

DAY CARE STAFF DATA SHEET

NAME OF DAY CARE FACILITY: JOLLY TODDLERS	EMAIL ADDRESS:
YOUR NAME:	DATE OF BIRTH:
ADDRESS:	TELEPHONE NO.:

EDUCATION	
NAME OF HIGH SCHOOL:	GRADE COMPLETED:
ADDRESS:	DATE COMPLETED:
NAME OF COLLEGE:	SEMESTER HOURS COMPLETED:
ADDRESS:	DEGREE EARNED:
PLEASE ATTACH TRANSCRIPT	

EMPLOYMENT EXPERIENCE		
Please list your three most recent employers, dates of employment, and describe the type of work you performed. Continue on the reverse side if necessary.		
NAME OF EMPLOYER:		
ADDRESS:		
DATES OF EMPLOYMENT: START: END:	JOB DESCRIPTION:	TITLE:
NAME OF EMPLOYER:		
ADDRESS:		
DATES OF EMPLOYMENT: START: END:	JOB DESCRIPTION:	TITLE:
NAME OF EMPLOYER:		
ADDRESS:		
DATES OF EMPLOYMENT: START: END:	JOB DESCRIPTION:	TITLE:

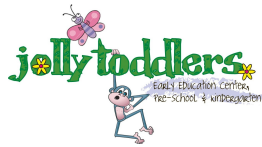
PRESENT POSITION	
In the spaces below, please complete information regarding the position for which you are applying or for which you have been hired:	
<input type="checkbox"/> ADMINISTRATION	<input type="checkbox"/> GROUP SUPERVISOR
<input type="checkbox"/> DIRECTOR	<input type="checkbox"/> ASSISTANT GROUP SUPERVISOR
<input type="checkbox"/> AIDE	<input type="checkbox"/> FOOD SERVICE
<input type="checkbox"/> OTHER	
IF OTHER, PLEASE SPECIFY:	DATE YOU CAN START:
DAYS OF WEEK YOU WILL BE AVAILABLE FOR WORK:	HOURS OF THE DAY YOU WILL BE AVAILABLE FOR WORK:

SIGNATURE OF APPLICANT/EMPLOYEE

DATE SIGNED

***FOR EMPLOYER'S USE:** Employee's starting date in a child care position

MO.	DAY	YEAR



VERIFICATION OF IDENTIFICATION

1. Have you been a PENNSYLVANIA resident for the past 5 years?
 - a. YES
 - b. NO *(we will collect clearances from any state you resided in the past 5 years)*

2. Please provide a PHOTO ID (Driver's License, State ID Card, School ID Card, etc.)



3. Please provide verification of ID (Passport, Social Security Card, or Birth Certificate)



DISCLOSURE STATEMENT

APPLICATION FOR CHILD CARE EMPLOYMENT, INCLUDING PROVISIONAL EMPLOYMENT

Required by the Pennsylvania Child Protective Service Law

23 Pa.C.S. § 6344 (relating to employees having contact with children; adoptive and foster parents)

I swear/affirm that, if being hired on a provisional basis, I have applied for the Pennsylvania Child Abuse History Clearance, the Pennsylvania State Police Criminal History Clearance, the Federal Bureau of Investigations (FBI) Criminal History Clearance, the National Sex Offender Registry (NSOR) verification, and any clearances for any state other than this Commonwealth, in which I currently reside or have resided within the past five (5) years and have provided a copy of the appropriate completed request forms to the employer, administrator, supervisor or other person responsible for employment decisions and have submitted the results of the Pennsylvania Child Abuse History Clearance, the NSOR verification, any clearances for any state other than this Commonwealth, which I currently reside or have resided within the past five (5) years, **AND** either the Pennsylvania State Police Criminal History Clearance **OR** the FBI Criminal History Clearance to the employer, administrator, supervisor or other person responsible for employment decisions.

I understand that I may be hired on a provisional basis for a single period not to exceed a total of 45 days but am not permitted to work alone with children and must work in the immediate vicinity of a permanent employee during the provisional period.

I swear/affirm that I have not been named in the Statewide database as a perpetrator of an indicated or founded report of child abuse.

I swear/affirm that I have not been convicted of any of the following offenses, the attempt, solicitation or conspiracy to commit any of the offenses, or an offense similar in nature, of the Pennsylvania consolidated statutes (relating to crimes and offenses) , under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

Chapter 25	(relating to criminal homicide)
Section 2702	(relating to aggravated assault)
Section 2709.1	(relating to stalking)
Section 2718	(relating to strangulation)
Section 2901	(relating to kidnapping)
Section 2902	(relating to unlawful restraint)
Section 3121	(relating to rape)
Section 3122.1	(relating to statutory sexual assault)
Section 3123	(relating to involuntary deviate sexual intercourse)
Section 3124.1	(relating to sexual assault)
Section 3125	(relating to aggravated indecent assault)
Section 3126	(relating to indecent assault)
Section 3127	(relating to indecent exposure)
Section 3301	(relating to arson and related offenses)
Section 4302	(relating to incest)
Section 4303	(relating to concealing death of child)
Section 4304	(relating to endangering welfare of children)
Section 4305	(relating to dealing in infant children)
Section 5902(b)	(relating to prostitution and related offenses)
Section 5903(c) (d)	(relating to obscene and other sexual material and performances)
Section 6301	(relating to corruption of minors)
Section 6312	(relating to sexual abuse of children)
18 U.S.C § 2261	(relating to interstate domestic violence)
18 U.S.C. § 2262	(relating to interstate violation of protection order)

I swear/affirm that I have not been convicted of a felony offense under Act 64 of April 14, 1972 (relating to the controlled substance, drug, device and cosmetic act) committed within the past five (5) years.

I swear/affirm that:

- My name does not appear on a Statewide database or its equivalent as a perpetrator of child abuse.
- My name does not appear on the National Crime Information Center National Sex Offender Registry or on a state's sex offender registry.

I swear/affirm that, if providing certifications that have been obtained within the preceding 60 months, I have not been disqualified from employment as outlined herein or have not been convicted of an offense similar in nature to a crime listed herein under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I understand that I must immediately be dismissed from employment if my certifications reveal that I am disqualified from employment.

I understand that, if I am arrested for or convicted of an offense listed herein, or am named as perpetrator in a founded or indicated report of child abuse, I will provide the administrator or designee with written notice not later than 72 hours after my arrest, conviction or receiving notification that I have been listed as a perpetrator in a founded or indicated report of child abuse in the Statewide database. I understand that, if the person responsible for employment decisions or the administrator of a program, activity or service has a reasonable belief that I was arrested for or convicted of an offense listed above and/or on the previous page or was named as perpetrator in a founded or indicated report of child abuse, or I have provided written notice of a new arrest, conviction or notification of substantiated child abuse as described above, the person responsible for employment decisions or administrator of a program, activity or service will immediately require me to submit current certifications and the cost of certifications will be borne by the employing entity or program, activity or service.

I understand that nothing in the Child Protective Services Law (23 Pa.C.S. Chapter 63) shall be interpreted to otherwise interfere with the ability of the employer or other person responsible for a program, activity or service from making employment, discipline or termination decisions or from establishing additional standards as part of the hiring process for employees.

I understand that the employer, administrator, supervisor or other person responsible for employment decisions is required to maintain a copy of my certifications.

I affirm that the facts set forth herein are true and correct to the best of my knowledge, information and belief. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

Applicant:		Signature:		Date:	
Witness:		Signature:		Date:	

If the employee is a minor:

Parent or Guardian:		Signature:		Date:	
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APPLICATION: National Sex Offender Registry Verification

The following individuals must complete the National Sex Offender Registry verification application:

- Any individual 18 years or older residing in the child care setting where child care is occurring.
- Any individual working for a Regulated Child Care Provider.
- Any individual with an ownership interest (corporate or non-corporate) in a Regulated Child Care Provider and who participates in the organization and management of the operation.
- Any volunteer of a child care provider, group day-care home or family child care home.

Type or print clearly in ink. Fill in all necessary fields on the application. Once completed, use one of the following three options to submit the application for processing:

1. Mail to the Clearance Verification Unit, ChildLine at the following address: Department of Human Services PO Box 8170 Harrisburg, PA 17105-8170; **OR**
2. Scan the completed application and email to: **RA-PWNSOR@pa.gov** In the subject line list 'NSOR Verification Applicant Last Name (i.e., Smith); **OR**
3. Hand deliver to the Clearance Verification Unit lobby located at: 5 Magnolia Drive, Harrisburg, PA 17110 (Hillcrest Building number 53). Free parking is available in Lot C.

- Processing time is fourteen days from the date the application is received.
- Retain a copy of the completed application for your record. You may need a copy as proof of your submission for your employer.
- There is no fee for the National Sex Offender Registry verification letter.
- Refer all questions to the Clearance Verification Unit at 877-371-5422.

Purpose of the National Sex Offender Registry Verification (Check one box only)

- Individual 18 years or older residing in the facility where child care is occurring.
- Individual working for a Regulated Child Care Provider.
- Individual with an ownership interest (corporate or non-corporate) in a Regulated Child Care Provider and who participates in the organization and management of the operation.
- Volunteer of a child-care provider, group-daycare home or family child care home.

Applicant Demographic Information (All fields required)

Full Name (Last, First, Middle Initial): _____

Social Security Number (XXX-XX-XXXX): _____

Date of Birth (MM/DD/YYYY): _____

Daytime Phone Number (XXX-XXX-XXXX): _____

Home Mailing Address: _____

Include full street address, (Apt # or PO Box if applicable),

City, State and Zip Code

E-mail Address: _____

I affirm the above information is accurate and complete to the best of my knowledge and belief, and submitted as true and correct under penalty of law per Section 4904 of the Pennsylvania Crimes Code.

Signature: _____

Date: _____

CHILD CARE STAFF HEALTH ASSESSMENT

(55 Pa. Code §§3270.151, 3280.151 and 3290.151)

NAME OF PERSON EXAMINED (Please print)	REASON FOR EXAMINATION <input type="checkbox"/> Initial employment in child care <input type="checkbox"/> Biennial re-examination
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THIS SECTION TO BE COMPLETED BY EMPLOYER

This physical examination is for the purpose of employment in a child care facility. The types of activities this individual will be doing are as follows (please check all that apply):

<input type="checkbox"/> Lifting, carrying children	<input type="checkbox"/> Desk work	<input type="checkbox"/> Other – describe below:
<input type="checkbox"/> Close interaction with children	<input type="checkbox"/> Driver of vehicle(s)	
<input type="checkbox"/> Food preparation	<input type="checkbox"/> Facility maintenance	

THIS SECTION TO BE COMPLETED BY PHYSICIAN, PHYSICIAN'S ASSISTANT OR CERTIFIED REGISTERED NURSE PRACTITIONER (CRNP)

1. DID YOU CONDUCT A PHYSICAL EXAMINATION? YES NO

The physical examination should include a functional assessment of vision and hearing and a systems review looking for conditions that might affect performance or predispose this individual to occupational injury relating to the type of activities required by the job (see type of job listed above.) Conditionals also include frequent hand washing, the stress of caring for groups of children, ability to actively supervise children, and exposure to the common infections of childhood. Please take note that substance abuse should be considered in determining suitability to provide child care.

2. DID THIS INDIVIDUAL HAVE ANY COMMUNICABLE DISEASES? YES NO

If yes, attach separate sheet(s) to describe the conditions and the risk it might pose to others exposed to this individual.

3. BASED ON YOUR FINDINGS FOR #1 AND #2 ABOVE AND OTHER INFORMATION GATHERED DURING YOUR EXAMINATION, IS THIS INDIVIDUAL SUITABLE TO PROVIDE CHILD CARE? YES NO

IF YOU ANSWERED "NO" TO QUESTION #3, please list any information regarding this individual's medical condition or other information gathered during your examination that might threaten the health of children or prohibit the individual from providing safe and adequate care to children. Please attach separate pages as needed.

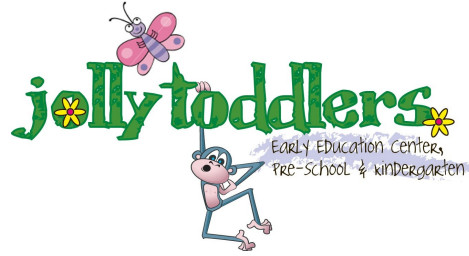
DATE	SIGNATURE	TITLE
TELEPHONE NO.	PRINTED NAME	
ADDRESS		

TESTING FOR TUBERCULOSIS BY THE INTRACUTANEOUS MANTOUX OR INTERFERONGAMMA RELEASE ASSAY BLOOD TEST METHOD

Please note: The child care facility regulations require tuberculosis testing by Mantoux method or the interferongamma release assay (IGRA) blood test at initial employment in a child care setting. Subsequent testing is not required unless directed by a physician, physician's assistant, CRNP, the Department of Health or a local health department.

MANTOUX TEST DATE:	RESULTS: <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE TB Read Date:
IF SKIN TEST IS POSITIVE:	REPORT OF CHEST X-RAY (Please attach an official radiology report)
	DOES THIS INDIVIDUAL NEED CHEMOPROPHYLAXIS? <input type="checkbox"/> YES <input type="checkbox"/> NO

Please note: For the purposes of meeting the child care facility regulations, a person with a positive tuberculin skin test or blood test and a negative x-ray is not required to have further tuberculosis testing or x-rays, unless the person is exposed to an active case of tuberculosis or the person develops a productive cough which does not respond to medical treatment within 14 days.



Dear Physician/Medical Provider:

PLEASE FILL THIS STATE PHYSICAL FORM OUT SLOWLY AND COMPLETELY. If you make a mistake, please INITIAL it; we will need to call you to confirm.

#1 is YES

#2 is NO

#3 is YES

NEXT:

1. PRINT NAME

2. SIGN NAME

3. DATE

4. PROVIDE PHONE NUMBER

a. (You may use a stamp as long as there is enough ink and we can see PHONE # and ADDRESS)

5. PROVIDE ADDRESS

a. (You may use a stamp as long as there is enough ink and we can see PHONE # and ADDRESS)

*****TB TESTING IS FOR INITIAL EMPLOYMENT ONLY***.**

DO NOT HAVE BIENNIAL EMPLOYEES RETAKE TEST.

*****WE NEED TO SEE DATE GIVEN AND DATE READ. (A PRINT OUT OF THE TESTING WOULD BE HELPFUL AND IS REQUESTED)*****

CHILD CARE EMPLOYMENT VERIFICATION FORM

AUTHORIZATION:

To Whom It May Concern:

I hereby authorize you to provide any information in your possession regarding my job performance, length of employment and character to: JOLLY TODDLERS

Employee's Signature: _____

VERIFICATION:

Name of Employee: _____ ~~SSN~~ _____

Name of Employer: _____ Phone: (____) _____

~~Address:~~ _____

*****FOR OFFICE USE ONLY*****

1. Dates of Employment: _____ to _____
(month/year) (month/year)

2. Number of Hours Worked per Week: _____

3. Position Title: _____

4. Duties and Responsibilities: _____

5. Additional Comments (optional): _____

Verifier's Signature: _____ Title: _____

FOR OFFICE USE ONLY

Total Hours per week _____ x 4.33 weeks per month = _____

Total hours per month _____ x _____ no. of months = _____

Total hours _____ ÷ 1250 hrs/years = _____ years



2 LETTERS OF RECOMMENDATION

These can be **super simple** from anyone who doesn't share your last name!

The **easiest thing to do is have your references email us** a short blurb about your good character and having what it takes to work with children. It can be two sentences! Our email is: info@jollytoddlers.com

If they prefer to handwrite or type, no worries, just have them include:

1. Phone Number or Email
2. Date

Teachers or Group Supervisors

1. Job Description: Teacher or Group Supervisor shall possess one of the following:

- A bachelor's degree from an accredited college or university in early childhood education, child development, or family studies.
- A bachelor's degree from an accredited college or university including 30 credit hours in early childhood education, child development, special education, and 1 year experience with children.
- An associate's degree from an accredited college or university in early childhood education, child development, special education, and 2 years experience with children.
- An associate's degree from an accredited college or university including 30 credit hours in early childhood education, child development, 3 years experience with children.
- A CDA or CCP and 3 years experience with children and continuing education in the field of early childhood education as mandated under the guidelines of the Department of Public Welfare and the Keystone Stars.

