

Self Assessment: Breastfeeding Friendly Worksite Program

Please complete this assessment initially and after you have implemented any changes. Fax a copy to Public Health to increase awareness of Breastfeeding Friendly Worksites in St. Croix County.
Fax # 715-246-8458, Attention Heather Prigge, RN, CLC

Company Name and Contact Person: _____

Phone Number: _____ Date: _____

Initial Assessment: _____ Post-Implementation

Please check which components you currently use under each category.

1. Privacy to Express Milk

- Private space with a door that locks
- Comfortable chair
- Sink available to wash hands and equipment
- Double electric pump available
- Refrigerator for storage of breast milk during work day
- Other: _____

2. Flexible Breaks

- 15 minute breaks at least twice per shift
- Ability to pump at meal time
- Flexibility to come in early or stay late
- Ability to have someone bring infant in for feedings
- Other: _____

3. Education

- Printed material for employees about breastfeeding and milk storage
- List of resources available to breastfeeding employees
- Prenatal breastfeeding classes available for employees
- Access to Lactation Consultant
- Other: _____

4. Support

- Written breastfeeding policy
- Supportive practices that value breastfeeding
- Supervisors are encouraged to work with breastfeeding employees and make reasonable accommodations
- Other employees are encouraged to exhibit positive and accepting attitudes
- Other: _____

5. Other Comments or Needs:
