



Maryland Breastfeeding-Friendly Workplace Award Application

Name of Business: _____

Type of Organization: _____

Number of Employees in Maryland: _____

Contact Person: _____

Phone: _____ Fax: _____

Address: _____

E-mail: _____

1. **Does your business have policies or guidelines outlining the support offered to breastfeeding employees?** *(A sample guideline for breastfeeding support is enclosed in the Employer's Tool Kit, and is also available on our website at www.MarylandBreastfeeding.org)*

Yes No If yes, please provide a copy.

2. **Does your business have a flexible work schedule so that breaks and work patterns can be adjusted to provide time for breastfeeding employees to express breast milk?** *(Most breastfeeding employees will need approximately 30 minutes every 3 to 4 hours during the workday to express milk. Some businesses allow extra break time for breastfeeding employees. Others allow breastfeeding employees to increase their morning and afternoon breaks by shortening their lunch break, or by arriving at work 15 minutes earlier and leaving 15 minutes later.)*

Yes No If yes, please explain: _____

3. **Does your business have a private, accessible, and sanitary location designated for expression of breast milk?** *(A clean, private room with a locking door, an electrical outlet, and a comfortable chair is adequate as a breastfeeding support room. A women's restroom is not acceptable.)*

Yes No If yes, please describe (include photograph, if possible): _____

4. **Does your business provide a sink and clean water source for hand washing and cleaning of breast pump components in a nearby, accessible area?** *(When a sink is not available in the breastfeeding support room, a nearby break area or restroom can be used for washing.)*

Yes No If yes, describe location: _____

5. Where will a breastfeeding employee store expressed breast milk?

Refrigerator (provided) in a secure location Ice chest (provided)

Employee-provided cooler Other (Please describe: _____)

6. How does your business inform employees about your workplace breastfeeding support program?

Signs Newsletter Employee Orientation Staff Training

Other (Please explain: _____)

7. Does your business offer prenatal or postpartum breastfeeding classes for employees?
(Community breastfeeding classes may be available through the lactation consultant or prenatal educator at your local hospital.)

Yes No If yes, please explain: _____

8. Does your business offer or subsidize the services of a lactation consultant for employees?
(Lactation consultants in your area can be found through the International Lactation Consultant Association at: www.ilca.org.)

Yes No If yes, please explain: _____

9. Does your business provide on-site child day care?

Yes No

If yes, has staff been trained in the handling of human milk? Yes No

10. Please describe anything else your business does to support and promote breastfeeding:

Thank you for your interest in supporting breastfeeding in Maryland.

Please return your application to:

Department of Health and Mental Hygiene
201 West Preston Street, Room 309
Baltimore, Maryland 21201
Attn: Dr. S. Lee Woods

For questions regarding this application, please contact S. Lee Woods, MD, PhD at 410-767-6713
or by email at SLWoodsMD@dhmh.state.md.us

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