As an ACP I,       (Employee Name), 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 infant will be brought to my workstation, whichever is most convenient.
3. With my supervisor and the OFM Safety Manager, I will complete the Workstation Inspection form attached to this agreement.
4. I understand my role as a care provider does not relieve me of my responsibilities as an employee of OFM.
5. I understand that I am not to provide care for an infant for generally more than one hour within my daily scheduled work hours. Exceptions to the one-hour limitation can be made if approved by my supervisor.
6. I understand that if I am overtime eligible, I will be required to submit leave or make up time within my current workweek resulting from the inability to work due to providing alternate care.
7. I understand there is another alternate care provider with these same duties whom I may contact if I require assistance.
8. I will be notified by       (Parent/Legal Guardian) if there is any change in care providers under this Agreement.
9. No persons will be responsible for the infant except for       (Parent/Legal Guardian) or       (other designated Care Provider), and myself.
10. I will not release the infant under my care to any individual other than ­­­­­­­­      (Parent/Legal Guardian) or       (other designated Care Provider).
11. 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 and the parent’s supervisor/manager).

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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\* |
| Manager Signature (if applicable): |  | Date: |  | [ ]  Approved[ ]  Denied\* |
| Assistant Director Signature: |       | Date: |       | [ ]  Approved[ ]  Denied\* |
| Reason for Denial (attach additional sheet, if necessary):  |
| **Distribution** Original: Employee’s Personnel File / Copies: Employee & Supervisor |