#### CARE PROVIDER AGREEMENT – Infants at Work

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| ***Related Policy:*** HR.01.35 Infants in the Workplace |
| ***About this form:*** This form is used by an employee who has been selected at work as a care provider for the infant of another employee while at work.* *Care Provider: Return this form to your supervisor*
* *Supervisor: If you approve the parent to participate in Infants@Work, submit to your appointing authority with the parent’s application package.*
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[ ]  Primary Care Provider [ ]  Secondary Care Provider

As a Care Provider, I understand and agree to the following:

1. When necessary, I will provide care for       (Infant) when       (Parent) is unavailable.
2. I will move to       (Parent’s) workstation, or the baby will be brought to my workstation, whichever is most convenient.
3. I understand my role as a care provider does not relieve me of my responsibilities as an employee of the Washington State Department of Enterprise Services.
4. I understand that I am not to provide care for an infant for more than one hour within my daily scheduled work hours.
5. I understand there is another designated care provider,       (Other Care Provider), with these same duties who I may contact if I require assistance.
6. I will be notified by       (Parent) if there is any change in Care Providers under this agreement.
7. No Persons will be responsible for the baby except for       (Parent),       (Other Care Provider), and me.
8. I will not release the baby under my care to any individual other than       (Parent) or       (Other Care Provider).
9. If at any time I no longer agree to act as Care Provider for       (Infant), I shall give written notice to       (Parent).

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| The undersigned hereby agrees to act as a Care Provider as described above. I acknowledge that I have read and understand the terms of this Care Provider Agreement as set forth above. |
| **Employee Signature:** | **Date:**       |
| Approval |
| **Supervisor Signature:** | **Date:**      | [ ]  Approved[ ]  Denied\* |
| **Appointing Authority Signature:** | **Date:**      | [ ]  Approved[ ]  Denied\* |
| **\*Reason for Denial:**[ ] Safety Concern [ ] Performance Issue [ ] Other:       |