

WIC Breastfeeding Peer Counselor (BFPC) Orientation Checklist

This Breastfeeding Checklist is to be completed over the first 6 months of hire. Items with * must be completed before IWIC access is granted (within first two weeks). The * are identified priority areas (WIC Basics) that can assist with efficient onboarding. With the completion of this checklist, Peer Counselors will be able to:

- Identify the WIC program policies working in the role of a Breastfeeding Peer Counselor (BFPC).
- Document contacts and refer to staff appropriately via the WIC MIS.
- Provide participant-centered services to prenatal and breastfeeding WIC participants.

The IL WIC Policy Manual, associated addenda**, and handouts referenced throughout the training checklist can be found on the Community Health Training Center website: [WIC Policy Manual - Springfield Urban League](#). Other documents referenced can be found by clicking on the link, copying the shortened link, or by asking your supervisor or WIC Coordinator. **Nutrition Practice Standard = NPS. **Policy Practice Standard = PPS.

An evaluation link is provided at the end of this document. Once completed, please provide checklist to PC Supervisor.

Introduction/Overview of WIC

Date Completed	Estimated Time	Activities
	At least 1 day	<p>*Orientation to agency and clinic. Including: Observe a variety of WIC visits from start to finish: Frontline → anthro/biochem collection → CPA → back to Frontline (if applicable)</p>
		<p>*Review IL WIC PM AD 5 and 15: Confidentiality and Employee Compliance. *Review Addendum PPS Secure and Confidential Communications with WIC Participants (IL WIC PM AD 5.2)</p>
		<p>*Complete/sign the Addendum Illinois WIC Employee Confidentiality & Compliance Agreement Signature Form (IL WIC PM AD 15.1) <input type="checkbox"/> *Submit the completed Confidentiality Form to the Coordinator</p>
<p>Civil Rights Training is required before participating in program activities.</p>		
	~ 1 hour	<p>*Complete Civil Rights Training https://tinyurl.com/CRtrain _ <input type="checkbox"/> Provide Coordinator with your certificate after completing the training</p>

Illinois WIC Management Information System (MIS) Basics

Date Completed	Estimated Time	Activities
	Complete on Day 1	<p>*Coordinator to fill out WIC MIS User Request form for access to WIC MIS. (IL WIC PM AD Addendum 2.7 PPS WIC MIS Access). <ul style="list-style-type: none"> • After account creation, Coordinator and new employee will receive an email from DHS.WIC.MISAccess with further instruction to access the I-WIC <i>Training</i> and <i>Production</i> environments. </p>
<p>Illinois' I-WIC Web-Based Training (WBT) modules, module worksheets, and materials are found here:IWIC Resources - Springfield Urban League. Coordinator will review worksheets with you upon completion.</p>		
	81:00	<p>*Complete WBT Worksheet 1 Modules 1-3, 12</p>
		<p>*Review https://www.springfieldul.org/iwic-reports <ul style="list-style-type: none"> • IWIC Breastfeeding Report Guidance • IWIC PC Contact First Week Summary Report Guidance <ul style="list-style-type: none"> ○ Peer Counselor Program - Springfield Urban League </p>

Illinois Breastfeeding Support

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Date Completed/ Registered	Estimated Time	Activities
		*Discuss with Coordinator places within the clinic where mothers requesting to breastfeed or pump can go, if not comfortable feeding/expressing in public areas.
L1: L2:	You have up to 6 months to take this course. Level 1: 4 hours Level 2: 12 hours (4 hours/day for 3 days)	Initial Breastfeeding training includes the USDA's Breastfeeding Curriculum. <input type="checkbox"/> Complete WIC Breastfeeding Curriculum Level 1 and Level 1 Handouts. https://tinyurl.com/Level1BF <input type="checkbox"/> Complete Level 2 (register at link below) https://lactationeducation.com/illinois <input type="checkbox"/> Provide Coordinator with your certificate(s) after completion. Make sure you only register for each session once as DHS is charged for every registration. **L1-L2 must be completed within 6 months of hire.**
	Offered twice a year (Spring/Fall)	Complete New Peer Counselor Training To register: Click: Events & Activities - Springfield Urban League <ul style="list-style-type: none"> • Click: "Events & Activities" link • Find "Peer Counselor Training (Zoom)" and click the preferred date and time to register <input type="checkbox"/> Provide your supervisor/coordinator with your certificate after completion
	2 hr	Complete HUG Your Baby training. Reach out to DHS Breastfeeding Peer Counselor Coordinator for registration information *Make sure you only register once as it charges DHS for every registration <input type="checkbox"/> Provide supervisor certificate of completion

Illinois Breastfeeding Policies

Date Completed	Estimated Time	Activities
		*Review IL WIC PM Breastfeeding Peer Counselor (BFPC): WIC Policy Manual - Springfield Urban League Addendum Guidelines for referrals for Breastfeeding Peer Counselors Addendum NPS BFPC Documenting in WIC
		*Review IL WIC PM AD 10: Administrative Support of Breastfeeding Addendum NPS: Breastfeeding (IL WIC PM AD 10.1) Addendum Electric Breast Pump Loan/Release Form (IL WIC PM AD10.2) Addendum NPS Breastfeeding Competencies (IL WIC PM AD 11.5)
		*Review the following, if you will be providing group education (focus on group education sections of each policy. Review Addendum Nutrition Education (IL WIC PM NE 1.1) Review IL WIC PM NE 5.1 & 5.5- Secondary Nutrition General Guidelines & Group Nutrition Education Addendum Illinois WIC Talk Template (IL WIC PM NE 5.1) Review IL PM NE 6.1 Category Specific Nutrition Education Review IL PM NE 7.1 Education Materials Teaching Aids
Date Completed	Estimated Time	Activities

