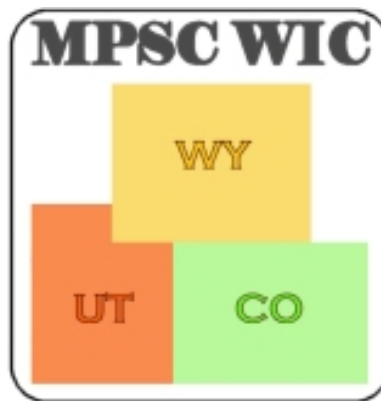


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# Mountain Plains States Consortium WIC System Project

## DETAILED FUNCTIONAL DESIGN DOCUMENT CLINIC SERVICES REPORTS

*Presented to:*



Revision Date: February 16, 2011

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## Document Revisions

Revision Date	Updated By	Requested By	Description of Revision

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# 1 Introduction

This reports DFDD contains the reports related to the Clinic Services functional area. The following set of reports represents existing reports from the transfer system as well as new reports requested during the MPSC project's design phase.

## 2 Administrative Reports

### 2.1 Clinic Activity Report by Staff Person

<b>Description</b>	This report is used to review WIC activity within clinics over time.
<b>Parameters</b>	Local Agency, Date Range, Category
<b>Record Selection / Filtering / Calculations</b>	<p>For the specified Local Agency within the Date Range, all records as defined by the Print Columns.</p> <p>Month = All months within the date range. Display from oldest month to most recent month within a clinic.</p> <p>Staff Person = The person who conducted the activity during the date range. Display in alphabetical order.</p> <p>Initial Certs = All participants in the clinic with the first Certification.StartDt that was not a Precertification or VOC within the date range.</p> <p>Initial Pre-Certs = All participants in the clinic with the first Certification.StartDt and Certification.AppTypeCd = PRE within the date range.</p> <p>Reinstated = All participants in the clinic with a CertificationTermination.ReinstateDt within the date range.</p> <p>VOC In = All participants in the clinic with a Certification.StartDt and Certification.AppTypeCd = VOC within the date range.</p> <p>Clinic Trans In = All participants in the clinic that are part of a family with a FamilyClinic.EffectiveDt (Effective Date) within the date range. Transfers In are counted based on the current clinic for the participant.</p> <p>Clinic Trans Out = All participants in the clinic that are part of a family with a FamilyClinic.EndDt (End Date) within the date range. Transfers Out are counted based on the previous clinic for the participant.</p> <p>Term = All participants in the clinic with a CertificationTermination.EffectiveDt within the date range.</p> <p>Net Gain/Loss = Sum of Initial Certs + Initial Pre-Certs + Reinstated + VOC In + Clinic Trans In - Clinic Trans Out - Term. If gain, display positive integer. If loss, display with a negative sign.</p> <p>This report excludes investigation family related data.</p>
<b>Print Columns</b>	<p>Agency/Clinic, Month, Year, Staff Person, Init Certs (Initial Certifications), Init Pre-Certs (Initial Pre-Certifications), Reinstated, VOC In, Clinic Trans In (Clinic Transfer In), Clinic Trans Out (Clinic Transfer Out), Term (Terminated), Net Gain/Loss</p> <p><b>Note:</b> The agencies and clinics listed in the header areas should be in the format <i>agency number – agency name</i> and <i>clinic number – clinic name</i>.</p>

**Sort Order** Local Agency, Clinic, Month, Year, Column

**Total / Count Columns** All columns, including a State Total

**State Totals** Yes

**Primary Group (page break)** Local Agency

**Additional Group By** Clinic / Month, Year, Staff Person

**Developer Notes**

Clinic Activity Report by Staff Person  
04/01/2007 - 06/30/2007

Print Date: 07/03/2007

State Totals	Month	Init Certs	Init Pre-Certs	Reinstated	VOC In	Clinic Trans In	Clinic Trans Out	Term	Net Gain/Loss
	April	8024	2392	912	1080	768	872	3752	528
	May	6945	2295	630	750	532	862	3427	-82
	June	7660	2297	780	851	710	1056	3648	-66

Agency/Clinic	Month	Staff Person	Init Certs	Init Pre-Certs	Reinstated	VOC In	Clinic Trans In	Clinic Trans Out	Term	Net Gain/Loss
2 Valley-wide Health Systems										
22 Mariosa Clinic	April		1003	299	114	135	96	109	489	66
		Sherry Appgar	356	91	36	45	28	38	168	-6
		Neal Cartright	296	98	34	53	39	37	170	17
		Karen Bent	351	110	44	37	29	34	131	55
	May		926	306	84	100	71	115	457	-11
		Carol Allison	364	95	21	39	25	37	159	-16
		Neal Cartright	298	94	31	28	29	45	145	-8
		Melissa Peters	264	117	32	33	17	33	153	13
	June		1197	359	122	133	111	165	570	-10
		Sherry Appgar	268	84	35	37	24	45	143	-8
		Karen Bent	294	94	29	39	28	38	150	2
		Melissa Peters	337	87	27	29	30	37	132	4
		Neal Cartright	298	94	31	28	29	45	145	-8
35 Cripple Creek										
	April		907	146	54	76	51	57	263	7
		John Mowery	277	70	28	35	21	29	131	-6
		Sally Stevens	230	76	26	41	30	28	132	13
	May		515	147	40	51	41	63	237	-21
		John Mowery	263	74	16	30	19	28	124	-13
		Louann Progar	232	73	24	21	22	35	113	-8
	June		438	138	49	58	39	64	228	-8
		Martha Scott	209	65	27	28	18	35	111	-8
		Sally Stevens	229	73	22	30	21	29	117	0

## 2.2 Clinic Activity Summary Report

<b>Description</b>	This report is used to review WIC activity within clinics over time.
<b>Parameters</b>	Local Agency, Date Range, Category
<b>Record Selection / Filtering / Calculations</b>	<p>For the specified Local Agency within the Date Range, all records as defined by the Print Columns.</p> <p>Month = All months within the date range. Display from oldest month to most recent month within a clinic.</p> <p>Initial Certs = All participants in the clinic with the first Certification.StartDt that was not a Precertification or VOC within the date range.</p> <p>Initial Pre-Certs = All participants in the clinic with the first Certification.StartDt and Certification.AppTypeCd = PRE within the date range.</p> <p>Reinstated = All participants in the clinic with a CertificationTermination.ReinstateDt within the date range.</p> <p>VOC In = All participants in the clinic with a Certification.StartDt and Certification.AppTypeCd = VOC within the date range.</p> <p>Clinic Trans In = All participants in the clinic that are part of a family with a FamilyClinic.EffectiveDt (Effective Date) within the date range. Transfers In are counted based on the current clinic for the participant.</p> <p>Clinic Trans Out = All participants in the clinic that are part of a family with a FamilyClinic.EndDt (End Date) within the date range. Transfers Out are counted based on the previous clinic for the participant.</p> <p>Term = All participants in the clinic with a CertificationTermination.EffectiveDt within the date range.</p> <p>Net Gain/Loss = Sum of Initial Certs + Initial Pre-Certs + Reinstated + VOC In + Clinic Trans In - Clinic Trans Out - Term. If gain, display positive integer. If loss, display with a negative sign.</p> <p>This report excludes investigation family related data.</p>
<b>Print Columns</b>	<p>Agency/Clinic, Month, Year, Init Certs (Initial Certifications), Init Pre-Certs (Initial Pre-Certifications), Reinstated, VOC In, Clinic Trans In (Clinic Transfer In), Clinic Trans Out (Clinic Transfer Out), Term (Terminated), Net Gain/Loss</p> <p>Note: The agencies and clinics listed in the header areas should be in the format <i>agency number – agency name</i> and <i>clinic number – clinic name</i>.</p>
<b>Sort Order</b>	Local Agency, Clinic, Month, Year
<b>Total / Count Columns</b>	Local Agency, Clinic, and State totals

**State Totals**      Yes

**Primary Group (page break)**      Local Agency

**Additional Group By**      Clinic / Month, Year



Clinic Activity Summary Report  
04/01/2007 - 06/30/2007

Print Date: 07/03/2007

State Totals	Month	Init Certs	Init Pre-Certs	Reinstated	VOC In	Clinic Trans In	Clinic Trans Out	Term	Net Gain/Loss
	April	8024	2392	912	1080	768	872	3752	528
	May	6945	2295	630	750	532	862	3427	-82
	June	5753	1696	582	672	524	768	2720	-14

Agency/Clinic	Month	Init Certs	Init Pre-Certs	Reinstated	VOC In	Clinic Trans In	Clinic Trans Out	Term	Net Gain/Loss
1 - AgencyOne	April	1510	445	168	211	147	166	732	73
	May	1441	453	124	151	112	178	694	-32
	June	1337	403	140	163	121	184	653	-10
1 - ClinicOne	April	1003	299	114	135	96	109	469	66
	May	926	306	84	100	71	115	457	-11
	June	899	265	91	105	82	120	425	-2
2 - ClinicTwo	April	507	146	54	76	51	57	263	7
	May	515	147	40	51	41	63	237	-21
	June	438	138	49	58	39	64	228	-8

## 2.3 Duplicate Records Report

<b>Description</b>	This report identifies possible duplicate records that might have been created by two people, by a laptop uploading, by a downed network, etc.
<b>Parameters</b>	Local Agency, Date Range
<b>Record Selection / Filtering / Calculations</b>	Any Participant with two or more records of the same type on the same date for Anthro, Blood, Pregnancy, Certification Report should not count birth measurement and anthro records entered for the same infant or child on the same day as possible duplicate records. This report excludes investigation family related data.
<b>Print Columns</b>	Local Agency header, Clinic ID, Family ID, Person ID, Participant Name, Record Type, Date <b>Note:</b> The agencies listed in the header areas should be in the format <i>agency number – agency name</i> .
<b>Sort Order</b>	Local Agency, Clinic, Family ID, Person ID, Record Type
<b>Total / Count Columns</b>	N/A
<b>State Totals</b>	No
<b>Primary Group (page break)</b>	Local Agency
<b>Additional Group By Developer Comments</b>	N/A Records are selected when more than one record of a type is found based on the following: Pregnancy – Pregnancy.EffectiveDt Blood Work – BloodWork.RecordedDt Anthro – Anthro.RecordedDt Certification – Certification.StartDt

Duplicate Records Report  
01/01/2007 - 01/31/2007

Print Date: 05/23/2007

Local Agency	Clinic	Family ID	Person ID	Participant Name	Record Type	Date
31 Broadlawn WIC Office, River Plaza						
	1 River Plaza	118519	1990019	Taila Smith	Certification	01/09/2007
		1340394	1471186	Manuela Heredia	Anthro	01/10/2007
	81 Lutheran	46518	829505	Sarah Campos	Certification	01/02/2007



## 2.4 Enrollment Report

<b>Description</b>	This report is used to review WIC enrollment (those with active certifications) by Participation Category.
<b>Data Updated</b>	<p>Monthly</p> <p><u>Data for this report is compiled at month end.</u></p> <p><u>Note: Participants are counted once based on the WIC Status, Participant Category, BF Description, and Special Diet indicator that they are in at the time of data compilation.</u></p>
<b>Parameters</b>	Local Agency, Month/Year
<b>Record Selection / Filtering / Calculations</b>	<p>Data for this report comes from the EnrollmentCount table.</p> <p>All participants with WIC Status = Active for the specified Local Agency and Clinic within the Month/Year</p> <p>Pregnant = All participants where Participant Category = Pregnant</p> <p>Breastfeeding = All participants where Participant Category = Breastfeeding</p> <p>Not-Breastfeeding = All participants where Participant Category = Not-Breastfeeding</p> <p>Total Women = Pregnant + Breastfeeding + Not Breastfeeding</p> <p>Excl BF = All participants with Participant Category = Infant and where BF Description = Exclusively BF or Primarily Exclusive BF</p> <p>Excl BF/Comp = All participants with Participant Category = Infant and where BF Description = Excl BF/Comp (Exclusively BF/Age-appropriate complementary foods)</p> <p>BF Not Excl = All participants with Participant Category = Infant and where the BF Description = Partially BF</p> <p>Formula = All participants with Participant Category = Infant and where the BF Description = No Longer BF or Never BF</p> <p>Total Infants = Excl BF+ Excl BF/Comp + BF Not Excl + Formula</p> <p>Child = All participants with Participant Category = Child and whose food package for the month did NOT have the Special Diet indicator set.</p> <p>Special Child = All participants with Participant Category = Child and whose food package for the month had the Special Diet indicator set.</p> <p>Total Child = Child + Special Child</p> <p>Grand Total = Total Women + Total Infants + Total Child</p> <p>This report excludes investigation family related data. This occurs because the EnrollmentCount table does not include them.</p>

<b>Print Columns</b>	Local Agency header, Clinic header, Pregnant, Breastfeeding, Not-Breastfeeding, Total Women, Excl Breastfeeding (Exclusively Breastfeeding), Excl BF/Comp (Exclusively Breastfeeding/Age-Appropriate Complimentary Foods, Not Excl Breastfeeding (Not Exclusively Breastfeeding)), Formula, Total Infants, Child, Special Child, Total Child, Grand Total <b>Note:</b> The agencies and clinics listed in the header areas should be in the format <i>agency number – agency name</i> and <i>clinic number – clinic name</i> .
<b>Sort Order</b>	Local Agency, Clinic
<b>Total / Count Columns</b>	All columns
<b>State Totals</b>	Yes
<b>Primary Group (page break)</b>	Local Agency
<b>Additional Group By</b>	Clinic
<b>Developer Notes</b>	Data is compiled once a month based on the 'Active' participants during the month. The data is housed on as a month total and is not based on individual dates.

Enrollment Report  
April, 2007

Print Date: 05/03/2007

	Pregnant	Breast-feeding	Not Breast-feeding	Total Women	Excl Breast-feeding	Excl BF/Comp	Not Excl Breast-feeding	Formula	Total Infants	Child	Special Child	Total Child	Grand Total
<b>State Totals</b>	7294	3661	8724	17579	1296	235	10943	5893	18367	36716	628	37344	73290
<b>Local Agency/Clinic</b>													
31 Broadlawns WIC Office, River Plaza	954	588	818	2360	166	26	1606	865	2662	4444	91	4635	9657
1 River Plaza	655	388	542	1585	100	10	1080	581	1771	2870	65	2935	6291
42 Ankeny	20	11	13	44	3	0	32	17	52	115	3	118	214
52 Altoona	15	11	20	46	6	0	36	19	61	106	4	110	217
71 West Des Moines	34	31	25	90	9	0	57	30	96	215	3	218	404
81Lutheran	230	147	218	595	48	4	402	216	670	1138	16	1154	2419

## 2.5 Enrollment by Priority Report

<b>Description</b>	This report is used to review WIC enrollment (those with active certifications) by Participation Category and Priority.
<b>Data Updated</b>	<p>Monthly</p> <p>Data for this report is compiled at month end.</p> <p>Note: Participants are counted once based on the WIC Status, Participant Category, BF Description, and Special Diet indicator that they are in at the time of data compilation.</p>
<b>Parameters</b>	Local Agency, Month/Year
<b>Record Selection / Filtering / Calculations</b>	<p>Data for this report comes from the EnrollmentCount table.</p> <p>All participants with WIC Status = Active for the specified Local Agency and Clinic within the Month/Year</p> <p>Pregnant = All participants where Participant Category = Pregnant</p> <p>Breastfeeding = All participants where Participant Category = Breastfeeding</p> <p>Not-Breastfeeding = All participants where Participant Category = Not-Breastfeeding</p> <p>Total Women = Pregnant + Breastfeeding + Not Breastfeeding</p> <p>Excl BF = All participants with Participant Category = Infant and where BF Description = Exclusively BF or Primarily Exclusive BF</p> <p>Excl BF/Comp = All participants with Participant Category = Infant and where BF Description = Excl BF/Comp (Exclusively BF/Age-appropriate complementary foods)</p> <p>BF Not Excl = All participants with Participant Category = Infant and where the BF Description = Partially BF</p> <p>Formula = All participants with Participant Category = Infant and where the BF Description = No Longer BF or Never BF</p> <p>Total Infants = Excl BF+ Excl BF/Comp + BF Not Excl + Formula</p> <p>Child = All participants with Participant Category = Child and whose food package for the month did NOT have the Special Diet indicator set.</p> <p>Special Child = All participants with Participant Category = Child and whose food package for the month had the Special Diet indicator set.</p> <p>Total Child = Child + Special Child</p> <p>Grand Total = Total Women + Total Infants + Total Child</p> <p>Priority % is each priority's grand total divided by the grand total for that entity (i.e. clinic, agency or state)</p> <p>Display priorities as rows for the state, agency, and clinic. This is all participants with a current certification at the time the data is compiled. To determine priority counts, use the RiskHeader.RiskPrtyNr from the most recent risk record at the time data is compiled.</p>

This report excludes investigation family related data. This occurs because the EnrollmentCount table does not include them.

<b>Print Columns</b>	Local Agency header, Clinic header, Pregnant, Breastfeeding, Not-Breastfeeding, Total Women, Excl Breastfeeding (Exclusively Breastfeeding), Excl BF/Comp (Exclusively Breastfeeding/Age-Appropriate Complimentary Foods, Not Excl Breastfeeding (Not Exclusively Breastfeeding), Formula, Total Infants, Child, Special Child, Total Child, Grand Total, Priority % <b>Note:</b> The agencies and clinics listed in the header areas should be in the format <i>agency number – agency name</i> and <i>clinic number – clinic name</i> .
<b>Sort Order</b>	Local Agency, Clinic, Priority
<b>Total / Count Columns</b>	All columns
<b>State Totals</b>	Yes
<b>Primary Group (page break)</b>	Local Agency
<b>Additional Group By</b>	Clinic
<b>Developer Notes</b>	Data is compiled once a month based on the 'Active' participants during the month. The data is housed on as a month total and is not based on individual dates.

Enrollment by Priority Report  
April, 2007

Print Date: 05/03/2007

State Total	Pregnant	Breastfeeding	Not BF	Total Women	Excl Breastfeeding	Excl Breastfeeding/Comp	Not Excl Breastfeeding	Formula	Total Infants	Child	Special Child	Total Child	Grand Total	Priority %
	7260	3441	6212	16913	1296	236	10501	6139	18111	31147	625	31772	72896	
Priority 1	3962	1003		4565	495	76	3689	2168	6428				10993	15.06%
Priority 2		1542		1542	401	71	2965	1963	5400				6942	63.15%
Priority 3			2969	2969						19689	625	20314	22883	329.53%
Priority 4	3698	896	1954	6548	399	89	3847	2008	6343				12891	56.33%
Priority 5										17458		17458	17458	135.43%
Priority 6			1689	1689									1689	9.67%
Priority 7														0.00%

Local Agency/Clinic	Pregnant	Breastfeeding	Not BF	Total Women	Excl Breastfeeding	Excl Breastfeeding/Comp	Not Excl Breastfeeding	Formula	Total Infants	Child	Special Child	Total Child	Grand Total	Priority %
<b>31 Broadbent WIC Office, River Plaza</b>	975	671	838	2484	159	34	1885	594	2672	4124	91	4215	9371	
Priority 1	569	210		779	59	9	699	225	992				1771	18.90%
Priority 2		165		165	45	12	632	213	902				1067	60.26%
Priority 3			369	369						2136	91	2227	2596	243.30%
Priority 4	406	296	255	957	55	13	554	156	718				1738	86.23%
Priority 5										1988		1988	1988	114.58%
Priority 6			214	214									214	10.76%
Priority 7														0.00%
<b>1 River Plaza</b>	664	381	494	1539	107	11	1323	317	1758	2767	65	2832	6129	
Priority 1	365	159		524	36	2	402	106	546				1070	17.46%
Priority 2		123		123	25	4	455	96	550				103	65.70%
Priority 3			126	126						1498	65	1563	1689	240.33%
Priority 4	299	99	177	575	46	5	466	115	632				1207	71.46%
Priority 5										1269		1269	1269	105.14%
Priority 6			191	191									191	15.08%
Priority 7														0.00%
<b>42 Alley</b>	340	197	247	784	66	5	684	133	888	1855	26	1881	3553	
Priority 1	156	68		224	23	2	236	46	307				531	14.95%
Priority 2		59		59	19	0	249	49	317				376	70.51%
Priority 3			84	84						968	26	994	1078	296.70%
Priority 4	184	70	74	328	24	3	199	38	264				592	54.92%
Priority 5										887		887	887	149.83%
Priority 6			89	89									89	10.03%
Priority 7														0.00%

## 2.6 Family Labels

<b>Description</b>	There may be instances where a Family label needs to be generated. The Family Labels formats a Family list so that it can be saved out to an Excel spreadsheet for importing into a MS Office product for label printing. MS Office products support the many industry standard label layouts.
<b>Parameters</b>	Local Agency, Clinic, Family ID
<b>Record Selection / Filtering / Calculations</b>	Selection based on parameters. This report excludes investigation family related data.
<b>Print Columns</b>	Family ID Primary Endorser Name Participant Name (Additional Participants listed below)
<b>Sort Order</b>	Family ID
<b>Total / Count Columns</b>	None
<b>State Totals</b>	No
<b>Primary Group (page break)</b>	No
<b>Additional Group By</b>	No
<b>Developer Notes</b>	Family ID = BenefitFamily.FFFamilyID Display names as FamilyMember.FirstName + FamilyMember.MiddleName + FamilyMember.LastName + FamilyMember.LastNameSuffix. For the Family ID parameter, Family IDs can be entered singularly or multiple Family IDs can be entered separated by a comma. At least one Family ID is required to run this report.

123456	John Abrams	Marcy Peterson	Daniel Abrams	Celia Abrams
145789	Jennifer Lawler	Justin Pepper		
215434	Ben Jones	Kelly Mimm	Julie Jones	

## 2.7 Ineligible by Income Report

<b>Description</b>	This report is used to find families that might now be eligible when Income Guidelines change and to monitor compliance with Income policies.
<b>Parameters</b>	Local Agency, Date Range
<b>Record Selection / Filtering / Calculations</b>	All families found income ineligible within the Date Range for the specified Local Agency. A family is only listed once on the report even if multiple family members have been marked as ineligible during the date range. This report excludes investigation family related data.
<b>Print Columns</b>	Local Agency header, Clinic header, Family ID, Endorser, Ineligible Date, Home Phone Number, Monthly Income, Household Size, Address Note: The agencies and clinics listed in the header areas should be in the format <i>agency number – agency name</i> and <i>clinic number – clinic name</i> .
<b>Sort Order</b>	Local Agency, Clinic, Family ID
<b>Total / Count Columns</b>	Clinic total number of families listed. Local Agency total number of families listed.
<b>State Totals</b>	No
<b>Primary Group (page break)</b>	Local Agency
<b>Additional Group By</b>	Clinic / Family ID
<b>Developer Notes</b>	Family ID = BenefitFamily.FFFamilyID Display Endorser as FamilyMember.FirstName + FamilyMember.MiddleName + FamilyMember.LastName + FamilyMember.LastNameSuffix. Utilize the system parameter ClinicServices.HeadofHouseholdLabelToUse to create the Endorser Name column heading. If no record is found, set the column heading to "Endorser Name". Ineligible Date = ParticipantStatus.WICStatusCd = Ineligible and ParticipantStatus.ChangeReasonCd = Over Income and ParticipantStatus.RecordedDt is within date range or ParticipantStatus.WICStatusCd = Terminated and CertificationTermination.CertTermReasonCd = Over Income Home Phone Number = BenefitFamily.HomePhoneAreaCd +

BenefitFamily.HomePhoneNr, Display as (999) 999-9999

**Note:** If BenefitFamily.DoNotCallIn = Yes, then display "Do Not Call" instead of the phone number.

Monthly Income = IncomeDeterm.TotalYearlyIncomeAmt/12

Household Size = IncomeDeterm.HouseholdSizeNr

Address = FamilyAddress.StreetAddrLine1, StreetAddrLine2, Apartment, POBox, City, State, ZipCode, ZipPlus4

Ineligible by Income Report  
09/01/2006 - 12/31/2007

Print Date: 07/03/2007

Agency / Clinic	Family ID	Endorser	Ineligible Date	Home Phone Number	Monthly Income	Household Size	Address
31 Broadlawn WIC Office, River Plaza 1 River Plaza							<b>Agency Total = 9</b> <b>Clinic Total = 5</b>
	123123	Louise Jones	12/05/2006	(515)555-1234	\$4,295.55	4	3808 11th St Des Moines, IA 50313
	199199	Anna Seward	11/01/2006	(515)555-14568	\$3,658.00	2	5656 Teller St Des Moines, IA 50313
	221221	Ryan Price	10/16/2006	(515)555-5254	\$2,659.14	2	3808 11th St Des Moines, IA 50313
	242423	Dara Maynard	11/30/2006	(515)555-2659	\$3,547.59	2	123 Maple Drive Waukee, IA 50263
	423568	Alice Maines	10/31/2006	Do not Call	\$2,847.19	2	8383 12th St Des Moines, IA 50313
42 Ankeny							<b>Clinic Total = 4</b>
	111566	Rhonda Newman	12/18/2006	(515)555-6478	\$2,847.16	3	4896 Julie Drive Ankeny, IA 50021
	221334	Leslie Collins	11/15/2006	(515)555-5215	\$2,941.55	2	78 Franklin Drive Ankeny, IA 50021
	331598	Maya Cornhusker	10/04/2006	(515)555-6586	\$3,456.25	3	123 Anywhere Street P.O. Box 458 Ankeny, IA 50021-0458
	441256	Jamie Jamison	09/28/2006	(515)555-9587	\$3,125.84	2	777 Winter Drive #45 Ankeny, IA 50021

