

## Ad Hoc Reports

### Active WIC Staff

**Description** This report gives you all active WIC staff for each clinic.

**Search Criteria** Local Agency and Clinic ID

**Report Columns** Agency/Clinic, WIC Staff Name and Last Logon Date

**Use of Report** This report can be used to see all staff that is active for each clinic. Employees who are no longer using VISION/SharePoint should be removed. It is required to run this report monthly to review for accuracy and if necessary send a request to the Help Desk via SharePoint to remove inactive employees.

### Guidance

## **Ad hoc Reporting Usage Report**

**Description** This report shows statewide the top reports that have been run and how many times it has been run by all users in a specific time frame.

**Search Criteria** Start Date and End Date

**Report Columns** Report Name, #Runs, Last Run and User Name

**Use of Report** This report can be used to see the top reports that have been run statewide and the top report users. You can see by staff member (alphabetized) what reports they ran and how many times they ran it.

**Guidance**

## **Adjunct Eligibility**

|                        |  |
|------------------------|--|
| <b>Description</b>     | This report shows active participants who were certified as adjunct eligible by either food stamps, Medicaid or TANF.  |
| <b>Search Criteria</b> | Local Agency, Adjunct Type, Clinic ID and Category   |
| <b>Report Columns</b>  | Local Agency/Clinic, Family ID, Person ID, Participant Name, Adjunct Eligibility, Category and Staff Person  |
| <b>Use of Report</b>   | This report can be used to see the number of participants who are adjunct eligible. This report can be used for auditing purposes to determine if adjunct and income records were recorded properly. |

### **Guidance**

## **Adjunct Records**

**Description** This report gives you all adjunct records within the date range selected.

**Search Criteria** Local Agency, Clinic ID, Start Date, End Date, Adjunct Type, Category and Sort Order

**Report Columns** Agency/Clinic, Family ID, Person ID, Adjunct Eligibility, Category, Date Recorded and Staff Person

**Use of Report** This report can be used to see the number of participants who are adjunct eligible. This report can be used for auditing purposes to determine if adjunct and income records were recorded properly.

**Guidance**

## **Affidavit by Proof Type**

**Description** This report shows the number of participants who used affidavit for one of their proofs.

**Search Criteria** Local Agency, Proof Type, End Date, Clinic ID and Start Date

**Report Columns** Agency/Clinic, Family ID, Person ID, Participant Name, Affidavit Reason, Proof Type and Staff Person

**Use of Report** This report can be used to see the number participants who have used affidavit as one of their proofs. This report can be used to see which proof affidavit has been used for and the affidavit reason. The report is helpful for auditing purposes to ensure that affidavits are documented properly.

**Guidance**

## All Nutrition Risk Factors

|                        |   |
|------------------------|---|
| <b>Description</b>     | This report is used to find all participants by risk factor.  |
| <b>Search Criteria</b> | Local Agency, Clinic, Start Date, End Date, Risk Factors, Category, High Risk and Sort By   |
| <b>Report Columns</b>  | Local Agency/Clinic, Person ID, Participant Name, Endorser Name, Category, Priority, HR Follow-Up, DOB and Staff Person   |
| <b>Use of Report</b>   | This report can be used to determine how many participants have a certain risk factor and if high risk they can determine if they had a follow up.  |
| <b>Guidance</b>        | <p>For "Yes" to appear in the HR Follow Up column on the report you need to select High Risk Follow Up Appointment when they return for their follow up appointment in the Nutrition Education screen. The yes or no reported in the high risk follow up column will be determined by the most current Nutrition Education record.</p> <p>If you want to get only high risk participants then select yes in the search criteria under high risk. If you select no then you will get all participants high risk and not high risk.</p> <p>The start date and end date search pulls from the risk record header date. The participants would have been assigned the risk factor at the certification.</p> |

## **Average Incomes**

|                        |  |
|------------------------|--|
| <b>Description</b>     | This report can be used to see the average household size and average income.  |
| <b>Search Criteria</b> | Local Agency, Clinic ID, Start Date and End Date   |
| <b>Report Columns</b>  | Local Agency/Clinic, Household Count, Average Household Size and Average Household Income.   |
| <b>Use of Report</b>   | This report can be used to determine the average household size and average household income from all income records within a specific time frame. |
| <b>Guidance</b>        | Records containing only adjunct records and no income records are excluded from the calculations.  |

