

DC Health Infants-At-Work Program - Attachment C

DC Health Infant-At-Work Program

Infant-At-Work Program

Alternative Care Provider Agreement

As a care provider, I understand and agree to the following:

I understand that being a care provider does not relieve me of my responsibilities as an employee of DC Health. By signing this Agreement, I certify that I have read the Infant-At-Work program standard operating procedures. I understand and agree to comply with the terms and conditions set forth in the policy.

When necessary, I will provide care for _____ (infant’s name) when _____ (parent’s name) is unavailable. My care will not exceed 1.5 hours within any 4-hour period.

I understand that I must obtain my immediate supervisor’s, as well as my Administration’s Director’s, approval to participate in this program.

If the infant becomes disruptive to other employees, I will take the infant to a designated quiet room area.

I understand that the parent may not leave the infant in my care if he/she is going to leave the building. I also understand that I may only provide alternative care for the infant if the parent is at work and not when they are on vacation or otherwise not working.

I understand that I cannot leave the building with the infant during work hours and that the infant is not authorized in DC Health government vehicles.

I understand that there may be another designated care provider. _____ (name), who I may contact for assistance.

I understand that no other persons besides the parent, myself, and the other designated provider are responsible for the infant once the infant has been placed in my care. If another employee asks to take the baby, I will first get the parent’s approval.

If I should decide that I no longer wish to be a care provider, I will give the parent at least two weeks notice.

I acknowledge that I have read, understand, and agree to the terms of this alternative care provider agreement.

Signature of Alternative Care Provider

Date

Signature of Supervisor

Date

Signature of Administration's Director

Date