## 2.8 Ineligible Report

<b>Description</b>	This report is used to review/monitor applicants who were made ineligible.
<b>Parameters</b>	Local Agency, Date Range
<b>Record Selection / Filtering / Calculations</b>	Any family member with a WIC Status=Ineligible and the associated WIC Status Date is within the date range. This report excludes investigation family related data.
<b>Print Columns</b>	Agency/Clinic Header, Family ID, Person ID, Applicant Name, Ineligible Reason <b>Note:</b> The agencies and clinics listed in the header areas should be in the format agency number – agency name and clinic number – clinic name.
<b>Sort Order</b>	LA, Clinic, Ineligible Reason, Family ID, Applicant Last Name
<b>Total / Count Columns</b>	Clinic total number applicants listed, Local Agency total number applicants listed
<b>State Totals</b>	No
<b>Primary Group (page break)</b>	Local Agency
<b>Additional Group By</b>	Clinic
<b>Developer Notes</b>	Family ID = BenefitFamily.FFFamilyID Person ID = FamilyMember.FFMemberID Display Applicant Name as FamilyMember.FirstName + FamilyMember.MiddleName + FamilyMember.LastName + FamilyMember.LastNameSuffix. Ineligible Reason = ParticipantStatus.ChangeReasonCd when ParticipantStatus.WICStatusCd = Ineligible and ParticipantStatus.RecordedDt is in date range

**Ineligible Report**  
 04/01/2007 - 04/30/2007

Print Date: 05/03/2007

Agency/Clinic	Family ID	Person ID	Applicant Name	Ineligible Reason
31 - Broadlawns WIC Office, River Plaza				Agency Total Applicants: 6
1 - River Plaza				Clinic Total Applicants: 4
	123123	226226	Louise Jones	No Risk Assigned
	168168	224255	Ryan Price	Out-of-State Residency
	343434	112112	Dara Maynard	Over Income
	343434	112113	Alysha Guenton	Over Income
42 - Ankeny				Clinic Total Applicants: 2
	11566	621621	Rhonda Richards	No Risk Assigned
	26598	124124	Jamie Brown	Over Income

## 2.9 Participation with Benefits Report

<b>Description</b>	This report is used to review WIC participation by Participant Category.
<b>Data Updated</b>	<p>Monthly</p> <p>Data for this report is compiled in the monthly participation batch counts batch job.</p> <p>Note: Participants are counted once based on the WIC Status, Participant Category, BF Description, and Special Diet indicator that they are in at the end of the Month/Year selected.</p>
<b>Parameters</b>	Local Agency, Month/Year
<b>Record Selection / Filtering / Calculations</b>	<p>Data for this report comes from the ParticipantCount table.</p> <p>All active participants who have received benefits for the specified Local Agency within the Month.</p> <p>Participating is defined as having received food benefits (at least one paper FI or issued food benefits) or had been exclusively breastfeeding and mom received food benefits within the date range.</p> <p>The Monthly Participant Counts batch process captures the monthly participant counts. This process is found in the Finance Batch process DFDD.</p> <p>Pregnant = All participants where Participant Category = Pregnant and woman received food benefits</p> <p>Fully Breastfeeding = All Breastfeeding women that meet either of these criteria:</p> <ul style="list-style-type: none"> <li>• If the Infant BF Description = Excl BF, Prim Excl / No WIC, or Prim Excl Comp and the infant is receiving no food benefits, then the linked breastfeeding woman who receives food benefits is counted as Fully Breastfeeding.</li> <li>• If the Infant BF Description = Prim Excl Comp and the infant is receiving food benefits, but none are formula, then the linked breastfeeding woman who receives food benefits is counted as Fully Breastfeeding.</li> </ul> <p>Partially Breastfeeding with Food Benefits = All Breastfeeding women who meet the following criterion:</p> <ul style="list-style-type: none"> <li>• If not Fully Breastfeeding (from above) and received food benefits.</li> </ul> <p>Partially Breastfeeding with No Food Benefits = All Breastfeeding women who meet the following criterion:</p> <ul style="list-style-type: none"> <li>• If not Fully Breastfeeding (from above) or not Partially Breastfeeding with Food Benefits (from above) and any infant linked to the mother received food benefits.</li> </ul> <p>Not-Breastfeeding = All participants where Participant Category = Not-Breastfeeding and woman received food benefits</p>

Total Women = Pregnant + Fully Breastfeeding + Partially Breastfeeding with Food Benefits + Partially Breastfeeding with No Food Benefits + Not Breastfeeding

Excl BF = All participants with Participant Category = Infant and where BF Description = Exclusively BF or Primarily Exclusive BF and mom's Participant Category = Breastfeeding and mom received food benefits

Excl BF/Comp = All participants with Participant Category = Infant and where BF Description = Excl BF/Comp (Exclusively BF/Age-appropriate complementary foods) and mom's Participant Category = Breastfeeding and mom received food benefits

BF Not Excl = All participants with Participant Category = Infant and where the BF Description = Partially BF and infant received food benefits

Formula = All participants with Participant Category = Infant and where the BF Description = No Longer BF or Never BF and infant received food benefits

Total Infants = Excl BF + Excl BF/Comp + BF Not Excl + Formula

Child = All participants with Participant Category = Child and whose food package for the month did NOT have the Special Diet indicator set and child received food benefits

Special Child = All participants with Participant Category = Child and whose food package for the month had the Special Diet indicator set and child received food benefits

Total Child = Child + Special Child

Grand Total = Total Women + Total Infants + Total Child

Enrolled = All participants with WIC Status = Active for the specified Local Agency and Clinic within the Month/Year. Total Women + Total Infants + Total Children. This is the same calculation found on the Enrollment Reports.

% of Enrolled with Benefits = Participation Grand Total / Enrolled

This report excludes investigation family related data. This occurs because the ParticipantCount table does not include them.

#### Print Columns

Local Agency/Clinic, Pregnant, Fully BF (Fully Breastfeeding), Part BF with FB (Partially Breastfeeding, Part BF No FB (Partially Breastfeeding with No Food Benefits), Not BF (Not Breastfeeding), Total Women, Excl BF (Exclusively Breastfeeding), Excl BF Comp (Exclusively Breastfeeding/Age-Appropriate Complimentary Foods, Not Excl BF (Not Exclusively Breastfeeding), Formula, Total Infants, Child, Special Child, Total Child, Grand Total, Enrolled, % of Enrolled with Benefits

**Note:** The agencies and clinics listed in the header areas should be in the format *agency number – agency name* and *clinic number – clinic name*.

#### Sort Order

Local Agency, Clinic

**Total / Count Columns** All columns

**State Totals** Yes

**Primary Group (page break)** Local Agency

**Additional Group By** Clinic

**Developer Notes** Data is compiled once a month based on the any participant who received food benefits during the month, plus any participant who exclusively breastfed and mom received food benefits during the month. ParticipationCount and EnrollmentCount tables.

Participation with Benefits Report  
January 2009

Print Date: 05/08/2009

State Totals	Pregnant	Fully BF	Part BF with FB	Part BF No FB	Not BF	Total Women	Excl BF	Excl BF/ Comp	Not Excl BF	Formula	Total Infants	Child	Special Child	Total Child	Grand Total	Enrolled	% of Enrolled with Benefits
135378	135378	3962896	44124	135378	4313154	135378	135378	135378	135378	541512	135378	135378	270756	5125422	259	0%	

Participation with Benefits Report  
January 2009

Print Date: 05/08/2009

Local Agency/ Clinic	Pregnant	Fully BF	Part BF with FB	Part BF No FB	Not BF	Total Women	Excl BF	Excl BF/ Comp	Not Excl BF	Formula	Total Infants	Child	Special Child	Total Child	Grand Total	Enrolled	% of Enrolled with Benefits
3 - Tri-County Health Depts	17388	17388	94092	504	17388	146760	17388	17388	17388	17388	69552	17388	17388	34776	251088	188	0%
1 - SASW01 - Test Clinic	1242	1242	12	36	1242	3774	1242	1242	1242	1242	4968	1242	1242	2484	11226	0	0%
101 - Northglenn Clinic	1242	1242	1212	36	1242	4974	1242	1242	1242	1242	4968	1242	1242	2484	12426	37	0%
102 - Commerce City Clinic	1242	1242	1224	36	1242	4986	1242	1242	1242	1242	4968	1242	1242	2484	12438	0	0%
103 - Brighton Clinic	1242	1242	1236	36	1242	4998	1242	1242	1242	1242	4968	1242	1242	2484	12450	0	0%
107 - Pecos Clinic	1242	1242	1284	36	1242	5046	1242	1242	1242	1242	4968	1242	1242	2484	12498	0	0%
301 - Aurora Clinic	1242	1242	3612	36	1242	7374	1242	1242	1242	1242	4968	1242	1242	2484	14626	146	0%
302 - Englewood Clinic	1242	1242	3624	36	1242	7386	1242	1242	1242	1242	4968	1242	1242	2484	14638	1	0%
303 - Bennett Clinic	1242	1242	3636	36	1242	7398	1242	1242	1242	1242	4968	1242	1242	2484	14650	2	0%
304 - Colfax/Alton WIC Clinic	1242	1242	3648	36	1242	7410	1242	1242	1242	1242	4968	1242	1242	2484	14662	1	0%
305 - Iff Clinic	1242	1242	3660	36	1242	7422	1242	1242	1242	1242	4968	1242	1242	2484	14674	1	0%
306 - Bennett Clinic	1242	1242	3672	36	1242	7434	1242	1242	1242	1242	4968	1242	1242	2484	14686	0	0%
1801 - Castle Rock Clinic	1242	1242	21612	36	1242	25374	1242	1242	1242	1242	4968	1242	1242	2484	32626	0	0%

## 2.10 Participation with Benefits by Priority Report

<b>Description</b>	This report is used to review WIC participation by Participant Category and Priority.
<b>Data Updated</b>	<p>Monthly</p> <p>Data for this report is compiled in the monthly participation batch counts batch job.</p> <p><b>Note:</b> Participants are counted once based on the WIC Status, Participant Category, BF Description, and Special Diet indicator that they are in at month end.</p>
<b>Parameters</b>	Local Agency, Month/Year
<b>Record Selection / Filtering / Calculations</b>	<p>Data for this report comes from the ParticipantCount table.</p> <p>All active participants who have received benefits for the specified Local Agency within the Month.</p> <p>The Monthly Participant Counts batch process captures the monthly participant counts. This process is found in the Finance Batch process DFDD.</p> <p>Participating is defined as having received food benefits (at least one paper FI or issued food benefits) or had been exclusively breastfeeding and mom received food benefits within the date range.</p> <p>Pregnant = All participants where Participant Category = Pregnant and woman received food benefits</p> <p>Fully Breastfeeding = All Breastfeeding women that meet either of these criteria:</p> <ul style="list-style-type: none"> <li>• If the Infant BF Description = Excl BF, Prim Excl / No WIC, or Prim Excl Comp and the infant is receiving no food benefits, then the linked breastfeeding woman who receives food benefits is counted as Fully Breastfeeding.</li> <li>• If the Infant BF Description = Prim Excl Comp and the infant is receiving food benefits, but none are formula, then the linked breastfeeding woman who receives food benefits is counted as Fully Breastfeeding.</li> </ul> <p>Partially Breastfeeding with Food Benefits = All Breastfeeding women who meet the following criterion:</p> <ul style="list-style-type: none"> <li>• If not Fully Breastfeeding (from above) and received food benefits.</li> </ul> <p>Partially Breastfeeding with No Food Benefits = All Breastfeeding women who meet the following criterion:</p> <ul style="list-style-type: none"> <li>• If not Fully Breastfeeding (from above) or not Partially Breastfeeding with Food Benefits (from above) and any infant linked to the mother received food benefits.</li> </ul> <p>Not-Breastfeeding = all participants where Participant Category = Not-Breastfeeding and woman received food benefits</p>

Total Women = Pregnant + Fully Breastfeeding + Partially Breastfeeding with Food Benefits + Partially Breastfeeding with No Food Benefits + Not Breastfeeding

Excl BF = All participants with Participant Category = Infant and where BF Description = Exclusively BF or Primarily Exclusive BF and mom's Participant Category = Breastfeeding and mom received food benefits

Excl BF/Comp = All participants with Participant Category = Infant and where BF Description = Excl BF/Comp (Exclusively BF/Age-appropriate complementary foods) and mom's Participant Category = Breastfeeding and mom received food benefits

BF Not Excl = All participants with Participant Category = Infant and where the BF Description = Partially BF and infant received food benefits

Formula = All participants with Participant Category = Infant and where the BF Description = No Longer BF or Never BF and infant received food benefits

Total Infants = Excl BF + Excl BF/Comp + BF Not Excl + Formula

Child = all participants with Participant Category = Child and whose food package for the month did NOT have the Special Diet indicator set and child received food benefits

Special Child = All participants with Participant Category = Child and whose food package for the month had the Special Diet indicator set and child received food benefits

Total Child = Child + Special Child

Grand Total = Total Women + Total Infants + Total Child

Enrolled = All participants with WIC Status = Active for the specified Local Agency and Clinic within the Month/Year. Total Women + Total Infants + Total Children. This is the same calculation found on the Enrollment Reports.

% of Enrolled with Benefits = Participation Grand Total / Enrolled

This report excludes investigation family related data. This occurs because the ParticipantCount table does not include them.

Display priorities as rows for the state, agency, and clinic. To determine priority counts, use the RiskHeader.RiskPrtyNr from the most recent risk record at the time data is compiled.

### Print Columns

Local Agency/Clinic, Pregnant, Fully BF (Fully Breastfeeding), Part BF with FB (Partially Breastfeeding), Part BF No FB (Partially Breastfeeding with No Food Benefits), Not BF (Not Breastfeeding), Total Women, Excl BF (Exclusively Breastfeeding), Excl BF Comp (Exclusively Breastfeeding/Age-Appropriate Complimentary Foods), Not Excl BF (Not Exclusively Breastfeeding), Formula, Total Infants, Child, Special Child, Total Child, Grand Total, Enrolled, % of Enrolled with Benefits

Note: The agencies and clinics listed in the header areas should be in the format *agency number – agency name* and *clinic number – clinic name*.

**Sort Order** Local Agency, Clinic, Priority

**Total / Count Columns** All columns

**State Totals** Yes

**Primary Group (page break)** Local Agency

**Developer Notes** Data is compiled once a month based on the any participant who received food benefits during the month, plus any participant who exclusively breastfed and mom received food benefits during the month. ParticipationCount and EnrollmentCount tables.

Participation with Benefits By Priority Report  
January 2009

Print Date: 05/08/2009

State Totals	Pregnant	Fully BF	Part BF with FB	Part BF No FB	Not BF	Total Women	Excl BF	Excl BF/ Comp	Not Excl BF	Formula	Total Infants	Child	Special Child	Total Child	Grand Total	Enrolled	% of Enrolled with Benefits
135378	135378	3962896	44124	135378	4313154	135378	135378	135378	135378	541512	135378	135378	270756	5126422	259	0%	
Priority 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0%
Priority 1	22018	22018	643816	7354	22018	717224	22018	22018	22018	88072	22018	22018	44036	849332	198	0%	
Priority 2	22236	22236	643816	7354	22236	717878	22236	22236	22236	88944	22236	22236	44472	851294	2	0%	
Priority 3	22454	22454	643816	7354	22454	718532	22454	22454	22454	89816	22454	22454	44908	853256	39	0%	
Priority 4	22672	22672	643816	7354	22672	719186	22672	22672	22672	90688	22672	22672	45344	855218	12	0%	
Priority 5	22890	22890	643816	7354	22890	719840	22890	22890	22890	91560	22890	22890	45780	857180	0	0%	
Priority 6	23108	23108	643816	7354	23108	720494	23108	23108	23108	92432	23108	23108	46216	859142	6	0%	

Participation with Benefits By Priority Report  
January 2009

Print Date: 05/08/2009

Local Agency/ Clinic	Pregnant	Fully BF	Part BF with FB	Part BF No FB	Not BF	Total Women	Excl BF	Excl BF/ Comp	Not Excl BF	Formula	Total Infants	Child	Special Child	Total Child	Grand Total	Enrolled	% of Enrolled with Benefits
3 - Tri-County Health Depts	17388	17388	94092	504	17388	146760	17388	17388	17388	69552	17388	17388	34776	251088	188	0%	
Priority 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0%
Priority 1	2828	2828	15682	84	2828	24250	2828	2828	2828	2828	11312	2828	2828	5656	41218	150	0%
Priority 2	2856	2856	15682	84	2856	24334	2856	2856	2856	2856	11424	2856	2856	5712	41470	0	0%
Priority 3	2884	2884	15682	84	2884	24418	2884	2884	2884	2884	11536	2884	2884	5768	41722	26	0%
Priority 4	2912	2912	15682	84	2912	24502	2912	2912	2912	2912	11648	2912	2912	5824	41974	7	0%
Priority 5	2940	2940	15682	84	2940	24586	2940	2940	2940	2940	11760	2940	2940	5880	42226	0	0%
Priority 6	2968	2968	15682	84	2968	24670	2968	2968	2968	2968	11872	2968	2968	5936	42478	4	0%
1 - SAS/W01 - Test Clinic	1242	1242	12	36	1242	3774	1242	1242	1242	1242	4968	1242	1242	2484	11226	0	0%
Priority 1	202	202	2	6	202	614	202	202	202	202	808	202	202	404	1826	0	0%
Priority 2	204	204	2	6	204	620	204	204	204	204	816	204	204	408	1844	0	0%
Priority 3	206	206	2	6	206	626	206	206	206	206	824	206	206	412	1862	0	0%
Priority 4	208	208	2	6	208	632	208	208	208	208	832	208	208	416	1880	0	0%
Priority 5	210	210	2	6	210	638	210	210	210	210	840	210	210	420	1898	0	0%
Priority 6	212	212	2	6	212	644	212	212	212	212	848	212	212	424	1916	0	0%

## 2.11 Termination by System Pending Report

<b>Description</b>	This report is used to inform local clinic staff of participants that are coming up on certification termination at the end of this month, next month, or the month after next due to either categorical ineligibility, expiring certification, or provisionally certified. The parameter allows the user to view a single month of pending terminations.
<b>Parameters</b>	Local Agency, Time Frame (This Month / Next Month / Month After Next)
<b>Record Selection / Filtering / Calculations</b>	Any Active participant whose Categorical Eligibility End Date OR their Certification End Date is in the month selected within the parameter. Additionally, any provisionally certified participant who is due to be terminated for failure to provide the proper proofs for certification. This report excludes investigation family related data.
<b>Print Columns</b>	Local Agency header, Clinic header, Family ID, Person ID, Participant Name, Phone, Participant Category, Certification End Date, Categorical Eligibility End Date, Provisional Certification End Date Note: The agencies and clinics listed in the header areas should be in the format <i>agency number – agency name</i> and <i>clinic number – clinic name</i> .
<b>Sort Order</b>	Local Agency, Clinic, Certification End Date (Closest to today's date first), Family ID, Person ID
<b>Total / Count Columns</b>	Clinic total number of participants listed. Local Agency total number of participants listed.
<b>State Totals</b>	No
<b>Primary Group (page break) Additional Group By</b>	Local Agency Clinic

**Developer Notes**

Family ID = BenefitFamily.FFFamilyID  
 Person ID = FamilyMember.FFMemberID  
 Display Participant Name as FamilyMember.FirstName + FamilyMember.MiddleName + FamilyMember.LastName + FamilyMember.LastNameSuffix.  
 Phone = BenefitFamily.HomePhoneAreaCd + BenefitFamily.HomePhoneNr. Display as (999) 999-9999.  
 Note: If BenefitFamily.DoNotCallIn = Yes, then display "Do Not Call" instead of the phone number.  
 Participant Category = ParticipantType.ParticipantTypeCd  
 Certification End Date = Certification.EndDt  
 Categorical Eligibility End Date = Certification.CategoricalEligibilityEndDt  
 Provisional Certification End Date = Certification.EndDt and Certification.AppTypeCd = Provisional Certification

**Termination by System Pending Report**

This Month

Print Date: 05/02/2007

Pending Termination Total For Selected Agencies: 252

Agency / Clinic	Family ID	Person ID	Participant Name	Phone	Participant Category	Certification End Date	Categorical Eligibility End Date	Provisional Certification End Date
33 - New Opportunities								<b>Agency Total: 12</b>
1 - Sac City								<b>Clinic Total: 5</b>
	4904	20624	Easton J Harms	(712) - 668-4136	Child	05-01-2007	06-16-2008	
	4904	20625	Haley J Harms	(712) - 668-4136	Child	05-15-2007	12-10-2009	
	5266	12230	Olivia Grote	(712) - 664-2950	Child	05-16-2007	05-20-2009	
	12588	145388	Anthony B Clair	(712) - 662-4393	Child	05-25-2007	10-14-2010	
	48349	238280	Ryan Zimmerman	(712) - 662-3882	Child	05-30-2007	11-11-2010	
2 - Carroll								<b>Clinic Total: 7</b>
	993359	1259389	Carter J Edwards	(712) - 673-4322	Infant	05-02-2007	05-02-2011	
	1222579	1354914	Ekaterina Kanne	(712) - 688-7703	Breastfeeding	05-03-2007	05-03-2007	
	1222579	1354981	Julia Kanne	(712) - 688-7703	Infant	05-03-2007	05-03-2011	
	1669245	1817067	Kelli Gruhn	(712) - 830-2168	Not Breastfeeding	05-16-2007	05-03-2007	
	1862451	2024592	Ashley Wamke	(712) - 830-2829	Pregnant	05-19-2007	07-06-2007	
	133099	1162012	Taela Tallman	(712) - 792-4121	Infant	05-19-2007	05-05-2011	
	5348	27160	Cooper O Ringgenberg	(712) - 792-8188	Child	05-29-2007	10-12-2008	

## 2.12 Terminated by System Report

<b>Description</b>	This report is used to review/monitor participants whose certifications were terminated by the system termination batch processes.
<b>Parameters</b>	Local Agency, Date Range
<b>Record Selection / Filtering / Calculations</b>	Any Participant with a WIC status of Terminated with a WIC Staff ID of "System System", and a WIC Status Date during the date range. This report excludes investigation family related data.
<b>Print Columns</b>	Local Agency header, Clinic header, Family ID, Person ID, Participant Name, Termination Reason Note: The agencies and clinics listed in the header areas should be in the format <i>agency number – agency name</i> and <i>clinic number – clinic name</i> .
<b>Sort Order</b>	Local Agency, Clinic, Termination Reason, Family ID, Participant Name
<b>Total / Count Columns</b>	Clinic total number participants listed, Local Agency total number of participants listed
<b>State Totals</b>	No
<b>Primary Group (page break) Additional Group By</b>	Local Agency Clinic
<b>Developer Notes</b>	Family ID = BenefitFamily.FFFamilyID Person ID = FamilyMember.FFMemberID Display Participant Name as FamilyMember.FirstName + FamilyMember.MiddleName + FamilyMember.LastName + FamilyMember.LastNameSuffix. Termination Reason = CertificationTermination.CertTermReasonCd

**Terminated by System Report**  
03/01/2006 - 03/31/2007

Print Date:04/05/2007

Agency / Clinic	Family ID	Person ID	Participant Name	Termination Reason
31 Broadlawns WIC Office, River Plaza				<b>Agency Total: 9</b>
1 River Plaza				<b>Clinic Total: 6</b>
	455778	789898	Julie Waters	BF 1Yr postpartum
	155055	5645644	Andrew Brown	Child's 5th Birthday
	213264	5321234	Danielle Smith	Child's 5th Birthday
	123456	789787	Janelle Johnson	Failure to provide proof
	654456	123446	Abby Jones	Failure to provide proof
	654456	123445	Sheila Jones	Failure to provide proof
42 Ankeny				<b>Clinic Total: 3</b>
	111566	456456	Rhonda Newman	Child's 5th Birthday
	221334	789789	Leslie Collins	Failure to provide proof
	331598	123123	Maya Cornhusker	Not BF 6 mo postpartum

## 2.13 Transfer Out Report

<b>Description</b>	This report is used to pull a list of participants who transferred to another clinic or agency within the state.
<b>Parameters</b>	Local Agency, Clinic, Date Range
<b>Record Selection / Filtering / Calculations</b>	Any Participant who transferred out (includes family transfers and participant retrievals) of the reporting clinic. This report excludes investigation family related data.
<b>Print Columns</b>	Family ID, Person ID, Participant Name, Transfer Effective Date, Endorser Name, Agency/Clinic Transferred To
<b>Sort Order</b>	Transfer Effective Date, Participant Name
<b>Total / Count Columns</b>	Participant Name
<b>State Totals</b>	No
<b>Primary Group (page break)</b>	
<b>Additional Group By</b>	N/A
<b>Developer Notes</b>	Transfers out of a Clinic are indicated when the effective date of the participant's clinic is during the previous week. Family ID = BenefitFamily.FFFamilyID Person ID = Participant.ID Display Participant Name as FamilyMember.FirstName + FamilyMember.MiddleName + FamilyMember.LastName + FamilyMember.LastNameSuffix. Transfer Effective Dt = FamilyClinic.EffectiveDt or FamMemberHistory.EndDt and there was a LA/Clinic change Display Endorser Name as FamilyMember.FirstName + FamilyMember.MiddleName + FamilyMember.LastName + FamilyMember.LastNameSuffix when FamilyMember.ParentGuardianIn = Yes. Agency/Clinic Transferred To = Clinic.ClnFFClinicID

**Transfer Out Report**  
05/07/2007 - 05/13/2007

Print Date: 05/14/2007

Local Agency/Clinic	Family ID	Person ID	Participant Name	Transfer Effective Date	Endorser Name	Local Agency/Clinic Transferred To
1 Local AgencyOne						Total Participant Transfers: 8
1 ClinicOne						Total Participant Transfers: 5
	123456	321321	Jane Myers	05/07/2007	Jane Myers	2-2 AgencyTwoClinicTwo
	115119	164164	Allison Adams	05/08/2007	Bonnie Adams	2-4 AgencyTwoClinicFour
	441441	459459	James Snyder	05/09/2007	Ellen Snyder	1-2 AgencyOneClinicTwo
	654654	789789	Derreck Bannon	05/10/2007	Eileen Bannon	2-4 AgencyTwoClinicFour
	441336	336589	Anne Waters	05/10/2007	Anne Waters	3-2 AgencyThreeClinicTwo
2 ClinicTwo						Total Participant Transfers: 3
	876543	567567	Bobby Smith	05/08/2007	Susie Homemaker	2-4 AgencyTwoClinicFour
	676767	986798	Annie Oakley	05/09/2007	Annie Oakley	3-2 AgencyThreeClinicTwo
	676767	234234	Buffalo Bob	05/09/2008	Annie Oakley	3-2 AgencyThreeClinicTwo

## 2.14 Unduplicated Participation By LA Calendar Yr Report

<b>Description</b>	This report is used to provide an unduplicated count of persons actively participating in the WIC program for the selected calendar year. It is used by community partners/funding agencies and state as input to grant processes and as an evaluation tool for participant turnover (i.e. satisfaction).
<b>Parameters</b>	Local Agency, Calendar Year
<b>Record Selection / Filtering / Calculations</b>	<p>All participants with a WIC Status of Active and actively participated in the WIC program at any point between January 1 and December 31 of the selected calendar year.</p> <p>This report is reset each January 1 and accumulates over the calendar year. Participants are counted once in the Participant Category, Agency, Clinic, and County that they were when they first hit Active WIC Status in the calendar year.</p> <p>Pregnant = all participants where Participant Category = Pregnant</p> <p>Fully Breastfeeding = All Breastfeeding women that meet either of these criteria:</p> <ul style="list-style-type: none"> <li>• If the Infant BF Description = Excl BF, Prim Excl / No WIC, or Prim Excl Comp and the infant is receiving no food benefits, then the linked breastfeeding woman who receives food benefits is counted as Fully Breastfeeding.</li> <li>• If the Infant BF Description = Prim Excl Comp and the infant is receiving food benefits, but none are formula, then the linked breastfeeding woman who receives food benefits is counted as Fully Breastfeeding.</li> </ul> <p>Partially Breastfeeding with Food Benefits = All Breastfeeding women who meet the following criterion:</p> <ul style="list-style-type: none"> <li>• If not Fully Breastfeeding (from above) and received food benefits.</li> </ul> <p>Partially Breastfeeding with No Food Benefits = All Breastfeeding women who meet the following criterion:</p> <ul style="list-style-type: none"> <li>• If not Fully Breastfeeding (from above) or not Partially Breastfeeding with Food Benefits (from above) and any infant linked to the mother received food benefits.</li> </ul> <p>Not Breastfeeding = all participants where Participant Category = Not Breastfeeding</p> <p>Total Women = Pregnant + Fully Breastfeeding + Partially Breastfeeding with Food Benefits + Partially Breastfeeding with No Food Benefits + Not Breastfeeding</p> <p>Excl BF = all participants with Participant Category = Infant and where BF Description = Exclusively BF or Primarily Exclusive BF</p> <p>Excl BF/Comp = all participants with Participant Category = Infant and where BF Description = Excl BF/Comp (Exclusively BF/Age-appropriate</p>

complementary foods)

BF Not Excl = all participants with Participant Category = Infant and where the BF Description = Partially BF

Formula = all participants with Participant Category = Infant and where the BF Description = No Longer BF or Never BF

Total Infants = Excl BF+ Excl BF/Comp + BF Not Excl + Formula

Child = all participants with Participant Category = Child and whose food package for the month did NOT have the Special Diet indicator set.

