CHAPTER 5 – ADULT CUSTODY AND SECURITY OPERATIONS
ARTICLE 15 – BREASTFEEDING

RESPONSIBILITY FOR REVIEW: **Associate Warden Custody, Housing and Program Services**
REVIEWED ANNUALLY: **May**
DATE OF LAST REVIEW: **May 2020**

54045.19 BREASTFEEDING

EDUCATION AND PARTICIPATION

Offenders who choose to breastfeed their babies shall be required to have been educated at the hospital of their delivery prior to participating in the Lactation Program. The inmates shall be issued a California Department of Corrections 128-B General-Informational Chrono (Attachment A) by the California Institution for Women Family Services Program (FSP) Clinical Social Worker (CSW)/Family Services Coordinator (FSC) reflecting the inmate's information and program accommodations and considerations. Inmates who wish to participate in the Lactation Program shall be required to sign the Lactation Program Agreement (Attachment B) and allowed to participate for a period of one year. Any extensions to the aforementioned time limit will be considered by the FSP Supervising Social Worker on a case-by-case basis. Participation in the Lactation Program shall be subject to weekly urinalysis (UA) testing. Any positive UA shall immediately terminate participation in the Lactation Program. Non-participation by either the inmate or caregiver for more than 30 days shall be cause for removal from the program.

EXPRESSING BREAST MILK

Inmates shall express their milk in their cells. After expressing their breast milk, the inmate shall contact housing unit staff to place their breast milk in the freezer located in the Miller Program Sergeant's Office. The freezers shall be used only for the storage of breast milk by inmates participating in the Lactation Program. Prior to placing their breast milk into the freezer, the inmate shall write their name, California Department of Corrections and Rehabilitation (CDCR) number, and the date the milk was expressed on the storage bag. After the information is verified on the bag and is correct, the inmate shall place the milk-filled bag in the freezer.

One Supervisor and one Security Patrol staff shall be present during First Watch when a participant exits her cell to place milk in the freezer. The Watch Commander shall be notified of the occurrence.

Participants may participate while in a work assignment and may be released from their assignment or return late from their lunch break to express their milk. Consideration should be used before placing Lactation Program inmates into an assignment which requires them to pass through a staff controlled area.

TRANSPORTATION OF BREAST MILK

The housing unit officer shall observe the inmate removing and placing her frozen breast milk bags into an ice chest; the inmate shall hold up each milk bag to verify her name and CDCR number on the bag before placing it into the ice chest. The inmate shall then walk the ice chest to the designated pick-up location.

PICK-UP OF BREAST MILK

Arrangements to pick up the milk shall be made by the child's caregiver with the FSP's CSW/FSC prior to expressing and storing her breast milk. Breast milk pick-up shall be by appointment only between the hours of 0900 and 1500 during weekdays and weekends. The breast milk shall be picked up in the Visitor Processing Center. The person designated to pick up the milk shall be an approved visitor. The CSW/FSC or Visiting Department Staff shall carry the inmate's personal size ice chest containing the frozen breast milk to the Visiting Processing Center. The caregiver shall enter the Processing Center with their ice chest, whereupon they will transfer the inmate's frozen breast milk into their ice chest. Both ice chests shall be searched prior to placing the milk in the ice chest. The CSW/FSC or Visiting Department Staff shall watch as the caregiver verifies they are receiving the breast milk labeled from the correct inmate.

MAINTENANCE OF FREEZER

Program Sergeant 1 or 2 shall document the temperature of the freezer in Miller Program once a shift and document the temperature on the Miller Program Freezer Temperature Log (Attachment C).

SUPPLIES

The following non-durable medical supplies are necessary for the Lactation Program.

- Manual Breast Pump
- Ice
- Permanent Markers
- Personal Size Ice Chest
- Breast Milk Storage Bags

DISPOSAL OF UNUSED MILK

Unused breast milk is not considered a biohazard and may be poured down the sink or placed in the trash if frozen. The inmate can also exercise her option to take her milk with her, upon release.

HOUSING AND FREEZER LOCATION

Inmates participating in the Lactation Program shall be housed in the General Population (GP). All GP inmates shall store their expressed milk in the freezer located in the Miller Program Sergeant's Office.

ATTACHMENTS

Attachment A CDC 128-B General (Informational Chrono)
Attachment B Lactation Program Agreement
Attachment C Miller Program Freezer Temperature Log

ROB KETTLE
Associate Warden
Custody, Housing and Program Services
California Institution for Women

R. MONTES
Warden (A)
California Institution for Women

DATE 5/8/2020

State of California – Department of Corrections and Rehabilitation

CDC-128-B

INFORMATIONAL CHRONO

INMATE NAME: CDCR NUMBER: HOUSING UNIT:

In accordance with the Lactation Program Agreement, this informational chrono identifies inmate _____
NAME & CDCR NUMBER

as a participant in the **California Institution for Women (CIW) Lactation Program.**

Pursuant to CIW Department Operational Manual (DOM) Supplement 54045.19 Breastfeeding, participants in this program will be afforded the following program accommodations and considerations:

- Participants in a work assignment may be released from their assignment or return late from their lunch break to express their breast milk.
- Consideration should be used in allowing inmate participants to pass through a staff controlled area for purposes related to participation in this program.
- Village Cafeteria (VC) Staff shall provide ice as required for the inmate's personal-size ice chest, to maintain cold storage of breast milk in their cells pending expression and/or freezing of milk. Also, Custody and Institutional staff will make reasonable accommodations to ensure the inmate obtains ice.
- Custody staff must assist participants in accessing the designated freezer to store expressed breast milk, and assist participant in exiting her cell to place her expressed breast milk in the freezer located in Miller Program Sergeant's Office. During hours of non-inmate movement, the Watch Commander will be notified of the occurrence.

