



# JACKSON COUNTY BREASTFEEDING FRIENDLY BUSINESS AWARD

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please provide the following information about what the company provides:

## Bronze Award

\_\_\_ Flexibility in work schedules to provide time for milk expression:

\_\_\_ lunch times

\_\_\_ break times

\_\_\_ work start / stop times

\_\_\_ Private, clean, non-bathroom space, with:

\_\_\_ locking door

\_\_\_ chair

\_\_\_ electric outlet

\_\_\_ table / shelf for pump

## Silver Award

\_\_\_ All of the requirements for the Bronze Award, plus

\_\_\_ sink within close proximity

\_\_\_ comfortable chair

\_\_\_ refrigerator on site

## Gold Award

\_\_\_ All of the requirements for the Silver Award, plus

\_\_\_ Electric pump and/or accessory kits or subsidize the purchase of pump/kit

\_\_\_ Educational materials for all employees on the benefits of breastfeeding

\_\_\_ Educational materials for all employees on supporting breastfeeding co-workers

\_\_\_ And at least one of the following:

\_\_\_ Lending library of breastfeeding resources

\_\_\_ List of local breastfeeding resources

\_\_\_ Lactation consulting services

## Additional Services

\_\_\_ Workplace support groups for breastfeeding employees

\_\_\_ Other: \_\_\_\_\_

After completing, please return to Jackson County Health Department with a photo of the private room or space.