

Good afternoon:

Hello to everyone who's working today!

As 2014 draws to a close, we want to say thank you to the Alaska WIC Program staff for all your work this year. The work you do is important, and it matters to so many people.

I look forward to working with you in 2015.

Happy New Year!

Jennifer

Success Story:

WIC has had a strained relationship with a medical clinic now in our area. Communication between WIC and this clinic has not been ideal, and other issues have led to a poor relationship. During a visit to this area in September, we were able to meet with clinic staff and discuss some misunderstandings. Since then, we have been receiving regular anthropometric data from them, and they have been able to perform well-child checks on a more regular basis. This relationship has become a positive one.

Local Agency WIC Coordinator Quarterly Teleconference

Reminder- the Quarterly Teleconference is scheduled for January 15 at 8:25. Our focus for the teleconference will be income determination. If you have any questions about income send them to dana.kent@alaska.gov and they will be included in the income training.

Caseload Tips

If you have thoughts or ideas to share, please send them to dana.kent@alaska.gov and we will include in the Friday Updates. Today's highlights:

- North Carolina WIC gives thank you gift baskets to local doctor's offices acknowledging their referrals to WIC. The gesture also helps to increase referrals as well as keeps communication occurring between local providers and WIC.
- North Carolina WIC provides food demos to help clients use the WIC foods to see that they could be both tasty and nutritious. The clients enjoyed tasting the foods and learning new recipes. Staff made fruit smoothies, bean and cheese tortillas, peanut butter French toast and spinach dip.
- North Carolina developed reminder letters for their clients for appointments.
- See our own Aleutian/Pribilof Island appointment reminder attached here for your convenience. Thank you Peggy & Jennifer for sharing! This is a fine example of reaching out to clients, letting them know what they need in order to continue with the WIC program.

Quarterly Report (QR) Update

Attached is the updated quarterly report. The second quarter report is due January 30, 2015. The QR has been updated with a Quality Assurance section that requests a chart review for 10 random participant charts. Send the chart review as part of the QR (one document) because GEMS will only accept one document for the required program report. Instructions on the chart review are attached.

Results Based Budgeting/Accountability (RBB/RBA) Update

The RBB form for the 2nd quarter has been updated. You will now be reporting on the average % participation verses enrollment, comparing your local agency to the state. Pull the report from the SPIRIT State module entitled "Participation vs. Enrollment Monthly- CLD 029" and average the quarter's % participation for your agency. Pull the same report for the entire state. Average the statewide participation for the quarter. Compare it to your average and

report it on the form. Contact Dana Kent at 65-5322 or dana.kent@alaska.gov if you have questions/comments. We will discuss these forms at the next quarterly teleconference January 15, 2015.

2015 Annual Survey Questions and Instructions:

Annually local agencies are required to survey their participants' views on their WIC program and services. It is recommended that a wide variety of questions are used to gather feedback on program services such as customer service, nutrition education, breastfeeding promotion, support and food delivery. There are five survey questions from the state office this year. Please add these to your annual survey. Results from the survey are due with the third quarter's narrative report April 30, 2015. Surveys should be compiled in Excel and sent to the state office.

Each local agency is required to survey 5% of the current caseload or 25 surveys; whichever is greater. A copy of the agency survey with survey results should be sent in with the third quarter's Quarterly Report. When compiling survey results be sure to:

- Send a copy of all the questions you ask; not just the state questions
- Send the raw data along with the tallies and percentages (for example the number of surveys sent, number of responses received back)
- For answers, include the number of responses along with the percentages

1. If you are receiving an infant check for infant fruits and vegetables, are you using the checks?

Yes No

If no, why not?

_____ Don't understand how to use the check

_____ Don't want the foods

_____ Only want bananas

_____ Forget to use the check

2. Have you received an automated phone call, text or email appointment reminder?

Yes/No

If yes, did this help you to return to the WIC office or respond in any way?

