

**Inter Tribal Council of Arizona, Inc.**  
**WIC Program**  
**Quarterly Program Narrative Report**  
(Due 20<sup>th</sup> day of Jan, April, July, Oct)

**Agency:**

**Report Period:**

**Part I: Caseload**

Complete the table below using your Caseload Management Report and describe your caseload and enrolled not participating and plans for the next quarter. If your caseload or enrolled not participating are below the performance standard, describe your plan for meeting the standard. Comment on any changes in caseload trends or anticipated changes in your caseload.

Performance Standards:  $\geq 95\%$  caseload served ( $>200$  clients) or  $\geq 90\%$  caseload served (100-199 clients)  
Enrolled Not Participating:  $\leq 19.7\%$

Month	Assigned Caseload	Total Participating	% served	Enrolled Not Participating Rate
October			#DIV/0!	
November			#DIV/0!	
December			#DIV/0!	
January			#DIV/0!	
February			#DIV/0!	
March			#DIV/0!	
April			#DIV/0!	
May			#DIV/0!	
June			#DIV/0!	
July			#DIV/0!	
August			#DIV/0!	
September			#DIV/0!	
<b>Average YTD</b>	#DIV/0!	#DIV/0!	#DIV/0!	

**Part II: Local Agency Staffing Update**

Describe any changes in the staffing including changes to the breastfeeding lead or any position title changes.

### Part III: Clinic Update

Describe any changes to your clinic locations or schedules including changes to hours of business.

### Part IV: Meetings and Trainings

Describe any meetings and trainings attended by staff. Report the topics covered in in-services. For non-WIC sponsored trainings, describe the knowledge and skills gained that will benefit WIC.

### Part V: Problems

Describe any problems the agency has encountered such as difficulty hiring staff, power outages, equipment failures, etc. (Note that problems needing timely attention by ITCA staff should be reported to ITCA via email or by phone rather than in this report.)

### Part VI: Outreach and Collaboration

Using your outreach plan, describe in detail all outreach and collaboration activities that the agency participated in and the outcome of the activities.

Agency/Program/Event	Date	Description of Activity	Outcome (if applicable)

### Part VII: Breastfeeding Promotion and Support

Complete the table below using the Breastfeeding Adhoc Report for infants 7 months old for the 6 month duration and infants 14 months old for the 12 month duration.

Quarter	Initiation (%)	6 month duration (%)	12 month duration (%)
October-December			
January-March			
April-June			
July-September			

Describe your progress in improving or maintaining the breastfeeding rates at your agency including any successes or challenges.

All prenatal clients should be contacted within a week after their estimated delivery date. Complete the table below with the type and number of contacts for the quarter.

Quarter	Type of Contact	Number Attempted	Number Contacted	Summary of problems identified
<b>October-December</b>	Postcards			
	Phone Calls			
	Home Visits			
	Other			
<b>January-March</b>	Postcards			
	Phone Calls			
	Home Visits			
	Other			
<b>April-June</b>	Postcards			
	Phone Calls			
	Home Visits			
	Other			
<b>July-September</b>	Postcards			
	Phone Calls			
	Home Visits			
	Other			

#### **Part VIII: Progress on Nutrition and Breastfeeding Goals and Objectives**

Complete the progress section of your local agency nutrition plan and attach it to this report. Reports not including the nutrition plan will be considered incomplete. Describe below your successes and challenges in completing the activities described in your plan for this quarter.