Special Child = all participants with Participant Category = Child and whose food package for the month had the Special Diet indicator set.

Total Child = Child + Special Child

Grand Total = Total Women + Total Infants + Total Child

**Print Columns**

Local Agency/Clinic, Pregnant, Fully BF (Fully Breastfeeding), Part BF with FB (Partially Breastfeeding), Part BF No FB (Partially Breastfeeding with No Food Benefits), Not BF (Not Breastfeeding), Not-BF (Not Breastfeeding), Total Women, Excl Breastfeeding (Exclusively Breastfeeding), Excl BF/Comp (Exclusively Breastfeeding/Age-Appropriate Complimentary Foods, Not Excl Breastfeeding (Not Exclusively Breastfeeding), Formula, Total Infants, Child, Special Child, Total Child, Grand Total

This report excludes investigation family related data..

**Note:** The agencies and clinics listed in the header areas should be in the format *agency number – agency name* and *clinic number – clinic name*.

**Sort Order**

Local Agency, Clinic

**Total / Count Columns**

Each category

**State Totals**

Yes (at the top of the first page using the same headings as the detail report)

**Primary Group (page break)**

Local Agency

**Additional Group By**

Clinic

**Developer Notes**

Data is re-tabulated each month for the current calendar year (start date Jan 1).

Unduplicated Participation by Local Agency (Calendar Year) Report  
2009

Print Date: 05/08/2009

State Totals	Pregnant	Fully BF	Part BF with FB	Part BF No FB	Not BF	Total Women	Excl BF	Excl BF Comp	Not Excl BF	Formula	Total Infants	Child	Special Child	Total Child	Grand Total
	142	0	164	3	239	548	0	0	358	81	439	1,030	1	1,031	2,018

Local Agency/Clinic	Pregnant	Fully BF	Part BF with FB	Part BF No FB	Not BF	Total Women	Excl BF	Excl BF Comp	Not Excl BF	Formula	Total Infants	Child	Special Child	Total Child	Grand Total
3 - Tri-County Health Depts	1	0	1	0	11	13	0	0	0	15	15	6	1	7	35
101 - Northglenn Clinic	0	0	0	0	1	1	0	0	0	0	0	0	0	0	1
107 - Pecos Clinic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2003 - Elizabeth Clinic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
301 - Aurora Clinic	1	0	1	0	10	12	0	0	0	15	15	6	1	7	34
103 - Brighton Clinic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
102 - Commerce City Clinic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
306 - Bennett Clinic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
305 - Hill Clinic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
303 - Bennett Clinic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
302 - Englewood Clinic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

## 2.15 Unduplicated Participation By LA FFY Report

<b>Description</b>	This report is used to provide an unduplicated count of persons actively participating in the WIC program for the selected federal fiscal year. It is used by community partners/funding agencies and state as input to grant processes and as an evaluation tool for participant turnover (i.e. satisfaction).
<b>Parameters</b>	Local Agency, Fiscal Year
<b>Record Selection / Filtering / Calculations</b>	<p>All participants with a WIC Status of Active and actively participated in the WIC program at any point between October 1 and September 30 of the selected federal fiscal year.</p> <p>This report is reset each October 1 and accumulates over the Federal Fiscal Year. Participants are counted once in the Participant Category, Agency, Clinic, and County that they were when they first hit Active WIC Status in the federal fiscal year.</p> <p>Pregnant = All participants where Participant Category = Pregnant</p> <p>Fully Breastfeeding = All Breastfeeding women that meet either of these criteria:</p> <ul style="list-style-type: none"> <li>• If the Infant BF Description = Excl BF, Prim Excl / No WIC, or Prim Excl Comp and the infant is receiving no food benefits, then the linked breastfeeding woman who receives food benefits is counted as Fully Breastfeeding.</li> <li>• If the Infant BF Description = Prim Excl Comp and the infant is receiving food benefits, but none are formula, then the linked breastfeeding woman who receives food benefits is counted as Fully Breastfeeding.</li> </ul> <p>Partially Breastfeeding with Food Benefits = All Breastfeeding women who meet the following criterion:</p> <ul style="list-style-type: none"> <li>• If not Fully Breastfeeding (from above) and received food benefits.</li> </ul> <p>Partially Breastfeeding with No Food Benefits = All Breastfeeding women who meet the following criterion:</p> <ul style="list-style-type: none"> <li>• If not Fully Breastfeeding (from above) or not Partially Breastfeeding with Food Benefits (from above) and any infant linked to the mother received food benefits.</li> </ul> <p>Not Breastfeeding = All participants where Participant Category = Not Breastfeeding</p> <p>Total Women = Pregnant + Fully Breastfeeding + Partially Breastfeeding with Food Benefits + Partially Breastfeeding with No Food Benefits + Not Breastfeeding</p> <p>Excl BF = All participants with Participant Category = Infant and where BF Description = Exclusively BF or Primarily Exclusive BF</p> <p>Excl BF/Comp = All participants with Participant Category = Infant and where BF Description = Excl BF/Comp (Exclusively BF/Age-appropriate)</p>

complementary foods)

BF Not Excl = All participants with Participant Category = Infant and where the BF Description = Partially BF

Formula = All participants with Participant Category = Infant and where the BF Description = No Longer BF or Never BF

Total Infants = Excl BF+ Excl BF/Comp + BF Not Excl + Formula

Child = All participants with Participant Category = Child and whose food package for the month did NOT have the Special Diet indicator set.

Special Child = All participants with Participant Category = Child and whose food package for the month had the Special Diet indicator set.

Total Child = Child + Special Child

Grand Total = Total Women + Total Infants + Total Child

**Print Columns**

Local Agency/Clinic, Pregnant, Fully BF (Fully Breastfeeding), Part BF with FB (Partially Breastfeeding), Part BF No FB (Partially Breastfeeding with No Food Benefits), Not BF (Not Breastfeeding), Total Women, Excl Breastfeeding (Exclusively Breastfeeding), Excl BF/Comp (Exclusively Breastfeeding/Age-Appropriate Complimentary Foods, Not Excl Breastfeeding (Not Exclusively Breastfeeding), Formula, Total Infants, Child, Special Child, Total Child, Grand Total

This report excludes investigation family related data..

**Note:** The agencies and clinics listed in the header areas should be in the format *agency number – agency name* and *clinic number – clinic name*.

**Sort Order**

Local Agency, Clinic

**Total / Count Columns**

Each category

**State Totals**

Yes (at the top of the first page using the same headings as the detail report)

**Primary Group (page break)**

Local Agency

**Additional Group By**

Clinic

**Developer Notes**

Data is re-tabulated each month for the current Federal Fiscal Year (start date Oct 1).

Unduplicated Participation by Local Agency (FFY) Report  
FFY 2009

Print Date: 05/08/2009

State Totals	Pregnant	Fully BF	Part BF with FB	Part BF No FB	Not BF	Total Women	Excl BF	Excl BF Comp	Not Excl BF	Formula	Total Infants	Child	Special Child	Total Child	Grand Total
	172	0	172	1	246	591	1	0	376	87	464	1,091	1	1,092	2,147

Local Agency/Clinic	Pregnant	Fully BF	Part BF with FB	Part BF No FB	Not BF	Total Women	Excl BF	Excl BF Comp	Not Excl BF	Formula	Total Infants	Child	Special Child	Total Child	Grand Total
3 - Tri-County Health Depts	1	0	3	0	11	15	1	0	0	15	16	6	1	7	38
101 - Northglenn Clinic	0	0	0	0	1	1	0	0	0	0	0	0	0	0	1
107 - Pecos Clinic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2003 - Elizabeth Clinic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
301 - Aurora Clinic	1	0	3	0	10	14	1	0	0	15	16	6	1	7	37
103 - Brighton Clinic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
102 - Commerce City Clinic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
306 - Bennett Clinic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
305 - Iiff Clinic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
303 - Bennett Clinic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
304 - Colfax/Alton WIC Clinic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
302 - Englewood Clinic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

## 2.16 Unduplicated Participation Report By County

<b>Description</b>	To provide an unduplicated count of persons actively participating in the WIC program for the selected federal fiscal year. Used by community partners/funding agencies and state as input to grant processes and as an evaluation tool for participant turnover (i.e. satisfaction).
<b>Parameters</b>	County, Fiscal Year
<b>Record Selection / Filtering / Calculations</b>	<p>All participants with a WIC Status of Active at any point between October 1 and September 30 of the selected federal fiscal year.</p> <p>County is based on the family address.</p> <p>This report is reset each October 1 and accumulates over the Federal Fiscal Year. Participants are counted once in the Participant Category, Agency, Clinic, and County that they were when they first hit Active WIC Status in the federal fiscal year.</p> <p>Pregnant = All participants where Participant Category = Pregnant</p> <p>Fully Breastfeeding = All Breastfeeding women that meet either of these criteria:</p> <ul style="list-style-type: none"> <li>• If the Infant BF Description = Excl BF, Prim Excl / No WIC, or Prim Excl Comp and the infant is receiving no food benefits, then the linked breastfeeding woman who receives food benefits is counted as Fully Breastfeeding.</li> <li>• If the Infant BF Description = Prim Excl Comp and the infant is receiving food benefits, but none are formula, then the linked breastfeeding woman who receives food benefits is counted as Fully Breastfeeding.</li> </ul> <p>Partially Breastfeeding with Food Benefits = All Breastfeeding women who meet the following criterion:</p> <ul style="list-style-type: none"> <li>• If not Fully Breastfeeding (from above) and received food benefits.</li> </ul> <p>Partially Breastfeeding with No Food Benefits = All Breastfeeding women who meet the following criterion:</p> <ul style="list-style-type: none"> <li>• If not Fully Breastfeeding (from above) or not Partially Breastfeeding with Food Benefits (from above) and any infant linked to the mother received food benefits.</li> </ul> <p>Not Breastfeeding = All participants where Participant Category = Not Breastfeeding</p> <p>Total Women = Pregnant + Fully Breastfeeding + Partially Breastfeeding with Food Benefits + Partially Breastfeeding with No Food Benefits + Not Breastfeeding</p> <p>Excl BF = all participants with Participant Category = Infant and where BF Description = Exclusively BF or Primarily Exclusive BF</p> <p>Excl BF/Comp = All participants with Participant Category = Infant and where BF Description = Excl BF/Comp (Exclusively BF/Age-appropriate complementary foods)</p>

BF Not Excl = All participants with Participant Category = Infant and where the BF Description = Partially BF  
 Formula = All participants with Participant Category = Infant and where the BF Description = No Longer BF or Never BF  
 Total Infants = Excl BF + Excl BF/Comp + BF Not Excl + Formula  
 Child = All participants with Participant Category = Child and whose food package for the month did NOT have the Special Diet indicator set.  
 Special Child = All participants with Participant Category = Child and whose food package for the month had the Special Diet indicator set.  
 Total Child = Child + Special Child  
 Grand Total = Total Women + Total Infants + Total Child

<b>Print Columns</b>	County Header, Local Agency/Clinic, Pregnant, Fully BF (Fully Breastfeeding), Part BF with FB (Partially Breastfeeding), Part BF No FB (Partially Breastfeeding with No Food Benefits), Not BF (Not Breastfeeding), Total Women, Excl Breastfeeding (Exclusively Breastfeeding), Excl BF/Comp (Exclusively Breastfeeding/Age-Appropriate Complimentary Foods, Not Excl Breastfeeding (Not Exclusively Breastfeeding)), Formula, Total Infants, Child, Special Child, Total Child, Grand Total  This report excludes investigation family related data.
<b>Sort Order</b>	County
<b>Total / Count Columns</b>	Each category
<b>State Totals</b>	Yes (at the top of the first page using the same headings as the detail report)
<b>Primary Group (page break)</b>	County
<b>Additional Group By</b>	N/A
<b>Developer Comments</b>	Data is re-tabulated each month for the current Federal Fiscal Year (start date Oct 1).

Unduplicated Participation by County Report  
FFY 2009

Print Date: 05/08/2009

State Totals	Pregnant	Fully BF	Part BF with FB	Part BF No FB	Not BF	Total Women	Excl BF	Excl BF Comp	Not Excl BF	Formula	Total Infants	Child	Special Child	Total Child	Grand Total
	172	0	172	1	246	591	1	0	376	87	464	1,091	1	1,092	2,147

Local Agency/Clinic	Pregnant	Fully BF	Part BF with FB	Part BF No FB	Not BF	Total Women	Excl BF	Excl BF Comp	Not Excl BF	Formula	Total Infants	Child	Special Child	Total Child	Grand Total
Adams	4	0	0	0	1	5	0	0	3	2	5	3	0	3	13
Alamosa	3	0	1	0	1	5	0	0	2	2	4	6	0	6	17
Arapahoe	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1
Archuleta	0	0	0	0	0	0	0	0	1	0	1	1	0	1	2
Bent	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Boulder	0	0	0	0	4	4	0	0	0	0	0	0	0	0	4
Broomfield	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Chaffee	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cheyenne	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Clear Creek	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Conejos	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Costilla	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Crowley	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Custer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Delta	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

## 3 Assessment and Education Reports

### 3.1 Class Attendance Report

<b>Description</b>	This report is used to identify more popular and less popular Nutrition Education classes.
<b>Parameters</b>	Local Agency, Date Range, Clinic
<b>Record Selection / Filtering / Calculations</b>	All Nutrition Education classes scheduled in designated date range. Each row is a Nutrition Education class title. # Attended is the count of distinct families that were marked as "Attended" in the Nutrition Education class. This report excludes investigation family related data.
<b>Print Columns</b>	Agency/Clinic Header, Class Name, # Attended, Class Date, Day of Class, Class Start Time Note: The agencies and clinics listed in the header areas should be in the format <i>agency number – agency name</i> and <i>clinic number – clinic name</i> .
<b>Sort Order</b>	Alphabetical by Class Name
<b>Total / Count Columns</b>	Total of # Attended by Class Name
<b>State Totals</b>	N/A
<b>Primary Group (page break)</b>	Local agency
<b>Additional Group By</b>	Clinic
<b>Developer Comments</b>	Class Name = NutritionEdClass.Name Class Date = Appointment.StartTime Class Start Time = Appointment.StartTime

Class Attendance Report  
05/01/2007 - 05/15/2007

Print Date: 05/24/2007

Agency/Clinic	Class Name	# Attended	Class Date	Day of Class	Class Start Time
1 - AgencyNumberOne					
1 - ClinicOne	Breastfeeding Basics	12	05/01/2007	Tuesday	10:00 AM
	Breastfeeding Basics	9	05/04/2007	Friday	10:00 AM
	Breastfeeding Basics	14	05/09/2007	Wednesday	3:00 PM
	Total Attended	35			
	Feeding Your Toddler	10	05/07/2007	Monday	3:00 PM
	Feeding Your Toddler	16	05/10/2007	Thursday	10:00 AM
	Total Attended	26			
2 - ClinicTwo	Breastfeeding Support	11	05/08/2007	Tuesday	1:00 PM
	Breastfeeding Support	14	05/10/2007	Thursday	10:00 AM
	Total Attended	25			
	Fruitopia	11	05/03/2007	Thursday	7:00 PM
	Total Attended	11			
	Healthy Smiles	12	05/02/2007	Wednesday	9:00 AM
	Healthy Smiles	17	05/10/2007	Thursday	10:00 AM
	Healthy Smiles	8	05/14/2007	Monday	3:00 PM
	Total Attended	37			

## 3.2 Follow-up Nutrition Risk Assessment Report

<b>Description</b>	This report is used to monitor if high risk participants or other participants needing additional assessment were seen by an RD or RN. This is done by running the report for past dates and then using the list to analyze the records. Management staff can then randomly select participant names from the list and review charts.
<b>Parameters</b>	Local agency, Clinic, Date Range, Risk Factors, Category
<b>Record Selection / Filtering / Calculations</b>	<p>Participants with risk assessments during the date range based on LA, Clinic and Category, with High Risk indicator set during the reporting period or those with with Additional Assessment Needed checked. Looking for most recent risk assessment within the date range. The number in the Priority column represents the highest priority for the participant (lowest priority number) for the most recent risk assessment within the date range.</p> <p>High Risk indicator = RiskHeader.HighRiskIn          Additional Assessment Needed = RiskHeader.MoreAssessmentIn          This report excludes investigation family related data.</p>
<b>Print Columns</b>	<p>Agency/Clinic Header, Person ID, Participant Name, Endorser Name, Category, Priority, Risk Factors, HR Follow-Up, DOB</p> <p>Note: The agencies and clinics listed in the header areas should be in the format <i>agency number – agency name</i> and <i>clinic number – clinic name</i>.</p>
<b>Sort Order</b>	Participant Last Name
<b>Total / Count Columns</b>	NA
<b>State Totals</b>	NA
<b>Primary Group (page break)</b>	Local Agency
<b>Additional Group By</b>	Clinic
<b>Developer Notes</b>	<p>Person ID = FamilyMember.FFMemberID</p> <p>Display Participant Name as FamilyMember.FirstName + FamilyMember.MiddleName + FamilyMember.LastName + FamilyMember.LastNameSuffix.</p> <p>Display Endorser Name as FamilyMember.FirstName + FamilyMember.MiddleName + FamilyMember.LastName + FamilyMember.LastNameSuffix when FamilyMember.ParentGuardianIn =</p>

Yes.

Utilize the system parameter ClinicServices.HeadofHouseholdLabelToUse to create the Endorser Name column heading. If no record is found, set the column heading to "Endorser Name".

Category = ParticipantType.ParticipantTypeCD

Priority = Select the highest priority (lowest priority number) (RiskDet.ParticipantRiskPrtyNr) among the RiskDet records for the most recent risk assessment

Risk Factors = ParticipantRiskCode.ParticipantRiskCd + ParticipantRiskCode.Name

HR Follow-Up = CompletedNtrEd.HighRiskFollowUpIn and RiskHeader.MoreAssessmentIn

DOB = Participant.BirthDt

Follow-Up Nutrition Risk Assessment Report								Print Date: 05/24/2007
04/01/2007 - 04/30/2007								
Agency/Clinic	Person ID	Participant Name	Endorser Name	Category	Priority	Risk Factors	HR Follow-Up	DOB
1 - AgencyNumberOne								
1 - ClinicOne	554554	Angela Adams	Angela Adams	Pregnant	1	101 Underweight/women; 131 Low maternal weight gain	Yes	03/03/1983
	123456	David Barrett	Polly Davis	Child	3	135 Inadequate growth	Yes	04/04/2005
	334335	Monica Gomez	Monica Gomez	Breastfeeding	1	335 Multifetal Gestation	No	05/15/1985
2 - ClinicTwo								
	449887	Marcus Carroll	Anna Carroll	Infant	1	134 Failure to thrive; 103 Underweight	No	02/08/2007
	159887	Dana Johnson	Arlene Johnson	Child	3	341 Nutrient Deficiency Diseases	Yes	10/12/2004

### 3.3 High Risk Factor Report by Next Appointment Date

<b>Description</b>	This report is used as a monitoring tool to assure that high risk participants have an appointment scheduled.
<b>Parameters</b>	Local Agency, Clinic, Participant Category
<b>Record Selection / Filtering / Calculations</b>	All participants with a WIC Status of Active and currently marked as High Risk participants for selected parameters. High Risk indicator = RiskHeader.HighRiskIn This report excludes investigation family related data.
<b>Print Columns</b>	Agency/Clinic Header, Person ID, Participant Name, Category, High Risk Factors, All Other Risk Factors, Next Appt Dt (Appointment Date), Clinic Educator <b>Note:</b> The agencies and clinics listed in the header areas should be in the format <i>agency number – agency name</i> and <i>clinic number – clinic name</i> .
<b>Sort Order</b>	Next Appointment Date
<b>Total / Count Columns</b>	NA
<b>State Totals</b>	NA
<b>Primary Group (page break)</b>	Local Agency
<b>Additional Group By</b>	Clinic
<b>Developer Notes</b>	Person ID = FamilyMember.FFMemberID Display Participant Name as FamilyMember.FirstName + FamilyMember.MiddleName + FamilyMember.LastName + FamilyMember.LastNameSuffix. Category = ParticipantType.ParticipantTypeCD Priority = RiskHeader.RiskPrtyNr High Risk Factors = ParticipantRiskCode.ParticipantRiskCd where ParticipantRiskCodePriority.HighRiskIn = Yes. Display codes only. Separate multiple codes with commas. All Other Risk Factors = ParticipantRiskCode.ParticipantRiskCd where ParticipantRiskCodePriority.HighRiskIn = No. Display codes only. Separate multiple codes with commas. Next Appt Dt = Appointment.StartTime

Clinic Educator = ClinicEducator.Name where  
 ClinicEducator.ID=BenefitFamily.Educator\_ID

High Risk Factor Report by Next Appointment Date

Print Date: 05/24/2007

Agency/Clinic	Person ID	Participant Name	Category	High Risk Factors	All Other Risk Factors	Next Appt Dt	Clinic Educator
1 - AgencyNumberOne							
1 - ClinicOne	554554	Angela Adams	Pregnant	101, 131	111	06/04/2007	Mary Carter
	123456	David Barrett	Child	135	425 c	06/29/2007	Anne Dexter
	334335	Monica Gomez	Breastfeeding	335	303, 427 a		
2 - ClinicTwo							
	449887	Marcus Carroll	Infant	134, 103	153	05/31/2007	Darryl Sloan
	159687	Dana Johnson	Child	341	114, 901	06/22/2007	Darryl Sloan
	336884	Lisa Klein	Pregnant	132	337, 361		

### 3.4 High Risk Factor Report by Person ID

<b>Description</b>	This report is used as a monitoring tool to assure that high risk participants have an appointment scheduled.
<b>Parameters</b>	Local Agency, Clinic, Participant Category
<b>Record Selection / Filtering / Calculations</b>	All participants with a WIC Status of Active and currently marked as High Risk participants for selected parameters. High Risk indicator = RiskHeader.HighRiskIn This report excludes investigation family related data.
<b>Print Columns</b>	Agency/Clinic Header, Person ID, Participant Name, Category, High Risk Factors, All Other Risk Factors, Next Appt Dt (Appointment Date), Clinic Educator <b>Note:</b> The agencies and clinics listed in the header areas should be in the format <i>agency number – agency name</i> and <i>clinic number – clinic name</i> .
<b>Sort Order</b>	Person ID
<b>Total / Count Columns</b>	NA
<b>State Totals</b>	NA
<b>Primary Group (page break)</b>	Local Agency
<b>Additional Group By</b>	Clinic
<b>Developer Notes</b>	Person ID = FamilyMember.FFMemberID Display Participant Name as FamilyMember.FirstName + FamilyMember.MiddleName + FamilyMember.LastName + FamilyMember.LastNameSuffix. Category = ParticipantType.ParticipantTypeCD Priority = RiskHeader.RiskPrtyNr High Risk Factors = ParticipantRiskCode.ParticipantRiskCd where ParticipantRiskCodePriority.HighRiskIn = Yes. Display codes only. Separate multiple codes with commas. All Other Risk Factors = ParticipantRiskCode.ParticipantRiskCd where ParticipantRiskCodePriority.HighRiskIn = No. Display codes only. Separate multiple codes with commas. Next Appt Dt = Appointment.StartTime

Clinic Educator = ClinicEducator.Name where  
 ClinicEducator.ID=BenefitFamily.Educator\_ID

High Risk Factor Report by Person ID

Print Date: 05/24/2007

Agency/Clinic	Person ID	Participant Name	Category	High Risk Factors	All Other Risk Factors	Next Appt Dt	Clinic Educator
1 - AgencyNumberOne							
1 - ClinicOne	123456	David Barrett	Child	135	425 c	06/29/2007	Anne Dexter
	334335	Monica Gomez	Breastfeeding	335	303, 427 a		
	554554	Angela Adams	Pregnant	101, 131	111	06/04/2007	Mary Carter
2 - ClinicTwo							
	159687	Dana Johnson	Child	341	114, 901	06/22/2007	Darryl Sloan
	336884	Lisa Klein	Pregnant	132	337, 361		
	449887	Marcus Carroll	Infant	134, 103	153	05/31/2007	Darryl Sloan

### 3.5 Nutrition Education Contacts Summary Report

<b>Description</b>	This report is used to summarize nutrition education contacts by Participant Category & by High Risk / Not High Risk risk.
<b>Parameters</b>	Local Agency, Month/Year
<b>Record Selection / Filtering / Calculations</b>	<p>Any participant (active or terminated in the month) that has had at least one Nutrition Education contact in the month.</p> <p>High row includes participants with RiskHeader.HighRiskIn = Yes</p> <p>Not High row includes participants with RiskHeader.HighRiskIn = No</p> <p>Total Participants = all participants with a WIC status of Active + those with a WIC status of Terminated with a CertificationTermination.EffectiveDt in the month</p> <p>% Total w/Contact = Total Participants (this report) with CompletedNtrEd.RecordedDt in the month / Total Participants (this report) * 100</p> <p>Pregnant = all participants where WIC Status = Active and Participant Category = Pregnant and has a CompletedNtrEd.RecordedDt in the month + all participants where WIC Status = Terminated and Participant Category = Pregnant and has a CertificationTermination.EffectiveDt in the month</p> <p>Breastfeeding = all participants where WIC Status = Active and Participant Category = Breastfeeding and has a CompletedNtrEd.RecordedDt in the month + all participants where WIC Status = Terminated and Participant Category = Breastfeeding and has a CertificationTermination.EffectiveDt in the month</p> <p>Not-Breastfeeding = all participants where WIC Status = Active and Participant Category = Not-Breastfeeding and has a CompletedNtrEd.RecordedDt in the month + all participants where WIC Status = Terminated and Participant Category = Not-Breastfeeding and has a CertificationTermination.EffectiveDt in the month</p> <p>Infant = all participants where WIC Status = Active and Participant Category = Infant and has a CompletedNtrEd.RecordedDt in the month+ all participants where WIC Status = Terminated and Participant Category = Infant and has a CertificationTermination.EffectiveDt in the month</p> <p>Child = all participants where WIC Status = Active and Participant Category = Child and has a CompletedNtrEd.RecordedDt in the month+ all participants where WIC Status = Terminated and Participant Category = Child and has a CertificationTermination.EffectiveDt in the month</p> <p>Total w/ Contacts = sum of Pregnant + Breastfeeding + Not-Breastfeeding + Infant + Child columns</p> <p>This report excludes investigation family related data.</p> <p>The Print Columns are depicted as they should be on the report so that the Not High Risk counts are listed directly below their High Risk</p>

counterparts.

