Maine CDC WIC
Breastfeeding Peer Counselor Activity Log

		Category			Direct Service (Counts)										Indirect Service (Hours)							
Date	Participant # or activity	Prenatal	Postpartum/BF	Attempted Call	Completed Call	Email	Text	Facebook	Individual Office Contact	Group Contact	Breastpump Issuance	Completed Pump Follow up	Mailings	Training	PC/Spvsr/Staff Meeting	Cleaning Breastpumps	Planning/Reports/Org.	Research	Travel Time	PTO	Number of Hours	Comments

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