2. Skills & Duties

Further, a Teacher or Group Supervisor shall possess a good understanding and knowledge of child development and growth; age appropriate communication practices, have the ability to apply this knowledge and understanding to age appropriate communication practices, can instruct other staff by good role modeling in appropriate interactions with children, peer group, supervisors and parents/guardians, meet the social-emotional, physical and developmental needs of individual children as well as the group, be able to interact and communicate with children in a warm, calm and unhurried way, have the ability to maintain a safe, clean, organized, age appropriate and stimulating environment, possess a general working knowledge of nutrition, child health issues, first aid and CPR, be able to apply techniques of family style dining, possess a special ability to maintain positive relationships with children, co-workers and parent/guardians, be able to lift at least 50 pounds comfortably and be able to bend down to the floor comfortably many times throughout the day from the knees and from the waist as would be required to pick up a child and lift them into and out of their chairs or from the floor, be able to reach a child quickly, to keep them safe, to be able to clean bathrooms or classrooms, have the ability to sit in a chair or on the floor many times during the workday to assist the children and care for them and be able to use hands & arms for fine motor movements and gross motor movements many times during the workday.

Please sign to ensure you understand the duties and skills required for this job.

Signature: _____

Date: _____

Assistant Teachers or Assistant Group Supervisors

1. Job Description

An Assistant Teacher or Assistant Group Supervisor must be 18 years old, have a high school diploma or a general education development certificate, and preferably enrolled in a CDA program, or college level ECE degree program and possess 2 (two) years documented experience with children.

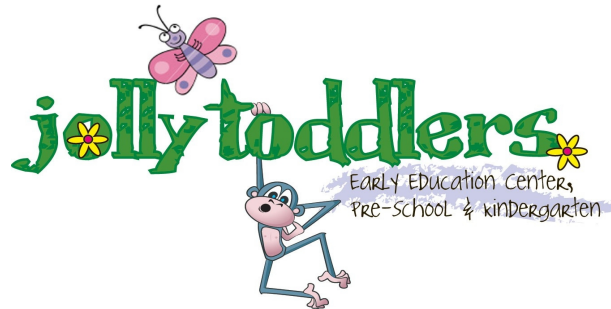
2. Skills & Duties

Further an Assistant Teacher or Assistant Group Supervisor shall have an increasing understanding of growth, development and ability to supervise, work and play with children appropriately, the ability to role model for children, parents and volunteers, possess the ability to apply understanding of child development principles to activities, possess the ability to meet the social-emotional, physical and cognitive developmental needs of children, possess the ability to care for, hold, feed, change and dress young children and infants, have a general working knowledge of nutrition, health and first aid, possess a willingness to accept supervision, have a special ability to maintain positive relationships with children, co-workers and parents, show a willingness to read, to learn and increase understanding of children development through workshops, in-service work and study, be able to lift at least 50 pounds comfortably and be able to bend down to the floor comfortably many times throughout the day from the knees and from the waist as would be required to pick up a child and lift them into and out of their chairs or from the floor, be able to reach a child quickly, to keep them safe, to be able to clean bathrooms or classrooms, have the ability to sit in a chair or on the floor many times during the workday to assist the children and care for them and be able to use hands & arms for fine motor movements and gross motor movements many times during the workday.

Please sign to ensure you understand the duties and skills required for this job.

Signature: _____

Date: _____



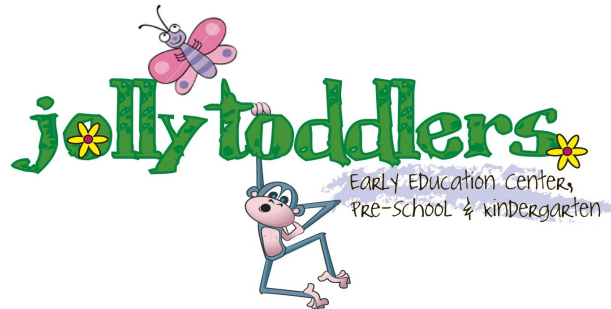
Jolly Toddlers Provisional Policy

All applicants for an employment position at Jolly Toddlers understand that our hiring policy includes a “provisional period” whereby the applicant will be evaluated and considered for a permanent position after a period of ninety (90) days passes. After the provisional period passes, the applicant will either be offered a permanent position, a substitute position or denied employment.

During this period, excessive lateness, call outs, lack of progress on completing professional development training, etc. will hinder any offer for permanent employment. Excessive is defined at three (3) or more times. Your signature indicates you read and understand this policy.

Signature: _____

Date: _____



Jolly Toddlers Part-Time “Substitute” Employment

All applicants are considered *Part-Time Substitutes* until their provisional period (90 days) ends. After the provisional period ends, applicants may be offered a part time substitute position in lieu of a full or part time teaching position. They may also be denied employment altogether.

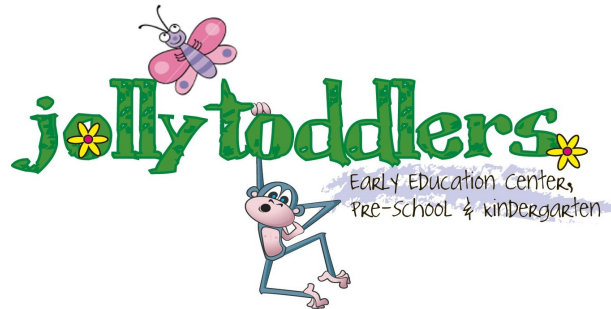
Should we offer and you accept the part time substitute position after 90 days, you agree to work only *when and as needed*. Scheduling is determined solely at the discretion of the Assistant Director or Director of Jolly Toddlers.