## BF PC Caseload

|                        |  |
|------------------------|--|
| <b>Description</b>     | This report gives you all pregnant and breastfeeding participants within the specified EDD/ADD range for a specific clinic.  |
| <b>Search Criteria</b> | Local Agency, Clinic ID, EDD/ADD Start Date, EDD/ADD End Date, BFPC Last Name, Participant Last Name, Participant First Name, Category and Sort By   |
| <b>Report Columns</b>  | Local Agency/Clinic/BF Peer Counselor, Family ID, Participant Name, Age, Category, Phone, Address/P.O Box, EDD/ADD, Next Contact, Language and 4a, 4b, 4f/1g   |
| <b>Use of Report</b>   | <p>This report can be used for peer counselors to view the participants that need to be contacted within the specified date range. If you search by peer counselors name then all the assigned participants to that peer counselor will be pulled.</p> <p>Can also use to get addresses for pregnant/breastfeeding participants for a mailing list.</p>  |
| <b>Guidance</b>        | <p>Pregnant participants are pulled based off of the EDD and Breastfeeding Participants are pulled based off of the ADD.</p> <p>The % sign with a letter can be used to search for participants or peer counselors.</p> <p>Any participant who currently is assigned a peer counselor will also be pulled for the report. Even if they answered No to question 4f in the pregnancy nutrition interview "We have moms who have breastfed before and can help you with breastfeeding. I will have one call you".</p> |



## **BF PC Deactivate**

**Description** This report shows all assigned participants to a specific peer counselor.

**Search Criteria** Local Agency, Clinic ID, BFPC Last Name and BFPC First Name

**Report Columns** Agency/Clinic, Family ID, Participant Name, Category, WIC Status, Exit Date and Person ID

**Use of Report** This report can be used to reassign a peer counselor to a participant once they are no longer an employee. The report pulls all participants regardless of status with the specified peer counselor name assigned to them. Once the peer counselors name is removed from the WIC participants records the inactive employee can be removed from the system.

**Guidance** The % sign with a letter can be used to search for peer counselors.

## **Breast Pump by Issued Date**

|                        |   |
|------------------------|---|
| <b>Description</b>     | This report pulls by selected date all serialized issued pumps.   |
| <b>Search Criteria</b> | Local Agency, Clinic ID, Start Date, and End Date   |
| <b>Report Columns</b>  | Local Agency/Clinic, Family ID, Endorser Name, Issued Date and Equipment Type   |
| <b>Use of Report</b>   | This report can be used to get Family ID numbers to review participants that have received an electric breast pumps. This report can be used to make sure proper procedures were followed when issuing an electric breast pump. |
| <b>Guidance</b>        | Used by State RD's auditing electric breast pump issuance.  |

## Certification End Date by Month

|                        |  |
|------------------------|--|
| <b>Description</b>     | This report shows the participants whose certification end date is in the month searched.  |
| <b>Search Criteria</b> | Local Agency, Sort Selection and Time Frame  |
| <b>Report Columns</b>  | Local Agency/Clinic, Family ID, Person ID, Status, Participant Name, Phone, Participant Category/ <b>Language</b> , Certification End Date, Last Anthro, Most Recent FI Pick UP and Provisional Certification End Date |
| <b>Use of Report</b>   | This report can be used to see the number of infants and children that need to recertify within the time span searched.  |
| <b>Guidance</b>        | This report doesn't bring up women or children who will be categorically ineligible. For example if a child is turning 5 years old they will not pull up on the report.  |

## **Children 3 and Younger**

**Description** This report shows all families with children 3 years old and younger.

**Search Criteria** Local Agency and Clinic ID

**Report Columns** Agency/Clinic, Endorser Name, Phone and Address

**Use of Report** This report shows all families with children 3 years old and younger.  
This report has been used to share information with Early Head start to send out information.

**Guidance**

## **Endorser Email**

**Description** This report shows the endorser with their phone number and email.

**Search Criteria** Local Agency and Clinic ID

**Report Columns** Agency/Clinic, Endorser Name, Phone and Email

**Use of Report** This report shows the endorser with their phone number and email. This report gives you all the emails that have been collected from the participants. It could be used to send out mass email communication.