<b>Print Columns</b>	Agency header, Clinic header, Risk, Total Participants, % Total w/Contacts, Pregnant, Breastfeeding, Not Breastfeeding, Infant, Child, Total w/Contacts <b>Note:</b> The agencies and clinics listed in the header areas should be in the format <i>agency number – agency name</i> and <i>clinic number – clinic name</i> .
<b>Sort Order</b>	Local Agency, Clinic
<b>Total / Count Columns</b>	Clinic totals High and Not High Risk for all columns. Local Agency totals High and Not High Risk for all columns.
<b>State Totals</b>	High and Not High Risk totals for all columns
<b>Primary Group (page break)</b>	Local Agency
<b>Additional Group By</b>	Clinic
<b>Developer Notes</b>	

Nutrition Education Contacts Summary Report  
 May, 2007

Print Date: 06/05/2007

State Totals	Risk	Total Participants	% Total with Contacts	Pregnant	Breastfeeding	Not Breastfeeding	Infant	Child	Total with Contacts
	High	13953	16.15%	493	167	352	419	866	2253
	Not High	55616	15.20%	663	340	575	2447	4438	8463

Local Agency/Clinic	Risk	Total Participants	% Total with Contacts	Pregnant	Breastfeeding	Not Breastfeeding	Infant	Child	Total with Contacts
1 AgencyNumberOne	High	364	18.13%	8	11	13	9	15	66
	Not High	1189	19.60%	58	41	47	31	56	233
1 ClinicOne	High	231	16.02%	11	6	6	5	9	37
	Not High	728	17.99%	40	24	19	16	32	131
2 Clinic Two	High	133	21.80%	7	5	7	4	6	29
	Not High	461	22.13%	18	17	28	15	24	102

### 3.6 Nutrition Education Contacts Report by Staff Member

<b>Description</b>	This report is used to summarize nutrition education contacts by Participant Category, Staff Member, and High / Low risk.
<b>Parameters</b>	Local Agency, Month/Year
<b>Record Selection / Filtering / Calculations</b>	<p>Any participant that has completed a certification period during the selected month:</p> <p>For low risk participants, they have at least 2 nutrition education contacts.</p> <p>For high risk participants, they have at least 2 nutrition education contacts where at least 1 is a high risk education contact.</p> <p>High row includes participants with RiskHeader.HighRiskIn = Yes and at least one of the nutrition education contacts must be marked as a High Risk Follow Up Appointment to be counted on this report. (CompletedNtrEd.HighRiskFollowUpIn=Yes)</p> <p>Not High row includes participants with RiskHeader.HighRiskIn = No</p> <p>Total Participants = all participants with a WIC status of Active + those with a WIC status of Terminated with a CertificationTermination.EffectiveDt in the month</p> <p>% of Total Participants = Total w/ Contacts (this report)/Total Participants (this report) * 100</p> <p>Pregnant = all participants where WIC Status = Active and Participant Category = Pregnant and has at least 2 CompletedNtrEd.RecordedDt in the certification period (between Certification.StartDt and Certification.EndDt) + all participants where WIC Status = Terminated and Participant Category = Pregnant and has at least 2 CertificationTermination.EffectiveDt in the certification period (between Certification.StartDt and Certification.EndDt)</p> <p>Breastfeeding = all participants where WIC Status = Active and Participant Category = Breastfeeding and has at least 2 CompletedNtrEd.RecordedDt in the certification period (between Certification.StartDt and Certification.EndDt) + all participants where WIC Status = Terminated and Participant Category = Breastfeeding and has at least 2 CertificationTermination.EffectiveDt in the certification period (between Certification.StartDt and Certification.EndDt)</p> <p>Not-Breastfeeding = all participants where WIC Status = Active and Participant Category = Not-Breastfeeding and has at least 2 CompletedNtrEd.RecordedDt in the certification period (between Certification.StartDt and Certification.EndDt) + all participants where WIC Status = Terminated and Participant Category = Not-Breastfeeding and has at least 2 CertificationTermination.EffectiveDt in the certification period (between Certification.StartDt and Certification.EndDt)</p> <p>Infant = all participants where WIC Status = Active and Participant</p>

Category = Infant and has at least 2 CompletedNtrEd.RecordedDt in the certification period (between Certification.StartDt and Certification.EndDt) + all participants where WIC Status = Terminated and Participant Category = Infant and has at least 2 CertificationTermination.EffectiveDt in the certification period (between Certification.StartDt and Certification.EndDt)

Child = all participants where WIC Status = Active and Participant Category = Child and has at least 2 CompletedNtrEd.RecordedDt in the certification period (between Certification.StartDt and Certification.EndDt) + all participants where WIC Status = Terminated and Participant Category = Child and has at least 2 CertificationTermination.EffectiveDt in the certification period (between Certification.StartDt and Certification.EndDt)

Total w/ Contacts = sum of Pregnant + Breastfeeding + Not-Breastfeeding + Infant + Child columns

This report excludes investigation family related data.

The Print Columns are depicted as they should be on the report so that the low risk counts are listed directly below their high risk counterparts.

<b>Print Columns</b>	<p>Agency/Clinic header, Staff Member, Risk, Total Participants, % Total w/Contacts, Pregnant, Breastfeeding, Not Breastfeeding, Infant, Child, Total w/ Contacts</p> <p><b>Note:</b> The agencies and clinics listed in the header areas should be in the format <i>agency number – agency name</i> and <i>clinic number – clinic name</i>.</p>
<b>Sort Order</b>	Local Agency, Clinic
<b>Total / Count Columns</b>	Clinic totals High and Not High for all columns. Local Agency totals High and Not High for all columns.
<b>State Totals</b>	High and Not High totals for all columns
<b>Primary Group (page break)</b>	Local Agency
<b>Additional Group By</b>	Clinic, Staff Member
<b>Developer Notes</b>	Staff member = BenefitFamily.Educator_ID

Nutrition Education Contacts Report by Staff Member  
05/01/2007 - 05/31/2007

Print Date: 06/05/2007

State Totals	Risk	Total Participants	% Total with Contacts	Pregnant	Breastfeeding	Not Breastfeeding	Infant	Child	Total with Contacts
	High	13953	18.15%	449	167	352	419	866	2253
	Not High	55616	15.20%	653	340	575	2447	4438	8463

Local Agency/Clinic	Staff Member	Risk	Total Participants	% Total with Contacts	Pregnant	Breastfeeding	Not Breastfeeding	Infant	Child	Total with Contacts
1 AgencyNumberOne		High	364	18.13%	18	11	13	9	15	66
		Not High	1189	19.60%	58	41	47	31	56	233
1 ClinicOne		High	231	16.02%	11	6	6	5	9	37
		Not High	728	17.99%	40	24	19	16	32	131
	Jane Doe	High	122	12.30%	5	2	1	3	4	15
		Not High	395	13.67%	19	9	5	8	13	54
	Alex Gamson	High	109	20.18%	6	4	5	2	5	22
		Not High	333	23.12%	21	15	14	8	19	77
2 Clinic Two		High	133	21.80%	7	5	7	4	6	29
		Not High	461	22.13%	18	17	28	15	24	102
	Alice Cooper	High	45	17.78%	2	0	3	1	2	8
		Not High	169	18.93%	6	2	11	5	8	32
	Mary Jones	High	39	17.95%	2	1	2	1	1	7
		Not High	131	22.14%	7	5	9	4	4	29
	David Klein	High	49	28.57%	3	4	2	2	3	14
		Not High	161	25.47%	5	10	8	6	12	41

### 3.7 High Risk Nutrition Education Report

<b>Description</b>	This report is used as a monitoring tool to determine if high risk participants were offered an individual nutrition appointment and whether or not it was kept.
<b>Parameters</b>	Local agency, Month/Year, Priority, Category
<b>Record Selection / Filtering / Calculations</b>	All High Risk participants with a Certification Start Date in the selected Date Range. Appointment Date is the next scheduled WIC appointment (not Nutrition Education class) after the certification start date This report excludes investigation family related data.
<b>Print Columns</b>	Agency/Clinic header, Participant Name, Cert. Dt. (Certification Date), Cert. End Dt. (Certification End Date), Category, Priority, Appt. Type Scheduled (Appointment Type Scheduled), Appt. Dt. (Appointment Date), Appt. Status (Appointment Status) <b>Note:</b> The agencies and clinics listed in the header areas should be in the format <i>agency number – agency name</i> and <i>clinic number – clinic name</i> .
<b>Sort Order</b>	Appointment Status, Participant Last Name
<b>Total / Count Columns</b>	NA
<b>State Totals</b>	NA
<b>Primary Group (page break)</b>	Local Agency
<b>Additional Group By</b>	Clinic
<b>Developer Notes</b>	High Risk indicator = RiskHeader.HighRiskIn Display Participant Name as FamilyMember.FirstName + FamilyMember.MiddleName + FamilyMember.LastName + FamilyMember.LastNameSuffix. Cert. Dt. = Certification.StartDt Category = ParticipantType.ParticipantTypeCD Priority = RiskDet.ParticipantRiskPrtyNr Appt. Type Scheduled = AppointmentParticipant.AppointmentTypeCd Appt. Dt. = Appointment.StartTime Appt. Status = Appointment.AppointmentStatusCd

Data Effective: 6/1/2007

High Risk Nutrition Education Report  
4/1/2007 - 4/30/2007

Print Date: 6/5/2007

Agency/Clinic	Participant Name	Cert. Dt.	Cert. End Dt.	Category	Priority	Appt.Type Scheduled	Appt. Dt.	Appt. Status
1 - AgencyNumberOne								
1 - ClinicOne	Adam Powell	4/5/2007	10/5/2007	Child	3	Nutrition	5/15/2007	Cancelled
	Darryl Brown	4/22/2007	10/22/2007	Child	3	Follow Up	5/2/2007	No Show
	Cassie Zell	4/16/2007	3/16/2008	Infant	1	Health Update	5/24/2007	No Show
	Dara Gibson	4/28/2007	11/5/2007	Pregnant	1	Follow Up	5/18/2007	Rescheduled
	Fletcher Eberley	4/19/2007	11/2/2007	Child	5	Nutrition	6/10/2007	Scheduled
	Gayle Lowery	4/1/2007	10/1/2007	Breastfeeding	1	Health Update	5/27/2007	Seen
	Tasha Nelson	4/13/2007	10/13/2007	Child	3	Follow Up	5/1/2007	Seen
	Andrew York	4/6/2007	3/1/2007	Infant	1	Follow Up	5/20/2007	Seen
2 - Clinic Two	Elizabeth Gaimon	4/8/2007	10/8/2007	Child	3	Nutrition	5/18/2007	Cancelled
	Amanda Weller	4/22/2007	10/22/2007	Child	5	Follow Up	5/5/2007	No Show
	Jessica Allen	4/4/2007	10/4/2007	Pregnant	1	Health Update	6/20/2007	Scheduled
	Joseph Clark	4/26/2007	3/28/2008	Infant	1	Follow Up	5/21/2007	Seen
	Maya Jenkins	4/1/2007	10/1/2007	Pregnant	1	Nutrition	5/13/2007	Seen

### 3.8 Prevalence of Nutrition Risk By LA and County Report

<b>Description</b>	This report is used to show the frequency of risk by participant category of all active participants by local agency, county, and clinic.
<b>Parameters</b>	Local Agency, Effective Date
<b>Record Selection / Filtering / Calculations</b>	<p>All risks for active participants at the time the data is compiled</p> <p>Total Participants = All participants with a WIC Status of Active</p> <p>Participants per category = All participants with a WIC Status of Active and ParticipantType.ParticipantTypeCd of Pregnant, Breastfeeding, Not Breastfeeding, Infants, or Child</p> <p>Number of Participants with Risk (for each category) = All participants with a WIC Status of Active and ParticipantType.ParticipantTypeCd of Pregnant, Breastfeeding, Not Breastfeeding, Infants, or Child and have the specified risk</p> <p>Percentage of Participants with Risk (for each category) = All participants with a WIC Status of Active and ParticipantType.ParticipantTypeCd of Pregnant, Breastfeeding, Not Breastfeeding, Infants, or Child and have the specified risk / Participants per category * 100</p> <p>This report excludes investigation family related data.</p>
<b>Print Columns</b>	<p>Agency header, Clinic header, County header, Category columns (Pregnant, Breastfeeding, Not Breastfeeding, Infants, Child), Total Participants, Participants per category, Risk, Participants with Risk (for each Category column), % Participants with Risk (for each Category column)</p> <p><b>Note:</b> The agencies and clinics listed in the header areas should be in the format <i>agency number – agency name</i> and <i>clinic number – clinic name</i>.</p>
<b>Sort Order</b>	Local Agency, County, Clinic, Frequency of Risk for all active participants (high to low)
<b>Total / Count Columns</b>	All columns
<b>State Totals</b>	Local Agency and State (all columns)
<b>Primary Group (page break)</b>	Local Agency
<b>Additional Group By</b>	County, Clinic

**Developer Notes**

Risk = Display as ParticipantRiskCode.ParticipantRiskCd + ParticipantRiskCode.Name

Prevalence of Nutrition Risk by Local Agency and County Report  
04/30/2007

Print Date: 05/04/2007

State Totals	Pregnant		Breastfeeding		Not Breastfeeding		Infants		Child		Total Participants	
	Part. w/Risk	% Part. w/Risk	Part. w/Risk	% Part. w/Risk	Part. w/Risk	% Part. w/Risk	Part. w/Risk	% Part. w/Risk	Part. w/Risk	% Part. w/Risk	Part. w/Risk	% Part. w/Risk
<b>Risk</b>	7,188		8,118		9,122		10,218		11,314		12,410	
040 (1) - Failure to meet dietary guidelines	0	0.00%	2,159	26.74%	6,934	85.44%	0	0.00%	34,263	30.72%	48,977	39.47%
042 (0) - Inappropriate feeding practices for children	0	0.00%	0	0.00%	0	0.00%	0	0.00%	8,436	74.52%	8,436	67.95%
043 (0) - Genetic and congenital disorders	659	9.18%	219	2.71%	760	9.32%	1,247	12.21%	4,268	37.73%	7,173	57.77%
044 (1) - Over weight/obese	1,816	25.28%	1,567	19.31%	3,748	46.18%	0	0.00%	0	0.00%	6,733	54.33%
052 (2) - Closely spaced pregnancies	2,747	38.23%	1,031	12.71%	3,258	40.14%	0	0.00%	0	0.00%	9,408	75.77%
053 (1) - Progenital at young age	882	12.27%	347	4.28%	1,034	12.74%	0	0.00%	0	0.00%	2,933	23.64%
044 (a) - Inappropriate primary feeding	0	0.00%	0	0.00%	0	0.00%	1,948	19.16%	0	0.00%	1,948	15.70%
<b>1 Agency with 0 risk</b>	1,243		1,118		1,426		1,748		1,912		2,040	
<b>Risk</b>	1,243		1,118		1,426		1,748		1,912		2,040	
040 (1) - Failure to meet dietary guidelines	0	0.00%	35	3.13%	1,103	77.44%	0	0.00%	0	0.00%	7,933	63.85%
042 (0) - Inappropriate feeding practices for children	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1,442	12.78%	1,442	11.45%
043 (0) - Genetic and congenital disorders	169	13.60%	54	4.83%	132	9.25%	205	11.73%	622	32.53%	1,188	58.23%
044 (1) - Over weight/obese	362	29.12%	168	15.03%	667	46.81%	0	0.00%	0	0.00%	1,097	53.77%
052 (2) - Closely spaced pregnancies	334	26.87%	127	11.36%	607	42.61%	0	0.00%	0	0.00%	1,093	53.58%
053 (1) - Progenital at young age	133	10.72%	57	5.09%	246	17.25%	0	0.00%	0	0.00%	436	21.37%
044 (a) - Inappropriate primary feeding	0	0.00%	0	0.00%	0	0.00%	327	18.72%	0	0.00%	327	16.03%
<b>County A</b>	1,188		1,022		1,277		1,583		1,662		1,748	
<b>Risk</b>	1,188		1,022		1,277		1,583		1,662		1,748	
040 (1) - Failure to meet dietary guidelines	769	64.73%	316	30.92%	694	54.34%	0	0.00%	0	0.00%	7,174	40.55%
042 (0) - Inappropriate feeding practices for children	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1,259	75.19%	1,259	71.00%
043 (0) - Genetic and congenital disorders	22	1.85%	49	4.79%	119	9.32%	181	11.44%	635	38.25%	1,022	58.59%
044 (1) - Over weight/obese	328	27.62%	161	15.75%	611	47.86%	0	0.00%	0	0.00%	968	55.44%
052 (2) - Closely spaced pregnancies	301	25.34%	114	11.25%	547	42.84%	0	0.00%	0	0.00%	922	52.81%
053 (1) - Progenital at young age	120	10.10%	57	5.57%	221	17.31%	0	0.00%	0	0.00%	362	20.72%
044 (a) - Inappropriate primary feeding	0	0.00%	0	0.00%	0	0.00%	260	16.43%	0	0.00%	260	14.88%
<b>1 Clinic One</b>	1,022		888		1,088		1,218		1,314		1,410	
<b>Risk</b>	1,022		888		1,088		1,218		1,314		1,410	
040 (1) - Failure to meet dietary guidelines	698	68.30%	263	29.62%	846	77.76%	0	0.00%	4,346	33.07%	6,038	42.82%
042 (0) - Inappropriate feeding practices for children	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1,104	84.01%	1,104	78.29%
043 (0) - Genetic and congenital disorders	83	8.11%	42	4.73%	101	9.28%	154	12.65%	514	39.19%	854	60.81%
044 (1) - Over weight/obese	277	27.20%	128	14.41%	434	39.89%	0	0.00%	0	0.00%	940	66.67%
052 (2) - Closely spaced pregnancies	259	25.44%	97	10.92%	489	44.94%	0	0.00%	0	0.00%	818	58.01%
053 (1) - Progenital at young age	102	10.06%	43	4.84%	188	17.38%	0	0.00%	0	0.00%	333	23.62%
044 (a) - Inappropriate primary feeding	0	0.00%	0	0.00%	0	0.00%	265	22.61%	0	0.00%	265	18.80%
<b>2 Clinic Two</b>	166		130		140		160		178		190	
<b>Risk</b>	166		130		140		160		178		190	
040 (1) - Failure to meet dietary guidelines	152	91.57%	47	36.15%	149	106.43%	0	0.00%	767	43.03%	1,076	56.63%
042 (0) - Inappropriate feeding practices for children	0	0.00%	0	0.00%	0	0.00%	0	0.00%	166	93.26%	166	87.37%
043 (0) - Genetic and congenital disorders	14	8.43%	7	5.38%	18	12.86%	27	19.29%	91	51.12%	108	56.84%
044 (1) - Over weight/obese	49	29.52%	23	17.69%	77	54.93%	0	0.00%	0	0.00%	148	77.95%
052 (2) - Closely spaced pregnancies	43	25.90%	17	13.08%	62	44.29%	0	0.00%	0	0.00%	144	75.84%
053 (1) - Progenital at young age	18	10.84%	8	6.15%	33	23.57%	0	0.00%	0	0.00%	59	31.05%
044 (a) - Inappropriate primary feeding	0	0.00%	0	0.00%	0	0.00%	44	31.43%	0	0.00%	44	23.16%

## 4 Breastfeeding Reports

### 4.1 BF PC Contacts Detail by Topic

<b>Description</b>	This report is used by the Breastfeeding Peer Counselor (BF PC) Coordinator to understand how BF PCs are documenting their responses to mothers' concerns. This report is a monitoring and management tool that summarizes the number and types of topics (prenatal and postpartum) that a BF PC has with her participant caseload.
<b>Parameters</b>	Date Range
<b>Record Selection / Filtering / Calculations</b>	<p>All BF PC contacts during the date range.</p> <p>BF PC Contact = Contact Dt = All BFPCContact.ContactDt in date range</p> <p>Prenatal = Number of contacts where BFPCContact.ContactDt is before Pregnancy.ActualDeliveryDt or where ParticipantType.ParticipantTypeCd = Pregnant in the date range</p> <p>Ref to Lact Spec = Number of times BFPCDocType.DocTypeCd = PREN and BFPCDocType.YieldReferralIn = Yes</p> <p>Post-Partum = Number of contacts where BFPCContact.ContactDt is after Pregnancy.ActualDeliveryDt in the date range</p> <p>Ref to Lact Spec = Number of times BFPCDocType.DocTypeCd = POST and BFPCDocType.YieldReferralIn = Yes</p> <p>Each row shows the detail of the BF PC topics for each BF PC that have been used during the date range. Left justify the topics.</p> <p>This report excludes investigation family related data.</p>
<b>Print Columns</b>	<p>Agency/Clinic header, BF PC, Topics, Prenatal, Ref to Lact Spec, Post-Partum, Ref to Lact Spec (Referral to Lactation Specialist)</p> <p><b>Note:</b> The agencies and clinics listed in the header areas should be in the format <i>agency number – agency name</i> and <i>clinic number – clinic name</i>.</p>
<b>Sort Order</b>	Topics, alphabetically for each BF PC
<b>Total / Count Columns</b>	Counts of Prenatal, Referral to Lactation Specialist (for Prenatal), Post-Partum, Referral to Lactation Specialist (for Post-partum)
<b>State Totals</b>	Yes
<b>Primary Group (page break)</b>	Local Agency
<b>Additional Group By</b>	Clinic, by BF PC

**Developer Notes** BF PC = StaffPerson.FirstName + StaffPerson.LastName

BF PC Contacts Detail by Topic							
Print Date: 04/05/2007							
03/01/2007 - 03/31/2007							
<b>State Totals</b>				<b>Prenatal</b>	<b>Ref to Lact Spec</b>	<b>Post-Partum</b>	<b>Ref to Lact Spec</b>
				173	52	116	249
Local Agency/Clinic	BF PC	Topics	Prenatal	Ref to Lact Spec	Post-Partum	Ref to Lact Spec	
31 Broadlawns WIC Office, River Plaza			18	4	10	7	
1 River Plaza			13	3	7	5	
	Dawn Jackson	BF Barriers	3				
		BF Benefits	2				
		BF Techniques	5				
		Exclusive Breastfeeding			2		
		Latch & Position			4		
	Brenda Tate	BF Benefits	3				
		Diet		1		3	
		Latch & Position			1		
		Medication		2		2	
42 Arkeny			5	1	3	2	
	Mindy Wright	BF Benefits	5				
		Diet		1		2	
		Latch & Position			3		

## 4.2 BF PC Contacts Summary Report

<b>Description</b>	This report is used to help management staff understand the utilization of the BF PC. This is a monitoring and management tool that may show areas where additional training is needed. This report summarizes the detail information.
<b>Parameters</b>	Date Range
<b>Record Selection / Filtering / Calculations</b>	<p>All BF PC contacts during the date range.</p> <p>BF PC Contact = Contact Dt = All BFPCContact.ContactDt in date range</p> <p>No Answer = BFPCContact.ContactTypeCd = No Answer</p> <p>Telephone Support = BFPCContact.ContactTypeCd = Telephone support</p> <p>Peer Support Group = BFPCContact.ContactTypeCd = Peer Support Group</p> <p>Clinic Visit = BFPCContact.ContactTypeCd = Clinic visit</p> <p>Home Visit = BFPCContact.ContactTypeCd = Home visit</p> <p>Hospital Visit = BFPCContact.ContactTypeCd = Hospital visit</p> <p>Mailing = BFPCContact.ContactTypeCd = Mailing</p> <p>Other = BFPCContact.ContactTypeCd = Other</p> <p>Prenatal = Number of contacts where BFPCContact.ContactDt is before Pregnancy.ActualDeliveryDt or where ParticipantType.ParticipantTypeCd = Pregnant</p> <p>Ref to Lact Spec = Number of times BFPCDocType.DocTypeCd = PREN and BFPCDocType.Yield/Referral = Yes for each contact</p> <p>Post-Partum = Number of contacts where BFPCContact.ContactDt is after Pregnancy.ActualDeliveryDt</p> <p>Ref to Lact Spec = Number of times BFPCDocType.DocTypeCd = POST = Post-partum and BFPCDocType.YieldReferralIn = Yes for each contact</p> <p>This report excludes investigation family related data.</p>
<b>Print Columns</b>	<p>Agency/Clinic header, Participant Name, No Answer, Telephone Support, Clinic Visit, Peer Support Group, Home Visit, Hospital Visit, Mailing, Other, Prenatal, Ref to Lact Spec, Post-Partum, Ref to Lact Spec (Referral to Lactation Specialist)</p> <p><b>Note:</b> The agencies and clinics listed in the header areas should be in the format <i>agency number – agency name</i> and <i>clinic number – clinic name</i>.</p>
<b>Sort Order</b>	Participant Last Name
<b>Total / Count Columns</b>	Counts of No Answer, Telephone Support, Clinic Visit, Peer Support Group, Home Visit, Hospital Visit, Mailing, Other, Prenatal, Referral to Lactation Specialist (Prenatal), Post-Partum, Referral to Lactation Specialist (Post-partum)

**State Totals** Yes

**Primary Group (page break)** Local Agency

**Additional Group By** Clinic

**Developer Notes** Display Participant Name as FamilyMember.FirstName + FamilyMember.MiddleName + FamilyMember.LastName + FamilyMember.LastNameSuffix.

