

3005 Cherry Hill

Manhattan, KS 66503

785-477-4666

www.ksbreastfeeding.org

**“Community Supporting Breastfeeding” Application**



Communities in Kansas are eligible to become “Communities Supporting Breastfeeding”, a designation from the Kansas Breastfeeding Coalition (KBC) for communities who provide six key actions using existing statewide programs that address barriers to breastfeeding.

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| **“A Community Supporting Breastfeeding” Designation Criteria** | **Community’s Status** ***“Complete” or #*** |
| A local breastfeeding coalition  |  |
| Peer support group(s) such as La Leche League or similar mother-to-mother group |  |
| A least one community hospital enrolled in [High 5 for Mom & Baby](http://www.high5kansas.org/) or [Baby Friendly Hospital USA](http://www.babyfriendlyusa.org/)  |  |
| 1 business for every 1000 community citizens\* or 25 (whichever is lesser) participate in the [“Breastfeeding Welcome Here”](http://www.ksbreastfeeding.org/Advocates/BreastfeedingWelcomeHere.aspx) program |  |
| 1 business for every 5000 community citizens\* or 10 (whichever is lesser) receive a “[Breastfeeding Employee Support Award](http://www.kansasbusinesscase.com/for_employers/employer_awards)” from Kansas Business Case for Breastfeeding |  |
| A minimum of 20 child care providers in the community\*\* completing the course “*How to Support the Breastfeeding Mother and Family*”.\*\*County-level data will be used when the city population is less than 20,000 |  |

\*Number of citizens in the community (city or county) defined by most current census

Community Name (City or County): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Population as of most current census: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person for this application:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Breastfeeding Coalition Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Meeting dates, times and location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Average meeting attendance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 When coalition formed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Coalition Leader(s) who are current members of the KBC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Leadership structure (Board, informal, rotating facilitators, etc…) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Peer support group(s)** [*such as La Leche League or similar mother-to-mother group]*

Name of group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meeting dates, times and location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group facilitator name & breastfeeding credentials (i.e. LLL Leader, WIC Breastfeeding PC,

IBCLC, CBE, CLE, CLC, etc…): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If no breastfeeding credentials, describe approved breastfeeding education: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Average meeting attendance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Hospital –** (In cities *without* a maternity care hospital, “Hospital” on this form refers to the hospital serving the majority of mothers in the city)
* Enrolled in *High 5 for Mom & Baby* program
* Received *High 5 for Mom & Baby* designation
* In *Baby-Friendly Hospital* designation process, phase (D1, D2, D3 or D4): \_\_\_\_\_\_\_\_\_\_\_\_
* Recognized as a *Baby-Friendly Hospital*
1. **Businesses\*\* participating in “*Breastfeeding Welcome Here*”\*:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total #

 \* From the “[Participants](http://ksbreastfeeding.com/participants/)” list on the KBC’s “Breastfeeding Welcome Here” page

 \*\* Each business must have a unique physical address

List of BWH businesses

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1. **Employers receiving the “*Breastfeeding Employee Support Award*”\***: \_\_\_\_\_\_\_\_\_\_\_Total #

\* As listed on the “[Employer Awards](http://www.kansasbusinesscase.com/for_employers/employer_awards)” page of the Kansas Business Case for Breastfeeding website

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| **Employer** | **Award Level****(bronze, silver or gold)** |
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1. Child care providers having completed the course “*How to Support the Breastfeeding Mother & Family*” \_\_\_\_\_\_\_\_\_\_\_\_\_\_Total # *(contact the KBC at* *bandy@kansas.net* *for this information )*

**Please return the completed application:**

Via email to: bandy@kansas.net

Via postal mail to: Kansas Breastfeeding Coalition, 3005 Cherry Hill, Manhattan, KS 66503

**Questions**: Contact Brenda Bandy at bandy@kansas.net or (785) 477-4666

**Thank you for creating a community supporting breastfeeding!**