

# LOCAL AGENCY ANNUAL WIC PLAN - FFY 2012

## INTRODUCTION & CHECKLIST

Local agency: \_\_\_\_\_

Plan Period: 10/1/11 – 9/30/12

Contact person: \_\_\_\_\_

### Part 1: Plan components due November 18, 2011:

- Introduction & Checklist – Part I**
  - Complete, sign, and date this introduction & check list form
- Narrative Summary**
  - Address the 6 areas identified in the plan guidance
- Breastfeeding Peer Counseling Report**
  - For agencies with BFPC funding
- Nutrition Goal: Overweight Children**
  - Midpoint Progress on 5 Year joint goal
- Breastfeeding Goal: Exclusive BF**
  - Midpoint Progress on 5 Year joint goal
  - Remember, to include Midpoint Progress on the strategy for training staff on the Grow & Glow BF curriculum
- Local Agency Specific Goals (optional)**
  - Submit any new LA specific goals
  - Goals related to PCS (Participant Centered Services) are encouraged
  - Progress on current local agency specific goals

Date of Part 1 Submission \_\_\_\_\_

Signature \_\_\_\_\_

#### Part I - Mail 2 hard copies:

Nebraska WIC Program  
301 Centennial Mall South  
PO Box 95026  
Lincoln, NE 68509

### Part 2: Plan components due November 30, 2011:

- Introduction & Checklist – Part II**
- WIC Staff Listing Form**
  - Complete template on computer, listing all staff with WIC responsibilities, including contract staff
- WIC Clinic Site Listing Form**
  - Update the template to include all clinics
  - Update the template to include all clinic changes
- WIC Staff Job Descriptions**
  - Submit descriptions for new positions
  - Submit any revisions made to current job descriptions
- Local Agency WIC Clinic Procedures**
  - Submit new or revised procedures since last submission

Date of Part 2 \_\_\_\_\_

Signature \_\_\_\_\_

#### Part II - Mail 2 hard copies:

Nebraska WIC Program  
301 Centennial Mall South  
PO Box 95026  
Lincoln, NE 68509

AND

#### Email to

[Kathy.fischer@nebraska.gov](mailto:Kathy.fischer@nebraska.gov)  
-WIC Staffing Form  
-WIC Clinic Site Listing Form

# Guidance for FFY2012 Local Agency WIC Annual Plan

## Part 1 - Local Agency Plan Items - Due November 18, 2011

<b>Introduction and Checklist</b>	<p>Complete &amp; submit items under Part I of your Introduction/Check list form by November 18, 2011:</p> <ul style="list-style-type: none"><li>• Local agency name and contact person</li><li>• The period for which the plan is written</li><li>• Date and signature of the individual submitting the plan</li></ul> <p>Please complete the checklist provided to ensure all required sections of the plan and attachments have been included.</p>
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<b>Narrative Summary</b>	<p>Write a narrative summary to <u>describe</u> each of the following points listed below:</p> <ol style="list-style-type: none"><li><b>1. Successes:</b><ul style="list-style-type: none"><li>• Successes of your program in the past year</li></ul></li><li><b>2. Model Processes to Share:</b><ul style="list-style-type: none"><li>• Any processes or procedures implemented which you consider to be a model for other local agencies</li><li>• If you have already shared this information with other local agencies or if you would like to</li></ul></li><li><b>3. Changes to WIC Clinic Operations &amp; Impact on WIC Services over past year:</b><ul style="list-style-type: none"><li>• WIC Clinic location changes</li><li>• Services offered at the WIC clinics that have changed</li><li>• Any changes in ways your agency provides WIC services. (For example, changes in staffing, clinic flow, nutrition education methods, check pickup procedures, use of contractors etc.)</li><li>• Reason for above changes in clinic operations &amp; impact on WIC services</li></ul></li><li><b>4. Challenges:</b><ul style="list-style-type: none"><li>• Challenges encountered during the last fiscal year and how they were addressed</li></ul></li><li><b>5. Lessons Learned:</b><ul style="list-style-type: none"><li>• Describe lessons learned in the past year</li></ul></li><li><b>6. Future Changes</b><ul style="list-style-type: none"><li>• Describe anticipated changes for FFY2012.</li><li>• Future plans for changes to WIC services such as<ul style="list-style-type: none"><li>○ WIC clinic locations,</li><li>○ services offered at WIC clinics,</li><li>○ changes in the ways your agency will provides WIC services</li><li>○ Reason for above anticipated changes</li></ul></li></ul></li></ol>
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**Breastfeeding  
Peer  
Counseling  
Program  
Report**

Provide a narrative report to address the following points listed below: This report should be separate from your Narrative Summary.

