

Breastfeeding Peer Counselor Training Checklist

1. Pre-arrival	2. Local Agency Orientation	3. WIC Modules	4. BFPC Training	5. BFPC Program Orientation
<ul style="list-style-type: none"> <input type="checkbox"/> Identify work area <input type="checkbox"/> Set up IT equipment <input type="checkbox"/> Laptop <input type="checkbox"/> Cellphone <input type="checkbox"/> Desk line/voicemail <input type="checkbox"/> Prepare badge <input type="checkbox"/> Prepare access to buildings <input type="checkbox"/> Obtain vaccination records <input type="checkbox"/> Schedule HR orientation <input type="checkbox"/> _____ <input type="checkbox"/> _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Discuss clinic hours <input type="checkbox"/> Tour facilities <input type="checkbox"/> Introduce staff <input type="checkbox"/> Provide schedule of work hours <input type="checkbox"/> Review breastpump procedures <input type="checkbox"/> _____ <input type="checkbox"/> _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Intro to WIC <input type="checkbox"/> WIC PCE (online) <input type="checkbox"/> Breastfeeding Basics 1 (online) <input type="checkbox"/> Breastfeeding Basics 2 (in-person) <input type="checkbox"/> PCE setting the stage <input type="checkbox"/> Group Nutrition Education (paper) <input type="checkbox"/> Baby Behaviors (CD) <input type="checkbox"/> _____ <input type="checkbox"/> _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> A Journey Together 	<ul style="list-style-type: none"> <input type="checkbox"/> Policy, procedures overview <input type="checkbox"/> After-hours training <input type="checkbox"/> Review BFPC handbook <input type="checkbox"/> Using TWIST for BFPC <input type="checkbox"/> _____ <input type="checkbox"/> _____

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6. Observations and Shadowing	7. Supervised Hands-On with PC or PC Coordinator	8. On-own with check-ins	9. Three-Month Check-in	10. Supervisor Sign-Off
<input type="checkbox"/> Prenatal class 1 <input type="checkbox"/> Prenatal class 2 <input type="checkbox"/> Prenatal class 3 <input type="checkbox"/> Prenatal class 4 <input type="checkbox"/> Prenatal class 5 <input type="checkbox"/> Postpartum breastfeeding support group <input type="checkbox"/> Observe 20 text message contacts <input type="checkbox"/> Observe individual PC visit <input type="checkbox"/> Observe IBCLC visit <input type="checkbox"/> Observe use of reports for managing a caseload <input type="checkbox"/> _____	<input type="checkbox"/> Facilitate three prenatal classes (in each language if applicable) <input type="checkbox"/> Facilitate three postpartum breastfeeding support groups <input type="checkbox"/> Complete 20 breastfeeding text message contacts <input type="checkbox"/> Facilitate one individual PC visit <input type="checkbox"/> Practice printing and using TWIST reports to manage caseload for one month <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<i>Weekly check-ins (also ongoing)</i> <input type="checkbox"/> Week 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Week 4 <input type="checkbox"/> Week 5 <input type="checkbox"/> Week 6 <input type="checkbox"/> Week 7 <input type="checkbox"/> Week 8 <input type="checkbox"/> Week 9 <input type="checkbox"/> Week 10 <input type="checkbox"/> Week 11 <input type="checkbox"/> Week 12 <input type="checkbox"/> Week 13	<i>Supervisor will review all services provided by BFPC</i> <input type="checkbox"/> Texting/phone calls <input type="checkbox"/> Individual PC visit <input type="checkbox"/> Charting <input type="checkbox"/> Prenatal class <input type="checkbox"/> Postpartum group <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<i>Supervisor will continue to provide guidance and oversight to the BFPC program per local agency procedure</i> Supervisor signature _____ Date _____