

**“Community Supporting Breastfeeding”**

**Application - Original and “Plus”**

** **

The Kansas Breastfeeding Coalition (KBC) “*Communities Supporting Breastfeeding*” (CSB) designation recognizes communities in Kansas who are integrating breastfeeding support across systems and environments in their community. See “Criteria & Guidelines” for CSB Original and CSB PLUS designation requirements.

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

Population (from [U.S. Census](https://www.census.gov/quickfacts/fact/table/US/PST045219)): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**CSB Original Designation**

*Communities with CSB Original designation may skip this section when applying for* ***CSB Plus*** *designation.*

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

*\* as listed on the KBC Local* [*Coalitions Directory*](https://ksbreastfeeding.org/local-coalitions/)

Standing Meeting Schedule (i.e., 4th Wed. at 12 pm): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Dates of meetings in the past six months: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Average # of people in attendance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Year coalition formed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Leadership structure:

* Elected Board
* Informal, govern by consensus
* Rotating leadership
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Peer support group(s)\*** *\* as listed in* [*KBC’s Local Resources Directory*](http://ksbreastfeeding.org/local-resources/)

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 facilitator does not have breastfeeding credentials, describe approved breastfeeding education: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Average # in attendance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If support is provided via social media, please provide the URL to the group’s page for verifications of activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Hospital –** (In cities *without* a maternity care hospital, answer the following for the hospital(s) serving the majority of mothers in the applicant community)
* Recognized *High 5 for Mom & Baby* hospital (listed [HERE](https://www.high5kansas.org/participating-hospitals))
* Recognized *High 5 for Mom & Baby Premier* hospital (listed [HERE](https://www.high5kansas.org/participating-hospitals))
* Designated as a *Baby-Friendly Hospital* (listed [HERE](https://www.babyfriendlyusa.org/for-parents/baby-friendly-facilities-by-state/))
1. **Public establishments\*\* participating in “*Breastfeeding Welcome Here*”\*:** \_\_\_\_\_\_\_ Total #

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

 \*\* *Must have a unique physical address* *from other participants*

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*

1. **Child care providers having completed the course “*How to Support the Breastfeeding Mother & Family*”** \_\_\_\_\_\_\_\_\_\_\_\_\_\_Total # *(as listed on* [*Breastfeeding Support by Kansas County*](https://docs.google.com/spreadsheets/d/1jlLIEh0g1883pA9Rabldn0r25eQdrDWQddQM5REq-FE/edit?usp=sharing)*)*

**CSB Plus Application**

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

*\* as listed on the KBC Local* [*Coalitions Directory*](https://ksbreastfeeding.org/local-coalitions/)

Social Media Platform(s) URL for verifications of activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of active coalition members from at least three (3) of the following categories:

* Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Local Health Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Physician Practice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Home Visitor program(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Breastfeeding Parent (youngest child <5 yrs. old): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Breastfeeding Peer Support Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Child Care Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Doula: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Midwife:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Emergency Preparedness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Academia: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe how the coalition is connected to other local and/or regional breastfeeding coalitions working in the same geographical area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe how the coalition actively promotes local, national, and culturally appropriate breastfeeding support resources to local families. Attach resource flyer or other promotional material(s).

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

Describe an activity the coalition completed within the past 12 months (*exception for times of a national public health emergency, i.e. 2020-2021*) Qualifying activities must have been done under the name of the coalition but not all coalition members are required to have participated.

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

1. **Peer support group(s)**

Describe how peer breastfeeding support is available to families online:

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

Peer support for population(s) of color:

* For communities with a non-white population >10% ([verified by U.S. Census](https://www.census.gov/quickfacts/fact/table/US/PST045219)), describe how peer support by a person of color from majority population of color is available in the community:

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

* For communities with a non-white population <10% ([verified by U.S. Census](https://www.census.gov/quickfacts/fact/table/US/PST045219)), describe how families of color are referred to online support groups of color or if local support from a peer of color is available.

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

1. **Hospital –** (In cities *without* a maternity care hospital, answer the following for the hospital(s) serving the majority of mothers in the applicant community)
* Recognized *High 5 for Mom & Baby Premier* hospital (listed [HERE](https://www.high5kansas.org/participating-hospitals))
* Designated as a *Baby-Friendly Hospital* (listed [HERE](https://www.babyfriendlyusa.org/for-parents/baby-friendly-facilities-by-state/))
1. **Public establishments\*\* participating in “*Breastfeeding Welcome Here*”\* Total #\_\_\_\_ and** **list one establishment as an example in at least three of the Sectors below:**