3. Do you read information (pamphlets) sent to you through the mail? _____ Yes _____ No

Does reading the information help you to change behaviors?

_____ Yes _____ No

If Yes, what behavior have you changed? _____

How did you use the information? _____

4. During appointments did the WIC staff help you decide on goals to work on in relation to your or your child's health? Yes/No

Were you able to accomplish your goal(s)? Yes/No

Comments

5. What is something you learned at WIC that you didn't know before?

New this year:

Survey some termed clients that have not reapplied for WIC.

1. Why didn't you reapply for yourself/child to continue your WIC benefits?

- Too much work
- Didn't want the food
- Takes too much time
- Don't meet income guidelines any longer
- Transportation difficulties
- Other: _____

2. We value your opinion, please let us know of any suggestions you have to make the WIC program better:

From the Vendor Management Unit:

If you need assistance from the Vendor Management Unit, please contact Sandy Harbanuk, Vendor Coordinator, (907)465-4704, sandra.harbanuk@alaska.gov, or Erin Khmelev, Assistant Vendor Coordinator, (907)465-8630, erin.khmelev@alaska.gov. Kristen Stouder has left WIC to take a position with another agency.



SPIRIT Information:

⇒The SPIRIT system user form, titled "Service Provider Computer Security Agreement," has been updated and posted to the WIC web site under "Forms":

http://dhss.alaska.gov/dpa/Pages/nutri/wic/localagencies/la_spirit.aspx. The form is also attached to this Update.

Please note: The form should now be sent to the WIC SPIRIT Help Desk.

Please remember to use this form for:

- Establishing a New SPIRIT system user account.
- Changing a WIC staff member's role in SPIRIT.
- Deleting a SPIRIT user account for a former WIC staff member.

SPIRIT Help Desk Info:

Send all questions, issues and errors to the WIC SPIRIT Helpdesk at wicpsirithelpdesk@alaska.gov or phone them at 907-334-4900.

Nice to know information:

Only four in 10 Americans eat nuts. Here's why that's a problem.

<http://www.washingtonpost.com/news/to-your-health/wp/2014/12/22/only-four-in-10-americans-eat-nuts-heres-why-thats-a-problem/>

Even though nutrition experts say it's a good idea to eat nuts to keep your heart healthy, only four in 10 American adults eats nuts on any given day, and more women than men consume

nuts, according to a recent federal study. Nuts are packed with nutrients and high in protein, and their consumption has been linked in studies to a reduced incidence of heart disease in both men and women. Federal dietary guidelines say that 1.5 ounces of nuts, or about a handful, is the daily amount that may reduce heart disease. That's roughly between 240 and 280 calories, depending on the type of nut.

What 2,000 calories looks like

http://www.nytimes.com/interactive/2014/12/22/upshot/what-2000-calories-looks-like.html?smid=fb-nytimes&smtyp=cur&bicmp=AD&bicmlukp=WT.mc_id&bicmst=1409232722000&bicmet=1419773522000&abt=0002&abg=0

The nation's largest restaurant chains have made a big deal in recent years about introducing smaller portion sizes. McDonald's eliminated the Super Size Me menu, while TGI Friday's and others have introduced small-plate items. Yet the restaurants have also been doing something else, with less fanfare: continuing to add dishes so rich that a single meal often contains a full day's worth of calories.

Results Based Budgeting (RBB) / Accountability Performance Measures

Division: DHSS/DPA/WIC					
Priority: Health and Wellness Across the Life Span					
Core Service: Protect and promote the health and wellness of Alaskans					
Objective: Everyone eligible for WIC receives WIC education and food benefits					
Grant Program: Alaska WIC Program					
Grantee:				Grant #	
Outcome(s)	Data Source	Base Line Data		Performance Measure	
		Efficiency	Effectiveness	Efficiency	Effectiveness
	Spirit Reports (Participation vs. Enrollment SPIRIT Report CLD 029-State Module), Quarterly reports	Percent Participation (January 2015 pull baseline data for Oct-Dec 2014 for your agency and the state wide % participation) Average your % participation for the quarter & report it here.	SFY 14 Caseload/Performance Standard	SFY15 Compare your agency % participation to the state's average % participation here.	SFY15 Caseload/Performance Standard

Grant Program: Name Grant Program:

Grantee: Legal name of your awarded non-profit organization.

