### Infants-at-Work Policy

It is the policy of (organization name here) to provide a positive work environment that recognizes parents’ responsibilities to their jobs and to their infants by acknowledging that, when an infant is able to stay with a parent, this benefits the family, the employer, and society. The (organization name) Infants-at-Work Program encourages new mothers, fathers, or legal guardians to return to work sooner by allowing the new parents to bring their infant to work with them until the child is mobile. The program is designed to accommodate an individual parent’s participation with a single infant. Multiple births will be evaluated on a case-by-case basis.

### Eligibility

* FTE employees are eligible to participate in the program, subject to the specific job responsibilities of the parent and subject to ensuring the physical safety of the infant.
* To be eligible, employees must (eligibility criteria here, e.g. performance ratings).
* Parents may request a temporary, alternative work assignment if their current assignment is not suitable for participation in the program. (Organization name) will attempt to accommodate such requests based on business and staffing situations at the time of the request but is not required to honor the requests. The opportunity for an alternative assignment is typically a rare event and should by no means be an expectation.
* Parents may request a temporary relocation or workstation modification (instructions for this process or Human Resources contact information)

1. Pre-Program Meeting

Before any infant is brought into the workplace, a meeting must take place between the parent, the supervisor and Human Resources. All parties must review, discuss, and approve (required paperwork).

1. Employee Responsibilities

### A parent who wishes to bring his/her infant to work must obtain written permission from the supervisor.

The parent shall establish a satisfactory work schedule with the supervisor. If requested, alternative work schedules must be approved according to the process followed in the respective office or department.

### A parent participating in this program may leave the building without taking the infant with him/her as long as the child is in the care of the designated Alternative Care Provider. Each Alternative Care Provider must acknowledge that he or she has agreed to serve in that role by signing an *Alternative Care Provider Agreement,* which is available on the Human Resources benefits page. Each parent shall designate two alternative care providers in the workplace. The alternative care providers will be employees in the same office or department in close proximity who voluntarily agree to care for the infant in the event the parent is unavailable due to attendance at a meeting, participating in a conference call, or a similar work responsibility. The alternative care provider may not simultaneously participate in the program as a parent. The alternative care provider shall obtain permission from his or her supervisor prior to participation in the program.

### If the parent is going to be unavailable for a period exceeding 1.5 hours within a four hour period, the parent shall make arrangements for the infant’s care outside the office or department. If a parent consistently has unexpected scheduling issues, he or she may become ineligible for the program.

The parent will accept complete responsibility for the safety of the infant. If the parent’s duties require leaving the primary work site, the parent will take the infant along. A parent may not transport the infant in a company vehicle.

The parent must provide all supplies and equipment needed to care for the infant at the work site and ensure that the area is kept in a clean and sanitary condition. When an infant accompanies a parent to work, soiled cloth diapers must be stored in a closed container (provided by the parent) and taken home daily. Soiled disposable diapers must be wrapped appropriately and discarded in a restroom.

Parents must have day care or other arrangements in place by the time the baby becomes mobile.

There may be work circumstances unsuitable for infants such that it may be necessary for parents to make other arrangements for child care during these extended periods in which leaving the child in the care of the Alternative Care Provider is not feasible. Parents are expected to work closely with their supervisor and coworkers to ensure that all parties involved are aware of what duties can and cannot be reassigned and parents are expected to make alternate child care arrangements when required to do so.

In order for an Infants-at-work program to be most effective, all parties need to be sensitive to the needs of others. The employee must maintain acceptable work performance and ensure that the presence of the infant does not create any office disturbances. If problems arise that cannot be resolved, the employee understands that the program may be discontinued for that employee.

(Organization name) will notify employees of lactation room locations if employees choose to breastfeed or otherwise feed their infants in private. Employees are not required to utilize a lactation room to breastfeed or otherwise feed their infants.

1. Infant’s Location During the Program

Each parent shall make her/his work area suitable for the new baby and the baby shall be located primarily at that work area during the work day. Ideally, the employee will stay with the infant at all times.