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

 \*\* *Must have a unique physical address* *from other participants*

|  |  |
| --- | --- |
| **Sector** | **Name of Establishment** |
| Public buildings (state, city & county offices, library, courthouse, swimming pools, etc.) |  |
| Faith-based organizations |  |
| Restaurants |  |
| Schools (K-12, colleges & universities, early childhood spaces, adult learning centers) |  |
| Healthcare (hospitals, HDs, doctor’s offices, etc.) |  |
| Retail & services (grocery, shopping centers, beauty, etc.) |  |
| Other |  |

1. **Employers receiving the “*Breastfeeding Employee Support Award*”\* Total # \_\_\_\_\_ and list one establishment as an example in at least one of the Sectors below:**

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

|  |  |
| --- | --- |
| **Sector** | **Name of Establishment** |
| One of the top 10 largest employers in community (data from local Chamber of Commerce) |  |
| More than 50% of employees are women |  |
| More than 20% of employees are women from population(s) with historically low rates of breastfeeding |  |
| Other |  |

1. **Breastfeeding Friendly Child Care Providers**: ([*as listed on Child Care Aware of Kansas*](https://ks.childcareaware.org/breastfeeding-friendly-child-care-designation-recipients/))

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

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**Communities seeking the “CSB Plus” designation must choose ONE (1) of the following criteria in addition to those above**

* Physician Office:
	+ Submit practice’s [Breastfeeding-Friendly Self-Assessment](https://ksbreastfeeding.org/wp-content/uploads/2014/02/Breastfeeding-Friendly-Self-Assessment-Tool.pdf)
	+ Name of practice staff person who is an active member of the local breastfeeding coalition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Emergency Preparedness:
	+ Submit copy of county emergency plan (Continuity of Operations Plan), noting breastfeeding provisions and policies
	+ Name of county emergency manager or their designee who is an active member of the local breastfeeding coalition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* City and/or County Government:
	+ Name of City/County Government: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Has achieved the Gold “Breastfeeding Employee Support Award” as listed in #5 above
	+ Has enrolled in the Breastfeeding Welcome Here program as listed in #4 above
	+ Submit governmental document addressing training of swimming pool staff about support of breastfeeding patrons at the public pools.
* Faith-based Organizations:
	+ Name(s) of faith-based organization(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Have achieved the Gold “Breastfeeding Employee Support Award” as listed in #5 above
	+ Have enrolled in the Breastfeeding Welcome Here program as listed in #4 above
	+ Submit documentation demonstrating a “welcome” for breastfeeding families is included in verbal/written announcements
	+ If onsite licensed child care is provided, submit documentation demonstrating onsite child care providers have completed the course “[How to Support the Breastfeeding Mother & Family](https://kccto.org/?s=breastfeed&post_type=product).
* Schools (K-12), colleges and/or universities:
	+ Name of school/college/university: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Has achieved the Gold “Breastfeeding Employee Support Award” as listed in #5 above
	+ Has enrolled in the Breastfeeding Welcome Here program as listed in #4 above
	+ Submit policy to provide breastfeeding students with sufficient time and private space for feeding and pumping while on campus.
* Correctional facilities:
	+ Name of correctional facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Submit correctional facility’s breastfeeding policy addressing all incarcerated lactating individuals.
	+ Submit documentation of at least two (2) of the support programs listed in the [Guide to Breastfeeding and Incarceration](https://mibreastfeeding.org/wp-content/uploads/2018/05/Guide-to-Breastfeeding-and-Incarceration.pdf) (pp. 7-8).
* Food Pantries:
	+ Name of food pantry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Has achieved the Gold “Breastfeeding Employee Support Award” as listed in #5 above
	+ Has enrolled in the Breastfeeding Welcome Here program as listed in #4 above
	+ Submit page 5 of the pantry’s self-assessment from the [Guidelines for Breastfeeding Friendly Food Pantries](https://ksbreastfeeding.org/wp-content/uploads/2020/02/Guidelines-for-the-Breastfeeding-Friendly-Food-Pantry-Final.pdf)
* Doulas:
	+ Submit attendance certificates of local doulas who have completed [Breastfeeding 201: Building on the Basics](https://ksbreastfeeding.org/wp-content/uploads/2020/12/Bfing-201-Building-on-the-Basics-Agenda-Outline-Objectives.pdf) within the past two (2) years.
	+ Names of local doulas who are active members of the local breastfeeding coalition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Local Health Department - Has achieved the KBC’s [Breastfeeding Friendly Local Health Department designation](https://ksbreastfeeding.org/breastfeeding-friendly-local-health-department/)
* Other sector/system: Documentation to be determined in partnership with the KBC

**Please return the completed application:**

Via email to: info@ksbreastfeeding.org

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

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