

QUESTIONNAIRE

LACTATION RESOURCE AVAILABILITY

Department/Division Name:

Contact Name:

Title:

Address:

Telephone Number:

Number of Employees in Department/Division:

Is your Department/Division centralized? Decentralized?

If decentralized, how many offices/buildings does your Dept/Division occupy?

Does your Department currently have a policy related to lactation in the workplace? YES NO

Do your employees have access to a lactation room?

YES NO

If yes, where are these rooms located?

Has your Department/Division provided an accommodation for a breastfeeding mother?

YES NO

If yes, what was the accommodation?

What is your Department currently doing to promote breastfeeding at work?

If you have more information about your Department/Division and its lactation resource efforts OR this form does not capture your Department's situation, please feel free to provide additional pages.