

Infant at Work Program  
Employee Plan

**Entrance Meeting:**

Today's date: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Employee Phone Number: \_\_\_\_\_ Employee Department: \_\_\_\_\_

Infant's Name: \_\_\_\_\_

Infant's Estimated Date of Birth: \_\_\_\_\_ Infant's Birth Date: \_\_\_\_\_

Date Infant Enters Program: \_\_\_\_\_ Date Infant Exits Program: \_\_\_\_\_

Do you plan to breastfeed?      Yes \_\_\_\_\_ No \_\_\_\_\_

Do you anticipate any problems with your co-workers?    Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_

Other Questions/Concerns: \_\_\_\_\_

\_\_\_\_\_

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**Exit Meeting:**

Today's date: \_\_\_\_\_

Did you breastfeed for the duration of the program?      Yes \_\_\_\_\_ No \_\_\_\_\_

If you breastfed for part of the infant's time at work, for how long? \_\_\_\_\_

Will you be remaining at work after your infant retires?

Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ I will not be remaining at work \_\_\_\_\_

Were you satisfied with the Infant at Work Program?    Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain: \_\_\_\_\_

\_\_\_\_\_

Pros:

Cons: