

# MONTHLY NARRATIVE REPORT OUTLINE

Local Agency: \_\_\_\_\_

Report Month: \_\_\_\_\_, \_\_\_\_\_

## I. Accomplishments:

### Objectives

- List the nutrition and breastfeeding goals and objectives for your program. Describe your program's progress in meeting the each objective.

### Caseload Management

- How many women, infants and children were served?
- What is the no show rate?
- Describe any activities that were implemented to decrease your no show rates.
- What factors affected participation? (weather, job layoffs, etc.)
- Describe your activities to improve participation and overcome barriers such as lack of transportation.
- What efforts are made to target potentially eligible women in their first trimester?

### Special Projects

- Describe your special projects related to WIC such as a health fair, Kids' Day, outreach activity, etc.

### Coordination Efforts

- Describe your activities in coordinating with other programs such as dental, car seat safety, immunizations, etc.

### Meetings

- List meetings and describe accomplishments as a result of the meeting.

### Training

- Describe any trainings that staff attended including who attended the training, the objective of the training, what the outcome of the training was.

## 2. Problems:

Describe any unresolved problems that you may have with computers, equipment, facilities, vans, etc. that are effecting your ability to provide WIC services.

## 3. Announcements:

Describe any staff changes, clinic moves, etc.

## 4. Plans for future months:

## 5. Other: