The Ten Steps to Breastfeeding Friendly Child Care Designation
Eligibility Application

***Program Information***

Program Name _____

Street Address _____

Mailing Address _____

City _____ State _____ Zip _____

Phone Number _____ Cell Number _____

Email Address _____

Director's Name _____

Type of program:

Center Type 1 _____ (Up to 30 children)
Center Type 2 _____ (31 – 60 Children)
Center Type 3 _____ (61 or more children)

Facility _____
Family Child Care Provider _____

Are you NAEYC Accredited? _____
Are you NAFCC Accredited? _____

At what level do you participate in the Tiered Reimbursement Program? _____ Tier I ____ Tier II _____ Tier III

Do you have a Provider Service Agreement in good standing? _____

Type of License _____ Regular _____ Initial _____ Provisional

Please tell us how you heard about the Breastfeeding Friendly Child Care Designation:

_____ At a conference or training
_____ Health Educator
_____ Quality Improvement Specialist
_____ Licensing or Regulatory Specialist
_____ TRAILS/TRIP
_____ Keys for Healthy Kids
_____ Infant/Toddler Specialist
_____ Child Care Resource & Referral Agency
_____ Child Care Nurse Health Consultant
_____ Colleague at another child care program

Your Child Care Resource and Referral Agency is:
CCRC _____ Choices _____ Connect _____ Link _____ Mtn Heart North _____ Mtn Heart South ____

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***Enrollment Information***

Number of classrooms for children under 36 months of age: _____

Number of children served:
_____ under 12 months of age _____ 12 to 24 months of age _____ 24 to 35 months of age

Number of caregivers working with children under the age of 36 months:

_____ Total _____ Have completed WVIT I _____ Have completed WVIT II

_____ Have completed first two semesters of ACDS _____ Have completed ACDS

_____ Have completed a college course on infant/toddler development

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| For child care centers only:<br>If licensing requirement for 40 hours of infant/toddler training for caregivers working with children under the age of 24 months has not been met, is a mentoring plan in place? _____ |

***Signature***

I have reviewed the completed Breastfeeding Friendly Child Care Designation Self-Assessment and Application Form and hereby submit it for consideration.

_____
Name of Program

_____
Name of Director

_____
Signature of Director Date

_____
Name of Board Chair, President, Owner or Equivalent (if applicable)

_____
Signature of Board Chair, President, Owner or Equivalent (if applicable) Date