

# Is Your Facility Breastfeeding Friendly?

## A facility that is Breastfeeding Friendly:

- Provides an atmosphere that welcomes and promotes breastfeeding as a normal method of feeding infants
- Helps mothers continue to breastfeed when they return to work or school
- Makes breastfeeding resources available to parents
- Feeds infants on cue and coordinates feeding times with parent's schedule
- Trains staff so they are able to support breastfeeding parents
- Has a written breastfeeding policy

**If you think your center or home is Breastfeeding Friendly, complete the following information and the self-assessment on the back.** Mail, fax, or email this completed form and a copy of your breastfeeding policy to the address below. Facilities that answer "Yes" to all six standards and whose policy supports breastfeeding will be designated as a Breastfeeding Friendly Child Care Facility. Facilities will be awarded a certificate and window cling to display at the center or home. The certificate expires after 2 years and you will need to complete another self-assessment at that time.

If your facility is not ready to apply yet and you would like more information on becoming a Breastfeeding Friendly Child Care Facility, contact us at the address below.

Facility Name: \_\_\_\_\_

Sponsor Name (if applicable): \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Number of infants (under 12 months of age) currently in care: \_\_\_\_\_

## Contact Information:

Esther March Singleton, MBA, BSN, BHS, IBCLC  
FL Breastfeeding Coalition  
Broward County Breastfeeding Coordinator  
780 S.W. 24th Street  
Ft Lauderdale FL 33315  
esther.singleton@flhealth.gov  
Phone: 954-467-4700x4309 FAX: 954-847-3590

or

Krista Schoen, MS, RD, LD  
Florida Department of Health  
Bureau of Child Care Food Programs  
4052 Bald Cypress Way, Bin A-17  
Tallahassee, FL 32399  
krista.schoen@flhealth.gov  
Phone: 850-245-4323 FAX: 850-414-1622



***This form is for facilities that do not participate in the Child Care Food Program (CCFP).***

## Breastfeeding Friendly Self-Assessment

1. *Our facility provides an atmosphere that welcomes and promotes breastfeeding.* Yes\_\_\_ No\_\_\_

The facility encourages mothers to visit and breastfeed during the day, if their schedules permit. Facility employees are also encouraged to breastfeed their infants in care. There are breastfeeding posters on display and learning/play materials that promote breastfeeding (e.g. books that contain pictures of babies or animals nursing).

2. *Our facility helps mothers continue to breastfeed their babies when they return to work or school.* Yes\_\_\_ No\_\_\_

Parents are told about the facility's policies and services regarding breastfeeding. The facility's information packet for new families includes information on breastfeeding that is not provided by or produced by formula companies. There is a quiet comfortable place that mothers can feed their babies or express breast milk.

3. *Our facility has accurate written materials on breastfeeding topics available for all parents.* Yes\_\_\_ No\_\_\_

Staff is familiar with written materials and available community resources (support groups, La Leche League, lactation consultants, and local WIC agency) and refers moms as appropriate.

4. *Our facility feeds infants on cue and coordinates feeding times with the mother's normal schedule.* Yes\_\_\_ No\_\_\_

Breastfed babies do not receive food or drink (other than breast milk) unless indicated. Parents are asked what they want the facility to do if mom will be late and their baby is hungry or the supply of breast milk is gone.

5. *Our facility trains all staff so they are able to support breastfeeding.* Yes\_\_\_ No\_\_\_

Facility staff convey a positive attitude that moms can return to work and continue to breastfeed and that the facility can help them. Staff is trained about the benefits and normalcy of breastfeeding; the preparation, storage, and feeding of breast milk; and resources available for staff and parents.

6. *Our facility has a written policy that reflects the facility's commitment to breastfeeding.* Yes\_\_\_ No\_\_\_

Staff is familiar with the policy and it is available so that staff can refer to it.

### Enclosed is a copy of our facility's Breastfeeding Policy.

Name of Facility Director: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_