**BF PC Contacts Summary Report**  
03/01/2007 - 03/31/2007

Print Date: 04/05/2007

State Totals		No Answer	Telephone Support	Clinic Visit	Peer Support Group	Home Visit	Hospital Visit	Mailing	Other	Prenatal	Prenatal Ref to Lact Spec	Postpartum	Postpartum Ref to Lact Spec
		356	98	106	115	258	226	44	173	203	52	116	249

Local Agency/Clinic	Participant Name	No Answer	Telephone Support	Clinic Visit	Peer Support Group	Home Visit	Hospital Visit	Mailing	Other	Prenatal	Prenatal Ref to Lact Spec	Postpartum	Postpartum Ref to Lact Spec
31 Broadlawn WIC Office, River Plaza		13	21	15	5	3	4	10	1	38	4	24	10
1 River Plaza		8	21	13	4	2	3	7	1	30	3	20	9
	Jane Lea Abbey	3	5	2	0	1	1	1	0	6	1	5	2
	Robertia P. Carson	1	4	3	0	0	0	1	1	7	1	2	1
	Shelia Darsen	2	1	2	0	0	1	1	0	3	0	1	3
	Monica Reuter	0	3	1	1	1	0	1	0	1	0	4	2
	Anika Schaeffer	1	3	3	1	0	0	1	0	5	1	3	1
	Dora Ann Thompson	0	2	1	1	0	1	1	0	3	0	3	0
	Alyssa R Unger	1	3	1	1	0	0	1	0	5	0	2	0
42 Ankeny		5	0	2	1	1	1	3	0	8	1	4	1
	Lisa T Cooper	1	0	1	0	1	1	1	0	3	0	2	0
	Rena Jo Sawyer	3	0	1	1	0	0	1	0	3	1	2	1
	Melissa Zack	1	0	0	0	0	0	1	0	2	0	0	0

Page 1 of 1

Rev: 07/08/2006

### 4.3 Breastfeeding Equipment Due

<b>Description</b>	This report is used to identify participants that currently have breastfeeding equipment assigned so that clinic staff can get breastfeeding equipment to the highest priority participants.
<b>Parameters</b>	Local Agency
<b>Record Selection / Filtering / Calculations</b>	All issued serialized breastfeeding equipment that has a Contact/Return Date and a blank Serialized Inventory Item Disposition Date where the contact/return date is in the current month or past due. The report shows all serialized breastfeeding equipment due within the calendar month. This report excludes investigation family related data.
<b>Print Columns</b>	Agency header, Clinic header, Contact/Return Date, Date Issued, Endorser Name, Family ID, Home Phone, Equip Type (Breastfeeding Equipment Type), Serial #, Reason Issued <b>Note:</b> The agencies and clinics listed in the header areas should be in the format <i>agency number – agency name</i> and <i>clinic number – clinic name</i> .
<b>Sort Order</b>	Local Agency, Clinic, Date Due
<b>Total / Count Columns</b>	No
<b>State Totals</b>	No
<b>Primary Group (page break)</b>	Local Agency
<b>Additional Group By</b>	Clinic
<b>Developer Notes</b>	The data for this report reflects all Breastfeeding Equipment that has a Contact/Return Date and a blank Serialized Inventory item Disposition Date prior to or within the current month. Note: There is no date range parameter therefore all outstanding serialized breastfeeding equipment is always listed. During the last week of the month, the data for the following month will also be pulled for the report. Contact/Return Date = SerializedInventoryItemHistory.DueDt Date Issued = SerializedInventoryItemHistory.RecordedDt Display Endorser as FamilyMember.FirstName + FamilyMember.MiddleName + FamilyMember.LastName + FamilyMember.LastNameSuffix.

Utilize the system parameter ClinicServices.HeadofHouseholdLabelToUse to create the Endorser Name column heading. If no record is found, set the column heading to "Endorser Name".

Family ID = BenefitFamily.FFFamilyID

Home Phone = BenefitFamily.HomePhoneAreaCd +

BenefitFamily.HomePhoneNr, Display as (999) 999-9999

**Note:** If BenefitFamily.DoNotCallIn = Yes, then display "Do Not Call" instead of the phone number.

Equip Type = SerializedInventoryType.Description

Serial # = SerializedInventoryItem.ProductSerialNr

Reason Issued = Breastpump.IssueReasonCd

Breastfeeding Equipment Due Report								Print Date: 04/05/2008
03/01/2007 - 03/31/2007								
Local Agency/Clinic	Contact/ Return Date	Date Issued	Endorser Name	Family ID	Home Phone	Equip Type	Serial #	Reason Issued
81 Broadlawn WIC Office, River Plaza								
1 River Plaza								
	03-20-2007	02-20-2007	Trina Thomas	334237	(515) 555-1234	Medela Symphony (electric)		Going back to school or work
	04-15-2007	03-17-2007	Helen R Owens	847385	(515) 555-5555	Medela Lactina (electric)	4455798	Going back to school or work
	05-10-2007	04-10-2007	Brandie Chumbley	776463	(515) 555-4667	Medela Symphony (electric)	7789867	Going back to school or work
	05-16-2007	04-17-2007	Tarrika M Mc Oulough	127653	(515) 555-7896	Medela Lactina (electric)		Premature infant unable to nurse
	05-26-2007	04-26-2007	Heather L Murdock	228534	(515) 555-6987	Medela Symphony (electric)		Multiples
42 Arkeny								
	04-01-2007	03-02-2007	Amanda Foss	888746	(515) 555-4645	Medela Lactina (electric)	928241	Going back to school or work
	05-17-2007	04-01-2007	Katie Dunbar	776536	(515) 555-7979	Medela Lactina (electric)		Other
52 Altoona								
	04-16-2007	03-16-2007	Jean Faircliff	332653	(515) 555-1212	Medela Lactina (electric)		Going back to school or work
71 West Des Moines								
	05-19-2007	04-20-2007	Karisha Alexander	117653	(515) 555-7474	Medela Lactina (electric)	4156987	Infant/mother too sick to nurse
81 Lutheran								
	03-14-2007	02-04-2007	Brenda Binder	335653	(515) 555-8484	Medela Symphony (electric)		Other
	04-02-2007	03-01-2007	Jordana Andre	665246	(515) 555-4848	Medela Lactina (electric)	466466	Other
	05-06-2007	04-06-2007	Maria Fettkether	767676	(515) 555-9696	Medela Lactina (electric)		Multiples
	05-20-2007	04-01-2007	Norma Meza	321543	(515) 555-6969	Medela Lactina (electric)		Premature infant unable to nurse

## 4.4 Breastfeeding Equipment Issued

<b>Description</b>	This report is used to show the types of breastfeeding equipment that are being issued in the clinics.
<b>Parameters</b>	Local Agency, Date Range
<b>Record Selection / Filtering / Calculations</b>	Count of breastfeeding equipment (serialized and non-serialized) by type that has been issued during the time period. Rows of the report are the type of breastfeeding equipment. This report excludes investigation family related data.
<b>Print Columns</b>	Agency header, Clinic header, Equipment Type, Participants Issued Note: The agencies and clinics listed in the header areas should be in the format <i>agency number – agency name</i> and <i>clinic number – clinic name</i> .
<b>Sort Order</b>	BF Equipment Type
<b>Total / Count Columns</b>	Clinic and Local Agency totals by breastfeeding equipment type and number of participants issued breastfeeding equipment.
<b>State Totals</b>	Number of participants issued breastfeeding equipment by type of equipment
<b>Primary Group (page break)</b>	Local Agency
<b>Additional Group By</b>	N/A
<b>Developer Notes</b>	Equipment Type = Equip Type = BreastPump.SIIH_ID and BFSupply.NSIT.ID Breastfeeding Equipment Issued Date is BreastPump.RecordedDt. Equipment Type = SerializedInventoryType.Description or NonSerializedInventoryType.Description

**Breastfeeding Equipment Issued Report**  
03/01/2007 - 03/31/2007

Print Date: 04/05/2008

State Totals	Equipment Type	Participants Issued: 89
	Hollett / Ameda Elite (electric)	1
	Hollett / Ameda One Hand (manual)	4
	Medela Harmony (manual)	16
	Medela Lactra (electric)	36
	Medela Pump In Style (electric)	12
	Medela Spring Express (manual)	3
	Medela Symphony (electric)	9
	Medela Type E-D (manual)	3
	Medela other pump	5

Local Agency/Clinic	Equipment Type	Participants Issued
81 Broadlawn WIC Office, River Plaza		Agency Total: 27
1 River Plaza		Clinic Total: 18
	Medela Harmony (manual)	2
	Medela Lactra (electric)	7
	Medela Pump In Style (electric)	1
	Medela Symphony (electric)	8
52 Altoona		Clinic Total: 1
	Medela Lactra (electric)	1
71 West Des Moines		Clinic Total: 1
	Medela Lactra (electric)	1
81 Lutheran		Clinic Total: 7
	Medela Harmony (manual)	4
	Medela Lactra (electric)	1
	Medela Pump In Style (electric)	1
	Medela Symphony (electric)	1

## 4.5 Breastfeeding Prevalence Report

<b>Description</b>	This report is used to evaluate exclusive breastfeeding at birth, 3 months and 6 months of age and to evaluate the age to which breastfeeding continued during infancy and childhood. There are three categories of columns, Exclusively Breastfed, Ever Breastfed, and Breastfeeding Duration. A participant is counted in one column per category based on the age reached by/on their date of visit.
<b>Parameters</b>	Local Agency, Month/Year (end date of a 12 month period)
<b>Record Selection / Filtering / Calculations</b>	<p>All infants and children less than 36 months of age at the time of the parameter end date.</p> <p>Excl BF Birth (number) = The number of infants and children in the selection with a Breastfeeding Description = Excl BF on any Infant Interview</p> <p>Excl BF Birth (percentage) = The Excl BF Birth (number) DIVIDED BY the total number of infants and children in the selection who have ever breastfed.</p> <p>Excl BF 3 mo (number) = The number of infants and children in the selection with a Breastfeeding Description = Excl BF at 3 months of age.</p> <p>Excl BF 3 mo (percentage) = The Excl BF 3 mo (number) DIVIDED BY the total number of infants and children in the selection who have ever breastfed.</p> <p>Excl BF 6 mo (number) = The number of infants and children in the selection with a Breastfeeding Description = Excl BF at 6 months of age.</p> <p>Excl BF 6 mo (percentage) = The Excl BF 6 mo (number) DIVIDED BY the total number of infants and children in the selection who have ever breastfed.</p> <p>Ever BF (number) = The number of infants and children in the selection with breastfeeding data (have interview records, but none with a Breastfeeding Description = Never).</p> <p>Ever BF (percentage) = The Ever BF (number) DIVIDED BY the total number of infants and children in the selection.</p> <p>Breastfeeding Duration Categories:</p> <p>1Wk (number) = The number of infants and children who turned 1 week of age during the reporting period whose records show that the infant was still breastfeeding (no interview records have a Breastfeeding Description = Never or No Longer) at the time they were 1+ weeks or older.</p> <p>1Wk (percentage) = The 1Wk (number) DIVIDED BY the total number of infants and children in the selection who have ever breastfed who</p>

turned 1 week of age before the end of the reporting period.

2Wk, 3Wk, 4Wk, 5Wk, 6Wk (number): Same as 1Wk (number), only that infant was at least 2+, 3+, 4+, 5+, 6+ weeks of age, respectively.

2Wk, 3Wk, 4Wk, 5Wk, 6Wk (percentage): Same as 1Wk (percentage), only that the infants and children in the selection turned 2, 3, 4, 5, and 6 weeks of age, respectively before the end of the reporting period.

2M, 3M, 6M, 9M, 12M, 18M, 24M (number): The total number of infants and children who turned 9 weeks (2 months), 13 weeks (3 months), 26 weeks (6 months), 39 weeks (9 months), 52 weeks (12 months), 78 weeks (18 months), 104 weeks (24 months) during the reporting period whose records show that the infant/child was still breastfeeding (no interview records have a Breastfeeding Description = Never or No Longer) at the respective ages.

2M, 3M, 6M, 9M, 12M, 18M, 24M (percentage): The 2M, 3M, 6M, 9M, 12M, 18M, 24M (number) DIVIDED BY the total number of infants and children in the selection who have ever breastfed who turned the respective ages.

For example, infants who turned 9 months old by/on their date of visit during date range are included in the 9+ months counts.

This report excludes investigation family related data.

**Print Columns** Agency Number and Name, Clinic Number and name, Excl BF Birth, Excl BF 3 mo, Excl BF 6 mo, Ever BF, 1Wk, 2Wk, 3Wk, 4Wk, 5Wk, 6Wk, 2M, 3M, 6M, 9M, 12M, 18M, 24M.

**Note:** The agencies and clinics listed in the header areas should be in the format *agency number – agency name* and *clinic number – clinic name*.

**Sort Order** Local Agency, Clinic

**Total / Count Columns** Local Agency percentage for each column  
Local Agency number for each column

**State Totals** Yes (at the top of the first page) – percent and number

**Primary Group (page break)** Local Agency

**Additional Group By** Clinic

**Developer Notes** The year is a rolling year (April to March, May to April)  
Weeks to months:  
9 weeks (2 months), 13 weeks (3 months), 17 weeks (4 months), 22 weeks (5 months), 26 weeks (6 months), 39 weeks (9 months), 52 weeks (12 months), or 78

weeks (18 months), 104 weeks (24 months)

Breastfeeding Prevalence  
April 2006 - March 2007

Printed Date: 04/04/2007

**State Totals**

	Excl BF Birth	Excl BF 3 mo	Excl BF 6 mo	Ever BF	1Wk	2Wk	3Wk	4Wk	5Wk	6Wk	2M	3M	6M	9M	12M	18M	24M
	60%	28%	12%	63%	62%	60%	58%	53%	50%	37%	30%	23%	13%	12%	7%	3%	2%
	8000	4000	2000	1250	771	750	729	667	625	458	375	292	167	146	83	31	24

**Local Agency/Clinic**

33 - NewViewand Community Opportunities

	Excl BF Birth	Excl BF 3 mo	Excl BF 6 mo	Ever BF	1Wk	2Wk	3Wk	4Wk	5Wk	6Wk	2M	3M	6M	9M	12M	18M	24M
	60%	28%	12%	63%	62%	60%	58%	53%	50%	37%	30%	23%	13%	12%	7%	3%	2%
	7300	3700	1700	7900	7700	7500	7300	6700	6300	4700	3900	3100	1900	1700	1100	645	588
1 - Sac City																	
	50%	25%	8%	60%	58%	57%	55%	50%	47%	33%	27%	20%	10%	8%	3%	1%	1%
	1500	750	250	1800	1750	1700	1650	1500	1400	1000	800	600	300	250	100	20	17
7 - Cedar Rapids																	
	67%	35%	18%	70%	68%	67%	65%	60%	57%	43%	37%	30%	20%	18%	13%	9%	9%
	2000	1050	550	2100	2050	2000	1950	1800	1700	1300	1100	900	600	550	400	275	257
13 - Shippensburg																	
	60%	28%	12%	63%	62%	60%	58%	53%	50%	37%	30%	23%	13%	12%	7%	3%	2%
	1800	850	350	1900	1850	1800	1750	1600	1500	1100	900	700	400	350	200	75	57
22 - Millersville																	
	67%	35%	18%	70%	68%	67%	65%	60%	57%	43%	37%	30%	20%	18%	13%	9%	9%
	2000	1050	550	2100	2050	2000	1950	1800	1700	1300	1100	900	600	550	400	275	257

## 4.6 BF Duration by BF PC Contacts

<b>Description</b>	This report looks at the impact that prenatal and postpartum BF PC contacts with a mother has on the breastfeeding duration of the infant.
<b>Parameters</b>	Local Agency, Month/Year (end date of a 12 month period)
<b>Record Selection / Filtering / Calculations</b>	<p>All infants whose moms indicated "Yes, interested in BF PC" within the 12 month date range (PregnantInterview.BFPCInterestIn=Yes or InterviewPPBF.BFPCInterestIn=Yes) and mom participant category = Breastfeeding (ParticipantType.ParticipantTypeCd)</p> <p>Prenatal Contacts (number) = Number of contacts where BFPCContact.ContactDt is before Pregnancy.ActualDeliveryDt or where ParticipantType.ParticipantTypeCd = Pregnant in the date range</p> <p>Prenatal Contacts (percentage) = Prenatal Contacts/Total Contacts</p> <p>Post-Partum Contacts (number) = Number of contacts where BFPCContact.ContactDt is after Pregnancy.ActualDeliveryDt in the date range</p> <p>Post-Partum Contacts (percentage) = Post-partum contact/Total Contacts</p> <p>Total Contacts (number) = Prenatal + Post-Partum</p> <p>Total Contacts (percentage) within the Agency = Total Contacts for a BF PC/Total Contacts for the Agency</p> <p><b>Note:</b> The contacts are reported based on the clinic that the participant belonged to at the time of the BF PC Contact.</p> <p>Duration = BF Duration calculation is (Started Date associated with most recent BF Description) minus the Actual Delivery Date/7. Display the whole number of weeks. Do not round up.</p> <p>Formula (Cans) = Total quantity of cans of formula in current food package. (Quantity in Category 21 or 31 where formula type = Powder)</p> <p>This report excludes investigation family related data.</p>
<b>Print Columns</b>	<p>Agency/Clinic header, BF PC, Participant Name (infant/child), Person ID, Prenatal Contacts, PP Contacts, Total Contacts, Initial Visit (first certification start date for the pregnancy that is greater than the Last Menstrual Period and less than the Actual Delivery Date), Duration (Wks), Formula (Cans)</p> <p><b>Note:</b> The agencies and clinics listed in the header areas should be in the format <i>agency number – agency name</i> and <i>clinic number – clinic name</i>.</p>
<b>Sort Order</b>	BF PC, by total number of BF PC contacts starting with zero

<b>Total / Count Columns</b>	Local Agency percentage and number for Prenatal Contacts, PP Contacts, Total Contacts BF PC percentage and number for Prenatal Contacts, PP Contacts, Total Contacts
<b>State Totals</b>	No
<b>Primary Group (page break)</b>	Local Agency
<b>Additional Group By</b>	Clinic
<b>Developer Notes</b>	The year is a rolling year (April to March, May to April). BF PC = BFPCContact.BFPC_ID Display Participant Name as FamilyMember.FirstName + FamilyMember.MiddleName + FamilyMember.LastName + FamilyMember.LastNameSuffix. Person ID = FamilyMember.FFMemberID Initial Visit = Certification.StartDt

BF Duration by BF PC Contacts  
05/01/2006 - 04/30/2007

Printed Date: 05/03/2007

Local Agency/Clinic	BF PC	Participant Name	Person ID	Prenatal Contacts	PP Contacts	Total Contacts	Initial Visit	Duration (Wks)	Formula (Cans)
33 New View and Community Opportunities				50.51%	49.49%	100.00%			
33 New View and Community Opportunities				22	15	37			
1 Sac City	Lila Hilder			61.54%	38.46%	35.14%			
				8	5	13			
		Shawna Michaels	123466	3	2	5	06/09/2006	3	4
		Dana Sellers	464646	5	3	8	10/15/2006	4	6
	Lana Regal			65.00%	35.00%	54.05%			
				13	7	20			
		Jared Alsop	454664	5	3	8	09/19/2006	6	4
		Mackenzie Pile	114325	8	4	12	07/19/2006	6	6
42 Ankeny	Anna Mae Barker			25.00%	75.00%	10.81%			
				1	3	4			
		Anne Major	741741	0	1	1	01/12/2007	2	5
		Derreck George	987987	1	2	3	12/19/2006	1	6

## 4.7 Breastfeeding Prevalence with BF PC Contacts Report

<b>Description</b>	This report shows the impact that prenatal and postpartum BF PC contacts with the mother has on BF duration for the infant/child. There are three categories of columns, Exclusively Breastfed, Ever Breastfed, and Breastfeeding Duration. A participant is counted in one column per category based on the age reached by/on their date of visit.
<b>Parameters</b>	Local Agency, Month/Year (end date of a 12 month period)
<b>Record Selection / Filtering / Calculations</b>	<p>All infants and children less than 36 months of age at the time of the parameter end date.</p> <p>BF PC = Y There was at least one documented Breastfeeding Peer Counseling Contact during the prenatal or early post-partum period (8 months before delivery to 3 months after delivery).</p> <p>BF PC = N There was no documented Breastfeeding Peer Counseling Contact during the prenatal or early post-partum period (8 months before delivery to 3 months after delivery).</p> <p>Excl BF Birth (number) = The number of infants and children in the selection with a Breastfeeding Description = Excl BF on any Infant Interview</p> <p>Excl BF Birth (percentage) = The Excl BF Birth (number) DIVIDED BY the total number of infants and children in the selection who have ever breastfed.</p> <p>Excl BF 3 mo (number) = The number of infants and children in the selection with a Breastfeeding Description = Excl BF at 3 months of age.</p> <p>Excl BF 3 mo (percentage) = The Excl BF 3 mo (number) DIVIDED BY the total number of infants and children in the selection who have ever breastfed.</p> <p>Excl BF 6 mo (number) = The number of infants and children in the selection with a Breastfeeding Description = Excl BF at 6 months of age.</p> <p>Excl BF 6 mo (percentage) = The Excl BF 6 mo (number) DIVIDED BY the total number of infants and children in the selection who have ever breastfed.</p> <p>Ever BF (number) = The number of infants and children in the selection with breastfeeding data (have interview records, but none with a Breastfeeding Description = Never).</p> <p>Ever BF (percentage) = The Ever BF (number) DIVIDED BY the total number of infants and children in the selection.</p> <p>Breastfeeding Duration Categories:</p> <p>1Wk (number) = The number of infants and children who turned 1 week of age during the reporting period whose records show that the infant</p>

was still breastfeeding (no interview records have a Breastfeeding Description = Never or No Longer) at the time they were 1+ weeks or older.

1Wk (percentage) = The 1Wk (number) DIVIDED BY the total number of infants and children in the selection who have ever breastfed who turned 1 week of age before the end of the reporting period.

2Wk, 3Wk, 4Wk, 5Wk, 6Wk (number): Same as 1Wk (number), only that infant was at least 2+, 3+, 4+, 5+, 6+ weeks of age, respectively.

2Wk, 3Wk, 4Wk, 5Wk, 6Wk (percentage): Same as 1Wk (percentage), only that the infants and children in the selection turned 2, 3, 4, 5, and 6 weeks of age, respectively before the end of the reporting period.

2M, 3M, 6M, 9M, 12M, 18M, 24M (number): The total number of infants and children who turned 9 weeks (2 months), 13 weeks (3 months), 26 weeks (6 months), 39 weeks (9 months), 52 weeks (12 months), 78 weeks (18 months), 104 weeks (24 months) during the reporting period whose records show that the infant/child was still breastfeeding (no interview records have a Breastfeeding Description = Never or No Longer) at the respective ages.

2M, 3M, 6M, 9M, 12M, 18M, 24M (percentage): The 2M, 3M, 6M, 9M, 12M, 18M, 24M (number) DIVIDED BY the total number of infants and children in the selection who have ever breastfed who turned the respective ages.

For example, infants who turned 9 months old by/on their date of visit during date range are included in the 9+ months counts.

This report excludes investigation family related data.

