



**Fiscal –**

1. Is your Breastfeeding Peer Counselor program funding supplemented with Local Agency WIC funds? \_\_\_Yes \_\_\_No
  - a. If "Yes", how much was supplemented for the previous Federal Fiscal Year (Oct 1<sup>st</sup> – September 30<sup>th</sup>)? \_\_\_\_\_
2. Is your program funding supplemented with funds from your local public health agency? \_\_\_Yes \_\_\_No
  - a. If "Yes", how much was supplemented for the previous Federal Fiscal Year (Oct 1<sup>st</sup> – September 30<sup>th</sup>)? \_\_\_\_\_

**Orientation and Training**

1. Please select with an "X" from the following list the ways your agency orients Peer Counselors to the WIC Program:

	Uses the USDA Loving Support training platform and other materials
	Completes the Colorado WIC Certification Level II Basic Nutrition and Breastfeeding Modules
	Completes Colorado WIC Certification Level III Participant Centered Education Online Course and Post-Test <ul style="list-style-type: none"> <li>• Introduction Module and Modules 1 - 9</li> </ul>
	Completes 40 hours shadowing WIC Staff
	Completes training and orientation to Local Agency Policy and Procedure
	Completes annual civil rights training with other WIC Staff
	Observes an IBCLC or CLC with at least 3 mother/baby pairs
	Uses <a href="http://www.breastfeedingpartners.org">www.breastfeedingpartners.org</a>
	Observes or works with peer counselors in other local agencies. Please describe:

2. How does your agency keep the Peer Counselors informed of what is happening in the WIC clinic and the WIC clinic staff aware of what is happening with the Peer Counselor program?
3. How are new WIC staff members (Educators, RD, etc.) oriented to the Peer Counselor Program?

## Staffing

1. During the last year how many PC(s) have you had to lay off?
2. During the last year how many PC(s) have you hired? Was this due to turnover? Please explain.
3. Are any of the PC(s) bilingual? \_\_\_Yes \_\_\_No If so, how many and what languages?

	Spanish	Number of Peers:	
	Somali	Number of Peers:	
	Other (describe _____)	Number of Peers:	

4. Please select with an "X" the settings where the PC(s) work.

	Scheduled Office Time: _____Hours/week
	Work at Home
	Home Visits
	Support Groups
	Hospital Visits
	Assist with WIC Prenatal Classes
	Other (please describe):

5. What are the average total contacts made each month? **Base on the previous Federal Fiscal Year (Oct 1<sup>st</sup> – September 30<sup>th</sup>)**. Run the *BF PC Contacts Summary* report in Compass for the previous fiscal year. Add the number of total contacts in the following categories: Telephone Support, Clinic Visit, Peer Support Group, Home Visit, and Hospital Visit. Divide by 12 to get the average total contacts made per month.  
**\*Do not include these categories: No Answer, Mailings, Other, Prenatal and Postpartum as they are not considered contacts.**

6. Are PC(s) available outside clinic hours? \_\_\_Yes \_\_\_No
7. Please describe the population the agency's BF PCs serve and the frequency of their contacts:
- a. Pregnancy (which trimester, types of contacts, frequency of contacts)
  - b. Breastfeeding (weeks/months postpartum, types of contacts, frequency of contacts)
8. Are the Peer Counseling contacts documented in Compass? \_\_\_Yes \_\_\_No  
If not, please describe how the peer counselor contacts are documented.
9. Are the Peer Counselor assignment and caseload tracked in Compass? \_\_\_Yes \_\_\_No  
If not, please describe how participants are assigned to a peer counselor and how the caseload size is tracked.

### **Supervision and Management**

1. Who provides supervision/coordination of the PC(s)? (name and position)
2. Does the Breastfeeding Peer Counselor or Breastfeeding Peer Counselor LMS perform their duties within the scope of practice outlined in the Colorado WIC Program Manual? \_\_\_Yes \_\_\_No
3. Have the PC(s) signed a statement of confidentiality? \_\_\_Yes \_\_\_No
4. How do you verify the hours a PC works?
5. How often is the PC documentation of participant contacts reviewed?

6. If the BF PC works in dual roles are salary and fringe benefits based on the actual number of hours worked? \_\_\_Yes \_\_\_No  
If no, do you need assistance on billing and documentation \_\_\_Yes \_\_\_No
7. Do the PC(s) follow Colorado's BF PC cell phone and texting policies? (if applicable) \_\_\_Yes \_\_\_No

### Community Access to Breastfeeding Support

- Describe how you are building a breastfeeding network support in your community?
- Does the Peer Counseling Program collaborate with local hospitals? \_\_\_Yes \_\_\_No; If "Yes", please describe the collaboration.
- Does your area have a Breastfeeding Coalition? \_\_\_Yes \_\_\_No
- Do you need assistance building breastfeeding support networks with local resources? \_\_\_Yes \_\_\_No

### Evaluation/Program Areas to Build

- What kind of training outside of WIC, or through WIC, has the PC(s) or PC Program Coordinators attended using the BF PC Program Grant either in part or entirely? (include staff meetings and/or other arranged in-services) Place an "X" in front of type of training and type of staff attending.

	Lactation Journal Club through Nourish _____PC _____PC Coordinator
	Annual Colorado/Wyoming LLL Training _____PC _____PC Coordinator
	Colorado WIC Lactation Management Specialist Training _____PC _____PC Coordinator
	Local Agency staff meetings _____PC _____PC Coordinator (Describe frequency, e.g., monthly, weekly)_____
	ILCA _____PC _____PC Coordinator
	NWA Annual Education and Networking Conference _____PC _____PC Coordinator
	NWA Nutrition and Breastfeeding Conference _____PC _____PC Coordinator
	Other (please describe):

2. Using the *Participation with Benefits* Report for your agency, what is the average caseload in each category: *Pregnant, Fully BF, Part BF with Food Benefits, Part BF no Food Benefits* - for the previous Federal Fiscal Year (Oct 1<sup>st</sup> – September 30<sup>th</sup>)?

Pregnant	Fully BF	Part BF with BF	Part BF no FB

3. Describe gaps in breastfeeding support that have been identified in your community:
4. Describe areas in the agency's PC Program that have been identified as areas to strengthen:
5. How do you plan to strengthen or build these areas?
6. What additional assistance do you need from the State WIC Office?

**State Staff Use**

Quality Points:

Recommendations: