VERMONT

CARE PROVIDER AGREEMENT – Infants in the Workplace

Related Policy: 13.13

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 in the Workplace Program, submit to your Appointing Authority, to DHR Commissioner or designee and to BGS Commissioner or designee, with the parent's application package.*

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 State of Vermont,   .

4. I understand that I am not to provide care for an infant for more than   hour(s) 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.

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 (specify below):		

DHR Commissioner or Designee Signature:

Date:

	Approved	Denied*

*Reason for Denial:
☐ Safety Concern   Performance Issue   Other (specify below):

BGS Commissioner or Designee Signature:

Date:

	Approved	Denied*

 *Reason for Denial:
☐Safety Concern   ☐Performance Issue   ☐Other (specify below):