



Breastfeeding Friendly Workplace Awards Ventura County - 2009

Sponsored by the Breastfeeding Coalition of Ventura County

Official Nomination Form

Do you work for an employer or use a licensed child care provider located within Ventura County that promotes and supports breastfeeding?

If so, nominate them for a Breastfeeding Friendly Workplace Award by completing this Official Nomination Form by Friday, July 10th, 2009.

What is a Breastfeeding Friendly Workplace Award?

Awards are given annually to businesses, not-for-profit organizations, and to licensed child care providers located within Ventura County in recognition of outstanding support of breastfeeding within that business, organization or licensed child care facility.

Why Should you Nominate your Employer or Child Care Provider?

Employers and child care providers make a critical difference in whether a working mother continues to breastfeed her infant. Great employers and child care providers deserve to have their efforts recognized and rewarded!

What is the Breastfeeding Coalition of Ventura County?

Comprised of health care providers, community leaders, policy makers, and parents, as well as public and private organizations, the Breastfeeding Coalition of Ventura County promotes and supports breastfeeding for the first six months and continued breastfeeding beyond the first year. We build community partnerships, develop resources, and provide advocacy, education, outreach, and support to health care providers, policy makers, families and the public. For more on the Breastfeeding Coalition, visit: www.breastfeedventura.org

You may mail, fax or submit your nomination in person to:

Ventura County Health Care Agency, Attn: Laura Flores

2240 Gonzales Road, Suite 290, Oxnard, CA 93036

Fax (805) 981-5250

Nomination forms can be submitted to any of the 8 WIC offices in Ventura County, addressed to [Laura Flores](#).

You may also download this form and learn more about the awards at www.breastfeedventura.org

Please remember to complete the attached form and submit it by **July 10th** for consideration in the 2009 awards selection process. If you have questions please feel free to call **Laura Flores at (805) 981-5273**

By submitting this nomination you, the nominator, agrees to allow the information included on this form to be used in conjunction with the 2009 Breastfeeding Friendly Workplace Awards, including but not limited to press releases and news coverage. You also agree to allow the public use of any photographs taken of the award winners and nominators to be used to promote this and future Breastfeeding Friendly Workplace Awards and the Breastfeeding Coalition of Ventura County

2009 Breastfeeding Friendly Workplace Award Nomination Form

Your Name: _____ Your E-mail: _____

Your Phone #: _____ Your Position: _____

Employer/Child Care Provider Nominated: _____

Employer/Child Care Provider Address: _____

Employer/Child Care Provider Phone & Email: _____

Please select the most appropriate category for your nominee:

Small Business (<50) Large Business (>50) Non-Profit Child Care Provider

① Please use the following scale to rate your employer or licensed child care provider in regards to the following statements. 1 = No, I wasn't/No, I am not 2 = Yes, I was/Yes, I am

• I was given information and resources about the benefits of breastfeeding _____ 1 2
Please list any specific examples:

• Prior to maternity leave I was informed of my option of breastfeeding and/or pumping _____ 1 2
Please list any specific examples:

• I am provided with a private, comfortable and accessible location for pumping _____ 1 2
Please list any specific examples:

• I am provided with a sink for hand washing & cleaning of breast milk collection devices _____ 1 2
Please list any specific examples:

• I am provided with hygienic storage options for my pumped breast milk _____ 1 2
Please list any specific examples:

• I am provided with adequate time and flexibility for breastfeeding or pumping _____ 1 2
Please list any specific examples:

② I am provided with a lactation room that has the following features (Please check all that apply):

Locking door Privacy (window coverings, etc.) Sink
 Comfortable seating Resource materials Other supplies (such as
 Refrigerator or cooler Electricity or batteries provided hand sanitizer or wipes)

③ Use additional pages to include any information, such as a personal story, anecdotal reports and/or testimonials, that help support this nomination.