

DATE SUBMITTED 03/11/2025  
 SUBMITTED BY Human Resources  
 DATE ACTION REQUIRED 03/19/2025

COUNCIL ACTION (X)  
 PUBLIC HEARING REQUIRED ( )  
 RESOLUTION ( )  
 ORDINANCE 1<sup>ST</sup> READING ( )  
 ORDINANCE 2<sup>ND</sup> READING ( )  
 CITY CLERK'S INITIALS ( )

**IMPERIAL CITY COUNCIL  
 AGENDA ITEM**

SUBJECT: DISCUSSION/ACTION: 1. Approval and adoption of the Lactation Policy.	
DEPARTMENT INVOLVED: Human Resources	
BACKGROUND/SUMMARY: The City of Imperial is requesting the Council's consideration in the adoption of the Lactation Policy.  The City has developed this policy in accordance with applicable state and federal law as the city is committed to providing a supportive environment for employees who desire to express milk for their infant child by providing an appropriate space and a reasonable amount of break time for it. This policy will provide direction to staff on how to request lactation accommodations and what to expect during the accomodation process. The policy provisions apply to all city staff.	
FISCAL IMPACT: NOT TO EXCEED There is no fiscal impact associated with this action.	FINANCE INITIALS <u>JMS</u>
STAFF RECOMMENDATION: Recommendation to approve and adopt the Lactation Policy.	DEPT. INITIALS <u>KWS</u>
MANAGER'S RECOMMENDATION: Approve Staff Recommendation	CITY MANAGER'S INITIALS <u>DTM</u>
MOTION:   SECONDED: APPROVED ( ) REJECTED ( ) AYES: DISAPPROVED ( ) DEFERRED ( ) NAYES: ABSENT: REFERRED TO:	

<b>POLICY NAME:</b> Lactation Policy	<b>AUTHORITY:</b> City of Imperial
<b>APPLICATION:</b> All Employees	<b>DATE APPROVED:</b> Pending CC Approval City Council Agenda Item – March 19, 2025



**CITY OF IMPERIAL  
LACTATION POLICY  
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## CITY OF IMPERIAL

### LACTATION POLICY

#### I. PURPOSE

- A. The City of Imperial ("City") is committed to providing a supportive environment that enables employees who desire to express milk for the employee's infant child an appropriate space and a reasonable amount of break time to do so in accordance with applicable state and federal law.

#### II. APPLICABILITY

- A. This policy applies to all City employees and all City facilities/work sites.

#### III. HOW TO MAKE A REQUEST

- A. Before the start of an employee's child bonding leave, or before the start of an employee's return to work from pregnancy disability leave for an employee that is not taking child bonding leave, or upon request, the Human Resources Department will provide the employee with a copy of this policy and a "Request for Lactation Accommodation" form (Appendix A).
- B. The employee must return the form to the Human Resources Department no later than 10 business days before returning from leave or when the employee would like to start taking lactation breaks. This advance notice allows the City reasonable time to prepare the necessary accommodations.
- C. The Human Resources Department will respond via email or other written communication within a reasonable period of time to acknowledge the request and provide a written response.
- D. Any additional lactation-related accommodation requests not explicitly addressed in this policy should be directed to the Human Resources Department for case-by-case evaluation. The City will provide reasonable accommodation to the extent it is able.

#### IV. EMPLOYEE RESPONSIBILITIES

##### ALL EMPLOYEES SHALL

- A. Comply with the provisions of this policy.
- B. Coordinate with Human Resources to schedule their lactation breaks ahead of time.
- C. Share the established schedule with their direct supervisor.



## CITY OF IMPERIAL

### LACTATION POLICY

#### HUMAN RESOURCES RESPONSIBILITIES

The Department Director or designee shall have the following responsibilities:

- A. Work with the supervisor to ensure a proper lactation facility is within a reasonable distance from the employee's designated work area whenever an employee in their department has requested lactation accommodation.
- B. Coordinate with the employee to establish a schedule of designated lactation break times beforehand for the employee to share with their supervisor.

#### SUPERVISOR RESPONSIBILITIES

In addition to the employee responsibilities, supervisors shall have the following responsibilities:

- A. Review with the employee their designated lactation break times and establish coverage as needed while the employee is on their designated lactation breaks.
- B. Refer any employee to Human Resources who requests information on the City's Lactation Policy or how to request lactation accommodation.