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		<p>*Review Illinois WIC Food Package Tables (IL WIC PM SFD)</p> <ul style="list-style-type: none"> • Staff should be familiar with foods, formulas, and Medical Nutritional Prescription Form offered in Illinois WIC • Refer Participants to CPA for any package changes/questions
		Review Addendum Illinois Authorized WIC Food List (WIC PM SFD)
		Review Addendum Illinois WIC Food and Nutrition Centers Program (WIC PM SFD) & Authorized WIC Vendor List (Provided by Coordinator)

Illinois Breastfeeding Promotion

Date Completed	Estimated Time	Activities
		<p>*Review Centralized Resource library: https://rb.gy/epm14</p> <ul style="list-style-type: none"> • Review handouts found in the “Breastfeeding” and “Infants” tabs <p>The following are recommended for BFPCs:</p> <ul style="list-style-type: none"> • Breastfeeding Food Package • Breastfeeding is a Special Time • How much can my new baby eat?
		<p>*Review <i>Hug Your Baby Digital Parent Resources:</i> https://www.springfieldul.org/chtcr/resources/illinois-state-breastfeeding-task-force/HUG-your-baby</p>
	At least 40:00, depending on additional modules	<p>*Review WICHealth information: Illinois WIC - Springfield Urban League (scroll down to WIC Health)</p> <ol style="list-style-type: none"> 1. Create staff account: https://bit.ly/3efSrWg <ul style="list-style-type: none"> • Click “Get a Staff Account” found on the bottom left side of webpage and follow instructions. 2. Discuss with Coordinator your role in the WICHealth support site. 3. Log into WICHealth: <ul style="list-style-type: none"> • Academy – Let’s Take a Tour course <ol style="list-style-type: none"> i. Print and submit certificate to Coordinator • Review resource library: Click “start sharing” in the Resources Quick Share section and review the Resource Library for materials you can provide to participants. Focus on the Breastfeeding section. • Review “Client Search” function to see how you can assist in troubleshooting WICHealth accounts with participants. <ol style="list-style-type: none"> i. Demonstrate how to manually look up completed lessons, when not auto populated into I-WIC. <p>Review at least one class that participants take on the client side Complete one breastfeeding focused lesson as a participant</p> <ol style="list-style-type: none"> ii. Name of class: _____ <p><i>This activity will assist in helping WIC Families access the site & understand its functionality.</i></p>
		<p>*Explore the following website for more information on breastfeeding support resources.</p> <ul style="list-style-type: none"> • USDA WIC Breastfeeding Support: https://wicbreastfeeding.fns.usda.gov/ <p><i>This activity will assist in helping WIC Families access the site & understand its functionality</i></p>

Staff Observation

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Date Completed	Estimated Time	Activities
	For at least one day	Observe CPA/DBE staff completing various certification, mid-certification, or secondary education visits offered by the agency, focusing on how staff provide breastfeeding assessment and support. Document all that apply: <input type="checkbox"/> Certification: # reviewed <input type="checkbox"/> PG <input type="checkbox"/> BE <input type="checkbox"/> BP <input type="checkbox"/> IBE <input type="checkbox"/> IBP <input type="checkbox"/> Mid-certification: # reviewed <input type="checkbox"/> PG <input type="checkbox"/> BE <input type="checkbox"/> BP <input type="checkbox"/> IBE <input type="checkbox"/> IBP <input type="checkbox"/> Secondary Ed: # reviewed <input type="checkbox"/> PG <input type="checkbox"/> BE <input type="checkbox"/> BP <input type="checkbox"/> IBE <input type="checkbox"/> IBP
		Review BFPC Observation form (Provided by Coordinator) *Reviewed observation form with Coordinator.
	varies	If possible, observe an experienced BFPC completing various duties offered by the agency. Coordinator may arrange BFPC observations with neighboring WIC agency. <input type="checkbox"/> PG <input type="checkbox"/> BE <input type="checkbox"/> BP # reviewed

Illinois Breastfeeding Training

Date Completed	Estimated Time	Activities
		*Review the WIC Breastfeeding Resources page Illinois WIC - Springfield Urban League additional resources. Discuss with supervisor/coordinator any other training opportunities. Review resources listed on Peer Counselor page.
		Review Regional Task Forces - Springfield Urban League specifically for your region.
		Other

Evaluation

Once checklist is complete, please provide DHS feedback by completing the required evaluation.

Date Completed	Estimated Time	Activities
	10:00	Complete BFPC Evaluation: https://forms.office.com/g/tuDPTeZQv2

I have been trained on the information above and have completed this list to the best of my ability and will follow up with my supervisor/coordinator with any questions. Keep completed checklist on file for review.

Staff Signature _____ Date: _____

Coordinator Signature _____ Date: _____

**After reviewing, Coordinator should keep orientation checklist on file.*