Outcome(s): The desired results or effect for which services were provided. (Outcome should be associated to your Logic Mode).

Data Source: Method for which program information, often in the form of facts or figures is obtained from reports or surveys and used as a basis for making future calculations.

Base Line Data: Prior efficiency and effectiveness data that was systematically collected.

Performance Measures: A systematic measurement that reveals the efficiency and effectiveness of a program after a long-term outcome or completed goal is achieved.

- **Efficiency:** The ability to do something well or achieve a desired result without wasted energy or effort
- **Effectiveness:** Causing a result, especially the desired or intended result

This RBB form will need to be filled out every quarter along with your quarterly report. RBB performance measures are required for all State of Alaska grantees. The information needed to fill out this report can be found on your past Quarterly Reports and Spirit reports.

Agency -
 Reviewer -

To pull 10 random charts go to the SPIRIT State Module, Reports, "Participants for Chart Audit Reort". Select your agency and follow the instructions listed on the report.

	WIC ID	Name	Category	Ht/Wt, Hgb, Ht/Lt Data Within 60 days	Income Eligibility Documented	Identity/Residency Documented	Cert. within 10/20 days of Initial Visit	Baby Due Date	Nutrition Risk Complete/Documented	Referrals Documented	Food Rx Correct	Food Issued at Certification	Medical and Pregnancy Hx Complete	Rts/Oblig. Signed/Dated	Nutr. Ed Contacts Quarterly	Approval for Non-Contract Formula	RD Care Plan for High Risk	Enhanced BF Package Correct	Ineligibility letter	VOC	Comments		
1																							
2																							
3																							
4																							
5																							
6																							
7																							
8																							
9																							
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16																							
17																							
18																							
19																							
20																							

C=Correct, M=Missing, E=Error, NA=Not Applicable

Agency -
 Reviewer -

To pull 10 random charts go to the SPIRIT State Module, Reports, "Participants for Chart Audit Reort". Select your agency and follow the instructions listed on the report.

	WIC ID	Name	Category	Ht/Wt, Hgb, Ht/Lt Data Within 60 days	Income Eligibility Documented	Identity/Residency Documented	Cert. within 10/20 days of Initial Visit	Baby Due Date	Nutrition Risk Complete/Documented	Referrals Documented	Food Rx Correct	Food Issued at Certification	Medical and Pregnancy Hx Complete	Rts/Oblig. Signed/Dated	Nutr. Ed Contacts Quarterly	Approval for Non-Contract Formula	RD Care Plan for High Risk	Enhanced BF Package Correct	Ineligibility letter	VOC	Comments	
21																						
22																						
23																						
24																						
25																						
26																						
27																						
28																						
29																						
30																						

C=Correct, M=Missing, E=Error, NA=Not Applicable



WIC Quarterly Report



SFY:

Quarter:

Date:

Local Agency Name:

Staff Name and Title of Person Completing the Quarterly Report:

I. Goal 1 Meet or exceed federal caseload targets

1. CASELOAD

Your agency active quarterly participation average is:

(CLD026 Reported Participation WIC- Montly Unduplicated):

Local agency enrolled quarterly participation average is:

(Report CLD 029 Participation vs. Enrollment Monthly):

Average Percent Participation is:

(Report CLD 029 Participation vs. Enrollment Monthly)

If your quarterly average % participation is below the state's quarterly average, how do you plan to address it?

