

Instructions for Completing the Peer Counselor Quarterly Report

This report is to be completed quarterly and submitted to the State of Michigan WIC Program to Hanna Thelen (Nutrition/Breastfeeding Analyst): thelenh1@michigan.gov.

- 1) Indicate the name of the Local Agency in the top left corner.
- 2) Indicate which Quarter you are submitting in top left corner.
Quarterly Submission is as follows:
 1st Quarter (October – December)
 2nd Quarter (January - March)
 3rd Quarter (April - June)
 4th Quarter (July - Sept)
- 3) “Activities” Tab of Quarterly Report:
 If your local agency employs more than 1 peer counselor (PC), add together the monthly totals for the report item from each peer counselor and submit a program total in each column.
- 4) “Peer Update” Tab of Quarterly Report

Information in the sections *In WIC Clinic* and *PC Activities* sections are completed using the information found on the Peer Counselors [Activity Log/Monthly Report](#) and MI-WIC Reports.

In WIC Clinic	
Report Item	Guidance
# of client contacts	In MI-WIC Clinic Module: Use Reports section on tool bar > scroll to Breastfeeding > drop down to Peer Counselor Contacts > Select Local Agency and date range (i.e., 3/1/19-3/31/19) Choose PC name for Provider, run report for each month
# of group classes or support groups/clubs	Determine number of breastfeeding/infant feeding classes or support groups each PC has led for each month
# of participants who attended group classes/support groups/clubs	Determine number of individuals who attended each class/support group, etc (tally and enter number for all peers)
# of hours peer was available/works in clinic	Determine number of hours each peer was available and worked in the clinic
Amount of time services were provided outside normal business hours (use 15 min/.25 increments)	Determine number of hours peer(s) worked after hours in 15 minute increments and enter here

Peer Activities	
Report Item	Guidance
# of trainings/in-services	Total number of educational opportunities attended (conferences, orientation, MIBFN webinar, etc)
# of meetings	Total number of meetings attended (coalition, breastfeeding peer counselor meetings, etc)
# of Peer Program Outreach activities	Total number of activities for promotion or outreach that the peer(s) attended

Supervisor Only Section

This section includes information that directly relates to whomever functions as the Peer Manager at your local agency. This section includes how the Peer Manager has provided **training opportunities for peers, opportunities to attend staff meetings** with entire WIC team staff, **supervisory time (behind the scenes time on Peer Counseling): developing future PC outreach opportunities in hospitals, promoting PC program, quality assurance measures, interviewing for PCs, etc**), and **mentoring hours** (actual time sitting with peer(s) to discuss successes/concerns, growth opportunities, and development of counseling skills).

Supervisor Only	
Report Item	Guidance
# Times peers met with and observed other staff	# of times peers may have observed other peers or other WIC staff for training purposes (total number of times for each peer and enter here) This may be zero after initial orientation and training.
# WIC staff meetings peers attended	# of WIC team staff meetings the peer(s) may have attended
# Times each peer met with supervisor (Peer Manager) for private mentoring	# of times each peer spent one on one mentoring time with the Peer Manager, refer to PC mentoring tools
# Participants contacted by supervisor (Peer Manager) for peer evaluation	# of WIC clients the Peer Manager contacted each month for evaluation of WIC Breastfeeding Program (refer to Participant Satisfaction Survey example)
# of MIWIC records reviewed for documentation	# of MIWIC records the Peer Manager has completed for each month (spot check of peer counselor records, refer to PC Chart Review Checklist example)
Sup/Manager # hours worked on Peer Counseling	Number of hours for each month that the Peer Manager worked on Supervisory type of duties (refer to above description for Supervisory Time description)
Mentor # hours worked of Peer Counseling	# of hours each month that Peer Manager has dedicated time to mentoring the PC (peer counselor), refer to PC Mentoring Tools