In the event that an infant becomes noticeably fussy, loud, or uncontrollable, or exhibits any behavior that causes a distraction in the workplace or prevents the parent from accomplishing work, the parent must immediately take the infant to a quiet area, such as a lactation room, break room or unused conference room until the infant calms down and is quieter. If the infant does not calm down within 30 minutes, the parent must remove the infant from the premises. Time tending to the child is not considered time worked, with the exception of standard paid breaks. The parent must use paid leave time for such absences.

The infant may be in another employee’s workspace for brief intervals (not more than one hour) if the arrangement is agreed upon between the parent, the other employee and the other employee’s supervisor. Consideration must be taken to ensure that the environment is safe for the infant at all times and that other employees are not disturbed.

###### Illness

A sick infant should not be brought to work. If the infant becomes sick during the day, the infant must be taken home by the parent. The Centers for Disease Control and Prevention (“CDC”)

“Recommendations for Inclusion or Exclusion” of children from out-of-home child care settings are available from Human Resources, and are hereby adopted by (Organization name) as a means for determining whether a baby is sick.

#### Mobility

#### ”Mobile” or “Mobility” is defined as crawling, walking, or another form of movement which results in the child moving from one location to another without assistance. Mobility varies for each child and typically can occur 6 to 10 months after birth, but may be sooner or later depending on the child’s individual development. The point at which the child is deemed mobile is determined by the employee’s supervisor or Human Resources. Once deemed mobile, the child is no longer eligible for the Infants-at-Work Program. Parents have a responsibility to anticipate the transition to mobility wherever possible and prepare in advance for alternative childcare arrangements for the infant. The maximum age an infant will be allowed at work is 12 months of age.

#### Termination of Eligibility

Parents have the right to terminate their individual agreement at any time. (Organization name) has the right to terminate an individual agreement at any time if the parent’s performance declines or if organizational needs are not being met (i.e., complaints and/or disruptions to coworkers cannot be resolved). The parent must maintain acceptable work performance and ensure that the presence of the infant does not create unreasonable office disturbances.

This agreement may also be terminated if the parent becomes involved in disciplinary action, if the parent does not comply with the terms and conditions of the Individual Plan, or when complaints have been made that cannot be resolved. When eligibility is terminated, the infant must be removed from the workplace. Depending on the circumstances, (Organization name) may require immediate removal or notice may be given.

#### Other

The Infants-at-Work Program is a voluntary option for parents, subject to approval as outlined in this Policy where it is compatible with job requirements.

Other affected employees may request a “baby-free” work environment. Such requests should be made in writing through the affected employee’s immediate supervisor and the Human Resources Division. (Organization name) will attempt to accommodate such requests based on business need and staffing situations at the time of the request.

Participation in the Infants-at-Work Program is a privilege and not a right.

(Organization name) expressly reserves the right to refuse participation in the Program for any reason or no reason at all or to terminate participation in the program due to business conditions or for no reason at all.

(Organization name) expressly reserves the right to change or revise this policy with or without notice.

1. Procedure

The employee who wishes to participate in the program is responsible for completing the request form and submitting it to the supervisor for consideration.

The supervisor shall coordinate with the Human Resources Division to set up the pre-program meeting to discuss the employee’s eligibility based on work performance and to review the request form.

The supervisor will recommend approval or disapproval of the request.

If the supervisor approves of the request:

1. The request will be forwarded to the Human Resources for review.
2. If Human Resources agrees with the supervisor’s approval, the form is signed and dated.
3. If Human Resources denies the request, written justification will be provided for the denial. If denied, the supervisor can request a meeting with theHuman Resources Division Director to discuss a potential compromise.

