



## APPLICATION FOR SNOHOMISH COUNTY Breastfeeding Friendly Workplace Award

The Breastfeeding Coalition of Snohomish County would like to recognize companies in our county that provide breastfeeding support to their employees. Employers nominated and selected by a review committee will be awarded a framed certificate and in a press release to local media. *Persons filling out application may remain anonymous if they wish.*

**Mail nominations to:** BCSC Survey c/o Cascade Baby  
PO Box 14604  
Mill Creek, WA 98082

**Or complete this form online at:**  
[www.breastfeedingsnoco.org/workplacesurvey](http://www.breastfeedingsnoco.org/workplacesurvey)

**ALL NOMINATIONS DUE BY JULY 4<sup>th</sup>**

**AWARDS WILL BE  
PRESENTED IN AUGUST**

**I have experience with breastfeeding support from this employer:**

- As a nursing or pregnant parent       Due to my job responsibilities       As a coworker

**Name of Company:** \_\_\_\_\_

**Best way to contact company to present award:**

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Person/persons (if applicable) deserving special recognition for support:**  
\_\_\_\_\_

### Policy

**Does your employer describe their breastfeeding support in a policy?**

- No       Yes

**If yes, check all that apply:**

- Written policy  
 Policy is communicated to **all** employees  
 Policy includes creative solutions to overcome specific workplace barriers (examples: babies allowed at work, or may be brought by other caregiver during breaks)  
 Policy supports a breastfeeding friendly atmosphere through education of all staff  
 Policy supports breastfeeding for as long as parent desires (not just one year)  
 Other \_\_\_\_\_

### Location

**Does your employer provide a non-bathroom, private, secure location to express milk?**

- No       Yes

**If yes, please check all that apply (continued on next page):**

- |                                            |                                                                                       |                                                                       |
|--------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Near my workspace | <input type="checkbox"/> Refrigerator or cooler for milk storage                      | <input type="checkbox"/> Space is aesthetically pleasing              |
| <input type="checkbox"/> Comfortable chair | <input type="checkbox"/> Nearby sink with running water or available sanitizing wipes | <input type="checkbox"/> The space is available whenever it is needed |
| <input type="checkbox"/> Small table       |                                                                                       |                                                                       |
| <input type="checkbox"/> Electrical outlet |                                                                                       |                                                                       |

- The space is shared for other purposes (examples: storage closet, meeting room)
- The space is *prioritized* for nursing mothers
- Other: \_\_\_\_\_

**Logistics**

**Does your employer offer the following options that support continued breastfeeding?**

- Break time for expressing milk
  - Breaks are paid       Breaks are unpaid
  - Breaks are flexible and available whenever needed to express milk
- Company insurance provides double-electric breast pump
- Employer provides multi-user pump at office
- Flexible work hours
- Ability to work part-time or return to work gradually
- Flextime, telecommuting, work-from home options, or job-sharing
- Maternity leave (not including sick, vacation, or disability pay)
  - Paid       Unpaid       Length of maternity leave: \_\_\_\_\_
- Paternity leave
- Onsite childcare
- "Baby-at-work" program
- Other (please explain): \_\_\_\_\_

**Community Support**

**Which of the following does your employer provide to pregnant and breastfeeding employees?**

- List of local breastfeeding services (groups, La Leche League meetings, IBCLC contact information)
- Education packet promoting the benefits of breastfeeding
- Encouragement to take a breastfeeding class, see an IBCLC (lactation consultant), or receive other high-quality support
- IBCLC services paid by employer or covered through employer health insurance
- Other (please explain): \_\_\_\_\_

**Have you felt supported to continue breastfeeding by your:**

- Coworkers?    Yes    No      Manager/Supervisor?    Yes    No

**Do you have any additional comments about your experience with your employer regarding accessibility and friendliness towards breastfeeding?**

Thank you for taking the time to complete this questionnaire. The information you have provided will assist the Breastfeeding Coalition of Snohomish County in recognizing employers that support breastfeeding.