

Infant at Work Program Care Provider Agreement

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

1. When necessary, I will provide care for _____ (Infant's name) when _____ (Parent/Legal Guardian) is unavailable.
2. I will move to _____'s (Parent/Legal Guardian) 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 Health
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 with these same duties whom I may contact if I require assistance.
6. I will be notified by _____ (Parent/Legal Guardian) if there is any change in care providers under this Agreement.
7. No persons will be responsible for the baby except for _____ (Parent/Legal Guardian) or _____ (other designated Care Provider), and myself.
8. I will not release the baby under my care to any individual other than _____ (Parent/Legal Guardian) or _____ (other designated Care Provider).
9. If at any time I no longer agree to act as a Care Provider for _____ (Infant), I shall give written notice to _____ (Parent/Legal Guardian).

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:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied*
Office Director Signature:		Date:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied*
Appointing Authority Signature:		Date:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied*
Reason for Denial:			

Distribution:
 Original: OHR
 Copies: Employee
 Supervisor