

Inter Tribal Council of Arizona, Inc. WIC Program Breastfeeding Peer Counselor Program

Quality Assurance Form

Clinic _____ **PC** _____ **Date** _____

Call PC clients randomly from the PC's client caseload.

Script for contact

Hi, my name is _____ . I am calling from the <Local Agency> WIC office. I am working on improving the quality of our peer counselor program. Do you have a minute to answer a few questions?

1. Have you received a call from your peer counselor?
If yes, continue. If no, go to question # 2.

A. On average, how many calls did you receive from your peer counselor in the last month (include messages that were left)? --- (1-3) (4-6) (7-10)

B. How was the service you received from your peer counselor?
(poor) (good) (great) (excellent)

2. Did you call any one about breastfeeding, like family, friends, La Leche League, doctor's office, etc? PC WIC Others

3. Did you get support for breastfeeding from any other person than a peer counselor, like family, friends, La Leche League, doctor's office, etc?

Yes or No If yes, ask who

“Thank you for your time and for allowing us to serve you.”

Data review

- Number of moms called _____
 - Number of moms reached _____
 - Number of moms unavailable _____
 - Number of moms who received a call _____
 - Number of moms who have contact with the PC _____
 - Number of calls by PC as reported by mom
 - (1-5) _____
 - (>5-10) _____
 - (>10) _____
 - Number of service ratings
 - poor _____
 - Good _____
 - Great _____
 - Excellent _____

Number of moms who have not heard from the PC

Number of moms who have called -- PC _____ WIC _____ other _____

Number of moms getting support for breastfeeding from any other person