



# 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

The Alaska WIC average for participation is undetermined with SPIRIT.

Your agency active quarterly, average participation is: \_\_\_\_\_  
*State Office Module Report (CLD029 Participation Vs. Enrollment Monthly):*

Local agency enrolled quarterly, average participation is: \_\_\_\_\_  
*State Office Module Report (CLD029 Participation Vs. Enrollment Monthly):*

Quarterly, average Percent Participation is: \_\_\_\_\_  
*State Office Module Report (CLD029 Participation Vs. Enrollment Monthly):*

The State wide average percent participation rate is: \_\_\_\_\_  
*State Office Module Report: Select Report by State*

### 2. PERFORMANCE STANDARD (PS)

Did you meet or exceed your monthly caseload this quarter? Please indicate Yes or No.  
 if you met or exceeded your PS. (Your agency PS is: \_\_\_\_\_)

**YES**                      **NO**

If no; what was your average monthly caseload for the current quarter: \_\_\_\_\_

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							
<b>Total</b>	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.		
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 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.		

### 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. )

#### **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:

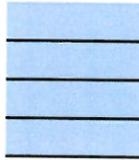
**VIII. WIC Data**

Obesity Rate for this quarter

Breastfeeding initiation for this quarter

Breastfeeding 6 month duration for this quarter

Breastfeeding 12 month duration for this quarter



*(Use SPIRIT Utilities Report Obese 2-5 Year Olds)*

*(SPIRIT Utilities Report: Breastfeeding Initiation and Duration)*

*(SPIRIT Utilities Report: Breastfeeding Initiation and Duration)*

*(SPIRIT Utilities Report: Breastfeeding Initiation and Duration)*

**IX. Quality Assurance**

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

*(please no client names)*

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