## **Breastfeeding Family Friendly Business Designation: Application**

Date: BFFC TEAM Member Name:						
Business Name:						
Business Contact Name:						
Business Contact Email Address						
Business Contact 10-Digit Phone						
Business Mailing Address:						
business Mailing Address.						<del></del>
						<del></del>
Number of Employees (check ap	propria <sup>1</sup>	te boxes)				
Number of Employees		1-10	11-20	21-50	>50	]
Hourly						1
Salaried						1
Per Diem/ Occasional /Other	1					-
		<u> </u>				
<b>Required Practices</b>						
$\hfill\square$ Breastfeeding mothers are al	-		-	c <b>ted</b> . The	ey will ne	ever be treated poorly, asked to
stop breastfeeding, or asked to d	-				_	
			-			eir children, and access to a private
space for expressing milk or nurs	_			•	ace is lo	ckable and shielded from view,
includes an electrical outlet, and ☐ We do not advertise infant for						
☐ I have received and will post			•		window	y cling
I have received and will post	the bies	astreeum	g Weicoi	пе пеге	WIIIGOW	cinig.
Were you able to confirm the fi	rst 3 nra	ctices? Co	ongrati	ılations	11	
were you asie to commit the m	ot 5 pia	ictices: C	ongrace	iiatioiis	••	
☐ Please check here if you wou	ıld like t	o he adde	d to our	Faceboo	nk nage	and website as a Breastfeeding-
Family Friendly Business. https://						_
			•			•
			_	-		olina Breastfeeding Coalition as a
Breastfeeding Friendly Business	/Workp	lace. ncb	fc.org/n	cbc-proj	ects/the	e-business-case-for-breastfeeding
Next Step:						
	n Ander	son at <u>k</u> la	<u>nderso</u> n	@unc.ed	<mark>du</mark> , or ca	all us at 919-624-0230 to arrange a
time to pick up the form.					_	•

We look forward to scheduling a time for a Team member to present you with the Breastfeeding Welcome Here cling.

Thank you for supporting breastfeeding families in our community.