Title: Mother Friendly Workplace

Control Information

Control Item	Details
Owner/Curator	Melissa Harris
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Consult and Notify	ICP, ED, AA, All Staff

Revision History

Revision	Date	Revision Description	Originator
Α	10/09/2014	Initial Release	Melissa Harris

1.1. Objective:

The objective of this policy is the following:

- 1.1.1. To ensure that all mothers employed by MCCS have the option and ability to provide for their children by breastfeeding or expressing milk in the workplace.
- 1.1.2. To ensure that all mothers who wish to breastfeed or express milk have access to reasonable facility accommodations.

1.2. Required Workplace Accommodations

- 1.2.1. The Executive Director shall make a reasonable effort to provide an easily accessible room, other than a restroom, where an employee can:
 - a) Breastfeed a child brought in during a lunch or other break period.
 - b) Pump breast milk to be stored for later use.
- 1.2.2. The room shall include:
 - a) Electrical outlets for electric pumps;
 - b) Sanitation facilities including a sink close by for hand washing and the rinsing of containers; and
 - c) A door that can be locked and/or a sign posting the room as "private during use".
- 1.2.3. A reasonable effort will be made to provide a flexible work schedule in consideration of the time and effort required of an employee to breastfeed or express milk for her child.
- 1.2.4. Unless otherwise agreed upon by the school and the employee, the school shall provide a 30-minute unpaid rest period to breastfeed or express milk during each four-hour work period.
- 1.2.5. If feasible, the employee will take the rest periods at the same time as break or meal periods that are otherwise provided to the employee.

1.3. Notification of Employer

- 1.3.1. The employee must provide written or verbal notice to the Executive Director that she intends to breastfeed or express breast milk at work.
- 1.3.2. Notice must be given at least 10 days prior to the employee's return to work.

Notification of Intent to Breast-feed/Express Milk at Work

Employee Name	Date
Date of return to work	_
Check all that apply:	
☐ I plan to continue breastfeeding my baby when I ret necessary accommodations for breastfeeding my ch	
☐ I plan to continue breastfeeding my baby when I ret necessary accommodations to pump breast milk due	
This letter fulfills my responsibility to provide Muddy C notice of my intention to breast-feed when I return to can be made regarding a pumping and/or breastfeedin schedule modifications. I have read PolicyHR00049 "N understand my rights and responsibilities.	work, so that suitable arrangements ng location, as well as any work
Employee Signature	Date