



LACTATION FRIENDLY WORKPLACE

LFW Advocate & Program Agreement

This optional agreement is made between (ADVOCATE) and (WORKPLACE) if mutually beneficial. The agreement covers work to be done and sets expectations regarding that work.

The work to be performed by the Workplace covers the following items:

1. Complete the Workplace Program Agreement Form and submit it to the Lactation Friendly Workplace (LFW) Advocate prior to beginning work.
2. Schedule at least three (3) points of contact with your LFW Advocate (anticipated timeline for completing this process is 1-3 months). Plan to check-in via email as well.
3. Review the Employer Toolkit and other materials on the Colorado Breastfeeding Coalition website.
4. Review the recorded LFW Employer Training.
5. Complete the Self-Assessment before beginning this process to collect baseline data.
6. Write a lactation policy supporting breast/chestfeeding for both employees and visitors (must guarantee employees have adequate time and space to breast/chestfeed or pump, cannot be a bathroom). This policy should be housed in an easily accessible location for employees and should be shared on an annual basis.
7. Work with your LFW Advocate to establish or prioritize a lactation space for nursing employees and/or visitors.
8. Create a communications plan. This should include guidelines for lactation space use, how the lactation policy will be communicated throughout your organization, as well as training for managers and staff.
9. Update the self-assessment to reflect actions that have been taken and ensure your organization now meets Lactation Friendly Workplace Criteria. The evidence guide should be used as a check-list before applying for recognition, but does not need to be submitted.



10. Work together with the LFW Advocate to complete and submit the LFW final self-assessment, a written policy, copies/photos of all lactation space, and communications plan to Colorado Breastfeeding Coalition through their application link.

Upon verification by Colorado Breastfeeding Coalition (COBFC), you will receive a certificate and window cling advertising that your workplace is recognized as Lactation Friendly. Your program will also be listed on the COBFC website as Lactation Friendly.

It is understood that the work will be started (DATE) and will be completed by (DATE). By signing this agreement, both the LFW Advocate and Workplace are agreeing to all terms above.

Workplace name and point of contact Signature Date

Workplace name and point of contact Print Name

LFW Advocate Signature Date