## **V. POLICY**

### **A. Lactation Breaks**

1. The City will provide a reasonable amount of break time to accommodate an employee desiring to express breast milk for the employee's infant child during the first twelve months. Employees desiring to express breast milk beyond twelve months for an infant child may request an accommodation which will be reviewed on a case-by-case basis.
2. Employees must coordinate with Human Resources to establish a schedule of designated lactation breaks.
3. Employees can use their regular break period for lactation purposes. If the employee takes a lactation break at times other than their provided break times, then the lactation break will be unpaid, or the employee may choose to use accrued leave. An employee may request from their supervisor the option to make up their unpaid time within that same day by flexing their schedule. Flexing their schedule will be determined on a case-by-case basis by the employee's supervisor to determine if it is feasible for their department to accommodate this request.
4. Employees must share with their supervisor and receive prior approval before taking breaks other than their regular provided break periods. Employees must keep an accurate record of any unpaid lactation breaks that are in addition to the regular breaks they are provided.



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### LACTATION POLICY

5. Once the supervisor approves the lactation break, the breaks should not be interrupted except for emergencies or unforeseen circumstances.
6. The supervisor must coordinate with other department employees to provide coverage for the employees taking lactation breaks.

#### **B. Lactation Facilities**

1. The City will provide a lactation room or location other than a bathroom that is in close proximity to the employee's work area that is shielded from view, can be locked, and is free from intrusion while being used for expressing milk. Human Resources should identify an appropriate space in advance of an employee's return to work after childbirth. An appropriate location could be considered:
  - a. An employee's own office;
  - b. Another private office while not in use or;
  - c. Any available area with a locked door where the employee can have privacy from others for lactation purposes.
2. The space must be safe, clean, and free of hazardous materials and must provide:
  - a. Access to electricity for an employee to operate an electric or battery-powered breast pump.
  - b. A surface for the employee to place their breast pump, personal items, and a place to sit.
  - c. A refrigerator suitable for storing milk close to the employee's workspace.
  - d. Close proximity to a sink with running water.

#### **VI. PROHIBITION ON DISCRIMINATION OR RETALIATION**

The City prohibits discrimination or retaliation against lactating employees for exercising their rights to express breast milk for their infant child at work.

#### **VII. EMPLOYEE COMPLAINTS**

Employees who believe they have been denied appropriate accommodation under this policy or have been subjected to discrimination or retaliation in violation of the lactation accommodation requirements under California law are encouraged to notify Human Resources.



## CITY OF IMPERIAL LACTATION POLICY

Employees have the right to file a complaint with the nearest Labor Commissioner's Bureau of Field Enforcement (BOFE) Office. They may visit [How To Report Violation to BOFE](#) for more information regarding California's complaint process.



CITY OF IMPERIAL
LACTATION POLICY

APPENDIX A
LACTATION ACCOMMODATION REQUEST FORM
(Requests for accommodation must be submitted to Human Resources
10 days prior to the requested start date.)

Employee name: \_\_\_\_\_

Job title/department: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Date of request: \_\_\_\_\_ Date Accommodation will begin: \_\_\_\_\_

I have read the City of Imperial's lactation accommodation policy, and I am requesting an accommodation to allow for lactation breaks while at work as follows (check all that apply):

- \_\_\_ A private space to express breast milk.
\_\_\_ Lactation breaks that run concurrently with rest breaks already provided.
Current rest break times: \_\_\_\_\_
\_\_\_ Lactation breaks in addition to already provided rest breaks.
Additional unpaid break time needed: \_\_\_\_\_
\_\_\_ Other \_\_\_\_\_

Employee signature

Date

\*\*\*\*\*
To be completed Human Resources and reviewed with the supervisor. Upon completion, a copy will be provided to the employee and the supervisor, with the original request retained in the employee's medical file.

Date received: \_\_\_\_\_

Your request for lactation break accommodations is

- \_\_\_ Approved as requested
\_\_\_ Approved with modifications: \_\_\_\_\_
\_\_\_ Denied due to: \_\_\_\_\_

Supervisor Signature

Date

Human Resources Signature

Date





**CITY OF IMPERIAL  
LACTATION POLICY  
APPENDIX B**

**EMPLOYEE ACKNOWLEDGMENT OF  
RECEIPT OF LACTATION POLICY**

My signature below acknowledges that I have received my copy of the City of Imperial's Lactation Policy ("Policy") and that I have read the Policy and understand my rights and obligations under the same.

I understand that this Policy only represents the City of Imperial's current policies, procedures, rights, and obligations. Regardless of what the Policy states or provides, the City of Imperial retains the right to add, change, or delete provisions of the Policy at any time and in its sole discretion.

By signing below, I agree to abide by all provisions of the Policy. I understand that failure to fully comply with all provisions of the Policy may lead to disciplinary action, up to and including termination.

PRINT FULL NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**(RETAIN IN EMPLOYEE PERSONNEL FILE)**