Pursuant to DOM Supplement 54045.19, participants in this program receive non-durable medical equipment, which will remain in their possession and property in exception to California Code of Regulations, Title 15, §3192, Property Possession and Exchange. The following is a list of the approved non-durable medical equipment:

- Manual/Electronic Breast Pump
- Ice
- Personal size ice chest
- Storage Bag
- Permanent Marker

If you require more information to this program, please contact the CIW Clinical Social Workers/Family Services Coordinators at extensions 5375 and 5377, or 5259.

_____
CSW/FSC
Family Services Program
California Institution for Women

DATE: (INFORMATIONAL) GENERAL CHRONO

Distribution:
Original: SOMS Central File
CC: ☐Inmate
☐Housing Staff

FAMILY SERVICES PROGRAM LACTATION PROGRAM AGREEMENT

1. **I voluntarily agree to random urinalysis (UA) testing, yielding negative results, as a condition of participating in this program.**
2. **Upon return from the hospital and after giving birth, I will be subject to UA testing.**
3. I understand I am subject to disciplinary action and will be removed from the program as a result of a positive UA.
4. After UA testing and prior to testing results, the Family Services Program (FSP) staff will provide a manual/**electronic breast pump (non-durable medical equipment)** upon signing this agreement.
5. I am voluntarily choosing to participate in the Lactation program and will receive a CDC 128-B indicating I have received education regarding breastfeeding.
6. I understand it is my responsibility to write my name, CDCR number, and date **my breast milk** is expressed on each storage bag.
7. I understand it is my responsibility to place the **milk-filled storage bags** into the freezer <u>daily</u>, located in Miller Program Sergeant's Office.
8. I understand it is my responsibility to keep my **manual/electronic breast pump clean.** If the pump becomes defective or unusable, it will only be replaced on a one-for-one exchange.
9. I understand that I am responsible for 1) removing my frozen milk-filled storage bags from the freezer, 2) placing them into a portable ice chest, and 3) walking the filled cooler to the Visiting Department, the designated pick-up location. I also understand the ice chest can be subject to search by **FSP/Visiting Department** Custody Staff.
10. I understand that my child's caregiver is responsible for making arrangements with the FSP Clinical Social Worker/Family Services Coordinator (CSW/FSC) to pick-up my **frozen milk-filled storage bags and bringing a cooler with ice to retrieve my frozen milk-filled storage bags.** If my child's caregiver designates someone else to pick-up my frozen milk-filled storage bags, they **must** also be an approved visitor.
11. **I understand that non-participation by either myself (expressed or implied), the inability to express an adequate supply of breast milk (less than 10 bags per week), or caregiver or caregiver's designee fails to pick-up the frozen milk-filled storage bags for a period of up to 30 days, my participation in the Lactation Program shall be discontinued – unless prior arrangements were made.**
12. **I understand that I will be allowed to take any remaining frozen milk-filled storage bags with me at the time of my release from CIW.**

13. **I understand that I must return my electronic breast pump (non-durable medical equipment), permanent marker, personal-size ice chest, and unused storage bags no less than two days prior to my release from CIW.**
14. **I understand that I will be allowed to keep the manual breast pump, if provided.**
15. I understand that I may participate in this program for up to **one year**.

I understand failure to follow ***any*** of the rules as indicated in this agreement shall be cause for ***immediate*** removal as a participant in the program.

Inmate Name (Print)	Signature	CDCR Number	Date

CDCR Staff Witness (Print)	Signature	Date

MILLER PROGRAM FREEZER TEMPERATURE LOG

Attachment C

WEEK: ___ _____ TO _____ LOCATION: MILLER PROGRAM

Temperatures are taken seven days a week in designated area.
Record temperatures from the instruments mounted within the freezer.

	1ST WATCH		2ND WATCH		3RD WATCH	
	TEMPERATURE	INITIALS	TEMPERATURE	INITIALS	TEMPERATURE	INITIALS
SUNDAY						
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						

PLEASE ENSURE THAT ALL TEMPERATURE BOXES HAVE BEEN FILLED IN AND ALL SIGNATURES ARE PRESENT INCLUDING SUPERVISOR SIGNATURES. IF TEMPERATAURE WAS NOT TAKEN FOR ANY REASON (I.E. UNIT CLOSED FOR SPRAYING), PLEASE MAKE A NOTATION DURING TIME(S).

Signature First Watch Officer	Signature Second Watch Officer	Signature Third Watch Officer
Supervisor Review	Supervisor Review	Supervisor Review