(State wide participation rate is updated each month on the statewide Report CLD 029)

2. PERFORMANCE STANDARD (PS)

Did you meet or exceed your monthly caseload this quarter?

(Your agency PS is: _____)

YES

NO

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

3. STAFFING UPDATE: Staff your agency has at the time of this report. (Do not include BFPC)

# Staff	RD	LN	RN & BS	LPN	CPA	Non CPA	Vacancies
Coordinators							
Professional CPA							
Paraprofessional CPA							
Training							
Office Staff							
Lab Tech							
Receptionist							
Administrator							
Total	0	0	0	0	0	0	0

*(RD) Registered Dietitian, (LN) Licensed Nutritionist, (RN) Registered Nurse, (BS) Bachelor of Science-Nutrition, (LPN)

Licensed Practical Nurse, (CPA) Competent Professional Authority BFPC Breastfeeding Peer Counselors

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

Village Travel

If no village travel is required for this local agency skip to the Vendor section below.

Travel Update	Data	Comment Section
---------------	------	-----------------

The number of villages served by local agency.		
The target number of visits to be made this year. <i>(Taken from the grant proposal.)</i>		
The number of villages visited this quarter.		
Number of cancelled trips this quarter.		
<i>Note in "Comment Section" why.</i>		
Cumulative fiscal year village visits to date.		
List dates and locations of travel this quarter.		
Number of clients enrolled during travel this quarter.		
Cumulative # clients enrolled during village travel. (YTD)		0

Video Conferencing (VTC)

Video Conferencing Update	Data	Comment Section
The number of clients targeted during the fiscal year.		
The number of VTCs completed this quarter.		
The number of clients seen by VTC if different than above.		
The cumulative number of VTCs to date.	0	
Updates to VTC plan.		
Challenges to VTC plan experienced this quarter.		

II. Vendor Report

Vendor Update	Number	Comment Section
How many stores were monitored this quarter?		
List vendor number/name of stores visited.		

III. Goal 3 Quality Client Nutrition Services

1. Describe how the Alaska Fruits and Vegetables First Quarter Theme was incorporated into the participant's nutrition education

and counseling this quarter.

1a. How successful was it and why? On a Scale of 1-10 (10 most successful and 1 least successful)

Scale

Why?

2. Describe how your clinic incorporates Participant Centered Services (PCS) into your daily practices at the WIC clinic.

2a. How successful was it and why? On a Scale of 1-10 (10 most successful and 1 least successful)

Scale

Why?

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

3a. How successful was it and why? On a Scale of 1-10 (10 most successful and 1 least successful)

Scale
Why?

4. List in-service education and training the WIC staff received this quarter. Include topics, date and staff who attended. (Civil rights and breastfeeding training must be completed annually for all staff.)

5. What quality assurance was completed this quarter?

IV. Goal 4 Children Overweight Prevention

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

1a. How successful was it and why? On a Scale of 1-10 (10 most successful and 1 least successful)

Scale
Why?

V. Program Successes

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

VI. Logic Model

1. Describe what Logic Model activities you have accomplished this quarter.

2. How are your Outputs (activities and participation) contributing to the success of your Outcomes?

3. Include progress on short, medium and long term impacts and outcomes as appropriate.

VII. Breastfeeding Peer Counseling (Report if you received BFPC funds during this fiscal year)

1. Number of active BFPCs this quarter:
2. Number of BFPC contacts made during this quarter:
3. Report on BFPC program activities since the last quarter:

VIII. List one way the Alaska State WIC office can help make your job easier.



WIC Quarterly Report



SFY:

Quarter:

Date:

Local Agency Name:

Staff Name and Title of Person Completing the Quarterly Report:

I. Goal 1 **Meet or exceed federal caseload targets**

1. CASELOAD

Your agency active quarterly participation average is:

(CLD026 Reported Participation WIC- Montly Unduplicated):

Local agency enrolled quarterly participation average is:

(Report CLD 029 Participation vs. Enrollment Monthly):

Average Percent Participation is:

(Report CLD 029 Participation vs. Enrollment Monthly)

If your quarterly average % participation is below the state's quarterly average, how do you plan to address it?

