

330.40

Clinic Services Reports

Overview

Introduction This policy describes the characteristics for data system reports derived from Clinic Services.

In this policy A description of the Clinic Services Reports is located on the following pages.

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Clinic Services Reports

| Report Location | Report Name | Description | Comments |
|------------------------|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Administrative | Clinic Activity by Staff Person | This report shows the number of certifications, reinstates, transfers, and terminations done by the staff person working with the client | The termination column is the number of participants that the staff person has manually terminated. It does not include those that were terminated by the system. These types of terminations are listed under the Staff Person column as System System. |
| Administrative | Clinic Activity Summary | This report shows the number of certifications, reinstates, transfers, and terminations within the clinic. | The termination column is the number of participants that the staff person has manually terminated. It does not include those that were terminated by the system. These types of terminations are listed as System System. |
| Administrative | Duplicate Records | This report lists participants who have had a record created for the Pregnancy, Blood, Anthropometrics, or Certification panels on the same day by two different staff members. | |
| Administrative | Enrollment | This report shows the total number of all active participants. The report also lists the number of participants by category and breastfeeding status/description. | |
| Administrative | Enrollment by Priority | This report shows the total number of active participants by priority, category, and breastfeeding status/description. | |
| Administrative | Family Labels | This formats a family list so that it can | |

| Report Location | Report Name | Description | Comments |
|------------------------|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | be saved to an Excel spreadsheet for importing into a MS Office product for label printing. | |
| Administrative | Ineligible by Income | This report lists all endorsers/families who were determined over income with the specified date range. The families are either marked with a status of Ineligible with a reason of over income or Terminated with a reason of over income. | |
| Administrative | Ineligible | This report lists all participants that were made ineligible and their reason for ineligibility during the specified date range. | |
| Administrative | Participation with Benefits | This report shows the participation for the specified month. | |
| Administrative | Participation with Benefits with Priority | This report shows the participation for the specified month. Categories are also broken down into breastfeeding status/ description as well as priority. | All active participants who have received benefits are counted in this report. This includes a) exclusively breastfed babies who did not receive food benefits and mom did receive benefits and b) partially breastfeeding women who did not receive benefits, but her infant did. |
| Administrative | Signature Capture Exception | This report is used to monitor signature pad usage, particularly occurrences of the “No Signature Available” selection and the reasons for the selection. | |
| Administrative | Termination by System Pending | This report lists participants that will be terminated within the selected month due to categorical ineligibility, expiring | The participants listed in the report may or may not have an appointment to be recertified. |

| Report Location | Report Name | Description | Comments |
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| | | certification, or provisionally certified. | |
| Administrative | Terminated by System | This report lists participants that have been terminated by the system in the selected month. | |
| Administrative | Transfer Out | This report lists all participants that have transferred to another clinic within the specified dates | |
| Administrative | Unduplicated Participation by LA Calendar | This report is used to provide an unduplicated count of persons actively participating in the WIC program for the selected calendar year. | |
| Administrative | Unduplicated Participation by LA FFY | This report is used to provide an unduplicated count of persons actively participating in the WIC program for the selected federal fiscal year. | |
| Administrative | Unduplicated Participation by County | To provide an unduplicated count of persons actively participating in the WIC program for the selected federal fiscal year by county. | |
| Assessment and Education Report | Class Attendance | This report shows the total number of participants who attended each clinic's nutrition education class with the specified date range. | |
| Assessment and Education Report | Follow-up Nutrition Risk Assessment | This report lists both the high risk participants and the participants that have the "Additional Assessment Needed" check box marked during the specified date range and if a High Risk follow-up was completed in the date range specified. Note: The date of the High Risk identification must be within the specified date and the High Risk | <p>A high risk follow-up is noted as completed when the CPA checks the "HR F/u" radio button on the Nutrition Education panel and the Additional Assessment Needed box is checked on the Risk panel.</p> <p>This report only pulls those participants who were identified as</p> |

