Breastfeeding Family Friendly Communities (BFFC) Business Designation: Application

Date:	BFFC Member Name, if applicable:	
Business Name:		
	ame:	
Business Contact Ei	mail Address:	
Business Contact 10	D-Digit Phone Number:	
Business Mailing A	ddress:	

Number of Employees (check appropriate boxes)

Number of Employees	0	1-10	11-20	21-50	>50
Hourly					
Salaried					
Per Diem/ Occasional /Other					

Required Practices

□ **Breastfeeding/chestfeeding families are always welcome and respected**. They will never be treated poorly, asked to stop chest/breastfeeding, or asked to cover up or move.

□ All lactating employees are allowed breaks to express milk or nurse their children and access to a private space for expressing milk or nursing that is not a bathroom. The space is lockable and shielded from view, includes an electrical outlet, and has hand hygiene available.

□ We support all breastfeeding, chestfeeding, and human milk feeding families inclusive of their race, ethnicity, immigration status, nationality, creed, age, sexual orientation, gender identity, family structure, primary language, ability, or class.

U We do not advertise infant formula or related products.

□ We will display the Breastfeeding Welcome window cling.

Were you able to confirm the first 4 practices? Congratulations!

□ Please check here if you would like to be added to our social media pages and website as a Breastfeeding-Family Friendly Business. [insert the link(s) to your social media page(s)]

□ Please check here if you would like us to share your information with the other local and state breastfeeding coalitions. [insert link(s) to local or state breastfeeding coalitions]

Next Step:

Send the application to [contact name/email address] or call us at [insert contact phone #] 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 window cling. Thank you for supporting breastfeeding families in our community.