(State wide participation rate is updated each month on the statewide Report CLD 029)

2. PERFORMANCE STANDARD (PS)

Did you meet or exceed your monthly caseload this quarter?

(Your agency PS is: _____)

YES

NO

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

3. STAFFING UPDATE: Staff your agency has at the time of this report. (Do not include BFPC)

# Staff	RD	LN	RN & BS	LPN	CPA	Non CPA	Vacancies
Coordinators							
Professional CPA							
Paraprofessional CPA							
CPA In Training							
Office Staff							
Lab Tech							
Receptionist							
Administrator							
Total	0	0	0	0	0	0	0

*(RD) Registered Dietitian, (LN) Licensed Nutritionist, (RN) Registered Nurse, (BS) Bachelor of Science, (LPN)

Licensed Practical Nurse, (CPA) Competent Professional Authority BFPC Breastfeeding Peer Counselors

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

Village Travel

If no village travel is required for this local agency skip to the Vendor section below.

Travel Update	Data	Comment Section
The number of villages served by local agency.		
The target number of visits to be made this year. <i>(Taken from the grant proposal.)</i>		
The number of villages visited this quarter.		
Number of cancelled trips this quarter.		
<i>Note in "Comment Section" why.</i>		
Cumulative fiscal year village visits to date.	0	
List dates and locations of travel this quarter.		
Number of clients enrolled during travel this quarter.		
Cumulative # clients enrolled during village travel. (YTD)	0	

Video Teleconferencing (VTC)

Video Teleconferencing Update	Data	Comment Section
The number of clients targeted during the fiscal year.		
The number of VTCs completed this quarter.		
The number of clients seen by VTC if different than above.		
The cumulative number of VTCs to date.	0	
Updates to VTC plan.		
Challenges to VTC plan experienced this quarter.		

5. Have you updated your village applications this fiscal year?

Yes
No

If no, what is your plan to do this?

II. Vendor Report

Vendor Update	Number	Comment Section
How many stores were monitored this quarter?		

List vendor number/name of stores visited. | |

III. Goal 3 Quality Client Nutrition Services

1. Describe how the "Family Meals and Breastfeeding So Good for Me" second Quarter Theme was incorporated into the participant's nutrition education and counseling this quarter.

1a. How successful was it and why? On a Scale of 1-10 (10 most successful and 1 least successful)

Scale
Why?

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

2a. How successful was it and why? On a Scale of 1-10 (10 most successful and 1 least successful)

Scale
Why?

3. Describe your local agency's World Breastfeeding Activities.

4. List in-service education and training the WIC staff received this quarter. Include topics, date and staff who attended. (Civil rights and breastfeeding training must be completed annually for all staff.)

5. What quality assurance activities were completed this quarter?

IV. Goal 4 Children Overweight Prevention

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

1a. How successful was it and why? On a Scale of 1-10 (10 most successful and 1 least successful)

Scale

Why?

V. Program Successes

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

VI. Logic Model

1. Describe what Logic Model activities you have accomplished this quarter.

2. How are your Outputs (activities and participation) contributing to the success of your Outcomes?

3. Include progress on short, medium and long term impacts and outcomes as appropriate.

VII. Breastfeeding Peer Counseling (Report if you received BFPC funds during this fiscal year)

1. Number of active BFPCs this quarter:
2. Number of BFPC contacts made during this quarter:
3. Report on BFPC program activities since the last quarter:

VIII. WIC Data

Overweight Infants & Children	<input type="text"/>	(Use SPIRIT Utilities Site Reports "Overweight Infants and Children" & "Obese 2-5
Obese 2-5 yr olds Rate for this quarter	<input type="text"/>	
Breastfeeding initiation for this quarter	<input type="text"/>	(Use SPIRIT Utilities Site Report "Breastfeeding Initiation and Duration")
Breastfeeding 6 month duration for this quarter	<input type="text"/>	
Breastfeeding 12 month duration for this quarter	<input type="text"/>	

IX. Quality Assurance

Attach a copy of a 10 client chart review form with client state WIC IDs and results of the chart audit.