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| | | Follow-up must be within the specified date range in order for YES to appear in the “HR Follow-up” column. | high risk within the specified date range and do not have the high risk follow-up box marked along with the Additional Assessment Needed box marked within the specified date range. |
| Assessment and Education Report | High Risk Factor Report by Next Appointment | This report lists active high risk, the participant’s Nutrition Risk and the participant’s next appointment. The list is sorted by next appointment date. | The participants listed in this report are different than in the Follow-up Nutrition Risk Assessment Report. The participants in this report are all active high risk participants, and not just high risk participants that were determined to be high risk during a risk assessment within the specified date range as is the case with the Follow-up Nutrition Risk Assessment Report. |
| Assessment and Education Report | High Risk factor Report by Person ID | This report lists all active high risk participants, the participant’s Nutrition Risks and the participant’s next appointment. Thiel sit is sorted by Person ID number. | This report is the same as the High Risk Factor Report by Next Appointment Date except that it is sorted by Person ID vs. next appointment date. |
| Assessment and Education Report | Nutrition Education Contacts Summary | This report shows the total number and percent of participants (active or those with a certification end date at the end of the month selected) that have had at least one nutrition education contact in the specified month. Numbers and percentages are broken down into HR and not HR participants. | |
| Assessment and | Nutrition Education Contacts | This report shows the total number of | This report only counts those |

| Report Location | Report Name | Description | Comments |
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| Education Report | by Staff Member | <p>participants terminated in the month selected that have had two nutrition education contacts within their certification period.</p> <p>Numbers and percentages are broken down into HR and not HR participants.</p> | participants whose certifications are ending within the month selected. |
| Assessment and Education Report | High Risk Nutrition Education | This report lists the names of all high risk participants with a certification start date in the selected date range and their next appointment type and date along with the status of the appointment. | |
| Assessment and Education Report | Prevalence of Nutrition Risk by LA and County Report | This report shows the total number and percentage of active participants with each Nutrition Risk. | This report looks at the latest (newest) risk record for the active participant. |
| Breastfeeding Reports | BF PC Contacts Detail by Topic | This report summarizes by Breastfeeding Peer Counselor (BF PC) staff member, the prenatal and postpartum contacts, the topics discussed and referrals made to a Lactation Consultant for their participant caseload during a specific time frame. | |
| Breastfeeding Reports | BF PC Contacts Summary | This report lists participants in the BFPC program and the type of communication (telephone support, clinic visit, no answer, etc.) that the participant has received. | |
| Breastfeeding Reports | Breastfeeding Duration by BF PC Contacts | This report describes the breastfeeding duration of an infant whose mother had a prenatal and/or postpartum contact with a BFPC. | <p>This report counts “No Answer” and “Other”.</p> <p>The duration may reflect the age of</p> |

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| | | <p>The report is broken down per BFPC by the number of BF PC contacts the participant received (during the prenatal and postpartum period), the date of the initial visit, and the duration in weeks the infant has breastfed for and the number of cans of formula they received in the most recent food package.</p> | <p>the infant at the time of the report. For example, if a report is run for January 1 – December 31 and an infant is born December 1, their breastfeeding duration may show 3 weeks. This does not mean they stopped at 3 weeks.</p> <p>This report does not include women who had contact with a BFPC and didn't initiate breastfeeding.</p> <p>This report does not separate the type of contact the BFPC had with the mother.</p> <p>This report does not show the reasons some mother's request formula or show information for why mothers may have stopped breastfeeding.</p> |
| Breastfeeding Reports | Breastfeeding Equipment Due | This report is used to identify participants that currently have serialized breastfeeding equipment assigned to them. | This report contains contact/return date, date issued, type of equipment, serial number and reason issued. |
| Breastfeeding Reports | Breastfeeding Equipment Issued | This report identifies the type and amounts of breastfeeding equipment issued by the clinic and agency. | |
| Breastfeeding Reports | Breastfeeding Prevalence | This report is used to evaluate the number and proportion of infants/children who exclusively | There are three categories of columns, Exclusively Breastfed, Ever Breastfed, and Breastfeeding |

