



Attachment B: Infants at Work *Alternative Care Provider Agreement*

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

1. When necessary, I will provide care for _____ (infant) when _____ (parent) is unavailable. (Provider care is not to exceed 1.5 hours in a 4-hour period.)
2. I will move to _____'s (parent's) workstation or the infant will be brought to my workstation, whichever is most convenient.
3. If the infant becomes "fussy" under my care, I will take the infant to the designated sitting room.
4. I understand my alternative provider care does not relieve me of my responsibilities or duties as an employee of Kansas Housing Resources Corporation.
5. I understand there is another designated alternative 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 the alternative care providers under this Agreement.
7. No persons will be responsible for the infant except for _____ (parent), or _____ (other alternative care provider) or myself.
8. I will not release the infant under my care to any individual other than _____ (parent), _____ (other alternative care provider), _____ (Emergency Contact) or _____ (Emergency Contact). I understand that I must check the photo ID of an Emergency Contact before releasing the infant to his/her care.
9. If at any time I no longer agree to serve as an alternative care provider for _____ (infant), I shall give two (2) weeks notice to _____ (parent) and the Executive Vice President.

I hereby agree to serve as an Alternative Care Provider as described above. I hereby acknowledge and affirm that I have read and understand the terms and conditions of the Infant at Work Policy, the Individual Care Plan and this Alternative Care Provider Agreement .

Alternative Care Provider

Date

Alternative Care Provider's Supervisor

Date