FFY 2015 Semi-annual Report

☐ October 1, 2014 – March 31, 2015 (Due April 30, 2015)

☐ April 1, 2015 – September 30, 2015 (Due October 31, 2015)

Local Agency Name:	
WIC Director:	**Date:**
Contact email:	**Contact phone:**

Narrative Questions: Please provide responses to the questions below regarding the relevant six month time frame.

1. <u>Challenges/Successes</u>

For the following topics, please describe 1) any challenges that your agency has faced that impacted your WIC Program, and what you are doing to address or overcome the challenges, and 2) any successes achieved by your agency.

A. Outreach (examples include community collaborations or coordination with other programs in your area, such as community clinics, hospitals, food banks, CalFresh, Head Start, First 5, etc.) to assist in serving and providing referrals to WIC participants. Please also indicate if you have a Memorandum of Understanding (MOU) with any of these organizations.

1) Challenges:

2) Successes:

B. Participant retention efforts (examples include following up on missed appointments and no shows, and evaluating customer service and clinic operations).

1) Challenges:

2) Successes:

C. Staffing (hiring, retention)

1) Challenges:

2) Successes:

D. Local Vendor Liaison (LVL)

1) Challenges:

2) Successes:

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E. Breastfeeding Peer Counseling Program (Check if not applicable ☐)

1) Challenges:

2) Successes:

F. Farmers' Market Nutrition Program (Check if not applicable ☐)

1) Challenges:

2) Successes:

G. Regional Breastfeeding Liaison Project (Check if not applicable ☐)

1) Challenges:

2) Successes:

H. Other (Check if not applicable ☐)

1) Challenges:

2) Successes:

I. List any additional accomplishments and goals achieved by your WIC Program that you would like to share.

2. <u>Trainings/Conferences/Staff development</u>
Describe any trainings or conferences that helped in developing staff capacity and/or improving services.

3. <u>Technical Assistance and Training Needs</u>
Please detail if technical assistance and training is needed from the CDPH/WIC Division.

4. <u>ISIS Management</u>
I, the WIC Director, certify that I have performed an ISIS logon functional security check within the agency on a monthly basis. I certify that the local agency is compliant with all policies and procedures for WIC Local Agency ISIS User accounts maintenance and security adherence.
Placing name here serves as an original signature: