



FAMILY-FRIENDLY WORKPLACE ASSESSMENT

EMPLOYER DEMOGRAPHICS

This section is used to capture information about your organiz	zation and employee population.
Business/Organization Name	
Mailing Address	
Name of Primary Contact	Position
Email	Phone
Name of Secondary Contact	Position
Email	
Please indicate your industry:	
Agriculture, forestry, fishing, and hunting	Information Technology/Technology
Accommodation/Food Service	Oil & Gas
Administrative/Support	Professional Services
Construction	Real Estate/Rental/Leasing
Education	Retail/Wholesale Trade
Finance/Insurance	Other:

Pleas	e indicate your sector:
	Public
	1 Private
	Nonprofit
	1 Local Government
	1 State Government
Does	your workplace have 50 or more employees on your payroll?
	1 Yes
	1 No
What	does the breakdown of individuals look like in your workplace?
	Number of Full-Time
	Number of Part-Time
	Number of Contractors
	Number of Volunteers
What	percentage of full-time salaried employees are within the following income ranges (%)?
	Up to \$28,000
	\$28,000 - \$48,000
	\$48,000 - \$88,000
	\$88,000+

POLICIES & BENEFITS

Financial security supports a family's physical, social, and emotional health. Core benefits and policies contribute to the wellbeing of employees and their families.

Do you offer paid benefits to your employees and/or their dependents (spouse/domestic partner, children)?

YES		NO	
			Salaried Employees
			Hourly Employees
			Dependents (Spouse/domestic partners, children)
Which	of the f	ollowing	benefits do you offer to your employees (check all that apply)?
	Healthcare Dental Vision	e	
			- Includes vacation & sick time
			varate from PTO) (separate from PTO)
	_ife Insura		(separate nonit 10)
	Employee	Assistance	e Program
	Flex Spen	ding Accou	unt/Health Savings Account
	u offer le		our employees?
YES		NO	
			Paid
			Partially Paid
			Unpaid
What	types of	leave do	you offer your employees (check all that apply)?
	FMLA (1	2 weeks of	leave in every 12 month period)
	Leave (le	ess than 12 v	weeks)
	Leave (n	nore than 1	2 weeks)
		rm Disabili	
		m Disabilit	
			ew parents
		n Assistand	
			ce Program
	Leave of	Absence/	Sabbatical (unrelated to medical)

Pease explain any barriers that may exist for your company if you are unable to offer any of the benefits listed above.



	nployees able to donate time to other employees for vacation or sick time?
	Yes
	No
Does	our workplace offer any of the following child care benefits? (check all that apply)?
	On-site child care
	Child care subsidy or voucher
	Referrals for child care
	Emergency child care/backup child care
	Other (please specify):
	None
FLEX	IBILITY
Allowin	ng flexibility in the time or place work is performed is helpful to employees in managing their work and personal sibilities.
Does	our workplace have a written policy for flex-time?
	Yes
	No
What	flexible work arrangements do you provide for your employees (check all that apply)?
	Return to work gradually post leave
	Take short notice off for emergencies
	Time off during work hours for medical and/or personal appointment
	Job sharing
	Have compressed work week
	Telework
	Work part day to match school schedules
	Work part year to match school schedules
	Attend school meetings/parent conferences during the day
Are th	ere any cases where you do not offer flexibility? Please explain.
Do you	u evaluate and offer flexibility based on the nature of the job?
	Yes
	No
If scho	ool is closed unexpectedly, are employees permitted to do any of the following (check all that apply)?
	Work from home
	Adjust work schedule to make up time (e.g. employee can come to work and hour early to leave an hour early, or work an extra hour during the following work day)
	Take the day off (paid)
	Access work-provided emergency/backup child care referrals
	Bring child to work



☐ Other: _____

In	what other ways does your workplace support work/life integration for your employees?
NI	W PARENTS
pro	ile the federal and state requirements are slightly different, employers must comply with the requirements that are more tective of employees to accommodate nursing mothers in the workplace as well as offer assistance to new and expecting ents (moms and dads).
W	at accommodations do you provide for new and nursing mothers (check all that apply)?
	Reasonable break time for employees to express milk
	Functional space for expressing milk (meaning room is shielded from view, free from intrusion, available as needed, and not a bathroom)
	A private space with a sink
	Appropriate breast milk storage (such as a refrigerator or small cooler)
	Lactation space accessible to clients/customers
	None
Ple	ase list any additional accommodations for nursing mothers that your organization offers:
an	you (or would you) provide modified duty for expecting mothers? For example, do you assess the job roles hazards for expecting mothers and provide alternative duties that are fit for both physical and cognitive ction.
	□ No
	□ Yes. Please explain:
	you (or would you) allow employees to bring their babies (biological, adopted or foster) to work for short ts?
	□ Yes
	□ No

☐ Counseling (mental health, family, spouse) Other: _

□ None

□ Parenting ☐ Self-Care

Sleep management ☐ Stress management ☐ Support groups

	Through writt Through tra Information As needed by On-going man Other: We don't com	ten poli ining is pro / HR (i.e rketing	vided during on-boarding e. the employee as a family need and goes directly to HR for guidance)
			loyment emphasize the importance of the manager's role in implementing and supporting a family- nd communication can build these skills and inform managers and employees.
			ly policies and practices are manager and employees trained on (check all that apply)?
			ry policies and practices are manager and employees trained on (check an that apply):
MANA	GERS EMPLO'	YEES	
			Leave (FMLA, paid leave)
			Work Flexibility
			Health Benefits
			Return to Work (after parental leave)
			Child Care Resources
			Breastfeeding Accommodations
			Tuition Support
			Directing Employees to Advice/Counseling for Family Support
			Other (please specify):
			None
When	do you offer t	training	gs on the above policies and practices (select all that apply):
	During on-be	oardin	9
	Quarterly		
	Biannually		
	Annually	liaia - ·	ra impulamenta d
	·		re implemented
	Other:	r trainir	ng on workplace policies and benefits

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THANK YOU

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