



TRINITY COUNTY PERSONNEL POLICY

SUBJECT:	Lactation Accommodation Policy
POLICY NO.:	2021-04
INITIAL DATE PREPARED:	December 21, 2021
LAST DATE REVISED:	
RESOLUTION NO.:	

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I. OBJECTIVE

Effective January 1, 2020, California state law mandates workplace lactation spaces for all employees. Trinity 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. APPLICABILITY

This policy is applicable to all current employees, volunteers, agents, contractors and sub-contractors of the County of Trinity.

III. DURATION

This policy shall be applicable for the duration that an employee is lactating.

IV. ELIGIBILITY

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 the employee's home department at least five (5) business days prior to the start date of the requested accommodation, and a copy sent to Human Resources. The home department will respond to an employee's written request for lactation accommodation within five (5) business days in writing on the same form submitted by the employee.

The County reserves the right to deny, in writing, an employee's request for a lactation break if the additional break time will seriously disrupt operations or cause an undue hardship to the department.

V. 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.

Nonexempt employees should clock out for any time taken that does not run concurrently with normally scheduled periods, and such time will be unpaid.

VI. 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 breastmilk. 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 electricity; and
- 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.

VII. 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 or 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.

VIII. 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.



COUNTY OF TRINITY
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ATTACHMENT A

COUNTY OF TRINITY
LACTATION ACCOMMODATION REQUEST FORM

This form should be completed by an employee requesting an accommodation for expressing milk for their infant child while at work.

- Break time will be provided each time the employee has a need to express milk.
- Break time, if possible, should run concurrent with any break already provided.
- Break time that does not run concurrently with the break already provided will need to be covered using leave accruals.
- If accruals are not available the excess time will be unpaid.

EMPLOYEE:

Print Name: _____ Department: _____

Accommodation Requested (Please include proposed dates and times):

Signature: _____ Date: _____

TO BE COMPLETED BY SUPERVISOR:

Print Name: _____ Department: _____

Employee was provided with a copy of this Accommodation Request Form and the County Policy on Lactation Accommodation. Date Provided: _____

Accommodation approved:

Signature: _____ Date: _____

*If employee needs keys or special access granted to use a location be sure to get this to the employee prior to the anticipated first day of use.

*****Please return this form to human Resources at least five (5) business days before the start of request for Lactation Accommodation. *****

ATTACHMENT B

LACTATION ACCOMODATION POLICY ACKNOWLEDGEMENT FORM



TRINITY COUNTY

COUNTY OF TRINITY'S ACKNOWLEDGEMENT OF RECEIPT AND UNDERSTANDING OF THE LACTATION ACCOMODATION POLICY

I acknowledge that I have been given the opportunity to review the Lactation Accommodation Policy. I have read and understand my responsibilities under the policy, and I agree to abide by it. I understand that I may be subject to discipline for violating this Policy, or subject to other appropriate sanctions for failing to fulfill my responsibilities as outlined in this policy.

I understand that the Policy is available for my review at any time on the County's website. If I have trouble accessing the Policy, I will contact the Human Resources Department.

Print Name _____

Signature _____

Date _____