1. **Program Structure:** Please include the following information:

- Number of Peer Counselors;
- approximate hours worked per each counselor;
- approximate caseload of each peer counselor;
- length of time each peer counselor has been employed;
- which clinic(s) the peer counselors are working in;
- provide a description of how clients are referred/assigned to peer counselors and the name and credentials of the BFPC program coordinator.

**\*\*If your agency has received BFPC funding but has not yet started the program – please provide your plans for the program structure, including timelines for implementation/training of breastfeeding peer counselors.**

2. **Successes and Best Practices:**

- Describe the successes of your program in the past year. What has gone really well?
- What “best practices” has your agency implemented that has contributed to your successes?

3. **Challenges:**

- Identify any challenges encountered during the implementation or continuation of your agency BFPC program.
- How were you able to address these challenges?

4. **Staff/Client Perspectives:**

- Describe feedback, compliments, complaints and observations that have been heard from clients or staff related to the BFPC program.
- What effect does the BFPC program have on the breastfeeding friendly environment in clinics?
- How does having a BFPC program help staff promote and support breastfeeding?

5. **Community Connections:**

- Describe outreach related the BFPC program being done in the community and/or with other partners such as physicians, healthcare providers, local hospitals, community agencies, breastfeeding advocates, etc. Include any activities the breastfeeding peer counselors are involved in within the community.

6. **Lessons Learned:**

- Describe any lessons learned during the past year.

7. **Future Plans:**

- Describe any BFPC program changes anticipated for FY2012.

<p><b>Progress Report</b></p>	<p><b>Mid-Point Progress Review of Joint 5 Year Goals</b></p> <p>Record LA progress for each joint goal, directly on your <u>previously written action plan</u>:</p> <ul style="list-style-type: none"> <li>• Record your most recent <u>data</u> comparison figures on the action plan. Your most recent data is included in this packet.</li> <li>• Summarize results or <u>progress of major action steps</u> under special notes section</li> <li>• <u>Identify changes in action steps</u> necessary to achieve goal. Strike through action steps to be deleted &amp; identify why; <i>italicize</i> new action steps</li> <li>• Write a <u>statement about progress</u> at bottom of action plan</li> </ul> <p><b>Mid-Point Progress Review for LA Specific Goals</b></p> <ul style="list-style-type: none"> <li>• Progress should also be noted for any LA specific goals using the above format</li> </ul>
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<p><b>New LA Specific Goals</b></p>	<p><b>New Local Agency Specific Goals</b></p> <p><u>Develop action steps</u> for any new Local Agency specific goals.</p> <p>Record your action steps on the attached blank action plan</p> <ul style="list-style-type: none"> <li>• Include <u>what</u> action steps will be completed.</li> <li>• Identify <u>why</u> you are doing this action step.</li> <li>• Identify <u>who</u> will be responsible for completion of each action step.</li> <li>• Identify <u>when</u> each action step be completed.</li> <li>• The special notes section may be used to provide additional detail on the action step(s) and to make note of process evaluation measures for specific steps.</li> <li>• Additional descriptions of <i>evaluation measures</i> for the strategy or the action steps may be included in the evaluation section</li> </ul>
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## Part II – Plan Components Due by November 30, 2011

### Checklist

- Complete & submit Part II of your checklist form by November 30, 2011

### WIC Staff Listing Form

- Submit this form yearly as part of your local agency plan.
- List all staff that have WIC responsibilities, including contract staff.
- Notify the WIC Help Desk when a logon ID is needed for new staff.

### WIC Clinic Site Listing Form

- This form is completed and submitted on a yearly basis as part of your LA plan.
- Update the template to include all clinic changes.
- *Be sure to make your changes electronically on the form that was e-mailed to you.*
- Note: Clinic changes during the year should be sent to the State Agency through the Request to Open/Close Clinic Forms.

### WIC Job Descriptions

- The state agency maintains a notebook with your local agency WIC job descriptions.
- Please submit any *new or revised* job descriptions needed to update our notebooks.

### LA WIC Procedures

- The state agency maintains a notebook with your LA WIC procedures.
- Please submit copies of any new or revised procedures.
- Be sure to include any revisions to procedures that were requested following your last plan review.
- Please include any procedures related to implementation of your Breastfeeding Peer Counseling Program.

