					Name, Family ID, Participant ID, category DOB of baby
					Date referred to BF PC
					Date Assigned to BF PC
					Date intake completed and consent signed
					Minimum of 3 PN#1, PN#2, PN#3 (if appropriate based on enrollment date)
					PP w/in 1 week
					PP Weeks 2 & 3
					PP Week 4-7 weeks
					PP Week 8
					PP at 3 months
					PP at 4 & 5 months
					PP at 6 months
					PP at 9 &12 months
					PP as needed after 1 year
					Follow up contacts outside service schedule if Breastfeeding problems/concern identified. PC documentation in CT-WIC BF Notes & Support screen, content hx & BF note(s) added
					Nutritionist and Peer documentation of same feeding method and frequency. Follow up documented if inconsistent in CT-WIC BF Notes & Support screen, content hx & BF notes completed.
					PC Yielded when necessary according to protocols. CT-WIC BF Notes & Support screen, content hx & BF notes completed
					Next contact date noted in PC tracking log, day planner or in other location
					Comments