

North Carolina Breastfeeding-Friendly Business/Workplace Assessment

This assessment will help identify areas where improvements can be made to make a business and/or workplace breastfeeding friendly. This form is used to collect information about organizations in North Carolina that are making efforts to support breastfeeding mothers and their families.

Contact Information

Full Name *

First Name

Last Name

Organization Name *

Email Address *

Phone *

10 Digit Phone Number

Business/Workplace Information

Business/Workplace Name *

Address (physical) *



State

ZIP Code

Business/Workplace's County *

Choose the NC county, from the drop down list, in which the business/workplace is located.

Please tell us how many people the business employs. *

1-10 Employees

11-20 Employees

21-50 Employees

51-100 Employees

101-200 Employees

201-300 Employees

301+ Employees

Staff are employed as: (Check all that apply) *

Hourly Employees

Salaried Employees

Per Diem Employees (e.g., contractors, temporary staff)



Setting/Strategy

Why are you completing the assessment? Please select below: *

Working on strategies to support breastfeeding customers and may eventually apply for the Breastfeeding-Friendly Business Award

Working on strategies to support breastfeeding staff/employees and may eventually apply for the Breastfeeding-Friendly Workplace Award.

Working on strategies to support breastfeeding customers and staff/employees and may eventually apply for the Breastfeeding-Friendly Business and Workplace Awards.

Breastfeeding-Friendly Business Assessment

Breastfeeding-Friendly Business Criteria - Note: The first two questions below represent the minimum criteria needed for applying for North Carolina Breastfeeding Coalition's Breastfeeding-Friendly Business Award. The remaining questions relate to best practices that are encouraged, but not required for the award. At the end of this assessment, you will be provided with a link so that you may apply for the award if you meet the requirements.

1. Do you advertise infant formula or related products directly to customers? (Businesses who earn the Breastfeeding-Friendly Business Award may not advertise infant formula or related products.) *

Yes

No

2. Are breastfeeding mothers always welcome and respected, never treated poorly, asked to stop breastfeeding, or asked to cover up or move? (required for Breastfeeding-Friendly Business Award) *

Yes

No



3. Do breastfeeding customers have access to a private space for expressing milk or nursing? The space is NOT a bathroom, and is lockable and shielded from public view. (optional/recommended) *

Yes

No

4. Does your organization have a written breastfeeding support policy and orient employees to its principles to ensure appropriate treatment of families? (optional/recommended) *

Yes

No

5. Are staff educated on the rights and needs of breastfeeding moms and babies? (optional/recommended) *

Yes

No

6. Does your organization offer print materials for local breastfeeding resources to customers? (optional/recommended) *

Yes

No

7. Does your organization display breastfeeding promotion materials? (optional/recommended) *

Yes

No

8. Are you also completing this form to assess your workplace for breastfeeding-friendly practices? *

Yes

No

Breastfeeding-Friendly Workplace Assessment



Breastfeeding-Friendly Workplace Criteria - Note: The first three questions below represent the minimum criteria needed for applying for North Carolina Breastfeeding Coalition's Breastfeeding-Friendly Workplace Award. The remaining questions relate to best practices that are encouraged, but not required for the award. At the end of this assessment, you will be provided with a link so that you may apply for the award if you meet the requirements.

1. Do you advertise infant formula or related products directly to customers? (Workplaces that earn the Breastfeeding-Friendly Workplace Award may not advertise infant formula or related products.) *

Yes

No

2. Does your workplace allow all nursing employees reasonable break time to express milk or nurse their children? (This is the law and is required for Breastfeeding-Friendly Workplace Award) *

Yes

No

3. Does your workplace provide all nursing employees access to a private space for expressing milk or nursing? The space is not a bathroom. The space is lockable and shielded from view. The space has an electrical outlet and hand hygiene station. (required for Breastfeeding-Friendly Workplace Award) *

Yes

No

4. Does your organization have a written breastfeeding support policy and orient staff to its principles to ensure awareness of worksite support for lactation?(recommended/optional) *

Yes

No

5. Do staff have access to a refrigerator for milk storage? (optional/recommended) *

Yes

No



6. Are pregnant and post-partum employees offered access to lactation support (professional or peer, classes or groups)? (optional/recommended) *

Yes

No

7. Does your workplace offer flexible return-to-work policy (part-time, job sharing, telecommunicating, flex time, etc.)? (optional/recommended) *

Yes

No

8. Does your workplace offer on-site childcare, and support breastfeeding and breast milk feeding therein? (optional/recommended) *

Yes

No

9. Has your workplace taken extra steps to make the lactation space warm and welcoming by doing any of the following: comfortable chair, pictures of babies / space to post pictures of babies, music / sound player, electric pump (mothers bring their own kits), wall clock, notebook for moms to write to each other, etc.? (optional/recommended) *

Yes

No

Questions/Comments

Please use this space to enter any questions or comments.



Would you like to receive an email copy of your survey answers?*

Yes

No



Submit Form

