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Human Resource Services

August 4, 2020

Honorable Board of Supervisors
County of Alameda
1221 Oak Street, Suite 536
Oakland, California 94612-4305

SUBJECT: ADOPT A LACTATION ACCOMMODATION POLICY FOR THE COUNTY OF ALAMEDA

Dear Board Members:

RECOMMENDATION:

Adopt a Lactation Accommodation Policy for the County of Alameda ("County").

DISCUSSION/SUMMARY:

On February 4, 2020, your Board authorized staff to meet and confer with County employee organizations on a proposed Lactation Accommodation Policy ("Policy") for County employees. The County drafted the Policy in response to Senate Bill 142 ("SB 142"), which expanded existing Labor Code requirements for employee lactation accommodation effective January 1, 2020. SB 142 placed added requirements related to the room or location used by lactating employees and requires employers to provide the Policy to new employees upon hiring and when employees inquire about or request parental leave. The County notified all employee organizations of the decision to implement the Policy and satisfied our obligation to meet and confer on the impacts of this decision. Staff recommends that your Board adopt the attached finalized Lactation Accommodation Policy.

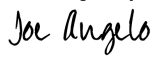
FINANCING:

There is no impact to the 2020-2021 budget resulting from this recommendation.

VISION 2026 GOAL:

The Salary Ordinance amendments meet the 10x goal pathways of **Employment for All** in support of our shared vision of a **Prosperous and Vibrant Economy**.

Very truly yours,

DocuSigned by:

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Joe Angelo, Director
Human Resource Services

Attachment: Lactation Accommodation Policy

c: CAO
Auditor-Controller
County Counsel
Agency/Department Heads



COUNTY OF ALAMEDA

LACTATION ACCOMMODATION POLICY

PURPOSE

The County of Alameda ("County") recognizes the health benefits of breastfeeding for both parent and child. This Lactation Accommodation Policy establishes guidelines for promoting a breastfeeding-friendly work environment and supporting lactating employees at the County. An employee's decision to express breast milk in the workplace is a legally protected right and a decision supported by the County.

STATUTORY AUTHORITY

This policy complies with employer lactation accommodation requirements in the federal Fair Labor Standards Act and the California Labor Code.

DEFINITIONS

Employee: All persons employed by the County, including all permanent, probationary, part-time, and Services-as-Needed ("SAN"), and Temporary Assistance Program ("TAP") employees.

Lactation room or location: A room or other location for the employee to express milk in private. The room or location shall not be a bathroom but may include the place where the employee normally works if it otherwise meets the requirements of this policy.

- A lactation room or location shall:
 - a. Be in close proximity to the employee's work area, shielded from view, and free from intrusion while the employee is expressing milk;
 - b. Be safe, clean, and free of hazardous materials;
 - c. Contain a surface to place a breast pump and personal items;
 - d. Contain a place to sit; and
 - e. Have access to electricity or alternative devices, including, but not limited to, extension cords or charging stations needed to operate an electric or battery-powered breast pump.

POLICY

- The County shall provide a lactation room or location and a reasonable amount of break time to allow an employee desiring to express breast milk for the employee's child each time the employee has need to express milk. The break time shall, if possible, run concurrently with any break time already provided to the employee. Break time for an employee that does not run concurrently with the rest time authorized for the employee shall be unpaid. An employee may use leave accruals (except sick leave) to compensate for any unpaid time that occurs.

- The County shall provide access to a sink with running water and a refrigerator suitable to storing milk in close proximity to the employee’s workspace. If a refrigerator cannot be provided, the County may provide another cooling device suitable for storing milk, such as a county-provided cooler.
- Where a multipurpose room is used for lactation, among other uses, the use of the room for lactation shall take precedence over the other uses, but only for the time it is in use for lactation purposes. Agencies/Departments are responsible for creating a system for scheduling use of the space by multiple employees. The system should ensure all employees who need to use the space for lactation can use it during approved breaks.
- If a County employee’s workspace is in a multi-tenant building or at a multi-employer worksite, the County may comply with this policy by providing a lactation room or location shared among multiple employers within the building or worksite, if the County cannot provide a lactation room or location within the County’s own workspace.
- The County may comply with this policy by designating a lactation room or location that is temporary, due to operational, financial, or space limitations. The temporary space shall not be a bathroom and shall be in close proximity to the employee’s work area, shielded from view, free from intrusion while the employee is expressing milk, and otherwise compliant with this policy.