1. Were there any trends identified through the chart review?

Yes No

If Yes, what were the trends and what did you do to address the issues identified through the chart review?

5 Year Olds"):



WIC Quarterly Report



SFY:

Quarter:

Date:

Local Agency Name:

Staff Name and Title of Person Completing the Quarterly Report:

I. Goal 1 Meet or exceed federal caseload targets

1. CASELOAD

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(Report CLD 029 Participation vs. Enrollment Monthly):

Average Percent Participation is:

(Report CLD 029 Participation vs. Enrollment Monthly)

If your quarterly average % participation is below the state's quarterly average, how do you plan to address it?

(State wide participation rate is updated each month on the statewide Report CLD 029)

2. PERFORMANCE STANDARD (PS)

Did you meet or exceed your monthly caseload this quarter?

(Your agency PS is: _____)

YES

NO

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

3. STAFFING UPDATE: Staff your agency has at the time of this report. (Do not include BFPC)

# Staff	RD	LN	RN & BS	LPN	CPA	Non CPA	Vacancies
Coordinators							
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CPA In Training							
Office Staff							
Lab Tech							
Receptionist							
Administrator							
Total	0	0	0	0	0	0	0

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Licensed Practical Nurse, (CPA) Competent Professional Authority BFPC Breastfeeding Peer Counselors

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

Village Travel

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Travel Update	Data	Comment Section
The number of villages served by local agency.		
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The number of villages visited this quarter.		
Number of cancelled trips this quarter.		
<i>Note in "Comment Section" why.</i>		
Cumulative fiscal year village visits to date.	0	
List dates and locations of travel this quarter.		
Number of clients enrolled during travel this quarter.		
Cumulative # clients enrolled during village travel. (YTD)	0	

Video Teleconferencing (VTC)

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Updates to VTC plan.		
Challenges to VTC plan experienced this quarter.		

II. Vendor Report

Vendor Update	Number	Comment Section
How many stores were monitored this quarter?		
List vendor number/name of stores visited.		

III. Goal 3 Quality Client Nutrition Services

1. Describe how the "Playtime So Good for Me" third Quarter Theme was incorporated into the participant's nutrition education and counseling this quarter.

1a. How successful was it and why? On a Scale of 1-10 (10 most successful and 1 least successful)

Scale
Why?

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

2a. How successful was it and why? On a Scale of 1-10 (10 most successful and 1 least successful)

Scale
Why?

3. List in-service education and training the WIC staff received this quarter. Include topics, date and staff who attended. (Civil rights and breastfeeding training must be completed annually for all staff.)

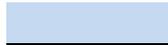
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1. What activities has the WIC program done this quarter to reduce children's overweight?

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Why?



V. Program Successes

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

VI. Logic Model

1. Describe what Logic Model activities you have accomplished this quarter.

2. How are your Outputs (activities and participation) contributing to the success of your Outcomes?

3. Include progress on short, medium and long term impacts and outcomes as appropriate.

VII. Breastfeeding Peer Counseling (Report if you received BFPC funds during this fiscal year)

1. Number of active BFPCs this quarter:
2. Number of BFPC contacts made during this quarter:
3. Report on BFPC program activities since the last quarter:

VIII. How can Alaska WIC services be improved?

IX. Attach Survey Results with third quarter narrative report.

Submit results in Excel. Surevey results should be 20% of your caseload or 25 surveys; which ever is greater.
Submit raw data in addition to any data evaluation completed.



