Policy on Bringing Babies to Training Programs and Conferences

In support of the national and international goals for 6 months of exclusive breastfeeding, Healthy Children Project, Inc. welcomes participants to bring babies under six months of age to Healthy Children programs under the following conditions.

Participants with an eligible baby at a training program* must:

- Acknowledge their personal responsibility for the baby’s safety and well-being. Healthy Children and its faculty members as well as the hosting facility and its staff are not responsible for the infant.
- Be attentive to their baby without distracting other participants in order to preserve the learning environment for all.
- Remove the baby from the classroom when the baby becomes noisy or disruptive, being aware that if the participant is out of the teaching room for more than 15 minutes total during the entire training they will not be eligible for continuing education credits, college credits (if applicable) or eligible to take the exam (when applicable).
- Be responsible for completing all classwork
- Be aware that if an exam is offered as part of the training program, the baby cannot be in the room during that examination, and the participant may not leave the exam to go to the baby.
- Bring a birth certificate to confirm that the age of the baby is <6 months.

*Please note that occasionally babies are not allowed in the classroom due to restrictions from the hosting site (e.g. cruise ships, private facilities with restricted access, etc.). It is the participant’s responsibility to inquire about bringing the baby prior to registration. Healthy Children is not responsible for finding childcare for infants who are not allowed in the classroom, or who are asked to leave due to classroom disruption.

Questions? Please contact us at 508-888-8044 between 9-5 Eastern, Monday-Friday or info@centerforbreastfeeding.org

FOR PARTICIPANTS REQUESTING A TRANSFER BECAUSE OF A CHILD CARE CONFLICT

Name ____________________________________________

Address ____________________________________________

City ___________________________ State __________ ZIP __________

Cell Phone ___________________________ Email ___________________________

Location of Training ___________________________ Date of Training ______________