



Breastfeeding Friendly Child Care

Parent Acknowledgment of Breastfeeding Policies

Program Name: _____

Classroom: _____

As part of our commitment to helping families meet their breastfeeding goals, please verify you've been given information on our Breastfeeding Friendly Policies.

Initial to indicate "yes" to the following questions:

_____ Did we communicate (and/or distribute) our Breastfeeding Friendly policy with you when you enrolled your child in our program (or when we implemented our Breastfeeding Friendly policy)?

_____ If you are supplying breast milk for your child, were you given a copy of the guidelines for how to label and store your breast milk?

_____ If you are supplying breast milk for your child, were you given a copy of the guidelines for how the caregiver will handle your breast milk? For example, were you informed about how the caregiver will reheat your child's bottle?

_____ If you are supplying breast milk for your child, were you shown the private space available to you to nurse or pump on-site?

Printed Name: _____

Date: _____

