

CACFP Agreement # _____ Site # _____

Name of Sponsor _____

Your center was granted designation as a breastfeeding friendly child care center. To renew your certificate for the next three years, please provide the following information and answer the questions. Please send the center's current breastfeeding policy with this form.

Center Name _____

Center Address _____

City _____ State _____ Zip _____

Print Name of Center Director _____ Phone _____

E-mail address _____ License/Registration Number _____

Number of infants (under 12 months of age) currently in care _____

Please describe practices at your center for each of the following questions.

1. How does your center provide an atmosphere that welcomes breastfeeding families?

2. Please describe any changes in your center since your breastfeeding friendly designation. For example, change in the number of breastfed babies or comments by staff and/or parent.

3. How do you inform parents about your center's policies relative to breastfeeding?

4. What breastfeeding material/resources do you currently use in your center?

This institution is an equal opportunity provider.

5. What breastfeeding resources are available in your community?

6. How does your staff refer parents to these resources?

7. How do you coordinate the feeding plan with families?

8. How do you communicate the infant's daily intake with parents?

9. What materials or resources have you used to train staff?

10. How often is staff trained?

Signature of Center Director _____

- Please send completed form to the address below.** Use this contact information if you have any questions.
- Please include the center's current breastfeeding policy.**

CACFP Breastfeeding Coordinator
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www.health.ny.gov/CACFP