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| **NARRATIVE SUMMARY** **– LA Plan****FY 2025** |  | **LA Name:**  |  |
|  | **WIC Director:** |  |
|  | **Plan Period:** | **10.1.24– 9.30.2025** |

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| 1. **Looking at the response sent in with your previous plan about future changes in 2024, provide an update on what happened during the past year in the following areas:**
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| **Events & Activities** |

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| **Accomplishments / What you felt good about:** |

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| **Barriers/Challenges/Struggles:**  |

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| --- |
| **Desired Improvements:** |

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| --- |
| **Adjustments needed:** |

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| --- |
| 1. **Describe anticipated changes or plans for FY 2025 related to:**
 |
| * Clinic location
* Clinic remodeling
* Services offered
 | * Service delivery
* Staffing
* Reason for anticipated changes
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| 1. **Describe any recent community or environmental impacts that influence your program and how services are provided:**
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| 1. **Use this space for anything else you would like us to know:**
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| --- | --- |
| **Completed By:**  | **Date Completed:** |

Thank You! Remember to “check in” this document when finished, and then mark it off on as completed on the Overall Checklist.