

<<Local Agency Name>>  
Annual Local Agency WIC Program Outreach, Recruitment, and Retention Plan

Completion and submission of this resource fulfills the Division of Child and Family Well-Being WIC Program Agreement Addendum, III, h. and i. (Deliverable #8- Local Agency WIC Program Outreach, Recruitment, and Retention Plan and Deliverable #9-Evaluation of the prior year Local Agency WIC Program Outreach, Recruitment, and Retention Plan) and the required annual Local Agency WIC Program Outreach, Recruitment, and Retention Plan per NC WIC Program Manual, Chapter 10: Caseload Management.

**Assessment of Caseload: Participation Trends**

Trends in Overall Participation	
Participation 12-months ago	
Participation 6-months ago	
Current Participation	
% of Base Caseload Currently Serving	
% of Population At-Risk Currently Serving	

Trends in Participation by Category								
	Pregnant Women	Fully Breastfeeding Women	Partially Breastfeeding Women	Postpartum Women	Fully Breastfed Infants	Partially Breastfed Infants	Fully Formula-Fed Infants	Children
12-months ago								
6-months ago								
Current								

List factors that may have contributed to trends seen in participation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Outreach, Recruitment, and Retention Plan and Evaluation for SFY 20XX (WIC Agreement Addendum Deliverables 8 and 9)**

Plan: Local agency plan for breastfeeding promotion and support. ( <b>Required</b> )				
Goal:				
Target Population	Reason Targeted	Description of Activity/Activities Planned (include staff responsible, location, etc.)	Timeline	Evaluation Method
Women and Breastfeeding Women				
<b>Evaluation-</b> To be completed and submitted with next year's AA (NC WIC Agreement Addendum Deliverable #9.) Refer to NC WPM: Chapter 10, Section 5: <i>Local Agency Outreach and Retention Plan</i> . 1. Was the plan implemented? If not, provide a reason. 2. To what degree was the plan successful? 3. Will you modify any of the activities? If so, how will the activities be modified?				

Plan: Local agency plan for targeting WIC services to highest priority groups. ( <b>Required</b> )				
Goal:				
Target Population	Reason Targeted	Description of Activity/Activities Planned (include staff responsible, location, etc.)	Timeline	Evaluation Method
Name/category of high priority group				
<b>Evaluation</b> -To be completed and submitted with next year's AA (NC WIC Agreement Addendum Deliverable #9.) Refer to NC WPM: Chapter 10, Section 5: <i>Annual Local Agency WIC Program Outreach, Recruitment, and Retention Plan</i> . 1. Was the plan implemented? If not, provide a reason. 2. To what degree was the plan successful? 3. Will you modify any of the activities? If so, how will the activities be modified?				

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