

# “Breastfeeding is Smart 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  
 break times  lunch 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  comfortable chair  
 refrigerator

## **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 benefit of breastfeeding  
 Educational materials for all employees on supporting breastfeeding co-workers  
 Workplace support groups for breastfeeding employees  
 Lactation consulting services

What additional mother-friendly services do you offer? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

After completing, please return to the Regional Breastfeeding Task Force in your area.

[www.illinoisbreastfeeding.org](http://www.illinoisbreastfeeding.org)