



# MODOC COUNTY PERSONNEL POLICY

Approved by Modoc County Board of Supervisor's on: 06/23/2020

<b>SUBJECT:</b>	<b>MODOC COUNTY LACTATION ACCOMMODATION POLICY</b>
<b>INITIAL DATE PREPARED:</b>	05/2020
<b>LAST DATE REVISED:</b>	

## I. POLICY

Effective January 1, 2020, California state law mandates workplace lactation spaces for all employees. Modoc County ("County") recognizes that breast milk is the optimal food for growth and development of infants and seeks to promote a breastfeeding-friendly work environment that supports the legal right and necessity of employees who choose to express milk in the workplace. In accordance with Senate Bill 142 ("SB 142"), the county has developed and implemented this written Lactation Accommodation Policy to provide breaks, and safe private locations, to reasonably accommodate all employees who desire to express breast milk at work.

## II. NOTICE

A copy of this policy will be provided to every newly hired employee, and to any employee who requests or inquiries about pregnancy or parental leave. The written request form is attached below and should be completed by the employee and submitted to your Supervisor/Manager, or Department Head, and forwarded to Human Resources at least five (5) business days prior to the start date of the requested accommodation to ensure the County may timely respond to the request.

## III. USE OF MEAL AND REST BREAKS

The county will provide a reasonable amount of break time to accommodate an employee's need to express breast milk or accommodate any medical condition related to breast-feeding. The break time should, if possible, be taken concurrently with other rest and meal break periods already provided.

Additional break time may be provided as appropriate. Non-exempt employees should clock out for any time taken that does not run concurrently with normally scheduled periods, and such time will be unpaid.

#### **IV. LACTATION SPACE**

The county will provide breastfeeding employees with space in close proximity to the employee's work area that is shielded from view and free from intrusion from co-workers and the public, to express breast milk. The room or location may include the place where the employee normally works if it otherwise meets the requirements of the lactation space. Restrooms are prohibited from being utilized for lactation purposes.

The designated lactation space will:

- Be safe, clean, and free of toxic or hazardous materials (as defined in Labor Code §6382);
- Contain a place to sit and a surface to place a breast pump and personal items;
- Have access to a sink with running water and a refrigerator in close proximity to the employee work area.

Multi-purpose rooms may be used as lactation space if they satisfy the above requirements; however, use of the space for lactation purposes shall take precedence over other uses for the time it is in use for lactation purposes.

#### **V. RETALIATION RELATED TO BREASTFEEDING OR EXPRESSING MILK IS PROHIBITED**

The county expressly prohibits retaliation against lactating employees for exercising their rights granted by the law. Examples of employer-prohibited conduct includes:

- The denial of reasonable break time or adequate space to express milk;
- Discharge of an employee;
- Discrimination or retaliation, in any manner, against an employee who exercises, or attempts to exercise, any right protected under the law.

An employee may report a violation of this chapter to the Labor Commissioner's field enforcement unit.

#### **VI. RECORDKEEPING**

For a period of three (3) years from the date of written request, the county will maintain a record of the written requests for Lactation Accommodation that includes the name of the employee, the date of request, and a description of how the request was resolved.

All written denials by the county must also be maintained for a period of three (3) years from the date of the written request.

Such approvals or denials and related information will be maintained by Human Resources in a confidential file.

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Chair, Modoc County Board of Supervisors

APPROVED AS TO FORM:

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County Counsel

ATTEST:

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Clerk to the Board  
County of Modoc

**MODOC COUNTY  
REQUEST FOR LACTATION ACCOMMODATION FORM**

Date of Request: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Employee: \_\_\_\_\_

Department: \_\_\_\_\_

Contact Phone: \_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Start Date for Requested Accommodation: \_\_\_\_/\_\_\_\_/\_\_\_\_

Requested Number of Breaks per Day: \_\_\_\_\_

Proposed Lactation Break Schedule – Date and Times:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

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PLEASE RETURN THIS FOR TO YOUR SUPERVISOR/MANAGER AT LEAST FIVE (5) BUSINESS DAYS BEFORE THE START OF REQUEST FOR LACTATION ACCOMMODATION.

Authorized by: \_\_\_\_\_

\_\_\_\_\_

Authorized by: \_\_\_\_\_

\_\_\_\_\_

Human Resource: \_\_\_\_\_

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