PROCEDURE

1. Employees have the right to request lactation accommodation. An employee seeking a lactation accommodation should inform the employee’s immediate supervisor or Agency/Department Human Resources in advance, if possible, of the start date of the accommodation. To initiate the request, the employee shall complete the Lactation Accommodation Request Form (Appendix A) and submit the form to Agency/Department Human Resources.
2. An Agency/Department Human Resources representative shall work with the employee’s immediate supervisor to promptly respond to the request, including doing the following:
 - a. Confirm availability of a lactation room or location and assist with reserving the room or location if a reservation is needed;
 - b. Confirm employee has access to a sink and a refrigerator or other cooling device in compliance with this policy;
 - c. Coordinate with employee to identify a schedule for break(s). Employees are entitled to use regular paid breaks, meal periods, and unpaid break time consistent with this policy. Once approved, the breaks should not be interrupted except for emergency or exigent circumstances; and
 - d. Review, complete and sign the Lactation Accommodation Request Form.
3. Once the employee and an Agency/Department Human Resources representative sign the Lactation Accommodation Request Form, the completed document will be

maintained in the employee’s medical file, and a copy shall be provided to the immediate supervisor.

4. If the Agency/Department cannot provide break time or a room/location that complies with this policy, the County shall provide a written response to the employee. However, before an Agency/Department determines that it cannot comply with the policy, the Agency/Department Human Resources representative shall consult with the Human Resource Services Department’s Disability Programs Division.

COMPLAINTS/QUESTIONS

- An employee may report a violation of this policy to the County’s Diversity Programs Office or to the California Labor Commissioner’s Bureau of Field Enforcement (“BOFE”).
- Questions concerning the application of this policy should be directed to Agency/Department Human Resources.
- The County shall not discharge or in any other manner discriminate or retaliate against an employee for exercising or attempting to exercise any right protected under this policy.
- The County shall distribute this policy to new employees upon hiring and when an employee makes an inquiry about or requests pregnancy disability/parental leave. This policy is also available online at [\[LINK\]](#)

Approved by Board of Supervisors on: _____



Lactation Accommodation Request Form

In accordance with the County of Alameda Lactation Accommodation Policy (the Policy), breastfeeding employees shall be provided reasonable breaks and a space to express milk during working hours. To request lactation accommodation, employees must complete, sign, and submit this form to Agency/Department Human Resources in advance of the start of the request.

Employee Information	
Name:	Email:
Title/Classification:	Telephone Number:
Agency/Department:	Office Location:
Supervisor Name:	Supervisor Phone Number:
Employee Work Schedule:	# and Length of Paid Break(s): and Unpaid Lunch:

Lactation Accommodation Request						
1. Anticipated Duration: From Date (MM/DD/YYYY): _____ To Date (MM/DD/YYYY): _____						
2. Do you need assistance with reserving a space, if reservation is needed? <input type="checkbox"/> Yes <input type="checkbox"/> No						
3. Do you need additional time beyond your break(s) and/or lunch break to express milk? <input type="checkbox"/> Yes <input type="checkbox"/> No						
4. # of Additional Daily Breaks Requested: _____				5. Estimated Length of Each Additional Break: _____		
Please check all dates that apply, enter the appropriate times that you will take, and indicate whether you will be using your paid break(s) ("P") or unpaid meal period/time ("U"):						
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
6. Other accommodations requested: _____						
By signing below, I hereby certify that I have read, understand, and agree to the terms of the Policy.						
_____				_____		
Employee's Signature				Date		

Human Resources Response	
By signing below, I hereby certify that I have reviewed the lactation accommodation request with the employee's immediate supervisor. The request was:	
<input type="checkbox"/> Approved as requested. <input type="checkbox"/> Approved with modifications: _____ <input type="checkbox"/> Denied due to: _____ <div style="margin-left: 150px;">Human Resource Services – Disability Programs Division contacted on _____.</div>	
_____	_____
Agency/Department Human Resources Representative	Date
Date Received: _____	Date Returned: _____

Original: Employee HR Medical file
Copies: Employee; Employee's Supervisor