

Lactation Support Program Feedback Form

For Supervisors and Colleagues of Breastfeeding Employees

As you know, the company provides a lactation support program to assist breastfeeding employees with providing their milk for their infants. We value your feedback on ways the program can continue to improve to meet the needs of all employees.

Position/Title _____

Department _____

How many colleagues or employees under your supervision are you aware of who are currently utilizing the company lactation support program? _____

Have you attended an employee orientation or training event on the program? yes no

How do you feel the following lactation program components have impacted the breastfeeding employee(s)?

Program Components	Positive Impact 3	No Impact Observed 2	Negative Impact 1
Availability of a lactation room for milk expression			
Opportunity to breastfeed baby at work			
Flexible milk expression breaks			
Flexible return to work policy (ex: part-time, job sharing, telecommuting, flex-time, etc.)			
Worksite education opportunities such as prenatal classes and monthly support groups			
Other:			

How do you feel these same components impact the operation of your department?

Program Components	Positive Impact 3	No Impact Observed 2	Negative Impact 1
Availability of a lactation room for milk expression			
Opportunity to breastfeed baby at work			
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Flexible return to work policy (ex: part-time, job sharing, telecommuting, flex-time, etc.)			
Worksite education opportunities such as prenatal classes and monthly support groups			
Other:			

Please describe what you feel works BEST about the company's lactation support program.

Please describe what may NOT be working well about the company's lactation support program.

What suggestions or ideas do you feel would help improve the program?

Other comments: _____