Full time employment must be formally offered to you through documentation in order to change status. This current offer confers only to work status as a substitute employee, and such position is intended to be and is that of employment “at-will.”

By signing below, you acknowledge your understanding and agree fully and completely with the above statement, positions, policies, and/or offer.

Signature: _____

Date: _____

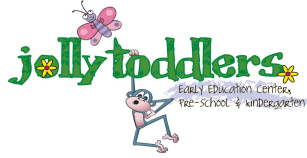


Jolly Toddlers “At-will” Employment Policy

As a business operating in the Commonwealth of Pennsylvania the employer/employee relationship is established “At-will.” The “At-will” relationship affords the employee the right to resign for any reason. Likewise, the employer may terminate the relationship at any time, with or without cause or without notice. It is further understood that an “At-will” employment relationship may not be altered by any written document or by verbal agreement, unless such alteration is specifically acknowledged in writing and signed by an authorized executive of Jolly Toddlers.

Signature: _____

Date: _____



Jolly Toddlers Prospective Employee Acknowledgment

I, _____, a prospective employee of JOLLY TODDLERS acknowledge that I have received a copy of Jolly Toddlers' Employee Handbook and have been given the opportunity to read it and ask questions about the policies therein. Furthermore, I agree to abide by the policies set forth in said manual.

I understand that the policies described in the handbook are not conditions of employment and that the language does not create a contract between Jolly Toddlers and its employees. Jolly Toddlers reserves the right to alter, amend, or otherwise modify these guidelines, in its sole discretion, without prior notice.

I understand that this handbook is the property of Jolly Toddlers and it must be returned to Jolly Toddlers at the time my employment ends. I further understand that NO COPY OR COPIES OF THE MANUAL MAY BE MADE OR RETAINED BY ME; THIS MANUAL IS CONSIDERED TO BE COPYRIGHTED BY JOLLY TODDLERS. I understand that my failure to return this and other agency property will affect accrued benefits to which I may otherwise be entitled.

I acknowledge the "At-will" status of my employment.

Employee's Printed Name: _____

Employee's Signature: _____

Date: _____

Witness' Printed Name: _____

Witness' Signature: _____

Date: _____

JT'S Annual Policy Review on Shaken Baby Syndrome, Abusive Head Trauma, and Child Maltreatment

See pg. 27 in Employee Handbook

1. Signs and Symptoms:

Shaking a baby or young child can cause their brain to repeatedly hit the inside of the skull. This impact can trigger bruising in the brain, bleeding in the brain, and brain swelling. Other injuries may include **broken bones** as well as damage to the baby's eyes, spine, and neck.

Other signs: extreme irritability, vomiting, poor appetite, breathing difficulties, convulsions, lethargy (lack of movement, extreme tiredness, inability to stay awake) pale or blue colored skin.

2. Soothing a Crying Baby

Plan ahead. Learn ways for safely dealing with a crying baby. Make a list of support people you can call if and when you need help.

Start by checking the basics: Is the baby wet? Hungry? Thirsty? Too warm? Too cold? Lonely? Meeting these basic needs will often stop the crying.

Don't take it personally. All babies cry. Some cry inconsolably for hours. It's not your fault.

Is the baby sick? Check the baby's temperature. Does she have a fever? Is there vomiting or diarrhea? If so, call the baby's doctor.

Stay calm and speak softly. The baby may feel your calmness and become quiet. Lower any surrounding noise or lights.

Wrap the baby snugly in a warm, soft blanket. Gently rub or tap the baby's back.

Gently rock or dance with the baby. Try putting the baby in a baby swing or bouncy seat.

Walk the baby. Take the baby for a walk in the stroller or a ride in the car (in a car seat).

Sing or talk to your baby in a quiet, sing-song way. Turn on soft music or run the vacuum.

Babies like consistent, rhythmic noise.

Call someone you trust to care for the baby while you take a break. It's okay to take time for yourself. It's good for you and good for your baby.

When nothing else works. Put the baby down in a safe secure place such as a crib, lying safely on his or her back. Close the door and leave the room. Lower the lights. Check on the baby every 5-10 minutes.

3. Addressing, Preventing, and Managing Stress to Avoid any Maltreatment or Abuse:

Even the most patient parents get stressed when dealing with infants who need their constant care and attention. Here are some ways to help you cope when you feel your stress level increasing.

Walk away. Put the baby in a safe place, like a crib. Leave the room. It's okay to let the baby cry. Check in every 10 - 15 minutes.

Move your body. Regular exercise releases endorphins, a chemical in the brain that can improve your mood and make you feel less stressed.

Breathe deeply. Taking slow, deep breaths can help slow your heart rate and reduce tension.

Make time for yourself. A baby requires a lot of attention. You need attention too. Set aside time each week to do something that is just for you.

Smile. Studies have shown that smiling and laughing actually makes you feel better.

Keep a journal. This can help you express your thoughts privately and get things off your chest.

Call a friend. You are not alone. Calling a friend allows you to vent when you get frustrated.
Ask for help. If you need help, ask. Friends, neighbors, relatives and professionals are great resources when things get tough. Make a list of people you can reach out to if you need a break. Post it some place you can see every day.

REMEMBER PURPLE

Peak Patterns: Crying peaks around 2 months

Unpredictable: crying for long periods can come and go

Resistant to Soothing: May just keep crying for long periods

Pain-like look on Face

Long bouts of Crying: WILL HAPPEN.

Evening Cry: babies cry more in afternoon and evening.

Print Name

Signature

Date



Jolly Toddlers' Clearance & Administrative Fees Disclaimer

Before you can be hired at Jolly Toddlers, PA law requires all prospective employees to pass a series of clearance tests (i.e. FBI fingerprinting, PA Criminal Record Check, PA Child Abuse, and National Sex Offender's Registry plus any out of state requirements if you resided outside of the Commonwealth within the past 5 years). Clearances are valid for 60 months. An individual must also have a Physical and a TB shot within the past year. Some of you will already have these and that's great as long as they're still valid.

PA law also requires all seasoned employees to renew their clearances every 5 years and to have a Physical every 2 years. These are state mandated deadlines, which differ for each individual, per clearance, based on their specific date of hire. Jolly Toddlers will keep track of all your clearance expirations for you and will notify you well in advance of your impending deadlines. Please note: clearance expirations are posted in the ladies restroom every January in case you ever have questions. We expect you will use this information to responsibly obtain your clearances and provide us with copies of these clearances for our files ASAP.

It is important to note: *Jolly Toddlers can pay for your clearances and physical fees, but they become our property.* This means, if you leave your position, for whatever reason, you will need to reimburse us the appropriate fair market value of the clearances and/or physical fees to obtain copies. *CPR fees will automatically be deducted from your final paycheck if you choose not to pay for it on your own as everyone is exclusively emailed a copy of their certificate. Additionally, there is a \$60 Administration Fee charge for all clearance requests, regardless of size.

Remember you are free to pay for your own clearances and keep your own copies to avoid any future fees—after providing us with an initial clearance copy. Please keep copies of your receipts to prove payment. Please confirm your understanding below.

Signature: _____

Date: _____



Child Abuse Clearance

<https://www.compass.state.pa.us/cwis/public/home>

PASSWORD FORMAT: Cc1@xxxx

*Passowrd must be done this format or else you can't log back in easily to see results, which is usually about 24-72 hours. TRUST US. USE THIS FORMAT: Uppercase, lowercase, number, symbol, any character, any character, any character, any character. Must be 8 characters long.



PA Crim History Check

<https://epatch.pa.gov/>

*PURPOSE MUST BE FOR EMPLOYMENT



FBI Clearance

Use code: 1KG738

*Choose to email results when you get your prints taken

<https://uenroll.identogo.com/>

*results will come from PA Safe Check or status.@dev.pasafecheck.identogo.com

**YOU CAN ONLY OPEN THIS ONCE SO SCREENSHOT IT IMMEDIATELY ESP IF NO PRINTER!



National Sex Offender Check

Check off the second box, fill out info & Scan via copier or email them

results come to you home address provided and will look a lot like the FBI clearence, but it's different so bring it in to us ASAP



Physical w/ TB

Answer questions 1: Yes, 2: No, 3: Yes

Physicans Signature

Physicians address, phone number, date

TB READ DATE and proof of shot



Copy of HS Diploma or College Trasncript

Agency Identifiers

You should receive a confirmation email after you pick a location to be printed. Make sure email address is entered correctly.

*** Create a Security Question for your Background Check Results**

Type your question in box. You will be prompted with this question when attempting to access your Eligibility Letter.

Mother's Maiden Name

*** Type the answer to your Security Question in the box below**

IMPORTANT! Store your answer in a safe place—it is your answer only and is not able to be retrieved or reset. Applicants with “No Criminal History Found” as a result of your Federal Criminal Background Check will be emailed a link to access your Eligibility Letter.

- You must be prepared to download, save or print the Eligibility Letter when accessing it the first time because you will only be able to access the link once.
- The email link cannot be reset or re-emailed.
- After clicking the emailed link, you will have three attempts to correctly answer your Security Question to retrieve your Eligibility Letter.

Reminder, your Eligibility Letter will be mailed to the address you provided on the Essential Info screen. If unsure of accuracy, please click the back button and verify the information you entered is correct before continuing on with the pre-enrollment process.

Thompson

Fingerprint Service Code Form

Service Name: Child Care Services/Program Employee or Contractor

To Schedule your ten-minute fingerprint appointment, simply visit <https://uenroll.identogo.com> and enter the following Service Code

1KG738

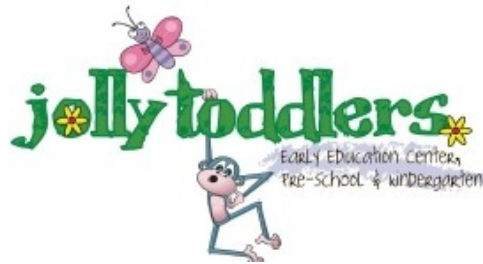
Service Code is unique to your hiring/licensing agency. Do not use this code for another purpose.

Please bring one of the identification documents from the list below to your enrollment appointment.

