



## 2019 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 selected by a review committee will be awarded a certificate and credited in a press release to local media. **Persons filling out application may remain anonymous if they wish.**

**Survey available online:** [www.breastfeedingsnoco.org/workplace](http://www.breastfeedingsnoco.org/workplace)

**Email surveys to:** [workplace@breastfeedingsnoco.org](mailto:workplace@breastfeedingsnoco.org)

**Or mail surveys to:** Breastfeeding Coalition c/o PWL  
11314 4th Ave W Suite 108  
Everett, WA 98204

**ALL SURVEYS DUE BY JULY 1<sup>st</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(s) deserving special recognition for support (if applicable):**  
\_\_\_\_\_

### Policy

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

- Yes       No

**If yes, check all that apply. *Our policy:***

- Is in writing  
 Is communicated to **all** employees  
 Includes specific options to support breastfeeding (examples: babies allowed at work or may be brought by other caregiver during breaks)  
 Supports a breastfeeding friendly atmosphere through education of all staff  
 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?**

- Yes       No

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

***The space is:***

- Available when needed  
 Near my workspace  
 Shared (ex: meeting room)  
 *Prioritized* for nursing mothers

***The space has a:***

- Chair  
 Table  
 Electrical outlet  
 Nearby sink / sanitizing wipes

Refrigerator or cooler

Other \_\_\_\_\_

## **Logistics**

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

- Break time for expressing milk
  - Paid Breaks       Unpaid Breaks
  - Breaks are flexible and available whenever needed to express milk
- Company insurance provides electric breast pump
- Employer provides multi-user pump at office/workplace
- 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 contacts)
- Education packet on benefits of breastfeeding
- Encouragement to take a breastfeeding class or see an IBCLC (lactation consultant)
- 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.