



**Breastfeeding Friendly Child Care Partnership Agreement:
Local Health Agency/Coalition and Child Care Resources & Referral Agency**

_____ (Health Agency/Coalition)

and _____ (Child Care Resources & Referral Agency)

agree to work collaboratively to implement the Breastfeeding Friendly Child Care Initiative in

_____ (geographical region or county).

We understand that both agencies will have specified duties, which could include:

- Providing direct communication to child care providers regarding this opportunity
- Answering inquiries of child care providers
- Coordinating with interested child care providers and scheduling trainings
- Training child care staff
- Conducting follow-up with child care providers
- Continuing ongoing communication with child care providers during the process
- Evaluating child care providers for determination of breastfeeding friendly status
- Providing updates to YoungStar technical consultants (if provider participates in YoungStar)
- Awarding child care providers breastfeeding friendly status
- Making public a list of providers that have achieved breastfeeding friendly status

[Optional] We aim to work with _____ (#) child care providers to train and support them in achieving breastfeeding friendly status.

Signed: _____

Signed: _____

Printed Name: _____

Printed Name: _____

Agency: _____

Agency: _____

Email: _____

Email: _____

Position: _____

Position: _____

Date: _____

Date: _____

One individual from each partnering agency (including local health agency/coalition and Child Care Resources and Referral) should sign the partnership agreement. Each agency should have a process in place to continue the work if the original contact person leaves the organization. The Wisconsin Breastfeeding Coalition should be notified of any changes in contact information for either agency.

Submit completed form to the Wisconsin Breastfeeding Coalition:
wcbreastfeedingfriendly@gmail.com