- Driver's License issued by a State or outlying possession of the U.S.
- Driver's License PERMIT issued by a State or outlying possession of the U.S.
- ID card issued by a federal, state, or local government agency or by a Territory of the United States
- State ID Card (or outlying possession of the U.S.) with a seal or logo from State or State Agency
- Commercial Driver's License issued by a State or outlying possession of the U.S.
- Canadian Driver's License
- Department of Defense Common Access Card
- Employment Authorization Card/ Document (I-766) with Photo
- Foreign Driver's License (Mexico and Canada only)
- Foreign passport
- Military Dependent's Identification Card
- Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
- U.S. Coastguard Merchant Mariner Card
- U.S. Military Identification Card
- U.S. Passport
- Enhanced Tribal Identification Card (for federally recognized U.S. tribes)
- U.S. Visa issued by the U.S. Department of Consular Affairs for travel to or within, or residence within, the United States
- Uniformed Services Identification Card (Form DD-1172-2)
- Photo ID Waiver for Minors and U.S. Social Security Card or Birth Certificate



Don't have access to the Internet? You can still schedule an appointment by calling **844-321-2101**



275 2nd Street Pike Southampton, PA 18966
Email: kidslovejollytoddlers@gmail.com
Phone: 215-355-3628

SUBJECT: Civil Rights Compliance
TO: Employees
FROM: Nancy Thompson, Director

In accordance with applicable Federal and Pennsylvania civil rights laws and regulatory requirements, you as an employee engaged in the provision of services may not directly or indirectly:

Refuse, withhold, or deny services of this agency to any present or prospective client or employee because of their race, color, religious creed, disability, ancestry, national origin, age, or sex.

Furthermore, as an employee of this facility, you have the right:

To file a complaint of discrimination if you feel you have been discriminated against on the basis of their race, color, religious creed, disability, ancestry, national origin, age, or sex:

Complaints of discrimination may be filed with any of the following:

Commonwealth of Pennsylvania
Department of Human Services Bureau of
Equitable Opportunity
Room 225, Health & Welfare Building
P.O. Box 2675
Harrisburg, PA 17105

PA Human Relations Commission
Philadelphia Regional Office
110 N. 8th Street
Suite 501
Philadelphia, PA 19107

U.S. Department of Health and Human Services
Office for Civil Rights
Suite 372, Public Ledger Building
150 South Independence Mall
West Philadelphia, PA 19106-9111

Employee Signature: _____ Date: _____

Administrator Signature: _____ Date: _____



SUBJECT: Nondiscrimination Policy Statement
Equal Employment Opportunity

TO: Staff

FROM: Nancy Thompson, R.N. (Director) *Nancy Thompson*
275 2nd Street Pike Southampton, PA 18966

An open and equitable personnel system will be established and maintained. Personnel policies, procedures, and practices will be designed to prohibit discrimination on the basis of race (to include hair type, hair texture, or hair style), color, religious creed (to include all aspects of religious observances and practice, as well as belief), disability, ancestry, national origin, age (40 and over), or sex (to include pregnancy status, childbirth status, breastfeeding status, sex assigned at birth, gender identity or expression, affectional or sexual orientation, and differences in sex), and retaliation.

Employment opportunities and program integration shall be provided for applicants with disabilities and reasonable accommodation(s) shall be made to meet the physical or mental limitations of qualified applicants or employees, including those with Limited English Proficiency.

Any employee who believes they have been discriminated against may file a complaint of discrimination with any of the following:

Commonwealth of Pennsylvania
Department of Human Services
Bureau of Equal Opportunity
Room 225, Health & Welfare Building
P.O. Box 2675 Harrisburg, PA 17120
Inquiries: (717) 787-1127
Email: RA-PWBEOAO@pa.gov
(Within 90 days from the date of incident)

Pennsylvania Human Relations Commission
333 Market Street, 8th Floor
Harrisburg, PA 17101
<https://www.phrc.pa.gov/Complaints/Pages/How-to-File-a-Complaint.aspx>
Inquiries: (717) 787-4410
TTY users only: (717) 787-7279
(Within 180 days from the date of incident)

Office for Civil Rights
U.S. Department of Health and Human Services
Centralized Case Management Operations
200 Independence Avenue, S.W.
Room 509 HHH Bldg
Washington, D.C. 20201
Customer Response Center: (800) 368-1019
TDD: (800) 537-7697
<https://www.hhs.gov/ocr/complaints>
Email: ocrcomplaint@hhs.gov
(Within 180 days from the date of incident)

U.S. Equal Employment Opportunity Commission
801 Market Street, Suite 1000
Philadelphia, PA 19107
Inquiries: (800) 669-4000
TTY users only: (800)669-6820
<https://www.eeoc.gov/filing-charge-discrimination>
Email: PDOContact@eeoc.gov
(Within 300 days from the date of incident)

Print Name

Date

Signature

The facility informs its employees regarding their rights to file complaints of employment discrimination based on Title VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, The Pregnant Workers Fairness Act, and/or the Pennsylvania Human Relations Act of 1955, as amended, with the PHRC or Equal Employment Opportunity Commission (EEOC).



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number	
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)						
If you check Item Number 4. , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p>Additional Information</p> <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

<p>Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.</p>		First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative
		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

Employee's Withholding Certificate

OMB No. 1545-0074

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
 Give Form W-4 to your employer.
Your withholding is subject to review by the IRS.

2025

Step 1: Enter Personal Information	(a) First name and middle initial _____ Last name _____	(b) Social security number _____
	Address _____	
	City or town, state, and ZIP code _____	
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)	

Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2: Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Multiple Jobs or Spouse Works Do only one of the following.