<b>Print Columns</b>	Agency Number and Name, Clinic Number and name, BF PC, Excl BF Birth, Excl BF 3 mo, Excl BF 6 mo, Ever BF, 1Wk, 2Wk, 3Wk, 4Wk, 5Wk, 6Wk, 2M, 3M, 6M, 9M, 12M, 18M, 24M. <b>Note:</b> The agencies and clinics listed in the header areas should be in the format <i>agency number – agency name</i> and <i>clinic number – clinic name</i> .
<b>Sort Order</b>	Local Agency, Clinic
<b>Total / Count Columns</b>	Local Agency percentage for each column Local Agency number for each column
<b>State Totals</b>	Yes (at the top of the first page) – percent and number
<b>Primary Group (page break)</b>	Local Agency
<b>Additional Group By</b>	Clinic

**Developer Notes** The year is a rolling year (April to March, May to April)

Weeks to months:

9 weeks (2 months), 13 weeks (3 months), 17 weeks (4 months), 22 weeks (5 months), 26 weeks (6 months), 39 weeks (9 months), 52 weeks (12 months), or 78 weeks (18 months), 104 weeks (24 months)

**Breastfeeding Prevalence with BF PC Contacts**  
April 2006 - March 2007

Printed Date: 04/04/2007

**State Totals**

	Excl BF Birth	Excl BF 3 mo	Excl BF 6 mo	Ever BF	1Wk	2Wk	3Wk	4Wk	5Wk	6Wk	2M	3M	6M	9M	12M	18M	24M
BF PC = Y	72%	25%	12%	25%	61%	60%	58%	53%	49%	35%	28%	21%	11%	9%	4%	1%	1%
BF PC = Y	120	31	15	125	77	74	72	66	61	44	35	26	13	11	4	1	1
BF PC = N	71%	25%	12%	40%	65%	63%	61%	56%	53%	39%	32%	25%	14%	12%	7%	3%	2%
BF PC = N	190	50	24	200	130	126	123	112	105	77	63	49	28	25	14	5	4

**Local Agency/Clinic**

33 - New View and Community Opportunities  
1 - Sac City

	Excl BF Birth	Excl BF 3 mo	Excl BF 6 mo	Ever BF	1Wk	2Wk	3Wk	4Wk	5Wk	6Wk	2M	3M	6M	9M	12M	18M	24M
BF PC = Y	60%	28%	12%	63%	62%	60%	58%	53%	50%	37%	30%	23%	13%	12%	7%	3%	2%
BF PC = Y	1800	850	350	1900	1850	1800	1750	1600	1500	1100	900	700	400	350	200	75	57
BF PC = N	50%	25%	8%	60%	58%	57%	55%	50%	47%	33%	27%	20%	10%	8%	3%	1%	1%
BF PC = N	1500	750	250	1800	1750	1700	1650	1500	1400	1000	800	600	300	250	100	20	17
<b>7 - Cedar Rapids</b>																	
BF PC = Y	67%	35%	18%	70%	68%	67%	65%	60%	57%	43%	37%	30%	20%	18%	13%	9%	9%
BF PC = Y	2000	1050	550	2100	2050	2000	1950	1800	1700	1300	1100	900	600	550	400	275	257
BF PC = N	63%	32%	15%	67%	65%	63%	62%	57%	53%	40%	33%	27%	17%	15%	10%	6%	5%
BF PC = N	1900	950	450	2000	1950	1900	1850	1700	1600	1200	1000	800	500	450	300	175	157
<b>13 - Shippensburg</b>																	
BF PC = Y	60%	28%	12%	63%	62%	60%	58%	53%	50%	37%	30%	23%	13%	12%	7%	3%	2%
BF PC = Y	1800	850	350	1900	1850	1800	1750	1600	1500	1100	900	700	400	350	200	75	57
BF PC = N	50%	25%	8%	60%	58%	57%	55%	50%	47%	33%	27%	20%	10%	8%	3%	1%	1%
BF PC = N	1500	750	250	1800	1750	1700	1650	1500	1400	1000	800	600	300	250	100	20	17
<b>22 - Millersville</b>																	
BF PC = Y	67%	35%	18%	70%	68%	67%	65%	60%	57%	43%	37%	30%	20%	18%	13%	9%	9%
BF PC = Y	2000	1050	550	2100	2050	2000	1950	1800	1700	1300	1100	900	600	550	400	275	257
BF PC = N	50%	25%	8%	60%	58%	57%	55%	50%	47%	33%	27%	20%	10%	8%	3%	1%	1%
BF PC = N	1500	750	250	1800	1750	1700	1650	1500	1400	1000	800	600	300	250	100	20	17

## 4.8 Breastfeeding Prevalence by Equipment Issuance

<b>Description</b>	This report looks at the impact that breastfeeding equipment (i.e. a breast pump) has on BF duration for the infant/child. There are three categories of columns: Exclusively Breastfed, Ever Breastfed, and Breastfeeding Duration. A participant is counted in one column per category based on the age reached by/on their date of visit.
<b>Parameters</b>	Local Agency, Month/Year (end of 12 month period)
<b>Record Selection / Filtering / Calculations</b>	<p>All infants and children less than 36 months of age at the time of the parameter end date.</p> <p>Equipment Issued = Based on mothers of infants or children in the selection who received breastfeeding equipment (serialized or non-serialized) after the infant was born and up to 6 months postpartum.</p> <p>No Equip Issued = Based on mothers of infants or children in the selection who did not receive breastfeeding equipment after the infant was born and up to 6 months postpartum.</p> <p>Excl BF Birth (number) = The number of infants and children in the selection with a Breastfeeding Description = Excl BF on any Infant Interview</p> <p>Excl BF Birth (percentage) = The Excl BF Birth (number) DIVIDED BY the total number of infants and children in the selection who have ever breastfed.</p> <p>Excl BF 3 mo (number) = The number of infants and children in the selection with a Breastfeeding Description = Excl BF at 3 months of age.</p> <p>Excl BF 3 mo (percentage) = The Excl BF 3 mo (number) DIVIDED BY the total number of infants and children in the selection who have ever breastfed.</p> <p>Excl BF 6 mo (number) = The number of infants and children in the selection with a Breastfeeding Description = Excl BF at 6 months of age.</p> <p>Excl BF 6 mo (percentage) = The Excl BF 6 mo (number) DIVIDED BY the total number of infants and children in the selection who have ever breastfed.</p> <p>Ever BF (number) = The number of infants and children in the selection with breastfeeding data (have interview records, but none with a Breastfeeding Description = Never).</p> <p>Ever BF (percentage) = The Ever BF (number) DIVIDED BY the total number of infants and children in the selection.</p> <p>Breastfeeding Duration Categories:</p> <p>1Wk (number) = The number of infants and children who turned 1 week of age during the reporting period whose records show that the infant</p>

was still breastfeeding (no interview records have a Breastfeeding Description = Never or No Longer) at the time they were 1+ weeks or older.

1Wk (percentage) = The 1Wk (number) DIVIDED BY the total number of infants and children in the selection who have ever breastfed who turned 1 week of age before the end of the reporting period.

2Wk, 3Wk, 4Wk, 5Wk, 6Wk (number): Same as 1Wk (number), only that infant was at least 2+, 3+, 4+, 5+, 6+ weeks of age, respectively.

2Wk, 3Wk, 4Wk, 5Wk, 6Wk (percentage): Same as 1Wk (percentage), only that the infants and children in the selection turned 2, 3, 4, 5, and 6 weeks of age, respectively before the end of the reporting period.

2M, 3M, 6M, 9M, 12M, 18M, 24M (number): The total number of infants and children who turned 9 weeks (2 months), 13 weeks (3 months), 26 weeks (6 months), 39 weeks (9 months), 52 weeks (12 months), 78 weeks (18 months), 104 weeks (24 months) during the reporting period whose records show that the infant/child was still breastfeeding (no interview records have a Breastfeeding Description = Never or No Longer) at the respective ages.

2M, 3M, 6M, 9M, 12M, 18M, 24M (percentage): The 2M, 3M, 6M, 9M, 12M, 18M, 24M (number) DIVIDED BY the total number of infants and children in the selection who have ever breastfed who turned the respective ages.

For example, infants who turned 9 months old by/on their date of visit during date range are included in the 9+ months counts.

This report excludes investigator family data.

<b>Print Columns</b>	Agency Number and Name, Clinic Number and name, Equipment Issued, Excl BF Birth, Excl BF 3 mo, Excl BF 6 mo, Ever BF, 1Wk, 2Wk, 3Wk, 4Wk, 5Wk, 6Wk, 2M, 3M, 6M, 9M, 12M, 18M, 24M. This report excludes investigation family related data. <b>Note:</b> The agencies and clinics listed in the header areas should be in the format <i>agency number – agency name</i> and <i>clinic number – clinic name</i> .
<b>Sort Order</b>	Local Agency, Clinic, Type of Equipment
<b>Total / Count Columns</b>	Local Agency percentage for each column Local Agency number for each column
<b>State Totals</b>	Yes (at the top of the first page) – percent and number
<b>Primary Group (page break)</b>	Local Agency

**Additional Group By** Clinic

**Developer Notes** The year is a rolling year (April to March, May to April)

Weeks to months:

9 weeks (2 months), 13 weeks (3 months), 17 weeks (4 months), 22 weeks (5 months), 26 weeks (6 months), 39 weeks (9 months), 52 weeks (12 months), or 78 weeks (18 months), 104 weeks (24 months)

**Breastfeeding Prevalence by Equipment Issuance Report**

Printed Date: 04/04/2007

04/01/2006 - 03/31/2007

**State Totals**

	Excl BF Birth	Excl BF 3 mo	Excl BF 6 mo	Ever BF	1Wk	2Wk	3Wk	4Wk	5Wk	6Wk	2M	3M	6M	9M	12M	18M	24M
Equipment Issued	73%	25%	12%	25%	71%	62%	54%	49%	45%	41%	21%	6%	5%	1%	1%	1%	0%
Equipment Issued	252	86	41	343	244	214	186	169	155	141	71	21	18	4	4	4	0
Electric	54%	25%	12%	24%	79%	69%	60%	51%	47%	41%	22%	7%	5%	1%	1%	1%	0%
Electric	60	21	10	83	66	57	50	43	39	34	18	5	4	1	1	1	0
Electric: personal	83%	25%	12%	19%	80%	71%	63%	56%	48%	41%	20%	6%	4%	1%	1%	1%	0%
Electric: personal	54	16	8	65	52	46	41	36	31	27	13	4	3	1	1	1	0
Manual	84%	25%	12%	22%	75%	64%	59%	52%	42%	36%	16%	3%	2%	0%	0%	0%	0%
Manual	63	19	9	75	57	48	44	39	32	27	12	2	2	0	0	0	0
Pedal	59%	25%	12%	35%	74%	61%	50%	43%	39%	31%	11%	2%	1%	0%	0%	0%	0%
Pedal	75	30	14	120	89	74	60	51	46	37	14	3	1	0	0	0	0
No Equip Issued	85%	25%	12%	75%	65%	53%	41%	35%	30%	22%	9%	1%	0%	0%	0%	0%	0%
No Equip Issued	723	213	102	850	554	452	350	299	257	189	81	11	0	0	0	0	0

**Local Agency/Clinic**

**33 - New View and Community Opportunities**

	Excl BF Birth	Excl BF 3 mo	Excl BF 6 mo	Ever BF	1Wk	2Wk	3Wk	4Wk	5Wk	6Wk	2M	3M	6M	9M	12M	18M	24M
Equipment Issued	95%	25%	12%	30%	68%	58%	50%	46%	42%	38%	19%	6%	5%	1%	1%	1%	0%
Equipment Issued	44	12	6	46	30	27	23	21	19	18	9	3	2	0	0	0	0
Electric	97%	25%	12%	23%	74%	64%	56%	48%	44%	38%	21%	6%	5%	1%	1%	1%	0%
Electric	22	6	3	23	17	15	13	11	10	9	5	1	1	0	0	0	0
Electric: personal	115%	33%	18%	18%	75%	66%	59%	52%	45%	38%	19%	6%	4%	1%	1%	1%	0%
Electric: personal	12	3	1	10	7	7	6	5	4	4	2	1	0	0	0	0	0
Manual	77%	36%	20%	20%	70%	60%	55%	48%	39%	34%	15%	3%	2%	0%	0%	0%	0%
Manual	6	2	1	8	6	5	4	4	3	3	1	0	0	0	0	0	0
Pedal	71%	25%	12%	33%	69%	57%	46%	40%	36%	29%	10%	2%	1%	0%	0%	0%	0%
Pedal	4	1	1	5	3	3	2	2	2	1	1	0	0	0	0	0	0
No Equip Issued	85%	25%	12%	70%	61%	49%	38%	33%	28%	21%	9%	1%	0%	0%	0%	0%	0%
No Equip Issued	1	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0
<b>1 - Sac City</b>																	
Equipment Issued	82%	25%	12%	55%	68%	60%	52%	47%	43%	39%	20%	6%	5%	1%	1%	1%	0%
Equipment Issued	76	23	11	93	64	56	48	44	40	37	19	5	5	1	1	1	0
Electric	80%	25%	12%	23%	76%	66%	57%	49%	45%	39%	21%	6%	5%	1%	1%	1%	0%

## 4.9 Breastfeeding Prevalence by Maternal Characteristics

<b>Description</b>	This report shows multiple characteristics of the WIC mother and the infant birth weight outcome and how those characteristics may affect the breastfeeding duration of the infant/child. There are three categories of columns, Exclusively Breastfed, Ever Breastfed, and Breastfeeding Duration. A participant is counted in one column per category based on the age reached by/on their date of visit.
<b>Parameters</b>	Local Agency, Month/Year (end date of a 12 month period)
<b>Record Selection / Filtering / Calculations</b>	<p>All infants and children less than 36 months of age at the time of the parameter end date.</p> <p>Age = Based on the age of the mother at the time the breastfeeding description was recorded.</p> <p>Education = Based on the current education level of the mother.</p> <p>Work/School &gt; 10 hrs/Wk = Based on the responses in the first Breastfeeding Interview for the mother after the infant was born (InterviewPPBF.WorkIn).</p> <p>BF Experience? = Based on the responses in the first Breastfeeding Interview for the mother after the infant was born (InterviewPPBF.BFPreviousIn).</p> <p>Race/Ethnicity = Based on the current Race and Ethnicity responses for the mother.</p> <p>LBW Infant? = Based on the risk records for the infant/child. If any record is found with 141A or 141B, then LBW Infant = Yes. If no records with 141A or 141B, then LBW Infant = No.</p> <p>Excl BF Birth (number) = The number of infants and children in the selection with a Breastfeeding Description = Excl BF on any Infant Interview</p> <p>Excl BF Birth (percentage) = The Excl BF Birth (number) DIVIDED BY the total number of infants and children in the selection who have ever breastfed.</p> <p>Excl BF 3 mo (number) = The number of infants and children in the selection with a Breastfeeding Description = Excl BF at 3 months of age.</p> <p>Excl BF 3 mo (percentage) = The Excl BF 3 mo (number) DIVIDED BY the total number of infants and children in the selection who have ever breastfed.</p> <p>Excl BF 6 mo (number) = The number of infants and children in the selection with a Breastfeeding Description = Excl BF at 6 months of age.</p> <p>Excl BF 6 mo (percentage) = The Excl BF 6 mo (number) DIVIDED BY the total number of infants and children in the selection who have ever breastfed.</p>

Ever BF (number) = The number of infants and children in the selection with breastfeeding data (have interview records, but none with a Breastfeeding Description = Never).

Ever BF (percentage) = The Ever BF (number) DIVIDED BY the total number of infants and children in the selection.

Breastfeeding Duration Categories:

1Wk (number) = The number of infants and children who turned 1 week of age during the reporting period whose records show that the infant was still breastfeeding (no interview records have a Breastfeeding Description = Never or No Longer) at the time they were 1+ weeks or older.

1Wk (percentage) = The 1Wk (number) DIVIDED BY the total number of infants and children in the selection who have ever breastfed who turned 1 week of age before the end of the reporting period.

2Wk, 3Wk, 4Wk, 5Wk, 6Wk (number): Same as 1Wk (number), only that infant was at least 2+, 3+, 4+, 5+, 6+ weeks of age, respectively.

2Wk, 3Wk, 4Wk, 5Wk, 6Wk (percentage): Same as 1Wk (percentage), only that the infants and children in the selection turned 2, 3, 4, 5, and 6 weeks of age, respectively before the end of the reporting period.

2M, 3M, 6M, 9M, 12M, 18M, 24M (number): The total number of infants and children who turned 9 weeks (2 months), 13 weeks (3 months), 26 weeks (6 months), 39 weeks (9 months), 52 weeks (12 months), 78 weeks (18 months), 104 weeks (24 months) during the reporting period whose records show that the infant/child was still breastfeeding (no interview records have a Breastfeeding Description = Never or No Longer) at the respective ages.

2M, 3M, 6M, 9M, 12M, 18M, 24M (percentage): The 2M, 3M, 6M, 9M, 12M, 18M, 24M (number) DIVIDED BY the total number of infants and children in the selection who have ever breastfed who turned the respective ages.

For example, infants who turned 9 months old by/on their date of visit during date range are included in the 9+ months counts.

Mother's characteristics:

Age: 15-19 years, 20-24 years, 25-34 years, 35+ years

Education: <9 years, 9-12 years, >12 years

Work/School > 10 hrs/wk? – Yes/No

BF Experience?: Yes/No

Race/Ethnicity: White, Not Hispanic; Black, Not Hispanic; Hispanic; Am Ind/Alaskan Native; Asian/Pacific Islander; All Other

LBW Infant?: Yes/No

Row order is Ages, Education, Work/School > 10 hrs/wk?, BF

Experience?, Race/Ethnicity, LBW Infant?

This report excludes investigation family related data.

<b>Print Columns</b>	Agency Number and Name, Clinic Number and name, Characteristics (Age, Education, Work/School >10 hrs/wk?, BF Experience?, Race/Ethnicity, LBW infant?), Excl BF Birth, Excl BF 3 mo, Excl BF 6 mo, Ever BF, 1Wk, 2Wk, 3Wk, 4Wk, 5Wk, 6Wk, 2M, 3M, 6M, 9M, 12M, 18M, 24M. <b>Note:</b> The agencies and clinics listed in the header areas should be in the format <i>agency number – agency name</i> and <i>clinic number – clinic name</i> .
<b>Sort Order</b>	Local Agency/Clinic
<b>Total / Count Columns</b>	Local Agency percentage for each column Local Agency number for each column
<b>State Totals</b>	Yes (at the top of the first page) – percent and number
<b>Primary Group (page break)</b>	Local Agency
<b>Additional Group By</b>	Clinic
<b>Developer Notes</b>	The year is a rolling year (April to March, May to April) Weeks to months: 9 weeks (2 months), 13 weeks (3 months), 17 weeks (4 months), 22 weeks (5 months), 26 weeks (6 months), 39 weeks (9 months), 52 weeks (12 months), or 78 weeks (18 months), 104 weeks (24 months)

Breastfeeding Prevalence by Maternal Characteristics  
April 2006 - March 2007

Printed Date: 04/04/2007

State Totals

	Excl BF Birth	Excl BF 3 mo	Excl BF 6 mo	Ever BF	1Wk	2Wk	3Wk	4Wk	5Wk	6Wk	2M	3M	6M	9M	12M	18M	24M
<b>Age</b>																	
15-19 Years	72%	25%	12%	25%	61%	60%	58%	53%	49%	35%	28%	21%	11%	9%	4%	1%	1%
15-19 Years	120	31	15	125	77	74	72	66	61	44	35	26	13	11	4	1	1
20-24 Years	71%	25%	12%	40%	65%	63%	61%	56%	53%	39%	32%	25%	14%	12%	7%	3%	2%
20-24 Years	190	50	24	200	130	126	123	112	105	77	63	49	28	25	14	5	4
25-34 Years	64%	25%	12%	20%	68%	67%	65%	60%	56%	42%	35%	28%	18%	16%	11%	6%	5%
25-34 Years	85	25	12	100	68	67	65	60	56	42	35	28	18	16	11	6	5
35+ Years	60%	25%	12%	15%	72%	70%	68%	63%	60%	46%	39%	32%	21%	19%	14%	10%	9%
35+ Years	60	19	9	75	54	53	51	47	45	34	29	24	16	14	11	7	7
<b>Education</b>																	
< 9 Years	67%	25%	12%	15%	61%	60%	58%	53%	49%	35%	28%	21%	11%	9%	4%	1%	1%
< 9 Years	67	19	9	75	46	45	43	39	37	26	21	16	8	7	3	1	0
9-12 Years	64%	25%	12%	20%	65%	63%	61%	56%	53%	39%	32%	25%	14%	12%	7%	3%	2%
9-12 Years	85	25	12	100	65	63	61	56	53	39	32	25	14	12	7	3	2
> 12 Years	73%	25%	12%	65%	72%	70%	68%	63%	60%	46%	39%	32%	21%	19%	14%	10%	9%
> 12 Years	315	81	39	325	233	228	222	205	193	148	125	102	68	63	46	31	29
<b>Work/School &gt; 10 hrs/wk?</b>																	
Yes	71%	25%	12%	41%	61%	60%	58%	53%	49%	35%	28%	21%	11%	9%	4%	1%	1%
Yes	195	51	25	205	126	122	118	108	100	72	57	43	22	18	7	1	1
No	70%	25%	12%	47%	72%	70%	68%	63%	60%	46%	39%	32%	21%	19%	14%	10%	9%
No	220	59	28	235	169	165	160	148	140	107	90	74	49	45	33	23	21
<b>BF Experience?</b>																	
Yes	71%	25%	12%	55%	70%	68%	66%	61%	58%	44%	37%	31%	20%	19%	14%	9%	9%
Yes	260	69	33	275	192	187	182	168	159	122	103	84	56	51	37	26	24
No	62%	25%	12%	45%	60%	58%	56%	51%	48%	34%	27%	20%	10%	9%	3%	1%	1%
No	185	56	27	225	134	130	126	115	107	77	61	46	23	19	8	2	1
<b>Race/Ethnicity</b>																	
White, Not Hispanic	71%	25%	12%	65%	63%	61%	60%	54%	51%	37%	31%	24%	14%	12%	7%	3%	2%
White, Not Hispanic	140	37	18	147	92	90	87	80	75	55	45	35	20	17	10	4	3
Black, Not Hispanic	62%	25%	12%	48%	46%	44%	43%	37%	34%	20%	14%	7%	7%	5%	2%	0%	0%
Black, Not Hispanic	70	21	10	85	39	38	36	32	29	17	12	6	6	4	1	0	0
Hispanic	72%	25%	12%	14%	13%	13%	12%	11%	10%	9%	7%	3%	2%	2%	1%	1%	0%
Hispanic	125	33	16	130	17	17	15	14	13	11	9	4	2	2	2	1	0

Breastfeeding Prevalence by Maternal Characteristics

Printed Date: 04/04/2007

April 2006 - March 2007

	Excl BF Birth	Excl BF 3 mo	Excl BF 6 mo	Ever BF	1Wk	2Wk	3Wk	4Wk	5Wk	6Wk	2M	3M	6M	9M	12M	18M	24M
Am Ind/Alaskan Native	50%	25%	12%	10%	10%	9%	9%	8%	7%	5%	3%	2%	1%	1%	0%	0%	0%
Am Ind/Alaskan Native	10	4	2	15	1	1	1	1	1	1	1	0	0	0	0	0	0
Asian/Pacific Islander	59%	25%	12%	7%	8%	8%	5%	4%	3%	2%	2%	1%	1%	0%	0%	0%	0%
Asian/Pacific Islander	30	10	5	38	2	2	2	2	1	1	1	0	0	0	0	0	0
All Other	71%	25%	12%	3%	3%	3%	2%	1%	1%	0%	0%	0%	0%	0%	0%	0%	0%
All Other	80	21	10	85	3	2	1	1	0	0	0	0	0	0	0	0	0
LBW Infant?																	
Yes	62%	25%	12%	34%	3%	3%	2%	1%	1%	0%	0%	0%	0%	0%	0%	0%	0%
Yes	140	43	20	170	5	4	3	1	1	1	0	0	0	0	0	0	0
No	72%	25%	12%	66%	72%	70%	68%	63%	60%	46%	39%	32%	21%	19%	14%	10%	9%
No	315	83	40	330	237	231	225	208	196	150	127	104	69	64	46	32	30

Local Agency/Clinic

33 - New View and Community Opportunities

1 - Sac City

	Excl BF Birth	Excl BF 3 mo	Excl BF 6 mo	Ever BF	1Wk	2Wk	3Wk	4Wk	5Wk	6Wk	2M	3M	6M	9M	12M	18M	24M
Age																	
15-19 Years	50%	25%	8%	60%	58%	57%	55%	50%	47%	33%	27%	20%	10%	8%	3%	1%	1%
15-19 Years	1500	750	250	1800	1750	1700	1650	1500	1400	1000	800	600	300	250	100	20	17
20-24 Years	60%	28%	12%	63%	62%	60%	58%	53%	50%	37%	30%	23%	13%	12%	7%	3%	2%
20-24 Years	1800	850	350	1900	1850	1800	1750	1600	1500	1100	900	700	400	350	200	75	57
25-34 Years	63%	32%	15%	67%	65%	63%	62%	57%	53%	40%	33%	27%	17%	15%	10%	6%	5%
25-34 Years	1900	950	450	2000	1950	1900	1850	1700	1600	1200	1000	800	500	450	300	175	157
35+ Years	67%	35%	18%	70%	68%	67%	65%	60%	57%	43%	37%	30%	20%	18%	13%	9%	9%
35+ Years	2000	1050	550	2100	2050	2000	1950	1800	1700	1300	1100	900	600	550	400	275	257