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| | | breastfeed the first week, at 3 month and 6 months of age and who were doing any breastfeeding at weeks 1, 2, 3, 4, 5, 6, months 2, 3, 6, ,9, 12, 18 and 25. | Duration. Durations are dependent upon when the last nutrition interview was recorded. A participant may be counted in more than one age category based on age reached by/on their date of visit. The data is gathered from all the interviews that were conducted during the 12 months prior to the report end date parameter. If an infant/child was not interviewed during this period, the infant/child is not counted. In order to be calculated in the numerator, the child must have reached the age of the column title by the time of the interview. |
| Breastfeeding Reports | Breastfeeding Prevalence with BF PC Contacts | This report shows the rate (number and percentage) of breastfeeding (ever, exclusive, durations) for infants whose mothers have had at least one prenatal or postpartum BF BC contacts documented compared to the rate of breastfeeding for infants whose mothers didn't have a BF PC contact. | A participant may be counted in more than one age category based on age reached by/on their date of visit. The data is gathered from all the interviews that were conducted during the 12 months prior to the report end date parameter. If an infant/child was not interviewed during this period, the infant/child is not counted. In order to be calculated in the numerator, the child must have reached the age of the column title by the time of the interview. |
| Breastfeeding Reports | Breastfeeding Prevalence by | This report shows the rate of | A participant may be counted in |

| Report Location | Report Name | Description | Comments |
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| | Equipment Issuance | breastfeeding prevalence for infants whose mothers who were issued breastfeeding equipment by the type of serialized or non-serialized equipment. | more than one age category based on age reached by/on their date of visit. The data is gathered from all the interviews that were conducted during the 12 months prior to the report end date parameter. If an infant/child was not interviewed during this period, the infant/child is not counted. In order to be calculated in the numerator, the child must have reached the age of the column title by the time of the interview. |
| Breastfeeding Reports | Breastfeeding Prevalence by Maternal Characteristics | This report shows the rate of breastfeeding prevalence by maternal and infant characteristics including age, education, work/school, breastfeeding experience, race/ethnicity, and Low Birth Weight infant. | The data is gathered from all the interviews that were conducted during the 12 months prior to the report end date parameter. If an infant/child was not interviewed during this period, the infant/child is not counted. In order to be calculated in the numerator, the child must have reached the age of the column title by the time of the interview. |
| Breastfeeding Reports | Exclusively Breastfeeding and Formula Issuance | This report shows formula issuance trends for exclusively, primarily exclusive/no formula package and primarily exclusive/complementary food for breastfeeding infants through their first birthday. | |

| Report Location | Report Name | Description | Comments |
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| | | This report identifies infants who had a description of one of the categories of exclusively breastfeeding infants at their first visit and tracks them and identifies when they first receive powdered formula and the quantity (in cans) of formula provided. | |
| Breastfeeding Reports | Formula First Introduced to Breastfed Infants | This is a 12 month trend report that shows when formula is first introduced to infants that were ever breastfed. | |
| Breastfeeding Reports | Reason Ceased Breastfeeding | This report shows the number of breastfed infants and children and the reasons why breastfeeding ceased. This report is also broken down by the age. | |
| Client Services Reports | Certification Appointments Needed | This report identified active infants, children and pregnant women whose Certification End Date is within the selected date range and that do not have a scheduled certification or recertification appointment. | |
| Client Services Reports | Disqualified Participants | This report shows the names of disqualified participants. The report includes the start date of the disqualification, end date, and reason for disqualification. | |
| Client Services Reports | Immunization | This report shows a list of the infant and children that are not up-to-date on their DTaPs. | |
| Client Services Reports | Outreach | A report that lists all pregnant women and breastfeeding women, their addresses and phone numbers | |
| Client Services | Proration Override | This report is used to monitor staff | |

| Report Location | Report Name | Description | Comments |
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| Reports | | overrides of proration. | |
| Client Services Reports | Referral Detail | This report shows a count and a list of the organizations that are referring to WIC and the organizations that WIC is referring its participants to. This report also lists the names of the participants that were associated with the referral. | |
| Client Services Reports | Referral Summary | This report shows a count and a list of the organizations that are referring to WIC and the organizations that WIC is referring its participants to. | This report is similar to the Referral Detail Report, however the Referral Summary Report does not list participant names. however the Referral Summary report. |
| Client Services Reports | ZIP Code | The zip codes for all the participants receiving benefits within the specified local agency. | |