## **Guidance**

## **FAFAP Expired**

### **Description**

This report shows the FAFAP's that will expire within the selected time range and the food package given.

### **Search Criteria**

Local Agency, Start Date, Clinic, End Date and Sort By.

### **Report Columns**

Local Agency/Clinic, Family ID, Person ID, Endorser/Phone Number/Email Address, Participant Name/Category, Food Package/Medical Diagnosis/Additional Details, Effective Date/Cert end Date and Expired Date.

### **Use of Report**

This report can be used to see the participant's who's FAFAP will expire in the future so they can be contacted to bring a new FAFAP if product is still needed.

### **Guidance**

If the food package has been tailored then the formula given may not be the package that was chosen. Best practice would be to go into VISION to see what formula was given.

## **Family Enrollment**

**Description** This report shows the number of families that are/were currently active during the date range selected and what printouts language is listed.

**Search Criteria** Local Agency, Start Date, Clinic ID and End Date

**Report Columns** State Totals, Agency/Clinic, Language and Count

**Use of Report** This report can be used to see the number of families who are active in VISION and what is their language preference for printed materials. This can be useful to know how many materials need to be printed and whether they should be English or Spanish.

Can also be used to know how many active families you have to see during a period of time and how many should be scheduled on average per day.

## **Guidance**

## **FI Reject**

|                        |  |
|------------------------|--|
| <b>Description</b>     | This report shows all rejected checks.   |
| <b>Search Criteria</b> | Local Agency, Clinic ID, Beg FI Number, End FI Number, First Date to Use and Last Date to Use    |
| <b>Report Columns</b>  | Agency/Clinic, Family ID, Participant Name, FI Number, Use Dates, Reject Dates and Reject Reason |
| <b>Use of Report</b>   | To help the State with bank reconciliation.  |
| <b>Guidance</b>        | Only need to search by FI number or First Day to Use. Don't need to search by both criteria.     |



## **FI Voids**

|                        |   |
|------------------------|---|
| <b>Description</b>     | This report shows check numbers that were voided during the time period selected.   |
| <b>Search Criteria</b> | Local Agency, Clinic ID, Start Date, End Date and Void Reason Code  |
| <b>Report Columns</b>  | Agency/Clinic, Family ID, Person ID, Participant Name, FI Number, Use Dates, Void Date and Void Reason  |
| <b>Use of Report</b>   | This report is useful to research voided checks and to reconcile checks voided as In-Hand with those in the possession of the clinic. This reconciliation process will reduce the accidental issuance of voided checks to participants. |

## **Guidance**

## **First Time Pregnancy**

**Description** This report looks at pregnant participants equal to or greater than 29 weeks pregnant for first time moms.

**Search Criteria** Agency County

**Report Columns** Local Agency, Participant Name, Phone Number, Zip code, GA, EDD, Race, Medicaid and Food Stamps

**Use of Report** This report is used by the Nurse Family Partnership Program.

**Guidance**

## **Food Issuance**

|                        |  |
|------------------------|--|
| <b>Description</b>     | This report can pull any food item within a specified time frame by agency for active and terminated participants.   |
| <b>Search Criteria</b> | Local Agency, Start Date, End Date, Food Item and State Totals   |
| <b>Report Columns</b>  | Local Agency/Clinic, Food Item, Person ID, Participant Name, Category, FI Create Date, Food Pkg End Date and Staff Name.   |
| <b>Use of Report</b>   | This report can be used to see what food item was giving to the participant and who issued the food item. This report can be used to pull all participants with certain food items, when the food needs to be updated. |

## **Guidance**

## **Food Package Modification with Comments**

|                        |  |
|------------------------|--|
| <b>Description</b>     | This report looks at food packages that have been tailored and the comments from the food package screen within a specified date range.  |
| <b>Search Criteria</b> | Local Agency, Clinic, Start Date, End Date and Sort Order  |
| <b>Report Columns</b>  | Local Agency/Clinic, Tailored Date, Staff Person, Person ID, Food Package Name and Comments  |
| <b>Use of Report</b>   | This report can be used to see how often food package tailoring is taken place each month. With the comments row on the report you can see if proper documentation was completed. You can also see on the report the staff person (user) that did the tailoring. |
| <b>Guidance</b>        | Any package that has tailored in the food package name will be pulled for this report. This could be a package where the only modification done was canned beans were removed and dried beans were added. This package would not require documentation.          |