Breastfeeding Prevalence by Maternal Characteristics

Printed Date : 04/04/2007

April 2006 - March 2007

	Excl BF Birth	Excl BF 3 mo	Excl BF 6 mo	Ever BF	1Wk	2Wk	3Wk	4Wk	5Wk	6Wk	2M	3M	6M	9M	12M	18M	24M
<b>Education</b>																	
< 9 Years	50%	25%	8%	60%	58%	57%	55%	50%	47%	33%	27%	20%	10%	8%	3%	1%	1%
< 9 Years	1500	750	250	1800	1750	1700	1650	1500	1400	1000	800	600	300	250	100	20	17
9-12 Years	60%	28%	12%	63%	62%	60%	58%	53%	50%	37%	30%	23%	13%	12%	7%	3%	2%
9-12 Years	1800	850	350	1900	1850	1800	1750	1600	1500	1100	900	700	400	350	200	75	57
> 12 Years	67%	35%	18%	70%	68%	67%	65%	60%	57%	43%	37%	30%	20%	18%	13%	9%	9%
> 12 Years	2000	1050	550	2100	2050	2000	1950	1800	1700	1300	1100	900	600	550	400	275	257
<b>Work/School &gt; 10 hrs/wk?</b>																	
Yes	50%	25%	8%	60%	58%	57%	55%	50%	47%	33%	27%	20%	10%	8%	3%	1%	1%
Yes	1500	750	250	1800	1750	1700	1650	1500	1400	1000	800	600	300	250	100	20	17
No	67%	35%	18%	70%	68%	67%	65%	60%	57%	43%	37%	30%	20%	18%	13%	9%	9%
No	2000	1050	550	2100	2050	2000	1950	1800	1700	1300	1100	900	600	550	400	275	257
<b>BF Experience?</b>																	
Yes	67%	35%	18%	70%	68%	67%	65%	60%	57%	43%	37%	30%	20%	18%	13%	9%	9%
Yes	2000	1050	550	2100	2050	2000	1950	1800	1700	1300	1100	900	600	550	400	275	257
No	50%	25%	8%	60%	58%	57%	55%	50%	47%	33%	27%	20%	10%	8%	3%	1%	1%
No	1500	750	250	1800	1750	1700	1650	1500	1400	1000	800	600	300	250	100	20	17
<b>Race/Ethnicity</b>																	
White, Not Hispanic	60%	28%	12%	63%	62%	60%	58%	53%	50%	37%	30%	23%	13%	12%	7%	3%	2%
White, Not Hispanic	1800	850	350	1900	1850	1800	1750	1600	1500	1100	900	700	400	350	200	75	57
Black, Not Hispanic	43%	12%	10%	47%	45%	43%	42%	37%	33%	20%	13%	7%	7%	5%	2%	0%	0%
Black, Not Hispanic	1300	350	300	1400	1350	1300	1250	1100	1000	600	400	200	200	150	50	0	0
Hispanic	10%	5%	2%	13%	13%	13%	12%	11%	10%	8%	7%	3%	2%	2%	1%	1%	0%
Hispanic	300	150	50	400	387	375	350	325	300	250	200	100	50	45	40	25	0
Am Ind/Alaskan Native	7%	3%	1%	10%	10%	9%	8%	8%	7%	5%	3%	2%	1%	1%	0%	0%	0%
Am Ind/Alaskan Native	200	75	25	300	287	275	250	225	200	150	100	50	25	17	10	0	0
Asian/Pacific Islander	3%	1%	0%	7%	6%	6%	5%	4%	3%	2%	2%	1%	1%	0%	0%	0%	0%
Asian/Pacific Islander	100	37	12	200	187	175	150	125	100	50	45	25	17	10	0	0	0
All Other	2%	1%	0%	3%	3%	3%	2%	1%	1%	0%	0%	0%	0%	0%	0%	0%	0%
All Other	50	20	6	100	87	75	50	25	17	10	5	3	0	0	0	0	0
<b>LBW Infant?</b>																	
Yes	2%	1%	0%	3%	3%	3%	2%	1%	1%	0%	0%	0%	0%	0%	0%	0%	0%
Yes	50	20	6	100	87	75	50	25	17	10	5	3	0	0	0	0	0
No	67%	35%	18%	70%	68%	67%	65%	60%	57%	43%	37%	30%	20%	18%	13%	9%	9%
No	2000	1050	550	2100	2050	2000	1950	1800	1700	1300	1100	900	600	550	400	275	257

## 4.10 Exclusively Breastfeeding and Formula Issuance Report

<b>Description</b>	This report is used to look at trend data for exclusively and primarily exclusive breastfed infants. This report shows when these infants (exclusively breastfed, primarily exclusive breastfed with no formula package, and primarily exclusive breastfed with complementary foods) began to receive powdered formula and the quantity of formula provided by month.
<b>Parameters</b>	Single month and year selection (this will be the last month of a 12 month reporting period) , Local Agency
<b>Record Selection / Filtering / Calculations</b>	<p>All infants with Breastfeeding Description=EXCL, PRIM, or COMP at first WIC visit.</p> <p>For date range, were these infants issued powdered WIC formula and if so, how much and starting in which month.</p> <p>Rows are the number of cans of powdered formula issued: 0, 1, 2, 3, 4, 5, 6, 7, 8, 9</p> <p>Calculation: Percentage of infants (with EXCL, PRIM or COMP at first WIC visit) that were issued powdered formula by month of age and recorded by number of cans</p> <p>This report excludes investigation family related data.</p>
<b>Print Columns</b>	<p>Local Agency/Clinic header, Cans, Age in months when first formula issued</p> <p>&lt;1 month, 1 month, 2 months, 3 months, 4 months, 5 months, 6 months, 7 months, 8 months, 9 months, 10 months, 11 months, 12 months</p> <p><b>Note:</b> The agencies and clinics listed in the header areas should be in the format <i>agency number – agency name</i> and <i>clinic number – clinic name</i>.</p>
<b>Sort Order</b>	Number of Cans of formula
<b>Total / Count Columns</b>	No
<b>State Totals</b>	Yes
<b>Primary Group (page break)</b>	Local Agency
<b>Additional Group By</b>	Clinic
<b>Developer Notes</b>	BF Description based on InterviewInfant.BFActionCd = EXCL, PRIM, COMP

Powdered formula based on Product.FormulaTypeCd = Powder

Exclusively Breastfeeding and Formula Issuance Report

Printed Date: 04/04/2007

04/01/2006 - 03/31/2007

State Totals	Cans	< 1 Month	1 Month	2 Months	3 Months	4 Months	5 Months	6 Months	7 Months	8 Months	9 Months	10 Months	11 Months	12 Months
1 Can	4.35%	6.10%	10.48%	24.24%	27.27%	20.16%	9.06%	5.07%	4.59%	2.16%	1.06%	0.00%	0.00%	
2 Cans	1.97%	3.15%	5.16%	13.56%	14.85%	13.03%	10.66%	18.55%	16.45%	14.13%	10.10%	1.15%	0.00%	
3 Cans	0.00%	2.13%	2.17%	5.69%	6.59%	7.02%	7.77%	12.36%	14.26%	15.46%	16.23%	14.19%	17.98%	
4 Cans	0.00%	2.03%	1.26%	2.22%	3.19%	5.19%	9.68%	12.59%	13.21%	16.00%	17.48%	16.49%	18.97%	
5 Cans	0.00%	0.00%	1.27%	2.01%	2.26%	4.99%	8.55%	10.42%	12.11%	14.57%	14.14%	16.48%	19.99%	
6 Cans	0.00%	0.00%	0.00%	1.06%	1.65%	3.99%	11.10%	8.46%	10.98%	10.26%	13.15%	17.44%	16.97%	
7 Cans	0.00%	0.00%	0.00%	0.23%	1.03%	3.56%	9.99%	7.77%	7.49%	9.11%	12.11%	13.67%	15.46%	
8 Cans	0.00%	0.00%	0.00%	0.00%	1.17%	2.74%	7.45%	6.35%	6.87%	7.16%	11.49%	14.77%	7.77%	
9 Cans	0.00%	0.00%	0.00%	0.00%	0.00%	2.16%	5.85%	5.84%	4.56%	3.37%	4.24%	5.81%	2.86%	

Local Agency/Clinic	Cans	< 1 Month	1 Month	2 Months	3 Months	4 Months	5 Months	6 Months	7 Months	8 Months	9 Months	10 Months	11 Months	12 Months
31 - Broadlawns WIC Office, River Plaza														
1 - River Plaza														
1 Can	5.26%	6.98%	10.27%	23.76%	26.72%	19.76%	8.88%	4.97%	4.50%	2.12%	1.04%	0.00%	0.00%	
2 Cans	2.93%	4.09%	6.06%	13.29%	14.36%	12.77%	10.45%	18.18%	16.12%	13.85%	9.90%	1.13%	0.00%	
3 Cans	0.00%	2.09%	3.07%	5.58%	6.46%	6.88%	7.61%	12.11%	13.97%	15.15%	15.91%	13.91%	17.62%	
4 Cans	0.00%	1.99%	1.23%	2.18%	3.13%	6.09%	9.49%	12.34%	12.95%	15.68%	17.13%	16.16%	18.59%	
5 Cans	0.00%	0.00%	1.30%	3.05%	2.81%	5.39%	8.72%	10.63%	12.35%	14.86%	14.42%	16.81%	20.39%	
6 Cans	0.00%	0.00%	0.00%	1.58%	2.43%	4.07%	11.32%	8.63%	11.20%	10.47%	13.41%	17.79%	17.31%	
7 Cans	0.00%	0.00%	0.00%	0.60%	1.55%	3.63%	10.19%	7.93%	7.64%	9.29%	12.35%	13.94%	15.77%	
8 Cans	0.00%	0.00%	0.00%	0.00%	1.19%	2.79%	7.88%	6.92%	7.33%	7.30%	11.72%	15.07%	7.93%	
9 Cans	0.00%	0.00%	0.00%	0.00%	0.00%	2.20%	5.97%	5.96%	4.65%	3.66%	4.12%	5.20%	2.40%	

## 4.11 Formula First Introduced Report

<b>Description</b>	This is a trend analysis report to see when formula was first introduced to an infant.
<b>Parameters</b>	Month/Year (provides the last month of a 12 month period)
<b>Record Selection / Filtering / Calculations</b>	<p>Infants who indicate that they have had formula introduced DIVIDED BY total infants who attained the designated age in the selection.</p> <p>The Formula Started Date .</p> <p>Calculation is by percent of total infants.</p> <p>Total infants = all infants with a WIC status of Active + those with a WIC status of Terminated with a CertificationTermination.EffectiveDt in the month data is compiled</p> <p>This report excludes investigation family related data.</p>
<b>Print Columns</b>	<p>Agency/Clinic header, Ages in months: 1 week, 2 weeks, 3 weeks, 1 month, 2 months, 3 months, 4 months, 5 months, 6 months</p> <p><b>Note:</b> The agencies and clinics listed in the header areas should be in the format <i>agency number – agency name</i> and <i>clinic number – clinic name</i>.</p>
<b>Sort Order</b>	Local Agency, Clinic
<b>Total / Count Columns</b>	Local Agency percentage and number for each column
<b>State Totals</b>	Yes (at the top of the first page) – percent and number
<b>Primary Group (page break)</b>	Local Agency
<b>Additional Group By</b>	Clinic
<b>Developer Notes</b>	<p>Infants = ParticipantType.ParticipantTypeCD = Infant</p> <p>DOB = Participant.BirthDt</p> <p>Started Date = DOB</p> <p>BF Description = InterviewInfant .BFActionCd = Prim Excl BF, Excl / Comp, Part BF, No Longer BF, or Never BF</p> <p>Powdered formula based on Product.FormulaTypeCd = Powder</p>

Formula First Introduced Report  
04/01/2006 - 03/31/2007

Printed Date: 04/04/2007

State Total	1 Week	2 Weeks	3 Weeks	1 Month	2 Months	3 Months	4 Months	5 Months	6 Months
	27.46%	32.41%	43.75%	67.81%	84.76%	91.97%	92.43%	92.89%	93.35%
	206	264	356	552	666	808	832	863	881

Local Agency/Clinic	1 Week	2 Weeks	3 Weeks	1 Month	2 Months	3 Months	4 Months	5 Months	6 Months
31 - Broadlawns WIC Office, River Plaza	22.89%	29.29%	39.55%	61.30%	76.62%	95.78%	96.26%	96.74%	97.22%
	103	132	178	276	345	431	435	440	444
1 - River Plaza	20.18%	25.83%	34.87%	54.05%	67.56%	84.45%	84.86%	93.79%	94.26%
	35	45	60	94	117	146	147	163	163
42 - Ankeny	15.23%	19.49%	26.32%	40.79%	50.99%	63.74%	79.67%	88.04%	97.28%
	16	20	28	43	54	67	84	92	102
52 - Altoona	22.23%	28.45%	38.41%	59.54%	74.43%	93.03%	93.50%	93.97%	94.44%
	8	10	14	21	27	33	34	34	34
71 - West Des Moines	32.59%	41.72%	56.32%	87.29%	91.65%	96.24%	96.72%	97.20%	97.69%
	32	41	55	86	90	94	95	95	96
81 - Lutheran	24.20%	30.96%	41.82%	64.82%	68.06%	85.07%	89.33%	93.79%	98.48%
	12	15	21	32	34	35	37	39	41

## 4.12 Reason Ceased Breastfeeding Report

<b>Description</b>	This report is used to review "breastfed ever" infants and children, the age at which they stopped breastfeeding, and the listed by ceased reason.
<b>Parameters</b>	Local Agency, Date Range
<b>Record Selection / Filtering / Calculations</b>	All infants and children who stopped breastfeeding (BF Status = No Longer BF) in this period. Use Breastfeeding Ceased Reason. This report excludes investigation family related data.
<b>Print Columns</b>	Total participants lists Number that stopped after week 1 of age Number that stopped after week 2 of age Number that stopped after week 3 of age Number that stopped after month 1 of age Number that stopped after month 2 of age Number that stopped after month 3 of age Number that stopped after month 4 of age Number that stopped after month 5 of age Number that stopped after month 6 of age Number that stopped after month 9 of age Number that stopped after month 12 of age Number that stopped after month 18 of age Number that stopped after month 24 of age <b>Note:</b> The agencies and clinics listed in the header areas should be in the format <i>agency number – agency name</i> and <i>clinic number – clinic name</i> .
<b>Sort Order</b>	Local Agency, Clinic
<b>Total / Count Columns</b>	Local Agency total for each column
<b>State Totals</b>	By Ceased Reason (at the top of the first page)
<b>Primary Group (page break)</b>	Local Agency
<b>Additional Group By</b>	Clinic

**Developer  
Comments**

Reason Ceased Breastfeeding Report  
01/01/2007 - 03/31/2007

Printed Date: 06/05/2007

State Totals	Total	1 Wk	2 Wks	3 Wks	1 Mo	2 Mos	3 Mos	4 Mos	5 Mos	6 Mos	9 Mos	12 Mos	18 Mos	24 Mos
Anxiety over milk supply	81	2	2	1	14	20	18	12	1	3	4	4	0	0
Baby weaned self	32	0	0	1	7	1	0	4	2	1	5	2	6	3
Back to work/school	20	0	0	0	3	3	4	3	0	3	1	2	0	1
Didn't enjoy it	17	1	0	1	10	0	1	1	1	1	1	0	0	0
Embarrassment	1	0	1	0	0	0	0	0	0	0	0	0	0	0
Had teeth/biting	4	0	0	0	0	0	0	0	0	0	2	1	1	0
Infant complication	20	1	1	0	10	3	1	2	0	1	1	0	0	0
Maternal complication	40	1	0	1	16	0	8	5	1	3	3	1	1	0
No support from family/ friends	3	0	1	0	0	0	1	1	0	0	0	0	0	0
Other	30	1	1	1	8	2	2	3	0	1	4	3	3	1
Planned to wean at this time	53	0	1	0	6	2	4	2	2	4	9	11	10	2
Too busy / didn't fit my lifestyle	3	0	1	0	1	0	0	0	1	0	0	0	0	0

Agency/Clinic	Total	1 Wk	2 Wks	3 Wks	1 Mo	2 Mos	3 Mos	4 Mos	5 Mos	6 Mos	9 Mos	12 Mos	18 Mos	24 Mos
1 - AgencyNumberOne	137	2	2	2	29	14	16	14	2	7	11	9	8	3
1 - ClinicNumberOne	103	2	2	2	26	11	13	11	2	6	10	8	7	2
Anxiety over milk supply	28	1	1	0	5	7	6	4	0	1	1	1	0	0
Baby weaned self	11	0	0	0	2	0	0	1	1	0	2	1	2	1
Back to work/school	7	0	0	0	1	1	1	1	0	1	0	1	0	0
Didn't enjoy it	6	0	0	0	4	0	0	0	0	0	0	0	0	0
Infant complication	7	0	0	0	4	1	0	1	0	0	0	0	0	0
Maternal complication	14	0	0	0	6	0	3	2	0	1	1	0	0	0
Other	11	0	0	0	3	1	1	1	0	0	1	1	1	0
Planned to wean at this time	19	0	0	0	2	1	1	1	1	1	3	4	4	1
2 - ClinicNumberTwo	8	0	0	0	1	2	2	1	0	0	0	0	0	0
Anxiety over milk supply	8	0	0	0	1	2	2	1	0	0	0	0	0	0
3 - ClinicNumberThree	26	0	0	0	2	1	1	2	0	1	1	1	1	1
Anxiety over milk supply	16	0	0	0	0	0	0	0	0	0	0	0	0	0
Baby weaned self	6	0	0	0	1	0	0	1	0	0	1	0	1	1
Back to work/school	4	0	0	0	1	1	1	1	0	1	0	0	0	0

## 5 Client Services Reports

### 5.1 Disqualified Participants Report

<b>Description</b>	This report is provided to community partner programs such as Commodity Foods so that the partner programs can ensure that the disqualified participant is also not participating in their program.
<b>Parameters</b>	Local Agency, Date Range
<b>Record Selection / Filtering / Calculations</b>	All participants with a WIC Status=Disqualified for time period. Reason_is the Violation Type that led to the sanction of disqualification. This report excludes investigation family related data.
<b>Print Columns</b>	Agency/Clinic header, Participant Name, Person ID, Disqualified Dt, End Dt, Reason, Endorser Name  Note: The agencies and clinics listed in the header areas should be in the format <i>agency number – agency name</i> and <i>clinic number – clinic name</i> .
<b>Sort Order</b>	Participant Last Name
<b>Total / Count Columns</b>	NA
<b>State Totals</b>	NA
<b>Primary Group (page break)</b>	Local Agency
<b>Additional Group By</b>	Clinic
<b>Developer Notes</b>	Display Participant Name as FamilyMember.FirstName + FamilyMember.MiddleName + FamilyMember.LastName + FamilyMember.LastNameSuffix. Person ID = FamilyMember.FFMemberID Disqualified Dt = ParticipantSanction.StartDt End Dt = ParticipantSanction.EndDt Disqualified = WIC Status = Disqualified Reason = ParticipantViolation.ViolationTypeCd (Use the ParticipantViolation.ViolationTypeCd with a date equal to the ParticipantSanction.StartDt or the most recent date recorded prior to the sanction.) Display Endorser as FamilyMember.FirstName + FamilyMember.MiddleName + FamilyMember.LastName +

FamilyMember.LastNameSuffix when FamilyMember.ParentGuardianIn = "Y"

Disqualified Participants Report  
03/01/2006 - 03/31/2007

Printed Date: 04/04/2007

Local Agency/Clinic	Participant Name	Person ID	Disqualified Dt	End Dt	Reason	Endorser Name
31 Broadlawns WIC Office, River Plaza						
1 River Plaza	Brenda Allingham	123456	03/15/2007	04/15/2007	Altering a food instrument	Brenda Allingham
	Regina Fields	456789	03/02/2007	05/02/2007	Purchase of unauthorized food	Debra Wallace
	Matthew Heard	145698	03/22/2007	04/22/2007	Cashing FI after last valid date	Alice Anderson
42 Ankeny	David Barron	456478	03/09/2007	04/09/2007	Purchase of unauthorized food	Sally O'Malley
	Maya Coleman	989877	03/04/2007	04/04/2007	Threat of physical abuse of staff	Maya Coleman

Page 1 of 1

Rev: 07/08/2006

## 5.2 Immunization Report

<b>Description</b>	<p>This report lists the participants who are not up to date on the DTaP shots at the time of the health and nutrition assessment.</p> <p>Note: The counts are dependent on the answer supplied for the number of DTaP shots on the infant and child interviews.</p>
<b>Parameters</b>	Local Agency, Date Range
<b>Record Selection / Filtering / Calculations</b>	<p>From Infant &amp; Child Interviews:</p> <p>All infants or children that were not up to date on their DTaP shots for their age at the time of certification.</p> <p>This report excludes investigation family related data.</p>
<b>Print Columns</b>	<p>Agency/Clinic header, Person ID, Participant Name, Age, # DTaP Shots, Phone Number</p> <p>Note: The agencies and clinics listed in the header areas should be in the format <i>agency number – agency name</i> and <i>clinic number – clinic name</i>.</p>
<b>Sort Order</b>	Local Agency, Participant Name
<b>Total / Count Columns</b>	Yes
<b>State Totals</b>	Yes
<b>Primary Group (page break)</b>	Local Agency, Clinic
<b>Developer Notes</b>	<p>Person ID = Participant.ID</p> <p>Display Participant Name as FamilyMember.FirstName + FamilyMember.MiddleName + FamilyMember.LastName + FamilyMember.LastNameSuffix.</p> <p>Age based on Participant.BirthDt (display in months)</p> <p>#DTaP Shots = InterviewInfant.DTapNr and InterviewChild.DtaPNr</p> <p>Phone Number = BenefitFamily.HomePhoneAreaCd + BenefitFamily.HomePhoneNr, Display as (999) 999-9999</p> <p>Note: If BenefitFamily.DoNotCallIn = Yes, then display "Do Not Call" instead of the phone number.</p> <p>Up to date is based on the interview answer compared to the following system parameters: ClinicServices.DTaPCompletionAge1st, ClinicServices.DTaPCompletionAge2nd, ClinicServices.DTaPCompletionAge3rd, ClinicServices.DTaPCompletionAge4th, and ClinicServices.DTaPTotal.</p>

Data Effective: 6/4/2007

**Immunization Report**  
5/1/2007 - 5/31/2007

Print Date: 6/5/2007

State Total Participants Not Up to Date: 1,598					
Agency/Clinic	Person ID	Participant Name	Age	# DTaP Shots	Phone Number
1 - AgencyNumberOne		Agency Total Participants Not Up to Date: 6			
1 - ClinicOne		Clinic Total Participants Not Up to Date: 4			
	123456	Jamie Adams	28 months	2	(303) 555-8765
	445445	Elliot Bronson	3 months	0	(303) 555-4456
	778778	Jessica Powell	46 months	2	(303) 555-2390
	662445	Alysha Zell	5 months	1	(303) 555-7823
2 - ClinicTwo		Clinic Total Participants Not Up to Date: 2			
	554554	Sasha Larson	8 months	1	(303) 555-9988
	338338	Daniel Robinson	37 months	1	(303) 555-1155

### 5.3 Outreach Report

<b>Description</b>	This report is used by local agencies to share WIC information with other agencies to support their outreach to people in need. The report has participant name, DOB, endorser name, address, and telephone number. The distribution of this information should only be to programs that the state has a Memorandum of Agreement in place (listed on the Rights and Responsibilities document). The distribution is controlled by policy adherence, not the system.
<b>Parameters</b>	Local Agency, Clinic
<b>Record Selection / Filtering / Calculations</b>	All participants with a WIC Status = Active. This report excludes investigation family related data.
<b>Print Columns</b>	Local Agency header, Clinic header, Participant Name, Endorser Name, Phone Number, Alternate Phone, Birth Date, Category, Address Note: The agencies and clinics listed in the header areas should be in the format <i>agency number – agency name</i> and <i>clinic number – clinic name</i> .
<b>Sort Order</b>	Local Agency, Clinic, Endorser Last Name
<b>Total / Count Columns</b>	N/A
<b>State Totals</b>	No
<b>Primary Group (page break)</b>	Clinic
<b>Additional Group By</b>	N/A
<b>Developer Notes</b>	Local Agency = LocalAgency.FFLocalAgencyID dash LocalAgency Name. Clinic = Clinic.FFClinicID dash Clinic.Name Display Participant Name as FamilyMember.FirstName + FamilyMember.MiddleName + FamilyMember.LastName + FamilyMember.LastNameSuffix. Display Endorser as FamilyMember.FirstName + FamilyMember.MiddleName + FamilyMember.LastName + FamilyMember.LastNameSuffix when FamilyMember.ParentGuardianIn = "Y" Utilize the system parameter ClinicServices.HeadofHouseholdLabelToUse to create the Endorser Name column heading. If no record is found, set the column heading to "Endorser Name".

Phone Number = BenefitFamily.HomePhoneAreaCd +  
BenefitFamily.HomePhoneNr, Display as (999) 999-9999

Alternate Phone = BenefitFamily.AltPhoneAreaCd

Note: If BenefitFamily.DoNotCallIn = Yes, then display "Do Not Call"  
instead of the phone number or alternate phone number.

