

BFPC Quarterly Report

Read all instructions for completing this form.

Submit completed forms to:

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Oregon WIC Program
800 NE Oregon St.
Suite 865
Portland, OR 97232

Agency Information:

Agency Name:

Completed by:

Date:

For your convenience, the information provided in your agency's previous report has been entered into the Staffing and Services sections. Mark whether changes have been made and update the information requested.

Staffing:

Changes

No Changes

List the following details for all current BFPC Staff:

Name	Title	Languages Spoken	% FTE	Email Address	Employment Start Date	Employment End Date
1.						
2.						
3.						
4.						
5.						
6.						

Services:

Changes

No Changes

Mark which of the following services are provided at your agency. Briefly describe each service including key components, frequency offered, locations, and partnerships involved.

Prenatal Groups:

Postpartum
Groups:

Services continued...

Individual

In-Person Visits:

Phone Follow-ups:

Text Follow-Ups:

Home Visits:

Hospital Visits:

Other BFPC Services

Explain:

Caseload

1. Assigned Caseload _____

2. *Active Caseload (*for previous month*) _____

3. Average Active Caseload for last quarter
(*Add together active caseload for previous 3 months then divide by 3*) _____

4. What percentage of your assigned caseload did you meet for last quarter?
(*Average active caseload ÷ assigned caseload*) _____

5. Mark which of the following statements apply to your agency:

_____ We met assigned caseload requirements** for the previous quarter.

_____ We are below assigned caseload requirements for the previous quarter.

Caseload continued...

6. If below assigned caseload what actions are you taking this quarter to increase caseload?

Successes and Challenges

Briefly describe successes and challenges your agency experienced last quarter. When answering, consider including comments from peer counselors, other WIC staff, community members and participants.

1. Successes:

2. Challenges:

Technical Assistance (Optional)

We would like to schedule a Technical Assistance call with the state Breastfeeding Coordinator. Our top 3 dates and times are:

1.

2.

3.

Additional Comments (Optional)

Thank you for completing this report and everything you do to support breastfeeding families!

**Use TWIST Caseload Report*

***BFPC caseload must be maintained at an average of 100% or more and not less than 97% of assignment over the last 12 months. Caseload compliance is reviewed quarterly by the state WIC program.*