## **Food Package Modification with Details**

|                        |   |
|------------------------|---|
| <b>Description</b>     | This report looks at food packages that have been tailored within a specified date range.   |
| <b>Search Criteria</b> | Local Agency, Clinic, Start Date, End Date and Sort Order   |
| <b>Report Columns</b>  | Local Agency/Clinic, Tailored Date, Staff Member, Person ID, Food Package Name, Foods and Quantity  |
| <b>Use of Report</b>   | This report can be used to see how often food package tailoring is taken place each month. By looking up the participant by person ID you can complete audits to make sure proper documentation has taken place. The food column will list the amount and food in the package. You can also see on the report the staff member (user) that did the tailoring. |
| <b>Guidance</b>        | Any package that has tailored in the food package name will be pulled for this report. This could be a package where the only modification done was canned beans were removed and dried beans were added. This package would not require documentation.   |

## Health Care Provider List

|                        |  |
|------------------------|--|
| <b>Description</b>     | This report provides a way to get doctors/health care providers names to do outreach.  |
| <b>Search Criteria</b> | Local Agency   |
| <b>Report Columns</b>  | Local Agency, Provider Name, Family ID, Endorser Name and Staff Person   |
| <b>Use of Report</b>   | This report pulls all health care providers names from the nutrition interview screen and puts in alphabetical order. All statuses are pulled (active/terminated/pending etc.). This list can be used to do outreach to health care providers. |
| <b>Guidance</b>        | It may be helpful to use the doctor's full name without the word doctor, due to alphabetically sorting.  |

## **Infants Under 9 Weeks**

**Description** This report provides endorser names who have infants under 9 weeks old as of the date you run the report.

**Search Criteria** Local Agency

**Report Columns** Local Agency, Endorser Name, Phone #, Zip Code, Weeks, WIC Status and Race

**Use of Report** This report was created for the Nurse Family Partnership Program. All statuses are pulled (active/terminating/pending etc.).

**Guidance**

## Issued FI's By Staff Person

**Description** This report shows issued checks within the time period selected and the staff person who issued the checks.

**Search Criteria** Local Agency, Clinic ID, Staff Person, Issued Type, Create Start Date and Create End Date

**Report Columns** Agency/Clinic, Family ID, Person ID, Participant Name, Endorser Name, Phone, FI Number, Use Dates and Redeemed/Void Date

**Use of Report** This report shows issued checks, participants who received them and whether checks have been voided, redeemed or not redeemed and what staff person issued the checks for the specified time period chosen. This report is useful to research check printing errors to know when checks were issued, by which staff person and to whom they were issued so that these check printing errors can be resolved.

**Guidance**



## Language Spoken

**Description** This report shows the preferred spoken language of families that are currently active.

**Search Criteria** Local Agency, Clinic ID and Language Spoken

**Report Columns** Agency/Clinic, Language, Family ID, Endorser Name and Need Interpreter

**Use of Report** This report shows which families speak what languages and also whether or not an interpreter is needed. It can also help clean up language data by knowing which families need to have the preferred spoken language added or corrected.

**Guidance** Run the report for your clinic- on the language list; select all (you may want to unselect English and Spanish).

You will see all families where the language is missing. Go in to each of these families records, and mark the preferred language if it is known. If it is not known, make an alert on the family record to remember to ask them their preferred language at the next appointment.

For each of the less common languages listed, make sure that these look correct and were not entered by mistake. If there was a mistake, change the language to English or Spanish whichever is correct. If the correct language is unknown, make an alert to remember to ask them.

