

DC Health Infants-At-Work Program - Attachment A

Application for the Infant-At-Work Program (Individual Plan)

GENERAL INFORMATION

Name of Employee/Parent: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Name of Infant: _____

Infant's Date of Birth: _____ Date Infant Enters Program: _____

Estimated Date Infant will Leave the Program: _____

Days and Times Infant Will Be in the Workplace: _____

Location of the Infant: _____

Emergency Contact #1: _____

Emergency Contact Address: _____

Emergency Contact Number: _____ Relationship with Contact: _____

Emergency Contact #2: _____

Emergency Contact Number: _____ Relationship with Contact: _____

Emergency Contact Address: _____

The Parent/Employee understands that this program is voluntary? Y N

The Parent/Employee understands that their infant's enrollment in the program can be cancelled at any time? Y N

The Parent/Employee understands that they are solely responsible for the care and safety of their infant? Y N

The Parent/Employee understands that the themselves, the infant and the care provider are required to get the CDC ACIP recommended immunizations before starting the program? Unless there is a religious or medical exemption. Y N

The Parent/Employee believes that they will be able to complete the essential function of their job while in this program? Y N

The Parent/Employee has found an Alternative Care Provider to care for their infant for no more than 1.5 hours in a 4-hour period during the workday? Y N

SPECIFIC INFORMATION

Include any other specific plan information or requirements in the space below (optional):

ALTERNATIVE CARE PROVIDER

Alternative Care Provider #1: _____

Contact Number: _____ Location of Workspace: _____

Alternative Care Provider (optional) #2: _____

Contact Number: _____ Location of Workspace: _____

I understand that this plan has not been approved until I have met with my immediate supervisor and approved by my Administration's Director. I understand that if anything about my plan changes I will need to meet once again with my manager to discuss the changes and get my new plan approved.

Submitted by:

Signature of Parent/Employee

Date

Approved by:

Immediate Supervisor

Date

Administration Director

Date

Please attach your signed Alternative Care Provider Agreements to this Individual Plan.

MANAGER’S CHECKLIST FOR ELIGIBILITY FOR THE INFANTS-AT-WORK PROGRAM

This checklist is for the immediate manager of the parent/employee applying for the Infant-At-Work program at DC Health. It is recommended that the Manager utilize this checklist when making their determination if the parent/applicant will be allowed to participate in the DC Health Infant-At-Work program.

1. Is the applicant an full-time employee of DC Health?	
2. Is the applicant the mother, father or legal guardian of an infant between 6 weeks old but under the age of 180 days?	
3. If they are a legal guardian, do they have paperwork from a court or other government agency stating that they have a legal right to care for and make decisions for the infant?	
4. Has the employee completed all the required paperwork? The Individual Plan and the Waiver forms.	
5. Has the parent designated an Alternative Care Provider? This is not a disqualifying requirement but it is recommended.	
6. If they do choose to designate an Alternative Care Provider, do they have the Alternative Care Provider Agreement filled out, signed and approved by the Alternative Care Provider and their designated management?	
7. If allowed to participate in the program, can the employee perform their essential job function?	
8. Does the employee have a below standard performance evaluation on file? If the answer to this question is yes – the employee is not able to participate in the program.	
9. Does the employee have a pending or completed disciplinary action on file? If the answer to this question is yes – the employee is not able to participate in the program.	
10. Does the employee have job responsibilities which involve the provision of direct services and/or regular client or patient contract? These jobs may not be eligible for participation in the program	
<ul style="list-style-type: none"> • <u>The immediate manager should notify their Administration’s leadership, HR and legal that the employee has applied for the Infant-At-Work program.</u> 	
If the employee has met all of the above criteria, then the manager has a meeting with the employee about the programs guidelines and their responsibilities. This meeting can be attended by the Administration’s management and an HR representative.	
The manager should talk about the below issues at the meeting:	
1. Participation in the Infant-At-Work program is a privilege and not a right.	

2. Parents are expected to work closely with their supervisors and coworkers to ensure that all parties involved are aware of what duties can and cannot be reassigned.	
3. If problems arise that cannot be resolved, the Parent understands that their participation in the program may be discontinued.	
4. Infant, Parent and Alternative Care Provider are required to be vaccinated, as appropriate for age according to the recommendation of the CDC's Advisory Committee on Immunization Practices (ACIP). REQUIREMENT UNLESS EXEMPTION APPLIES AND IS ACCOMPANIED BY REQUIRED PAPERWORK	
5. Parents and designated Alternative Care Provider(s) must maintain a safe working environment while caring for an infant in the workplace.	
6. Parents or designated Alternative Care Provider(s) are responsible for the safety of the infant and will remain with the infant at all times.	
7. Parent or designated Alternative Care Provider(s) are not authorized to travel with Infant while driving or riding in a DC Health owned or leased vehicle.	
8. Each Parent shall make their workspace or station suitable for their infant. The infant shall be located primarily at the parent's workstation during the workday or other approved locations.	
9. Each Parent will provide the necessary furniture and equipment suitable for the infant's needs.	
10. When an infant is sick, the Parent cannot bring the infant in to work.	
11. Parents must have childcare or other arrangements in place by the time the infant reaches 180 days old.	
12. When changing the infant's diaper, the Parent must use a changing station located in a restroom or designated lactation room.	
13. If the infant is disruptive for a prolonged period of time, causing a distraction to the workplace, then the infant must be removed from DC Health.	
14. Has the parent/employee read and understands the DC health Infant-At-Work policy? Do they agree to comply with the guidelines of the program?	
Whether or not the immediate supervisor allows the parent/employee to participate in the Infant-At-Work program. They are required to notify their Administration's leadership, HR and legal.	