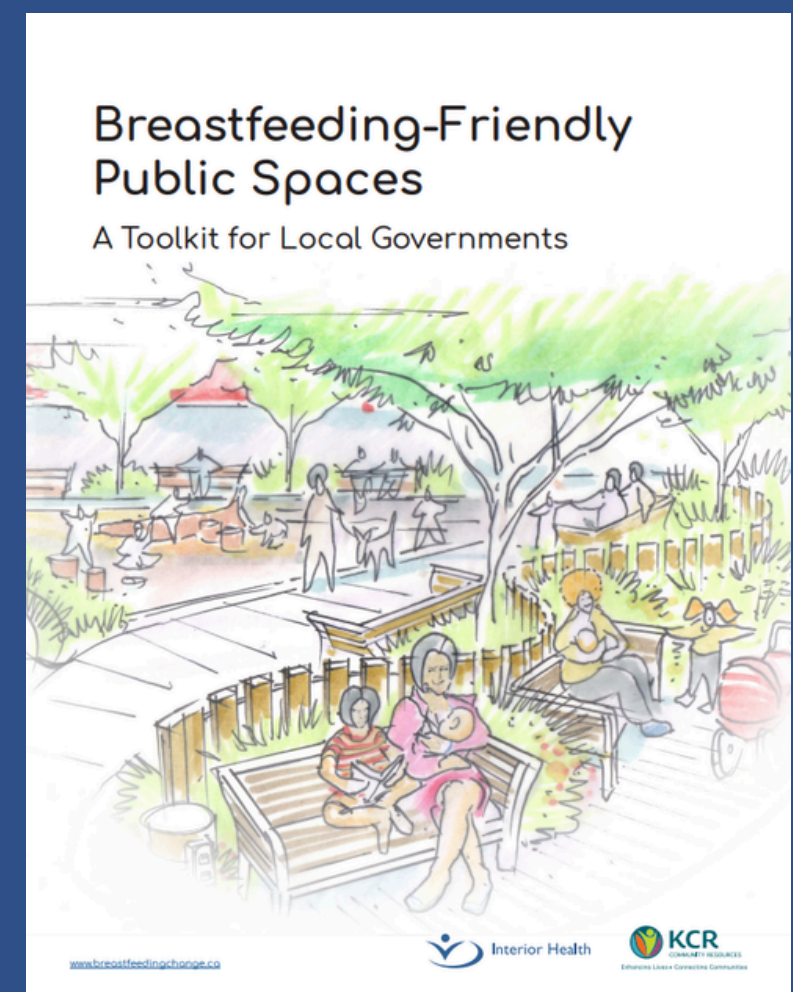


# An assessment of breastfeeding locations in your community

Based on the [Breastfeeding-Friendly Public Spaces: A Toolkit for Local Governments](#)



| Assessment Considerations                                                                          | Yes                      | No                       | N/A                      | Comments / Reference |
|----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|----------------------|
| <b>Resolutions or Standalone Policies</b>                                                          |                          |                          |                          |                      |
| Has there been a resolution passed by the municipality committing to being breastfeeding-friendly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                      |
| Are staff aware of the facility's breastfeeding policies?                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                      |
| Are there policies in place for staff members to take breastfeeding and pumping breaks?            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                      |
| Do you have a private lactation space for your employees?                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                      |
| <b>Signage</b>                                                                                     |                          |                          |                          |                      |
| Is there any signage (e.g., posters or stickers) to indicate breastfeeding is welcome/encouraged?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                      |
| <b>Accessibility</b>                                                                               |                          |                          |                          |                      |
| Is there room for a stroller/wheelchair?                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                      |
| Is breastfeeding space located on the ground floor or accessible by elevator?                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                      |

| Assessment Considerations                                                                                  | Yes                      | No                       | N/A                      | Comments / Reference |
|------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|----------------------|
| Lactation/Feeding Space                                                                                    |                          |                          |                          |                      |
| Are there considerations for some privacy?                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                      |
| Is the space clean and well-maintained?                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                      |
| Is there comfortable seating? For example, a couch-like chair with large arms, with an optional footstool. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                      |
| Is seating away from distractions or noises?                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                      |
| Is there sufficient softer or natural lighting available in the space?                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                      |
| Is the space a comfortable temperature?                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                      |
| Supportive Features                                                                                        |                          |                          |                          |                      |
| Are there changing tables nearby?                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                      |
| Are there outlets accessible for moms who are trying to pump or charge their devices?                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                      |
| Is there a waste bin handy?                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                      |
| Is there a safe area for siblings to play?                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                      |
| Municipal Websites and Social Media Platforms                                                              |                          |                          |                          |                      |
| Are there mentions of policies, initiatives, or other supports for breastfeeding?                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                      |
| Other Comments/Recommendations                                                                             |                          |                          |                          |                      |
|                                                                                                            |                          |                          |                          |                      |

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