## Language Totals

|                        |  |
|------------------------|--|
| <b>Description</b>     | This report shows the number and percentage of families that speak each language based on the preferred language selected.   |
| <b>Search Criteria</b> | Local Agency and Clinic ID   |
| <b>Report Columns</b>  | State Totals, Family Language Count and % of Count   |
| <b>Use of Report</b>   | This report can be used to see the total number and percentage of languages spoken for families who are active in VISION. This report can be used to see all the different languages spoken within the state and selected clinics. Knowing the most common languages can be used to help determine needs for interpreters and materials to be translated into other languages. |
| <b>Guidance</b>        | The first page of the report is state totals, subsequent pages are for the clinics selected. This report does not include families where there is no language preference marked.   |

## **Migrant Homeless Refugee**

|                        |   |
|------------------------|---|
| <b>Description</b>     | This report shows the number of participants who are migrant farm workers, homeless or a refugee.   |
| <b>Search Criteria</b> | Local Agency, Clinic ID, Start Date, End Date and Assigned  |
| <b>Report Columns</b>  | Agency/Clinic, Family ID, Person ID, Participant Name, Category, Assigned and Spoken Language   |
| <b>Use of Report</b>   | This report shows the number of participants who are migrant farmworkers, homeless or a refugee as marked in the Contact/Address screen. You can also get the state totals. Counts of homeless individuals and migrant farmworkers served are reported to USDA. |
| <b>Guidance</b>        | The spoken language may be useful to see what groups refugees belong to.  |

## **Missing Breastfeeding Infants**

|                        |  |
|------------------------|--|
| <b>Description</b>     | This report shows all breastfeeding participants whose infant isn't attached to the mom.   |
| <b>Search Criteria</b> | Local Agency and Clinic ID   |
| <b>Report Columns</b>  | Agency/Clinic, Family ID, Person ID and Participant Name   |
| <b>Use of Report</b>   | This report shows all breastfeeding participants whose infant is not attached to mom. The report will give family and person ID so that the infant can be attached to mom. |
| <b>Guidance</b>        |  |

## Missing Education Contacts

|                        |   |
|------------------------|---|
| <b>Description</b>     | This report shows participants who are missing an education contact in the current certification.   |
| <b>Search Criteria</b> | Local Agency, Clinic ID, Category and Sort By   |
| <b>Report Columns</b>  | Local Agency/Clinic, Family ID, Person ID, Participant Name, Category and Certification End Date  |
| <b>Use of Report</b>   | This report can be used to see the number of participants missing an education contact in the current certification period. It will only pull participants who don't have two contacts and they are 3 months out from their certification end date.   |
| <b>Guidance</b>        | <p>If you pull the report in November it would pull those participants whose certification ends in November, December or January.</p> <p>If you sort by certification end date you can see those participants who will need to be recertified at the end of the month. These are the participants you can look up to see why they haven't had the two education contacts within a certification period that is required.</p> <p>The initial certification would count as a contact as long you make a Nutrition education record under Education and Care in the navigation tree when they are certified. The second contact could be either a class or another WIC appointment like a follow up. Again a Nutrition Education record would need to be made to show the additional education was completed.</p> <p>Once a second nutrition education record is created the number of nutrition contacts that's shows on the most recent record is the total number of contacts this certification period.</p> <p>Nutrition education contacts are family based. If an infant received a contact during the certification period of the child that would count as a contact for the infant and child.</p> <p>The participant must have a current FI in the month searching to be pulled for the report.</p> |

## Missing Future Appointment

|                        |   |
|------------------------|---|
| <b>Description</b>     | This report looks at active participants that don't have a future appointment.  |
| <b>Search Criteria</b> | Local Agency, Clinic and Category   |
| <b>Report Columns</b>  | Local Agency/Clinic, Family ID, Person ID, Participant Name, Category, High Risk, Phone and Most Recent FDTU                              |
| <b>Use of Report</b>   | This report can be used to see participants that don't have future appointments set. It also shows those participants that are high risk. |

## Guidance

## **Missing Interview**

|                        |   |
|------------------------|---|
| <b>Description</b>     | This report provides a way to see all participants who are missing a nutrition interview when they were certified.  |
| <b>Search Criteria</b> | Local Agency, Clinic ID, Category and Time Frame  |
| <b>Report Columns</b>  | Agency/Clinic, Family ID, Person ID, Participant Name, Cert Type, Certification Start Date, Category, Assigned Risk Staff Person and Certifying Staff Person  |
| <b>Use of Report</b>   | This report can be used to see the participants missing a nutrition interview when they were certified.   |
| <b>Guidance</b>        | This report will only go back 31 days. You will want to run the report monthly. In the certifying staff person column on the report the name comes from the certification panel. Even though you can't see the name in VISION, it pulls the person who certified the participant. |

