New Hampshire Breastfeeding Task Force Breastfeeding Friendly Employer Award Application

| Name of Employer | | | | | |
|---|--------------------|-----------------|------------------------------|--|--|
| Address | | | | | |
| Name and title of primary contact person | | | | | |
| Work Phone | Fax | Email | | | |
| Number of Employees | | | | | |
| What percentage of your employees are women between the ages of 15 – 44? | | | | | |
| Please check the option that best defines your worksite: | | | | | |
| □ Wholesale/retail | Manufacturing/0 | | □ Hotel/Restaurant | | |
| ☐ Transportation | ☐ Hospitals/Health | Care Facilities | ☐ Finance/Insurance Services | | |
| □ School | | | | | |
| Other (please describe) | | | | | |
| | | | | | |
| How long has your lactation/breastfeeding support been in place? | | | | | |
| ☐ Just getting started | d 🗆 1-2 years | □ 3-4 | ☐ 3-4 years ☐ 4+ years | | |
| If selected as an award winner, would you be willing to serve as a resource for other employers? | | | | | |
| □ Yes □ No | | | | | |
| Award Criteria (indicate all that apply) | | | | | |
| We have a written breastfeeding support policy and provide education about the policy to all employees | | | | | |
| We provide a private and secure room with a lockable door (not a bathroom) and comfortable chair | | | | | |
| ☐ We allow flexible breaks of at least 15-20 minutes every 2-3 hours | | | | | |
| ☐ Information is provided for families regarding mothers' groups in the area, e.g. hospital lactation services, LaLeche League, and websites. | | | | | |

| Any or all additional breastfeeding support elements offered within the business: |
|--|
| ☐ Educational breastfeeding materials for all expectant parents |
| □ Refrigerator nearby for milk storage |
| □ Nearby sink |
| □ Electrical outlet |
| □ Small table or shelf |
| □ Radio/CD player |
| ☐ Breastfeeding artwork |
| ☐ Ability to work part-time or offsite |
| ☐ Flex time/ flex schedule offered |
| □ Job-sharing |
| □ On-site child care |
| ☐ List of regional breastfeeding supports provided and maintained |
| ☐ Lactation consultant services provided by employer's insurance or paid for by employer |
| ☐ Lending library with breastfeeding resources |
| ☐ Maternity leave available for at least 12 weeks |
| □ Paid family leave |
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| Please list any other ways your worksite accommodates breastfeeding employees: |
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Thank you for all your efforts and we look forward to reviewing your application.

Technical Assistance is available through our website at www.nhbreastfeedingtaskforce.org or you can contact the Task Force at nhbreastfeeding@gmail.com