



Expedited Application for Baby-Friendly Facilities Already Designated by Baby-Friendly USA

Maternity Center Information

Name of Facility: _____

Contact Person: _____

Complete Mailing Address (include city and zip
code): _____

- Facility has been designated as Baby-Friendly by Baby-Friendly USA.
(Attach a copy of the designation with this signed application.)
- I hereby consent to submission for consideration by the Virginia Department
of Health's appointed review team.
- I agree to have the designation decision listed on the Virginia Department of
Health's website.

Print Name of CEO or COO

Signature

Date

Indicate web address (URL) to link to facility from the Virginia Department of
Health's website _____

Information for Public Health Program Planning

Number of Births in Most Recent Year of Data:

(Indicate the start date _____ and end date _____ of the data set.)

Total Number of Births: _____

% Cesarean Delivery: _____

Lactation Consultant Staffing

Number of International Board Certified Lactation Consultants (IBCLC) currently
on staff: _____

Number of IBCLC FTE's: _____

Thank you for completing this application.

Please refer to the application instructions page for submission guidance.