

BABY FEEDING PROGRAMME

SELF ASSESSMENT CHECKLIST

ACTION	YES
Have you an approved Workplace <i>Breastfeeding Policy</i> to support breastfeeding or expressing breast milk?	<input type="checkbox"/>
Does the policy allow for acceptable breaks for full-time and part-time staff?	<input type="checkbox"/>
Is there car parking available?	<input type="checkbox"/>
Do your breastfeeding employees know where to get lactation support?	<input type="checkbox"/>
Do you have private facility/facilities set aside where employees can breastfed or express breast milk?	<input type="checkbox"/>
Are facilities appropriate for the number of staff?	<input type="checkbox"/>
Are the facilities kept clean and tidy?	<input type="checkbox"/>
Are appropriate alternative arrangements available if this area is being used?	<input type="checkbox"/>
Is a booking system in place for the facility?	<input type="checkbox"/>
Is there a refrigerator available for storage of expressed breastmilk or infant formula?	<input type="checkbox"/>
Is there a system developed to ensure all milk is clearly marked?	<input type="checkbox"/>
Is there access to private cleaning, i.e. running water or tap facilities for staff?	<input type="checkbox"/>
Is there sufficient and comfortable seating available?	<input type="checkbox"/>
Are staff commencing maternity leave informed of the Baby Feeding Programme?	<input type="checkbox"/>
Is a microwavable steriliser available?	<input type="checkbox"/>
Is a microwave available?	<input type="checkbox"/>
Is a kitchen sink, with water and cleaning facilities available?	<input type="checkbox"/>