BenefitFamily.AltPhoneNr, Display as (999) 999-9999

Birth Date = Participant.BirthDt

Category = ParticipantType.ParticipantTypeCD

Address = FamilyAddress.StreetAddrLine1, StreetAddrLine2, Apartment,  
POBox, City, State, ZipCode, ZipPlus4


31. Broadlawns WIC Office, River Plaza							Print Date: 03/04/2008
Clinic	Participant Name	Endorser Name	Phone Number	Alternate Phone	Birth Date	Category	Address
52 Altoona	Rhylan A. Agan	Abbie Agan	(515) - 555-4020	(515) - 555-0086	08/09/2004	Child	720 8th St Se Apart 102 Altoona, IA 50009
	Yusef Alrobei	Ghazale Aoun	(515) - 555-9737		02/23/2002	Child	908 8th St. Sw #1 Altoona, IA 50009
	Talal T Alrobei	Ghazale Aoun	(515) - 555-9737		11/08/2003	Child	908 8th St. Sw #1 Altoona, IA 50009
	James A Bacon	Alexandra K. Bacon	(515) - 555-1420	(515) - 555-8247	02/02/2006	Infant	407 4th St NE Apart #8 Mitchellville, IA 50169
	Rashell Ball	Rashell Ball	(515) - 555-4195		06/16/1987	Pregnant	600 1st Av S Altoona, IA 50009
	Kiefer Churchill	Wendy Churchill	(515) - 555-4465		07/05/2006	Infant	1003 Greenway Ct Altoona, IA 50009
	Wendy Churchill	Wendy Churchill	(515) - 555-4465		06/02/1976	Not Breastfeeding	1003 Greenway Ct Altoona, IA 50009
	Carol E Cisneros	Carol E Cisneros	(515) - 555-7249		12/24/1962	Breastfeeding	405 11th St SE Bondurant, IA 50035
	Ehan Clater	Echo Clater	(515) - 555-7894		12/13/2006	Infant	608 8th St Pl Se Altoona, IA 50009
	Echo Clater	Echo Clater	(515) - 555-7894		10/23/1979	Not Breastfeeding	608 8th St Pl Se Altoona, IA 50009
	Tyler D Cox	Rachel Cox	(515) - 555-9690		07/02/2006	Infant	601 2nd St SE Bondurant, IA 50035
	Ricky Danner	Brockett L Danner	(515) - 555-3966		12/18/2004	Child	813 10th St NW Altoona, IA 50009
	Reese Danner	Brockett L Danner	(515) - 555-3966		12/12/2005	Child	813 10th St NW Altoona, IA 50009

## 5.4 Referral Detail Report

<b>Description</b>	This report supports the analysis of outreach and referral program effectiveness by reporting the number of referrals from each organization to WIC and the number of participants referred from WIC to each organization type.
<b>Parameters</b>	Local Agency, Clinic, Date Range, Organization Type, Organization
<b>Record Selection / Filtering / Calculations</b>	<p>Count To = All "Referred To" family or participant referral to an organization type in the date range. Use the associated referral record date.</p> <p>(ParticipantReferral.TypeCd + FamilyReferral.TypeCd)</p> <p>Count From = All "Referred To WIC by" organizations within an organization type in the date range. BenefitFamily.ReferralSrcCd, use the Application Date to determine if in date range.</p> <p>Do not print or count Organization Type of "Unknown".</p> <p>Show a clear break between Referrals <u>To</u> columns and Referrals <u>From</u> columns.</p> <p>Report lists referrals for the date range. The report does not accumulate for the fiscal year.</p> <p>If Family Referral, display "Family Referral" in Participant Name column.</p> <p>This report excludes investigation family related data.</p>
<b>Print Columns</b>	<p>Agency/Clinic header, Count, From/To, Organization Type, Organization Name, Participant Name, Family ID</p> <p>Note: The agencies and clinics listed in the header areas should be in the format <i>agency number – agency name</i> and <i>clinic number – clinic name</i>.</p>
<b>Sort Order</b>	Local Agency, Clinic, Organization Type, Participant Last Name
<b>Total / Count Columns</b>	No
<b>State Totals</b>	No
<b>Primary Group (page break)</b>	Local Agency
<b>Additional Group By</b>	Clinic, Organization Type
<b>Developer Notes</b>	<p>"To" (another organization referred To WIC) Organization Name = BenefitFamily.RefOrg_ID</p> <p>"From" (referred to another organization from WIC) Organization Type</p>

= ParticipantReferral.Org\_ID and FamilyReferral.Org\_ID  
 Application Date = Application.ApplicationDt  
 Family referral dates = FamilyReferral.RecordedDt  
 Participant referral dates = ParticipantReferral.RecordedDt  
 Display Participant Name as FamilyMember.FirstName +  
 FamilyMember.MiddleName + FamilyMember.LastName +  
 FamilyMember.LastNameSuffix.  
 Family ID = FamilyMember.FFMemberID

Referral Detail Report Date Printed: 04/05/2007  
 03/01/2007 - 03/31/2007



Local Agency/Clinic	Count	From/To	Organization Type	Organization Name	Participant Name	Family ID
48 West Central Development Corporation						
3 Onawa	4	To	Child Health	Monona County Public Health	Jane Alexander David Johnson Family Referral	123456 120212 102645
				Women First Clinic	Claire Stevens	456451
	3	From	Community groups		Sasha Davidson Family Referral Family Referral	546412 443322 121212
	2	From	Friend/Family		Anne Watson Robert Zink	897234 456456
4 Mapleton	1	From	Community groups		Rachel Robinson	454745
	2	From	Health Provider	Montgomery County Public Health	Matthew Cohen Randall Smith	411234 778998
	8	From	Friend/Family		Miranda Ashe Zoe Bernard Justin Gage Felicity Harris Meghan Kirk Lily Landers Donald Sutton Allen Tate	445445 112112 336336 778778 998998 664664 557557 226226

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## 5.5 Referral Summary Report

<b>Description</b>	This report supports the analysis of outreach and referral program effectiveness by reporting the number of referrals from each organization to WIC and the number of participants referred from WIC to each organization type.
<b>Parameters</b>	Local Agency, Date Range, Organization Type
<b>Record Selection / Filtering / Calculations</b>	<p>Count To = All "Referred To" family or participant referral to an organization type in the date range. Use the associated referral record date.</p> <p>(ParticipantReferral.TypeCd + FamilyReferral.TypeCd)</p> <p>Count From = All "Referred To WIC by" organizations within an organization type in the date range. BenefitFamily.ReferralSrcCd, use the Application Date to determine if in date range.</p> <p>Do not print or count Organization Type of "Unknown".</p> <p>Show a clear break between Referrals <u>To</u> columns and Referrals <u>From</u> columns.</p> <p>Report lists referrals for the date range. The report does not accumulate for the fiscal year.</p> <p>This report excludes investigation family related data.</p>
<b>Print Columns</b>	<p>Agency/Clinic header, Count, From/To, Organization Type, Organization Name</p> <p><b>Note:</b> The agencies and clinics listed in the header areas should be in the format <i>agency number – agency name</i> and <i>clinic number – clinic name</i>.</p>
<b>Sort Order</b>	Local Agency, Clinic
<b>Total / Count Columns</b>	No
<b>State Totals</b>	No
<b>Primary Group (page break)</b>	Local Agency
<b>Additional Group By</b>	Clinic, Organization Type
<b>Developer Comment</b>	<p>"To" (another organization referred To WIC) Organization Name = BenefitFamily.RefOrg_ID</p> <p>"From" (referred to another organization from WIC) Organization Type = ParticipantReferral.Org_ID and FamilyReferral.Org_ID</p>

Application Date = Application.ApplicationDt

Family referral dates = FamilyReferral.RecordedDt

Participant referral dates = ParticipantReferral.RecordedDt

**Referral Summary Report**  
03/01/2008 - 03/31/2008

Print Date: 04/02/2008

Local Agency/Clinic	Count	From/To	Organization Type	Organization Name
49 West Central Development Corporation				
3 Onawa				
	3	To	Child Health	Monona County Public Health
				Women First Health Center
	1	From	Community Groups	
	2	From	Friend / family	
4 Mapleton				
	1	From	Community Groups	
	2	From	Health Provider	
	8	From	Friend / family	
8 Logan				
	2	From	Friend / family	
9 Denison				
	6	To	Child Health	Crawford County Home Health and Hospice
				Wilson Children's Center
	2	To	Maternal Health	Crawford County Home Health and Hospice
	1	From	Out-of-State WIC Program	
	1	From	Community Groups	
	2	From	Education provider	
	2	From	Other	
	8	From	Friend / family	
11 Red Oak				
	1	To	Early Access/AEA	Montgomery County Public Health

## 5.6 Zip Code Report

<b>Description</b>	This report is used to determine the number of participants in a zip code. Community partners may be interested in this information. This is also a management tool that can be used when redistributing caseload among clinics.
<b>Parameters</b>	Local Agency, Zip Code (one or several zip codes)
<b>Record Selection / Filtering / Calculations</b>	Participants with a WIC Status = Active living in a single or in multiple zip codes as specified by user. This report excludes investigation family related data.
<b>Print Columns</b>	Agency/Clinic header, Zip Code, Family ID, Participant Name, Endorser Name, Home Phone <b>Note:</b> The agencies and clinics listed in the header areas should be in the format <i>agency number – agency name</i> and <i>clinic number – clinic name</i> .
<b>Sort Order</b>	Zip Code, Family ID
<b>Total / Count Columns</b>	Total participants in zip code
<b>State Totals</b>	NA
<b>Primary Group (page break)</b>	Local Agency
<b>Additional Group By</b>	Clinic, Zip Code
<b>Developer Notes</b>	Zip Code = FamilyAddress.ZipCode Family ID = BenefitFamily.FFFamilyID Display Participant Name as FamilyMember.FirstName + FamilyMember.MiddleName + FamilyMember.LastName + FamilyMember.LastNameSuffix. Display Endorser as FamilyMember.FirstName + FamilyMember.MiddleName + FamilyMember.LastName + FamilyMember.LastNameSuffix when FamilyMember.ParentGuardianIn = "Y" Phone Number = BenefitFamily.HomePhoneAreaCd + BenefitFamily.HomePhoneNr, Display as (999) 999-9999 Note: If BenefitFamily.DoNotCallIn = Yes, then display "Do Not Call" instead of the phone number.

ZIP Code Report

Printed Date: 04/03/2007

Local Agency/Clinic	ZIP Code	Family ID	Participant Name	Endorser Name	HomePhone
31 Broadlawn WIC Office, River Plaza					
1 River Plaza	50310	123123	Jamie Ellis	Mary Berg	(515) 555-1234
		454566	Samantha Lewis	Samantha Lewis	(515) 555-7894
	Zip Total: 2				
	50311	312564	Nathan Golden	Dara Lapp	(515) 555-4646
		478965	Susan Manchester	Susan Manchester	(515) 555-1479
		496325	Anna Stefani	Anna Stefani	(515) 555-6965
		496325	Celia Stefani	Anna Stefani	(515) 555-6965
		547896	Matthew Smith	Jane Smith	(515) 555-9988
	Zip Total: 5				
	50314	161616	Rhonda Goodwin	Melissa Goodwin	(515) 555-4747
		161616	Janelle Goodwin	Melissa Goodwin	(515) 555-4747
		324684	Gretchen Cho	Gretchen Cho	(515) 555-8787
	Zip Total: 3				
	50321	456987	Justin Allen	Sarah Allen	(515) 555-4123
		512346	Talia Warren	Talia Warren	(515) 555-0987
	Zip Total: 2				
52 Altoona					
	50009	414141	Margaret Windham	Barry Windham	(515) 555-0174
		414141	Zoe Windham	Barry Windham	(515) 555-0174
		789789	Harry Ames	Wanda Ames	(515) 555-4473
	Zip Total: 3				
	50035	159159	Carrie Barton	Carrie Barton	(515) 555-2343
		445778	David McNamara	Rachel McNamara	(515) 555-9474
	Zip Total: 2				

## 6 Food Benefits Reports

### 6.1 FI Activity by Local Agency Report

This report is for **FI States** Only.

<b>Description</b>	This report provides analysis of local agency activity to enable State and local agencies to monitor and react to changes in paper FIs issued, paper FIs used by the participant, paper FIs voided, ratio of voided paper FIs to printed and ratio of voided paper FIs to issued food instruments. State office only. This report will not be available until 90 days past the end date range for the month you are trying to print. For example, if you want September 1-30 data, this report should not be available to be printed until January 1 <sup>st</sup> .
<b>Parameters</b>	Local Agency, Date Range, FI Types (All or CVV Only)
<b>Record Selection / Filtering / Calculations</b>	<p># FIs = Total of all FIs Voided + Not Redeemed + Redeemed or Rejected</p> <p>%Voided = #Voided / # FIs</p> <p>%Not Redeemed = # Not Redeemed / # FIs</p> <p>%Redeemed or Rejected = # Redeemed or Rejected / # FIs</p> <p>Use the First Date To Use of the FI to determine if the FI is counted.</p> <p>FIs that are directly shipped are considered redeemed upon issuance.</p> <p>When 'All' is selected, all FIs are selected for the report. When 'CVV Only' is selected, the FIs that are selected for the report are only FIs that are marked as CVVs</p>
<b>Print Columns</b>	<p>Agency/Vendor header, # FIs, # Voided, %Voided, # Not Redeemed, % Not Redeemed, # Redeemed or Rejected, % Redeemed or Rejected</p> <p><b>Note:</b> The agencies listed in the header areas should be in the format <i>agency number – agency name</i>.</p> <p>The value of 'All' or 'CVV Only' is appended to the dates shown in the heading of the report.</p>
<b>Sort Order</b>	Local Agency Number, Vendor
<b>Total / Count Columns</b>	Agency
<b>State Totals</b>	Totals for each column
<b>Primary Group (page break)</b>	Local Agency

**Additional Group By Developer Notes**

Vendor  
 Voided FIs have a FI.VoidDt.  
 Not Redeemed FIs have a FI.CreatedDt and no FI.VoidDt, FI.RedemptionDt, or FI.LostStolenDt.  
 Redeemed FIs have a FI.RedemptionDt.  
 Rejected FIs have a FI.BankRejectCd.

FI Activity by Local Agency Report							
Print Date: 05/04/2007							
01/01/2007 - 01/31/2007							
<b>State Totals</b>	<b># FIs</b>	<b># Voided</b>	<b>% Voided</b>	<b># Not Redeemed</b>	<b>% Not Redeemed</b>	<b># Redeemed or Rejected</b>	<b>% Redeemed or Rejected</b>
	213,630	9,460	4.43%	31,210	14.61%	173,523	81.23%
<b>Local Agency/Vendor</b>	<b># FIs</b>	<b># Voided</b>	<b>% Voided</b>	<b># Not Redeemed</b>	<b>% Not Redeemed</b>	<b># Redeemed or Rejected</b>	<b>% Redeemed or Rejected</b>
1 AgencyOne	27,590	1,241	4.50%	3,637	13.18%	22,747	82.45%
No Vendor	237	93	39.24%	17	7.17%	127	53.59%
Autobon Food Pride	5,123	239	4.67%			4,213	82.24%
Hyvee Food Store	5,549	168	3.03%	2	0.04%	4,558	82.14%
J & K Market	7,054	301	4.27%			5,748	81.49%
Nodaway Valley Market	5,362	226	4.21%	1	0.02%	4,589	85.58%
Spencer Grocery	4,265	307	7.20%			3,639	85.32%

## 6.2 Voided FIs that have been Redeemed or Rejected Report

This report is for **FI States** Only.

<b>Description</b>	This report identifies paper food instruments that have been submitted for redemption but a void indicator has been set - helps to monitor LA performance.
<b>Parameters</b>	Local Agency, Date Range
<b>Record Selection / Filtering / Calculations</b>	Select all paper FIs that have a void date with a redemption date OR a Bank Reject date that are within the date range.)
<b>Print Columns</b>	Agency header, Clinic header, FI Number, Redemption Amt (Amount), Redemption Dt (Date), Request Dt (Date), Void Date, Void Reason, Participant Name, Person ID, Vendor ID <b>Note:</b> The agencies and clinics listed in the header areas should be in the format <i>agency number – agency name</i> and <i>clinic number – clinic name</i> .
<b>Sort Order</b>	LA number, Clinic Number, Void Reason
<b>Total / Count Columns</b>	No
<b>State Totals</b>	No
<b>Primary Group (page break)</b>	Local Agency
<b>Additional Group By Developer Notes</b>	No Void date = FI.VoidDt Redemption date = FI.RedemptionDt Bank Reject code = FI.BankRejectCd FI Number = FI.FI_Nr Redemption Amt = FI.RedemptionAmt Request Dt = FI.BankPayRequestDt Void Reason = FI.VoidReasonCd Display Participant Name as FamilyMember.FirstName + FamilyMember.MiddleName + FamilyMember.LastName + FamilyMember.LastNameSuffix. Person ID = Participant.ID Vender ID = FI.Vend_ID

Voided FIs That Have Been Redeemed or Rejected Report  
04/01/2007 - 04/30/2007

Print Date: 05/04/2007

Local Agency/Clinic	FI Number	Redemption Amt	Redemption Dt	Request Dt	Void Date	Void Reason	Participant Name	Person ID	Vendor ID
1 AgencyOne									
1 ClinicOne	12345678	\$15.19	04/10/2007		01/15/2007	Reissue	Samantha Jones	158585	00778
	48997854	\$55.47	04/02/2007		01/01/2007	Reissue	Janice P. Morgan	665558	77161
	22478956	\$44.85	04/30/2007		02/05/2007	Reason X	Anna L. Myers	741148	00778
	33215478	\$26.37		04/12/2007	01/19/2007	Reason Y	Rhonda Sloan	478954	07714
	34559895	\$39.55	04/23/2007		02/10/2007	Reissue	Mary Johnson	453567	00778
2 ClinicTwo									
	45657987	\$62.14	04/05/2007		01/13/2007	Reissue	Margaret T. Blair	753357	00824
	98745668	\$27.58		04/3/2007	02/01/2007	Reason X	Catherine R. O'Malley	456654	08219
	75335798	\$42.19	04/15/2007		01/00/2007	Reason Z	Dara Robinson	784468	08215

## 6.3 Formula Issuance Report

<b>Description</b>	This report is used to look for who is on a specific formula so information about specific products can be routed to a target audience. Uses of this report include viewing participants with special formulas and producing a list of formulas for use in processing recalls.
<b>Parameters</b>	Local Agency Formula Date Range
<b>Record Selection / Filtering / Calculations</b>	Select all Participants who received food benefits within an input time frame that contains the input formula. Could select all formulas. <b>Note:</b> The report lists all formulas issued during the time period. If an infant receives 3 formulas, then all three formulas are listed. This report excludes investigation family related data.
<b>Print Columns</b>	Formula, Agency header, Clinic header, Person ID, Participant Name, Category, Risk Factors, FDTU, Rx (Prescription) Renewal Dt, Spec Form Reason (Special Formula Reason) <b>Note:</b> The agencies and clinics listed in the header areas should be in the format <i>agency number – agency name</i> and <i>clinic number – clinic name</i> .
<b>Sort Order</b>	Formula, Agency, Clinic, Person ID
<b>Total / Count Columns</b>	
<b>State Totals</b>	Yes (by formula)
<b>Primary Group (page break)</b>	Formula
<b>Additional Group By</b>	Agency, Clinic
<b>Developer Comments</b>	Person ID = Participant.ID Display Participant Name as FamilyMember.FirstName + FamilyMember.MiddleName + FamilyMember.LastName + FamilyMember.LastNameSuffix. Category = ParticipantType.ParticipantTypeCD Risk Factors = ParticipantRiskCode.ParticipantRiskCd, separate multiple risks with commas FDTU = FI.FirstUseDt

ParticipantEBTIssuance.FirstUseDt  
 Rx Renewal Dt = ParticipantRX.SpclForRenewDt  
 Spec Form Reason = ParticipantRX.ReligiousNeedIn or  
 ParticipantRX.MedicalDiagDc

Formula Issuance Report								Print Date: 05/09/2007
04/01/2007 - 04/30/2007								
<b>State Totals</b>								
							<b># Participants</b>	
6 packs 8 oz RTU Pediasure							3	
Containers 12.9 oz Powder Similac Advance							2	
Containers 13 oz Concentrate Similac w/Iron							3	
-page break-								
<b>6 packs 8 oz RTU Pediasure</b>								
Local Agency	Clinic	Person ID	Participant Name	Category	Risk Factors	FDTU	Rx Renewal Dt	Spec Form Reason
1 AgencyOne	1 ClinicOne	456789	Jamie Blair	Infant	135, 103	07.01/2007	10/15/2007	Poor growth
	2 ClinicTwo	559998	Renee Moll	Infant	103	08.01/2007	12.01/2007	Low weight gain
2 AgencyTwo	4 ClinicFour	789789	Heather Moore	Child	135	06.01/2007	09.01/2007	Low weight gain
-page break-								
<b>Containers 12.9 oz Powder Similac Advance</b>								
Local Agency	Clinic	Person ID	Participant Name	Category	Risk Factors	FDTU	Rx Renewal Dt	Spec Form Reason
1 AgencyOne	1 ClinicOne	224224	Gregory Bashore	Infant	134, 355	06.01/2007		
2 Agency Two	3 ClinicThree	331334	Celia Davis	Infant	411d, 603	08.01/2007		
-page break-								
<b>Containers 13 oz Concentrate Similac w/Iron</b>								
Local Agency	Clinic	Person ID	Participant Name	Category	Risk Factors	FDTU	Rx Renewal Dt	Spec Form Reason
1 AgencyOne	2 ClinicTwo	119118	Alex Martel	Infant	380	06.01/2007	08.01/2007	Formula intolerance
2 Agency Two	3 ClinicThree	338994	Mary Grant	Infant	353	08.01/2007	10.01/2007	Formula intolerance
	4 ClinicFour	411744	Anthony Allen	Infant	380	07.01/2007	08/14/2007	Formula intolerance
Page 1 of 1								
Rev: 02/25/2006								

## 6.4 Food Package Modification Report

<b>Description</b>	This report provides a way to look for food package changes by who made them and when.
<b>Parameters</b>	Local Agency Clinic Date Range
<b>Record Selection / Filtering / Calculations</b>	Select all tailored food packages (name contains "Tailored", but does not contain "Changed") that have been verified with an effective date within the given parameter value. This report excludes investigation family related data.
<b>Print Columns</b>	Agency/Clinic header, Effective Date, User, Food Package Name, Foods, Quantity <b>Note:</b> The agencies and clinics listed in the header areas should be in the format <i>agency number – agency name</i> and <i>clinic number – clinic name</i> .
<b>Sort Order</b>	Effective Date, User, Food Package Name
<b>Total / Count Columns</b>	None
<b>State Totals</b>	NA
<b>Primary Group (page break)</b>	Local Agency
<b>Additional Group By</b>	Clinic
<b>Developer Comments</b>	Effective Date = ParticipantRX.EffectiveBegDt User = ParticipantRx.ModifyStfpID Food Package Name = ParticipantRx.Name Foods = Food Items that are part of the ParticipantRX.SRx_ID Quantity =

**Food Package Modification Report**  
04/01/2007 - 04/30/2007

Print Date: 05/04/2007

Local Agency/Clinic	Effective Date	User	Food Package Name	Foods	Quantity
<b>1 AgencyOne</b> 1 ClinicOne	04/02/2007	Jane Doe	Tailored B, P - Gallons / No cheese	Dozen of Large Eggs	2
				Cont. 18 oz Or less Peanut Butter-No Spreads or 1 Package 16 oz Dried Beans, Peas or Lentils	1
				6 Pack(s) of Orange Or Grapefruit Juice - 6 oz or less/cont.	3
				32 oz of WIC Cereal - WIC Approved Only	36
				128 oz Gallon Carton of Milk - Unflavored Only	7
	04/14/2007	John Bailey	Tailored BF exclusively/ Gallons / 1 pound cheese	oz Natural Cheese - WIC Approved Only	16
				Cont. 18 oz Or less Peanut Butter-No Spreads or 1 Package 16 oz Dried Beans, Peas or Lentils	4
				Package 16 oz Dried Beans, Peas, or Lentils	1
				46 oz Cont OR 12 oz Frozen Juice - WIC Approved Only	7
				32 oz of WIC Cereal - WIC Approved Only	36
				oz or less Tuna - Cont. 6 Oz Size or Larger	26
				Pound of Raw, Full-Size Or Baby Carrots	2
128 oz Gallon Carton of Milk - Unflavored Only	7				
04/14/2007	Tammy Scott	Tailored BF exclusively/ Gallons / 1 pound cheese	oz Natural Cheese - WIC Approved Only	16	
			Dozen of Large Eggs	2	
			Cont. 18 oz Or less Peanut Butter-No Spreads or 1 Package 16 oz Dried Beans, Peas or Lentils	3	
			46 oz Cont OR 12 oz Frozen Juice - WIC Approved Only	7	
			32 oz of WIC Cereal - WIC Approved Only	36	
			128 oz Gallon Carton of Milk - Unflavored Only	7	
2 ClinicTwo	04/10/2007	Jane Doe	Tailored C - 18-35 months / Gallons / 2 pounds cheese	oz Natural Cheese - WIC Approved Only	32
				Dozen of Large Eggs	2
				Package 16 oz Dried Beans, Peas, or Lentils	6
				46 oz Cont OR 12 oz Frozen Juice - WIC Approved Only	2
				32 oz of WIC Cereal - WIC Approved Only	36
				128 oz Gallon Carton of Milk - Unflavored Only	3

## 6.5 No Food Benefits Pickup Report

<b>Description</b>	This report is used to identify and follow up with participants that have not received food benefits for a period of time, whose certifications are about to be terminated for non-participation, and do not have an appointment scheduled.
<b>Parameters</b>	Local Agency
<b>Record Selection / Filtering / Calculations</b>	<p>All participants in which all of the following are true:</p> <p>The categorical Eligibility End Date has not expired</p> <p>There is no future appointment scheduled</p> <p>For the last food benefits issued: Today's date minus the FDTU of the last food benefit &gt; the value of the system parameter, Batch.NumberofDaystoTerminateAfterNoFBPickup minus 30 days.</p> <p>This report excludes investigation family related data.</p>
<b>Print Columns</b>	<p>Agency header, Clinic header, Family ID, Endorser Name, Participant Name, Home Phone Number, Most Recent FDTU, Cat. Elig.End Date (Categorical Eligibility End Date), Category</p> <p><b>Note:</b> The agencies and clinics listed in the header areas should be in the format <i>agency number – agency name</i> and <i>clinic number – clinic name</i>.</p>
<b>Sort Order</b>	Local Agency, Clinic, Family ID, Most Recent FDTU
<b>Total / Count Columns</b>	N/A
<b>State Totals</b>	No
<b>Primary Group (page break)</b>	Local Agency
<b>Additional Group By</b>	Clinic
<b>Developer Notes</b>	<p>Family ID = BenefitFamily.FFFamilyID</p> <p>Display Endorser as FamilyMember.FirstName + FamilyMember.MiddleName + FamilyMember.LastName + FamilyMember.LastNameSuffix when FamilyMember.ParentGuardianIn = "Y"</p> <p>Display Participant Name as FamilyMember.FirstName + FamilyMember.MiddleName + FamilyMember.LastName + FamilyMember.LastNameSuffix.</p> <p>Home Phone Number = BenefitFamily.HomePhoneAreaCd +</p>

BenefitFamily.HomePhoneNr, Display as (999) 999-9999

**Note:** If BenefitFamily.DoNotCallIn = Yes, then display "Do Not Call" instead of the phone number.

Most Recent FDTU = FI.FirstUseDt

Categorical Eligibility End Date = Certification.CategoricalEligibilityEndDt

Category = ParticipantType.ParticipantTypeCD

No Food Benefits Pickup Report

Print Date: 06/05/2007

Local Agency/Clinic	Family ID	Endorser Name	Participant Name	Home Phone Number	Most Recent FDTU	Categorical Eligibility End Date	Category
1 AgencyNumberOne							
3 ClinicThree							
	17614	April Lester	Devin Lester	(515) 555-2552	09-01-2006	12/12/2007	Infant
	202202	Maya Zell	Maya Zell	(515) 555-6688	10-01-2006	02/02/2008	Breastfeeding
4 ClinicFour							
	159159	Kelly Herr	Allen Herr	(515) 555-8748	11-01-2006	10/16/2007	Child
	301301	Dara Adams	Jessica Adams	(515) 555-9876	08-01-2006	08/01/2007	Infant