WIC Quarterly Report



SFY:

Quarter:

Date:

Local Agency Name:

Staff Name and Title of Person Completing the Quarterly Report:

I. Goal 1 **Meet or exceed federal caseload targets**

1. CASELOAD

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(State wide participation rate is updated each month on the statewide Report CLD 029)

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(Your agency PS is: _____)

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NO

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Challenges to VTC plan experienced this quarter.		

II. Vendor Report

Vendor Update	Number	Comment Section
How many stores were monitored this quarter?		
List vendor number/name of stores visited.		

III. Goal 3 Quality Client Nutrition Services

1. Describe how the "Water, Water So Good For Me" fourth Quarter Theme was incorporated into the participant's nutrition education and counseling this quarter.

1a. How successful was it and why? On a Scale of 1-10 (10 most successful and 1 least successful)

Scale
Why?

2. Describe how your clinic incorporates Participant Centered Services (PCS) into your daily practices at the WIC clinic.

2a. How successful was it and why? On a Scale of 1-10 (10 most successful and 1 least successful)

Scale
Why?

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

3a. How successful was it and why? On a Scale of 1-10 (10 most successful and 1 least successful)

Scale

Why?

4. List in-service education and training the WIC staff received this quarter. Include topics, date and staff who attended. (Civil rights and breastfeeding training must be completed annually for all staff.)

5. What quality assurance was completed this quarter?

IV. Goal 4 Children Overweight Prevention

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

1a. How successful was it and why? On a Scale of 1-10 (10 most successful and 1 least successful)

Scale

Why?

V. Program Successes

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

VI. Logic Model

1. Describe what Logic Model activities you have accomplished this quarter.

2. How are your Outputs (activities and participation) contributing to the success of your Outcomes?

3. Include progress on short, medium and long term impacts and outcomes as appropriate.

VII. Breastfeeding Peer Counseling (Report if you received BFPC funds during this fiscal year)

1. Number of active BFPCs this quarter:
2. Number of BFPC contacts made during this quarter:
3. Report on BFPC program activities since the last quarter:

IX. Quality Assurance

Attach a copy of a 10 client chart review form with client state WIC IDs and results of the chart audit.

1. Were there any trends identified through the chart review?

Yes No

If Yes, what were the trends and what did you do to address the issues identified through the chart review?

IX. List one way the Alaska State WIC office can help make your job easier.

Program evaluation completed with the last quarter report only.

SFY reporting _____ Previous SFY _____

(the SFY you are reporting on.)

1. Indicate below your agency's overweight & obesity rates. (Use SPIRIT Utilities Site Reports "Overweight Infants and Children" & "Obese 2-5 Year Old

Reporting SFY	Overweight rate:	<input type="text"/>
Previous SFY	Overweight rate:	<input type="text"/>

Reporting SFY	Obesity rate:	<input type="text"/>
Previous SFY	Obesity rate:	<input type="text"/>

2. Indicate below your agency's breastfeeding rates. (SPIRIT Utilities Site Report "Breastfeeding Initiation and Duration")

Current SFY		Previous SFY	
Breastfeeding Initiation	<input type="text"/>	Breastfeeding Initiation	<input type="text"/>
Breastfeeding Duration at 6 months	<input type="text"/>	Breastfeeding Duration at 6 months	<input type="text"/>
Breastfeeding Duration at 12 months	<input type="text"/>	Breastfeeding Duration at 12 months	<input type="text"/>

3. Indicate below your active participation. (SPIRIT State Module Report "Report" (SPIRIT Report CLD026)

Last SFY	Active Participation	<input type="text"/>
Previous SFY	Active Participation	<input type="text"/>
Percent change between SFY		<input type="text"/>

4. How is your Local Agency using wichealth.org for participants' online nutrition education?

Go to: www.wichealth.org/stats

Username: Your Username

Password: Your password or Wichealth1

Provide statistics on your local agency participation numbers.

