



Application for Recognition as a Breastfeeding Friendly Workplace

To Apply:

The Minnesota Department of Health recognizes workplaces as Breastfeeding Friendly if they meet the criteria outlined below. To apply, complete this form electronically using Adobe Acrobat or Adobe Reader 9.1 or later. Adobe Reader is a free application that can be downloaded from the internet. Save the form to your computer and submit it by email as an attachment to health.BFW@state.mn.us, along with **a copy of the written breastfeeding policy or guideline** and a **photograph of each lactation space**. Applications are accepted at any time but are reviewed twice annually. Applications are due by August 15th and February 15th for review by the end of the following month. Contact health.BFW@state.mn.us with any questions.

Employer Information:

Name of Employer

Name of Contact Person

Contact Person Title/Position

Employer Address

City State: MN Zip Code County

Phone Number Email

Type of workplace

No. of Employees Approximately what percent of your employees are women ages 15-44?

Along with your completed application, please submit the following documents as email attachments when submitting this application:

- Written breastfeeding policy or guideline addressing each of the factors described below
- Photograph(s) of lactation space(s)
- Optional: List of local breastfeeding resources provided to pregnant and breastfeeding employees

If recognition is granted, would you be willing to serve as a resource for other employers? Yes No

Workplace Lactation Support:

Written policy or guideline:

- My workplace has a written policy or guideline that addresses the elements of *support, time, education, and place* outlined below. *The policy format should follow other guidance provided to employees. This may mean a formal policy or something as simple as a section in an employee handbook. Submit a copy of the policy or guideline with this application.*
- Information about the breastfeeding policy and workplace lactation support is provided to employees at the time they request maternity leave.

Support:

- My workplace provides opportunities for breastfeeding mothers to receive support and encouragement. *Examples include message boards in the lactation room, internal workplace support groups, information about your local breastfeeding coalition, or a list of support opportunities available in your community.*
- Optional: Attach a list of local breastfeeding resources (local La Leche League chapter, lactation consultants, breastfeeding coalition, support groups) that is provided to pregnant and breastfeeding employees seeking breastfeeding information and support.

Time:

- My employer provides work schedule and work pattern flexibility to accommodate reasonable break times for breastfeeding employees to express breast milk or breastfeed as needed, for one year or longer after the child's birth. *Written policy or guideline should reflect this. This is required by state and federal law.*

Education:

How do you ensure that all employees are familiar with the breastfeeding policy? How are supervisors trained to support breastfeeding? Describe.
Max 2500 characters.

Place:

To be recognized as a Breastfeeding Friendly Workplace, employers must provide an appropriate number of lactation spaces relative to the number of breastfeeding employees.*

Each lactation space must:

- Be in an accessible location, within 5 minutes or less of the breastfeeding employees' workstations
- Be a private space, other than a bathroom, that is shielded from view and free from intrusion by coworkers and the public. A locking door is ideal. If a locking door is not provided, please explain how you ensure privacy. *(State & federal law)*
- Include access to an electrical outlet. *(State law)*
- Include a comfortable chair
- Include a small table or surface to support pumping equipment
- Have or be located near clean refrigerator space for milk storage
- Have or be located near a place to wash hands and clean pump equipment

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While not essential for recognition, if your workplace has taken steps to make the lactation space especially comfortable by providing, for example, a hospital grade pump, soft lighting, a bulletin board, a CD player, breastfeeding art, and/or a mirror, please describe what you have done. We welcome and encourage employers to take steps beyond the basics of breastfeeding support outlined above. Employers that have made an exceptional effort to accommodate breastfeeding employees may be featured on the Minnesota Department of Health website or recognized at the Minnesota Breastfeeding Coalition annual meeting.

Describe the location(s) available at your workplace for breastfeeding women to express milk while at work. Address the proximity of workstations to lactation spaces, presence of an electrical outlet, furniture provided, access to fridge space, access to a sink, and how privacy is ensured.
Max 2500 characters.

If your employees travel for work, describe how you ensure access to a clean, private place for mothers to pump while traveling. For example, if employees travel to areas without appropriate accommodations, one solution would be to create a travel kit which could include a privacy screen for car windows, a universal lock for a door, and sanitary wipes.
Max 2500 characters.

*The appropriate number of lactation rooms depends on the size of the company, the number of female employees of childbearing age, and the number of buildings on campus, among other factors. Multiple sites should be provided if it will take breastfeeding employees more than 5 minutes to walk from their workstation to the lactation room. Companies with many female employees may wish to create lactation "suites," installing partitions or curtains in the lactation room to accommodate multiple users at one time.

Save this form to your computer and submit it by email as an attachment to health.BFW@state.mn.us, along with a copy of the written breastfeeding policy or guideline and a photograph of each lactation space.

Office Use Only: Received on Filed on Site ID

