

ITCA WIC BREASTFEEDING PEER COUNSELOR PROGRAM QUARTERLY REPORT



[Pick the date]

Local Agency Name:

Check the appropriate quarter:

- July, August, September / Due: **October 20th**
- October, November, December / Due: **January 20th**
- January, February, March / Due: **April 20th**
- April, May, June / Due: **July 20th**

ITCA WIC Breastfeeding Peer Counselor Program Quarterly Report

LOCAL AGENCY NAME:

Instructions: Please submit this form electronically to Claresa Bedonie claresa.bedonie@itcaonline.com.

Part 1: Staffing

- A. Total number of Breastfeeding Peer Counselors (BFPC) this quarter: _____
- B. List all Peer Counselors, hours and clinic location (optional, complete only if there are changes):

- C. If you're able to share, indicate how many Peer Counselors left employment this quarter? _____
Reason for leaving (optional): _____

Part 2: Training/ In-services

- A. Include trainings/in-services attended by BFPC staff during this reporting period.

| DATE | TRAINING/IN-SERVICE | PRESENTED BY |
|------|---------------------|--------------|
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Part 3: WIC Collaboration

Include any meetings/ activities that included staff from the BFPC Program during this time period. *Outreach activities, health fairs, etc.*

Part 4: Peer Counselor Contacts

1. How many client contacts by type were made by Peer Counselors this quarter?

_____ WIC Clinic Visit

_____ Phone Call

_____ Text Message

_____ Group/Class

_____ Hospital Visit

_____ Mail

_____ Email

_____ Other

_____ **Total Peer Counselor Contacts this quarter**

2. How many client contacts by category were made by Peer Counselors this quarter?

_____ Breastfeeding

_____ Pregnant

3. How many client contacts were successful and not successful this quarter?

_____ Successful _____ Not Successful

4. What is the monthly caseload per PC this quarter? Complete the table below for each PC staff person.

| PC Staff | Month 1 | Month 2 | Month 3 | Total |
|----------|---------|---------|---------|-------|
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