## No Food Benefits Pickup

|                        |  |
|------------------------|--|
| <b>Description</b>     | This report shows those participants that have not gotten current months checks and are eligible for food.   |
| <b>Search Criteria</b> | Local Agency, Clinic ID and Start Date   |
| <b>Report Columns</b>  | Local Agency/Clinic, Family ID, Endorser Name, Participant Name, Home Phone Number, Most Recent FDTU, Categorical Eligibility End Date and Category  |
| <b>Use of Report</b>   | This report can be used to see the participants that have not picked up current months checks.   |
| <b>Guidance</b>        | This report will pull those participants whose last month of checks printed was more than 30 days from the start date chosen. For example if the start date chosen was December 5 <sup>th</sup> anyone whose last checks received were November 1 <sup>st</sup> would be on this report. If they didn't have checks for December they would not be on this report. |



## **No Signature by Reason**

|                        |   |
|------------------------|---|
| <b>Description</b>     | This report shows the number of participants who are missing a signature  |
| <b>Search Criteria</b> | Local Agency, Clinic ID, Reason List, Start Date and End Date   |
| <b>Report Columns</b>  | Agency/Clinic, Family ID, Captured Date and No Signature Reason   |
| <b>Use of Report</b>   | This report shows the number of participants who are missing a signature and the reason why they are missing the signature. This report is helpful for auditing purposes to determine if signatures are being captured and if documentation is completed when required for missed signatures. |
| <b>Guidance</b>        | This report may be useful to help cut back on the number of signatures we miss by investigating the other-documented reason.  |

## **Participant Birth Date Search**

|                        |   |
|------------------------|---|
| <b>Description</b>     | This report shows the participants whose birth date is within the time span specified.  |
| <b>Search Criteria</b> | Local Agency, Clinic ID, Begin Birth Date and End Birth Date  |
| <b>Report Columns</b>  | Agency/Clinic, Family ID, Person ID, Participant Name, Birth Date, Sex and Phone Number   |
| <b>Use of Report</b>   | This report can be used to see the number of participants who birth date is within the range chosen and exactly what their birth date is. |

### **Guidance**

## **Participant Non Serialized Issuance**

|                        |  |
|------------------------|--|
| <b>Description</b>     | This report shows all non-serialized breastfeeding items issued to a participant.  |
| <b>Search Criteria</b> | Local Agency, Clinic ID, Start Date, End Date and Category   |
| <b>Report Columns</b>  | Agency/Clinic/Category, Family ID, Participant Name, Person ID, Issued Date, Description and Staff Person  |
| <b>Use of Report</b>   | This report can be used to see what and how many non-serialized items were issued within a specified time frame. You can chose between breast pump kits and supplies and single user pumps.  |
| <b>Guidance</b>        | This report could be a way to track how many breast pump kits and supplies were distributed each month. It can be used in replace of the monthly paper inventory breastfeeding aids log. The report would need to be pulled monthly. |

## Participant Violations and Sanctions

|                        |   |
|------------------------|---|
| <b>Description</b>     | This report shows the number of participants who have had a violation and the sanctions that have been imposed.   |
| <b>Search Criteria</b> | Local Agency, Clinic ID, Start Date, End Date, Violation Type and Sort By   |
| <b>Report Columns</b>  | Agency/Clinic, Family ID, Participant Name, Person ID, Violation Date, Violation Type and Staff Person  |
| <b>Use of Report</b>   | This report shows the number of participants who have a violation and the sanctions that have been imposed. This report is useful to keep track of all violations and sanctions and whether or not they have been resolved. This report is helpful for auditing purposes to determine if sanctions are being applied according to policy. |
| <b>Guidance</b>        | This report should be run regularly for tracking purposes and any time a notification is received from the Help Desk regarding a new violation.   |

## Participation Child Count

|                        |   |
|------------------------|---|
| <b>Description</b>     | This report shows the number of infants and children for an agency.   |
| <b>Search Criteria</b> | Month, Year and Local Agency  |
| <b>Report Columns</b>  | State Totals, Infant, Infant %, Child 1yr, Child 1yr%, Child 2yr, Child 2yr%, Child 3yr, Child 3yr%, Child 4yr, Child 4yr%, Child 5yr, Child 5yr% and Total Count |
| <b>Use of Report</b>   | This report shows the number of infants and children broken up by age groups for the month and year specified.  |
| <b>Guidance</b>        |   |

## **Pregnancy By Expected Due Date**

**Description** This report provides a way to see all participants who have an expected delivery date within your specified date range.

