SAMPLE CEO Letter of Support

Please submit letter on facility letterhead and upload with your application

[DATE]

DC Breastfeeding Coalition

1629 K Street, NW

Suite 300

Washington, DC 20036

Dear DC Breastfeeding Coalition,

I am pleased to commit the personnel and resources to support [FACILITY NAME]’s participation in the Creating a Baby-Friendly District of Columbia Initiative. The [INSERT SENIOR ADMINISTRATIVE LEADER NAME(S) AND TITLE(S)] will be the leadership representative to this effort. [He/She/They] have my full support. [His/Her/Their] participation and my support is essential to help align improvement aims with unit and facility strategic goals and support priorities for our improvement team in order to accomplish the ultimate goal of a Baby-Friendly Hospital Designation. We recognize that our leadership is necessary to effect sustained changes that may be required in policy, systems, and resource allocation.

We are aware of, and support, the Mother-Baby unit’s goal to institute the Ten Steps and to become a designated Baby-Friendly Hospital. We will realize that there will be challenges along the way and are willing to support the maternity staff in this important endeavor. In addition, we understand that a very important component of the Baby-Friendly Hospital Initiative is implementation of the *International Code of Marketing of Breastmilk Substitutes (the Code)*. We support the tenets of the Code and will implement them within this facility.

We support the American Academy of Pediatrics’ recommendation for exclusive breastfeeding for approximately the first six months, and that breastfeeding, along with appropriate complimentary foods continue through the child’s first birthday and beyond for as long as mutually desired. If selected, we look forward to collaborating with other facilities in the District that are already or in the process of becoming Baby-Friendly®. This letter also serves as our formal **Letter of Intent** to undertake the steps required to become designated as a Baby-Friendly® facility in accordance with all established guidelines and criteria. We understand that a copy will be provided to Baby-Friendly USA to that end.

Lastly, the signature below indicates that, I:

1. Have reviewed, understand, and agree with the “Baby-Friendly USA Statement of Expectations,” dated November 1, 2012, attached as Appendix A.

2. Have reviewed, understand and agree with the BFUSA timeframe and the non-refundable fee structure, effective July 1, 2014 thru June 30, 2016, attached as Appendix B.

Improving breastfeeding rates at our facility is necessary to achieving overall optimal health to the communities we serve. We enthusiastically pledge our support.

Sincerely,

[NAME] [Name]

Chief Executive Officer Baby-Friendly Facility Primary Contact

**Appendix A: Baby-Friendly USA Statement of Expectations – November 1, 2012**

***DISCLOSURE OF INFORMATION/CONFIDENTIALITY***

1. The FACILITY will provide all information that is reasonably requested by BFUSA in order to help BFUSA provide the necessary technical assistance and perform the required assessments to determine compliance with the *Ten Steps to Successful Breastfeeding* and the *Baby-Friendly Hospital Initiative Guidelines and Criteria.*
2. Technical assistance materials provided to the Facility by BFUSA are protected by copyright.
3. The use of the technical assistance materials is limited to the purposes of implementing the Baby-Friendly Hospital Initiative Guidelines and Criteria.
4. The Facility will institute appropriate safeguards to prevent the unauthorized use or disclosure of any technical assistance materials.
5. The use of technical assistance materials will be limited to agents, employees, or subcontractors of the Facility who have a need to have access to the information in order participate in the assessment and who have agreed to maintain the confidentiality of any technical assistance materials disclosed to them.
6. BFUSA does not collect any individually identifiable information regarding patients of the Facility during the Development or Dissemination Phases. PHI may be reviewed during the on-site assessment at the facility.
7. BFUSA does not disclose information that has been designated by the FACILITY as confidential (collectively “Confidential Information”).
8. BFUSA will limit use of any Confidential Information for the purposes of providing necessary technical assistance and perform the required assessments to determine compliance with the *Ten Steps to Successful Breastfeeding* and the *Baby-Friendly Hospital Initiative Guidelines and Criteria.*

***REPRESENTATION TO THE PUBLIC***

1. Use of the Baby-Friendly® mark is restricted to facilities that have successfully completed the 4-D Pathway to Baby-Friendly Designation.
2. The FACILITY will not represent itself as Baby-Friendly until the Facility has:
	1. Completed all of the Phases of the 4-D Pathway to Designation;
	2. Received notification IN WRITING by BFUSA that an Assessment Team and External Review Board (“ERB”) have determined that the FACILITY has successfully implemented the Ten Steps to Successful Breastfeeding; and
	3. Executed a Baby-Friendly Designation Agreement indicating its intent to uphold the standards in the *“Baby-Friendly Hospital Initiative Guidelines and Evaluation Criteria For Facilities Seeking Baby-Friendly Designation.”*
3. The Registry of Intent Certificate may be displayed to show its intent towards achieving the globally prestigious Baby-Friendly certification.
4. The Baby-Friendly Designation is non-transferrable. Any additional facilities, including any additional facilities acquired by FACILITY, must each complete an outside assessment to determine compliance with the requirements of the Baby-Friendly Designation Program. If the FACILITY is acquired by another hospital or hospital system, the FACILITY may keep its Baby-Friendly Designation. However, the FACILITY’s Baby-Friendly Designation will not be applied to non-assessed entities of the new hospital or system, and non-assessed entities may not represent themselves as Baby-Friendly or display the Baby-Friendly mark.

*Appendix A: Baby-Friendly USA Statement of Expectations – November 1, 2012*

**Appendix B: TIMEFRAME, FEES AND 4-D PATHWAY SUMMARY**

**Baby-Friendly USA, Inc. Fee Schedule**

**For New Facilities Entering the 4-D Pathway to Baby-Friendly Designation** Effective 7/1/2014 thru 6/30/2016

|  |  |  |
| --- | --- | --- |
| PHASE | HOSPITALS | FREE STANDING BIRTH CENTERS & Hospitals WITH FEWER THAN 500 BIRTHS PER YEAR |
| Discovery | $ 0 Fee | $0 Fee |
| Development | $3,600 | $2,800 |
| Dissemination | $3,900 | $3,000 |
| Designation | $4,200 | $3.200 |

***NOTE: There is an annual fee for Designated Facilities. Please see separate fee schedule on our website***.

 These fees apply for facilities that enter the Development Phase of the 4-D Pathway between July 1, 2014 and June 30, 2016.

 These fees assume that a facility will take no more than one year to complete the tasks within each phase.

a. If a facility takes longer than one year in any phase, an additional fee, equal to the fee for that phase, will apply.

b. If a facility takes less than a year to complete any phase, it may move on to the next phase by submitting the appropriate materials and next phase fee. Phase fees are not pro-rated.

 The Development, Dissemination and Designation Phase fees also include a portion of the on-site assessment fee.

a. The balance due for single-site facilities will include costs related to the on-site visit and expenses associated with travel for two (2) assessors.

b. For multi-site facilities, in addition to the costs related to on-site visit and expenses associate with travel for two (2) assessors, there will be an additional fee based on the number of sites that Baby-Friendly will be assessing.

 If a facility does not pass its on-site assessment, additional fees will apply for re-assessments.

 No refunds will be issued for any fees paid.

*Appendix B: Timeframe, Fee & Summary of 4-D Pathway Published May 1, 2014, Update Effective July 1, 2015*