

LACTATION ROOM RULES & PARTICIPATION AGREEMENT

The MSDE Lactation Room is located on the 8th Floor, 200 West Baltimore Street, Baltimore MD 21201

I will begin using the Lactation Room from _____ to _____
(insert start date mm/dd/yyyy) (estimated end date mm/dd/yyyy)

I understand that Lactation Room access is granted solely for lactation purposes and I am responsible for the following:

- Bringing my own breast pump and supplies
- Sanitizing the table, chair and other surface areas used before and after expressing milk
- Contacting designated personnel in the event of a spill
- Securing the room after each use when applicable
- Respecting the privacy of other lactation room users
- Scheduling room use on a shared platform (Google Meets calendar and room sign in sheet) accessible to other lactation room users and the Lactation Room Coordinator
- Notifying the Lactation Room Coordinator when my lactation room use is no longer needed and returning the key to Lactation Room Coordinator immediately.

I understand that I will have access to and may utilize the refrigerator in the Lactation Room for the storage of expressed breast milk. If I elect to use the refrigerator:

- I agree to label my milk with my name, department and date the milk was expressed
- I agree to remove all stored breast milk by the end of each business day
- I agree that stored milk that has not been removed by the end of the business day may be disposed of
- I agree that I am responsible for ensuring that the refrigerator is always kept clean
- I agree that the refrigeration space is for the storage of breast milk and its accompanying storage containers/bags only.

No other food or drink shall be placed in this refrigerator.

I understand that MSDE is not responsible for the contents of the refrigerator or any loss of or damage to my stored breast milk.

I also agree to the following:

- μ MSDE may revoke the key assigned to me at any time.
- μ If I lose the lactation room key, I will be subject to a \$15 charge. I will report it immediately to the Lactation Room Coordinator. I will not have copies made of the MSDE lactation room key.
- μ I agree to communicate effectively with my supervisor about my need for lactation room breaks.
- μ I agree that the furniture and items within the lactation room are the property of MSDE.

If I have questions or concerns related to my rights related to breast pumping at work as an MSDE employee, I may contact the Office of Equity Assurance and Compliance at 410-767-0433 or tiffany.richards@maryland.gov

Typed Full Name & Title

MSDE Unit

Email Address

Contact Number

SPS Employee ID Number (W #)

Participant/Employee Signature

Today's Date

FOR OFFICE OF EQUITY ASSURANCE USE ONLY

Date Approved

OEAC staff

Key Provided

Key No.

Key Returned