**Search Criteria** Local Agency, Clinic ID, EDD Start Date and EDD End Date

**Report Columns** Agency/Clinic, Family ID, Person ID, Participant Name, Hispanic/Latino, Expected Delivery Date and Actual Delivery Date

**Use of Report** This report can be used by peer counselors to make calls to participants that are pregnant or are postpartum. It also allows you to see the actual delivery date if the participant has already had their baby.

**Guidance** This report pulls any record with an expected delivery date within the specified time selected.

If you run the report for a past month you will notice most of the Actual Delivery Date Column is completed. If the column is blank it could be that the participant never recertified after having the baby.

## **Proof of Income**

**Description** This report shows the participants and the type of proof they showed to be certified on the program.

**Search Criteria** Local Agency, Clinic ID, Proof List, Start Date and End Date

**Report Columns** Agency/Clinic, Family ID, Person Name, Participant Name, Proof Description and Staff Person

**Use of Report** This report shows the participant and the proof they used to qualify for the program. This report is helpful for auditing purposes to ensure that proper proof types are used and to determine if documentation is completed for those who use the "0 income signed statement" as proof.

**Guidance**

## **Race and Ethnicity**

|                        |  |
|------------------------|--|
| <b>Description</b>     | This report shows the total number and percentage for each race and ethnicity chosen.  |
| <b>Search Criteria</b> | Local Agency, Clinic ID, Start Date and End Date   |
| <b>Report Columns</b>  | State Totals, Agency/Clinic, Hispanic, Non-Hispanic and Total  |
| <b>Use of Report</b>   | This report shows the total number and percent of the different race and ethnicities in your clinic for a specified time span. This report is useful for reporting purposes. It is also used to determine which racial and ethnic groups are served for civil rights compliance purposes and to determine where additional outreach may be needed. |

## **Guidance**



## Returned Formula

|                        |   |
|------------------------|---|
| <b>Description</b>     | This report shows all participants who have returned formula in a specified time period.  |
| <b>Search Criteria</b> | Local Agency, Clinic ID, Returned Start Date, Returned End Date and Sort Selection  |
| <b>Report Columns</b>  | Agency/Clinic, Family ID, Participant Name, Returned Formula, Quantity, Returned Date and Staff Person  |
| <b>Use of Report</b>   | This report can be used to see what specific formula has been returned, how much was returned and when it was returned. This report can be used for auditing purposes to look for possible over-issuance and to investigate if returned formula was donated or destroyed according to policy.   |
| <b>Guidance</b>        | The only formula that can be returned by a participant is a product that was vouchered by the WIC program. When you try to return formula in VISION you get a drop down box to choose which formula the participant is returning. The drop down box gives you the formula they have been vouchered by WIC. A separate log must be kept to track the donation or destruction of the formula. |

## **Separation of Duties**

**Description** This report lists any staff who have completed all aspects of a certification including proof of income, residency, and identity as well as risk and printing checks

**Search Criteria** Local Agency, Clinic ID, Start Date and End Date

**Report Columns** Agency/Clinic, Family ID, Participant ID, Participant Name and Staff Person

**Use of Report** Required report to ensure that staff is not completing all aspects of a certification and printing checks for the same participant which is contrary to the Separation of Duties Policy. WIC Directors must run this report quarterly to look for clinic staff fraud and abuse. Audits must be completed according to policy.