5. Evaluate your SFY Logic Model short, medium and long term goals.

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

Provide a narrative summary of your program activities, and outcomes for short, medium and long-term impacts and outcomes.

s"):



Service Provider Computer Security Agreement

STATE OF ALASKA

Department of Health and Social Services Division
of Public Assistance / Systems Operations

Women, Infants and Children (WIC) Program

(Non-State Workers)

I understand that all client information contained in the State of Alaska WIC SPIRIT database and data sources from any other State or WIC grantee agencies, interfaces, and State of Alaska sponsored password-protected websites (such as SharePoint sites) is confidential. I agree not to disclose any information regarding persons who have applied for, have received, or who are receiving WIC Program services to any unauthorized group or individual; or to any person for any purpose other than the administration of the WIC Program.

I will protect all client and/or related information made available to me through interfaces, other agencies, and/or State of Alaska sponsored password-protected websites whether this information is obtained via the WIC SPIRIT system, websites, direct computer access, hard copy documents, on line viewing, or any other means of communication. This includes, **but is not limited to** information from other WIC Program grantees or WIC agencies outside Alaska; and any future information interfaces or Internet services that may be developed.

I understand that I may only use my access to State of Alaska systems and data for specific functions of my official job duties.

I understand that my passwords are confidential and may not be kept in written form in unsecured areas. I understand that I am the only one allowed to use my assigned passwords. If I suspect anyone else has knowledge of my passwords, I will report it immediately to my supervisor and the WIC SPIRIT Help Desk and I will immediately change my passwords.

I understand that whenever I leave my workstation and am not in close proximity, I must sign off from my access and lock my workstation.

I have read this entire Security Agreement and consent to abide by it. Also, I certify that I have read, understand and will comply with the security and privacy provisions of my agency's WIC grant. Furthermore, I understand that I may be prosecuted if I use systems for fraudulent purposes.

I have read and will abide by the SPIRIT Security & Electronic Infrastructure policy included in the Alaska Policy & Procedure manual.

I understand that any violation of this agreement may result in disciplinary action; which may include termination of my agency's grantee agreement with the State of Alaska.

Access Requested for: WIC SPIRIT System Other _____

New Account or **Change Existing Account (check all that apply):**

- Local Agency/Clinic Coordinator
- CPA /Nutritionist
- CPA-In-Training
- Breastfeeding Peer Counselor
- WIC Office Staff

Delete Account Name of WIC Staff Person Replaced: _____

Employee name (printed):	Job Title:	Date of request:
Employee signature and date signed:	Email:	
	City:	
	Employee phone number:	
Supervisor name (printed):	Supervisor title:	Grantee/WIC Clinic:
Supervisor signature and date signed:	WIC Program Office approval:	

Email copy of signed form to wicspirithelpdesk@alaska.gov or fax to (907) 465-3416



State of Alaska WIC Program
 Peggy Michielsen, Program Coordinator
 3601 C Street, Suite 814
 Anchorage, AK 99503
 Email: peggy.michielsen@alaska.gov
 Phone 907-269-3459
 Fax: 907-269-1032
 Wednesday – Friday: 8:00 am – 4:00pm

Type of Next Contact:

- Re- or Mid- Certification for _____
- 6 Month Follow-up for _____
- Nutrition
Education _____
- Other _____

Forms needed – COMPLETELY FILLED OUT

- Family Information Form
- Pregnant Woman Application
- Breastfeeding/ Postpartum Woman Application
- Infant Application
- Child Application
- Mid-Certification Short Form

Information Needed:

- Income Proof (Medicaid or Denali Kid Care number **OR** pay stubs, disability, child support received, self employment, etc.)
- Proof of Pregnancy
- Crib Card or Birth certificate
- Shot records (for children under 2 years old)
- Height & Weight (current)
- Hemoglobin (iron check)
- Other:

Need by: _____

NOTES:

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Need by: _____

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