

INFANTS IN THE WORKPLACE – PARENT AGREEMENT

Part 1 – GENERAL INFORMATION									
Last Name			First Name			Work Phone			
Worksite			Department/Program			Supervisor's Name			
Infant's Name			Infant's Date of Birth			Plan type			
Date Infant Begins Program*					Date Infant Ends Program*				
*Infant must be at least 45 days old at the start of program and no more than 6 months old or when he/she starts crawling (whichever comes first) at end of program.									
Please indicate days and times the infant will be present in the workplace.									
<input type="checkbox"/> Mon	Start	<input type="checkbox"/> Tue	Start	<input type="checkbox"/> Wed	Start	<input type="checkbox"/> Thu	Start	<input type="checkbox"/> Fri	Start
	End		End		End		End		End
Part 2 – CARE PROVIDERS									
The following persons have agreed to be Care Providers, responsible for providing care for my infant in the workplace when I become temporarily unavailable to provide care. Care Providers should not provide more than one hour of care per person per work day. Approved Care Providers Agreements (Form 5227-F3) must be submitted with this plan.									
Primary Care Provider Name			Department/Program			Work Phone		Location	
Secondary Care Provider Name			Department/Program			Work Phone		Location	
Part 3 – SPECIFIC INFORMATION									
Include any specific plan information or requirements here.									
Part 4 – EMERGENCY CONTACTS									
Contact Name			Relationship			Primary Phone		Secondary Phone	
Contact Name			Relationship			Primary Phone		Secondary Phone	
Part 5 – AGREEMENT									
By signing this agreement, I hereby certify that I have read the Infants in the Workplace Program policy and procedure. I understand and agree to comply with the terms and conditions set forth in the policy and procedure.									
Additionally, I acknowledge that the NWESD 189 reserves the right to terminate an employee's eligibility, with or without cause, or to cancel or retire the Infants in the Workplace Program in part or in its entirety, with or without cause, requiring me to remove my infant from the workplace.									
I have discussed this plan with my supervisor. I understand that I can bring my infant to the workplace upon final approval of this plan by the Assistant Superintendent for Operations. If my plan changes, I agree to complete a revised plan for discussion and approval.									
Parent Signature					Date				

Part 6 – APPROVAL		
Supervisor Signature	Date	<input type="checkbox"/> Approved <input type="checkbox"/> Denied*
Director / Assistant Superintendent Signature	Date	<input type="checkbox"/> Approved <input type="checkbox"/> Denied*
*Reason for Denial		
Part 7 – PERSONNEL REVIEW		
This complies with the Infant in the Workplace policy and procedure.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Approved Care Provider Agreements received (Form 5227-F2)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Waiver of Liability received (Form 5227-F3)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Workspace Inspection Checklists received (Form 5227-F4)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Assistant Superintendent for Operations Signature		<input type="checkbox"/> Approved <input type="checkbox"/> Denied*
*Reason for Denial		
<input type="checkbox"/> Safety Concern <input type="checkbox"/> Performance Issue <input type="checkbox"/> Other:		