**Guidance**

## **Serialized Inventory History**

|                        |  |
|------------------------|--|
| <b>Description</b>     | This report pulls all serialized breast pumps within a specified time frame.   |
| <b>Search Criteria</b> | Local Agency, Clinic ID, Pump Name, Sort By, Start Date and End Date   |
| <b>Report Columns</b>  | Pump Name/Serial Number, Family ID, Endorser, Contact Date, Transaction Date, Transaction Type and Comment   |
| <b>Use of Report</b>   | This report can be used to pull all serialized breast pumps within a specified time frame. It can be used to see the history of each individual breast pump. |
| <b>Guidance</b>        |  |

## Smoking Cessation

|                        |  |
|------------------------|--|
| <b>Description</b>     | This report shows the number of smoking cessation referrals made by clinic.                                  |
| <b>Search Criteria</b> | Local Agency, Month and Year   |
| <b>Report Columns</b>  | State Total, Local Agency/Clinic and Referrals   |
| <b>Use of Report</b>   | This report can be used to see the number of smoking cessation referrals that have been made by each clinic. |
| <b>Guidance</b>        | This report can be used to determine if the clinics are using/documenting the smoking cessation referral.    |

## **Staff Productivity**

**Description** This report shows staff members and what task they have completed at what time.

**Search Criteria** Local Agency, Clinic ID, Start Date, End Date, Start Time, End Time, Staff Person, Task and High Risk

**Report Columns** Agency/Clinic, Family ID, Task, Participant Name, Date/Time and Staff Person

**Use of Report** This report can be used to see how many participants each staff member sees in a given period of time and what duties they completed.

**Guidance**

## Terminated by Reason

**Description** This report shows the participant who has terminated and the reason.

**Search Criteria** Local Agency, Clinic ID, Term Reason List, Start Date, and End Date

**Report Columns** Agency/Clinic, Family ID, Person ID, Participant Name, Termination Date, Termination Reason and Staff Person

**Use of Report** This report shows the participant who has termed and the termination reason within the time span chosen. This report is helpful for auditing purposes to determine if notice of termination is given to the client along with 15 day benefits when applicable.

**Guidance**

## Transfer In

|                        |  |
|------------------------|--|
| <b>Description</b>     | This report shows participants who have transferred into the clinic from in state or out-of-state and where they came from.  |
| <b>Search Criteria</b> | Local Agency, Clinic ID, Start Date and End Date   |
| <b>Report Columns</b>  | Agency/Clinic, Family ID, CAT, Participant Name, Transfer Effective Date, Identity Record Date, Residency Record Date, Pregnancy Record and Nutrition Interview  |
| <b>Use of Report</b>   | This report shows the participants who have transferred from another Utah WIC clinic or from an out-of-state WIC clinic. This report can be used to make sure policy is followed when transfers are completed. |
| <b>Guidance</b>        | Identity Record Date, Residency Record Date, Pregnancy Record and Nutrition Interview columns on the report are intentionally left blank for the clinic staff to use for auditing purposes.                    |

## **Vendor Training**

|                        |  |
|------------------------|--|
| <b>Description</b>     | To determine vendor training that has taken place  |
| <b>Search Criteria</b> | Local Agency, Peer Group, Chain ID, Vendor Status, Training Reason, Start Date and End Date  |
| <b>Report Columns</b>  | Agency, Vendor ID, Vendor Name, City, Training Reason, Completed, Training Method and Attendees  |
| <b>Use of Report</b>   | To determine vendor training that has taken place within the time frame selected. This report can be used to ensure required training has been completed and documented. |

## **Guidance**



## **VISION Reporting Usage Report**

**Description** This report shows statewide the top reports that have been run and how many times it has been run by all users in a specific time frame.

**Search Criteria** Start Date and End Date

**Report Columns** Report Name, #Runs, Last Run and User Name

**Use of Report** This report can be used to see the top reports that have been run statewide and the top report users. You can see by staff member (alphabetized) what reports they ran and how many times they ran it.

**Guidance**

## **Zip Code by Family**

|                        |   |
|------------------------|---|
| <b>Description</b>     | This report shows each family and what zip code they live in.                                     |
| <b>Search Criteria</b> | Local Agency and Zip Code   |
| <b>Report Columns</b>  | Local Agency/Clinic, Zip Code, Family ID, Endorser Name and Home Phone                            |
| <b>Use of Report</b>   | This report can be used to see how many families currently certified are from a certain zip code. |
| <b>Guidance</b>        | This report pulls all active families at the time of the search.                                  |

## **Zip Code Summary**

**Description** This report provides a way to see how many total families are currently certified per zip code.

**Search Criteria** Local Agency

**Report Columns** Local Agency/Clinic, Zip Code and Number of Participants

**Use of Report** This report can be used to see how many total families currently certified are from a certain zip code.

**Guidance** This report pulls all active families at the time of the search.