



Breastfeeding Friendly Awards 2010: Workplace, Child Care and Physician Ventura County

Sponsored by the Breastfeeding Coalition of Ventura County
Official Nomination Form

Breastfeeding is Best for Babies!!

Moms need a lot of support to breastfeed, especially when they go back to work!

**Do you work for an employer located within Ventura County
that *promotes and supports breastfeeding*?**

**Do you use a licensed child care provider in Ventura County
that *encourages your breastfeeding*?**

**Does your physician *pay special attention to your breastfeeding needs*
and *provide resources and recommendations*?**

**If so, nominate them for a Breastfeeding Friendly Award by completing this
Official Nomination Form by Wednesday, June 30, 2010.**

What is a Breastfeeding Friendly Award?

Awards are given annually to businesses, not-for-profit organizations, licensed child care providers and physicians located within Ventura County in recognition of outstanding promotion, advocacy, and support of breastfeeding.

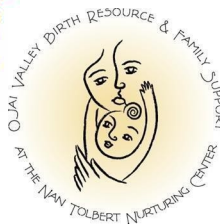
Why Should you Nominate your Employer, Child Care Provider or Physician?

Employers, child care providers and physicians make a critical difference in whether a working mother continues to breastfeed her infant. Having a terrific support system benefits our babies! Great employers, child care providers and physicians deserve to have their efforts recognized and rewarded!

What is the Breastfeeding Coalition of Ventura County?

Comprised of health care providers, community leaders, policy makers, and parents, as well as public and private organizations, the Breastfeeding Coalition of Ventura County promotes and supports breastfeeding for the first six months and continued breastfeeding beyond the first year. We build community partnerships, develop resources, and provide advocacy, education, outreach, and support to health care providers, policy makers, families and the public. For more on the Breastfeeding Coalition of Ventura County, visit: www.breastfeedventura.org

*The Breastfeeding Friendly Awards
are proudly co-sponsored by:*



Maternal Child Health

Community Memorial Health System

Nominations due by **June 30, 2010**. Awards to be presented on **August 3, 2010**.

2010 Breastfeeding Friendly Award Nomination Form

Information about YOU:

Name: _____ E-mail: _____
Phone: (work) _____ (cell) _____
Employer: _____ Job Title: _____

Information about your NOMINEE: (Please check one)

- Small Business Employer (<50) Large Business Employer (>50) Non-Profit Employer
 Child Care Provider Physician

Please list contact information for the Employer/Child Care Provider/Physician that you indicated above:

Name: _____
Mailing Address: _____
Phone: _____ Email: _____

EMPLOYER/BUSINESS NOMINEES

Please use this simple scale to rate your EMPLOYER in regard to the following statements:

1 = NO

2 = YES

- I was given information and resources about the benefits of breastfeeding _____ 1 2
Please list any specific examples:
- Prior to maternity leave I was informed of my option of breastfeeding and/or pumping _____ 1 2
Please list any specific examples:
- I am provided with a private, comfortable and accessible location for pumping _____ 1 2
Please list any specific examples:
- I am provided with a sink for hand washing & cleaning of breast milk collection devices _____ 1 2
Please list any specific examples:
- I am provided with hygienic storage options for my pumped breast milk _____ 1 2
Please list any specific examples:
- I am provided with adequate time and flexibility for breastfeeding or pumping _____ 1 2
Please list any specific examples:

I am provided with a lactation room that has the following features (Please check all that apply):

- Locking door Privacy (window coverings, etc.) Sink
 Comfortable seating Resource materials Other supplies (such as
 Refrigerator or cooler Electricity or batteries provided hand sanitizer or wipes)

CHILD CARE PROVIDER NOMINEES

Please use this simple scale to rate your CHILD CARE PROVIDER based on the following statements:

1 = NO

2 = YES

- My provider gave me information and resources about the benefits of breastfeeding 1 2
Please list any specific examples:
 - There is a private, comfortable location for pumping at my child care providers 1 2
Please list any specific examples:
 - I have access to a sink for hand washing & cleaning of breast milk collection devices 1 2
Please list any specific examples:
 - I am given adequate time and a comfortable environment for breastfeeding or pumping 1 2
Please list any specific examples:
 - My provider is consistent with giving my baby my expressed breastmilk 1 2
Please list any specific examples:
-

PHYSICIAN NOMINEES

Please use this simple scale to rate your PHYSICIAN based on the following statements:

1 = NO

2 = YES

- My physician strongly encouraged me to breastfeed and gave me local resources 1 2
Please list any specific examples:
- My physician saw my baby at least once in the first week after my hospital discharge 1 2
Please list any specific examples:
- At each well-baby exam, my physician asks me how my breastfeeding is going 1 2
Please list any specific examples:
- I have confidence that if I were having difficulty breastfeeding, my physician would make a number of recommendations other than to suggest feeding formula 1 2
Please list any specific examples:
- I have seen posters, flyers, magazines, etc. in the waiting room of my physician's office that encourage and advocate for breastfeeding my baby 1 2
Please list any specific examples:

2010 Breastfeeding Friendly Award Nomination Form

Please use this additional space to include any information, such as a personal story, anecdotal reports and/or testimonials, that helps support your nomination.

You may mail, fax or submit your nomination in person to:

Ventura County Health Care Agency
Attn: Laura Flores
2240 Gonzales Road, Suite 290
Oxnard, CA 93036

Fax (805) 981-5250

Nomination forms can be submitted to any of the 8 WIC offices in Ventura County, addressed to Laura Flores.

You may also download this form and learn more about the awards at www.breastfeedventura.org

All nomination forms must be completed and submitted by **June 30th** for consideration in the 2010 awards selection process.

If you have questions please feel free to call **Laura Flores at (805) 981-5273**

By submitting this nomination you, the nominator, agrees to allow the information included on this form to be used in conjunction with the 2010 Breastfeeding Friendly Awards, including but not limited to press releases and news coverage. You also agree to allow the public use of any photographs taken of the award winners and nominators to be used to promote this and future Breastfeeding Friendly Awards and the Breastfeeding Coalition of Ventura County