BREASTFEEDING PEER COUNSELING PROGRAM WEEKLY ACTIVITY REPORT

Name: Marcia Perin
Title: BFPC
Clinic/Local Agency: UMCHS/WIC
Week of (Month/Day/Year): Jun-11

	Category		Type of Contact				Administration/ Other Activities						
	Prenatal	Postpartum	Individual Visit	Group Visit	Telephone Visit	Left Message/Sent e-mail	Planning/Reporting	Staff Training	Meetings	BF Promo Activity	Assigned Reading	Other - see remarks	TOTAL BY WEEK
Week 1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Week 2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Week 3	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Week 4	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Week 5	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PRENATAL & POSTPARTUM MONTHLY TOTALS ►	**0.00**	**0.00**	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00** ◄ **TOTAL MONTHLY HOURS**

15 minutes = ¼ hr = .25; 30 minutes = ½ hr = .50; 45 minutes = ¾ hr = .75; 1 hour = 1.