and counseling this quarter?

4. How successful was it and why? Scale of 1-10 (10 most and 1 least successful)
(Circle one)

1 2 3 4 5 6 7 8 9 10

Other

1. Please, share a WIC success story experienced during this quarter.

2. AK WIC DATA

Obesity rate for this quarter: _____

Breastfeeding initiation rate for this quarter _____

Breastfeeding 6 month duration rate _____

Breastfeeding 12 month duration rate _____

3. BREASTFEEDING PEER COUNSELING (Report if you received BFPC funds during this fiscal year)

Number of BFPC contacts made during this quarter _____

Program updates since last quarter:

.....
Program Evaluation to be filled out for the last quarter report only

Indicate below your obesity rates for SFY(s) 2010 and 2011 from the AKWIC report #340.

SFY 2010 _____ SFY 2011 _____

Indicate below your breastfeeding rates for SFY(s) 2010 and 2011 from the AKWIC report #346.

SFY 2010

Breastfeeding Initiation _____
Breastfeeding Duration at 6 months _____
Breastfeeding Duration at 12 months _____

SFY 2011

Breastfeeding Initiation _____
Breastfeeding Duration at 6 months _____
Breastfeeding Duration at 12 months _____

Indicate below your active participation for SFY 2010 & 2011 from AKWIC report #505a.

SFY 2010 _____ SFY 2011 _____

Please evaluate your SFY 11 Logic Model short, medium and long term goals.

How is your Local Agency using wichealth.org for participants' online nutrition education? (Go <http://support.wichealth.org/> Username: Alaskasupport Password: wichealth). Under statistics find your local agency participation numbers.

**How successful were they and why? Scale of 1-10 (10 most and 1 least successful)
(Circle one)**

1 2 3 4 5 6 7 8 9 10