1. If the supervisor denies the request: The supervisor shall provide written justification for the denial.
2. If Human Resourcesupholds the supervisor’s denial, they shall sign and date the form and return to the employee.
3. If Human Resources does not uphold the denial, the supervisor and the Human Resources Division Director shall meet to discuss a potential compromise.
4. If Human Resources does not uphold the supervisor’s denial, a written explanation shall be provided stating why the supervisor’s denial is not being upheld. The Human Resources Division Director shall sign and date the form and return to the employee.

**Recommendations for Inclusion or Exclusion**

**[From the Centers for Disease Control and Prevention (CDC)]**

Mild illness is very common among children, and most children should not be excluded from their usual source of care for common respiratory and gastrointestinal illness of mild severity. Infectious disease prevention and control strategies are often influenced by the fact that asymptomatically infected persons can transmit certain infectious microorganisms to others. Parents of children in childcare and adult child caregivers should be educated as to the infectious disease risks of childcare. Following common sense hygienic practices can reduce much illness risk.

Exclusion of children from out-of-home childcare settings has been recommended for illnesses known to be transmitted among, by, and to children when exclusion of the child or adult has a potential for reducing the likelihood of secondary cases. Exclusion has also been recommended in cases of serious illness for which a hypothetical risk of transmission exists, but for which data at present is insufficient to quantify the risk. In many situations, the expertise of the program’s medical consultant and the responsible local and state public health authorities are helpful in determining the benefits and risks of excluding children from their usual care program.

Child and caregiver-specific exclusion policies reflect the present state of knowledge. Children need not be excluded for a minor illness unless any of the following exists:

* The illness prevents the child from participating comfortably in program activities.
* The illness results in a greater care need than the childcare staff can provide without compromising the health and safety of the other children.
* The child has any of the following conditions: fever, unusual lethargy, irritability, persistent crying, difficult breathing, or other signs of possible severe illness.
* Diarrhea (defined as an increased number of stools compared with the child’s normal pattern, with increased stool water and/or decreased form) that is not contained by diapers or toilet use.
* Vomiting two or more times in the previous 24 hours, unless the vomiting is determined to be due to a non-communicable condition and the child is not in danger of dehydration.
* Mouth sores associated with an inability of the child to control his/her saliva, unless the child’s physician or local health department authority states that the child is noninfectious.
* Rash with fever or behavior change, until a physician has determined the illness not to be a communicable disease.
* Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow eye discharge, often with matted eyelids after sleep and eye pain or redness of the eyelids or skin surrounding the eye), until examined by a physician and approved for readmission, with or without treatment.
* Tuberculosis, until the child’s physician or local health department authority states that the child is noninfectious.
* Impetigo, until 24 hours after treatment has been initiated.
* Streptococcal pharyngitis, until 24 hours after treatment has been initiated and until the child has been afebrile for 24 hours.
* Head lice (pediculosis), until the morning after the first treatment.
* Scabies, until after treatment has been completed.
* Varicella, until the sixth day after the onset of rash or sooner if all lesions have dried and crusted.
* Pertussis (which is confirmed by laboratory or suspected based on symptoms of the illness or because of cough onset within 14 days of having face-to-face contact with a person in a household or classroom who has a laboratory-confirmed case of pertussis), until 5 days of appropriate antibiotic therapy (currently: erythromycin) has been completed (total course of treatment is 14 days).
* Mumps, until 9 days after onset of parotid gland swelling.
* Hepatitis A virus infection, until one week after onset of illness and jaundice, if present, has disappeared or until passive immunoprophylaxis (immune serum globulin) has been administered to appropriate children and staff in the program, as directed by the responsible health department.

Certain conditions do not constitute a prior reason for excluding a child from childcare unless the child would be excluded by the above criteria or the disease is determined by a health authority to contribute to transmission of the illness at the program. These conditions include the following: a symptomatic excretion of an enteropathogen; nonpurulent conjunctivitis (defined as pink conjunctiva with a clear, watery eye discharge and without fever, eye pain, or eyelid redness); rash without fever and without behavior change; cytomegalovirus infection; hepatitis B virus carrier state; and HIV infection.