(a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

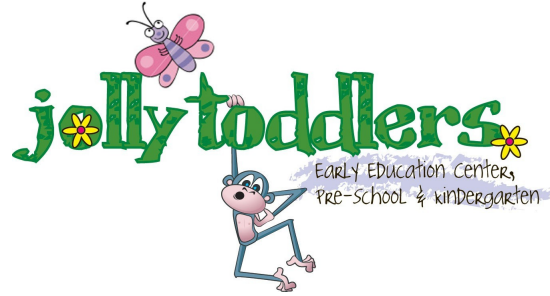
Step 3:	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
Claim Dependent and Other Credits	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period . .	4(c)	\$

Step 5: Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Sign Here

Employee's signature (This form is not valid unless you sign it.) _____ Date _____

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
	JOLLY TODDLERS 275 SECOND STREET PIKE SOUTHAMPTON PA 18966		26-4659721



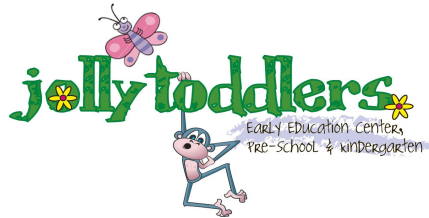
Emergency Plan Attestation

I have read and reviewed the Jolly Toddlers Emergency Plan and familiarized myself with the policies and procedures. I will further my understanding with additional training over the next 90 days.

Employee Signature

Date

Employee Printed Name



Review of Fire Plan for Jolly Toddlers

1. Type ABC fire extinguisher is safe to use on all kinds of fires.
TRUE or FALSE

2. It is NOT safe to use Type A Fire Extinguisher on Electrical, Flammable liquids, Grease, or Oil Fires
TRUE or FALSE

3. Type A Fire Extinguisher is used for Wood, Paper, Cloth, Trash and other ordinary materials.
TRUE or FALSE

4. Type B Fire Extinguisher is used for Gas, Grease, Oil, Paint and other flammable liquids.
TRUE or FALSE

5. Type C Fire Extinguisher is used for LIVE Electrical equipment. This applies to anything that is PLUGGED in.
TRUE or FALSE

6. The acronym RACE stands for Rescue, Alert, Confine, and Evacuate.
TRUE or FALSE

7. The acronym PASS stands for Pull, Aim, Squeeze, Sweep.
TRUE or FALSE

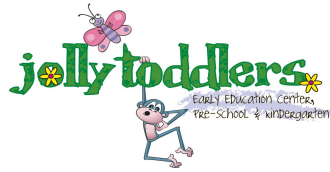
8. My class practices regular fire safety education & drills.
TRUE or FALSE

9. My class knows our fire route in the event of an emergency.
TRUE or FALSE

10. My classroom has our fire plan visible for all children to see.
TRUE or FALSE

Signature: _____

Date: _____

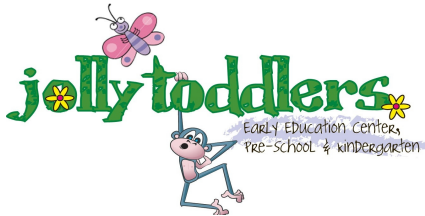


Review of Staff Emergency Plan for Jolly Toddlers

1. If an emergency occurred at Jolly Toddlers, The Upper Southampton Township would be our primary source of government assistance.
TRUE or FALSE
2. I will call 911 for assistance in any emergency.
TRUE or FALSE
3. We will have regular drills in accordance with the emergency plan.
TRUE or FALSE
4. If an intruder comes into our facility, an employee must call "intruder," then dial 911. All children must be moved to the main room.
TRUE or FALSE
5. Sometimes we may not evacuate because we must get directions from 911.
TRUE or FALSE
6. If we must evacuate, the parking lot is where we will take the children.
TRUE or FALSE
7. In case of an evacuation, we must take all emergency contact information and parental permission slips with us to the relocation site.
TRUE or FALSE
8. All new families are provided with an outline of our emergency plan. All pre-existing families are provided with an update of our emergency plan each year.
TRUE or FALSE
9. All parents must have a copy of the pick-up authorization, which must be signed and clearly indicate who will pick-up their child/ren in the case of an emergency.
TRUE or FALSE
10. I personally have a copy of the relocation notice displayed in my classroom.
TRUE or FALSE
11. I personally have a copy of the emergency kit supplies required in the case of an emergency and I have those supplies stored in my classroom.
TRUE or FALSE

Signature: _____

Date: _____



Review of Supervision Plan for Jolly Toddlers

1. Counting my group of children should be something I am doing constantly. **TRUE or FALSE**
2. Appropriate positioning in the classroom includes: seeing, hearing, and having direct access to ALL your children. **TRUE or FALSE**
3. Adults should spread out over the classroom, considering room awareness, and note their blind spots. **TRUE or FALSE**
4. If there is a bathroom in the room, I should always check before transitioning from one space to another since children love to hide. **TRUE or FALSE**
5. If it is quiet, that usually means something is wrong. I should always be paying attention to sounds—or the absence of it! **TRUE or FALSE**
6. I should be alert to any children who wander and make a note of any pattern. **TRUE or FALSE**
7. Medication is NOT allowed in cubbies. **TRUE or FALSE**
8. I should count whenever I leave my classroom, arrive at another location, before I leave that location, and again when I return to my classroom. **TRUE or FALSE**
9. My co-worker and I will make a daily plan and decide on our group # to count. **TRUE or FALSE**
10. Supervision is more than just “watching.” Supervision means ANTICIPATING hazards and avoidable situations like leaving a child in a hot car, on the playground, or in the bathroom. I will ALWAYS be counting. **TRUE or FALSE**
11. Every day I will have my own “group” of children whose names I need to know how to spell in case DHS reps come in for an annual or surprise visit as they often do. **TRUE or FALSE**
12. I will also need to know the youngest child’s name and birthday and the oldest child’s name and birthday in my group. **TRUE or FALSE**
13. If a child runs out of the classroom or I have an emergency on the playground, I need to bring my whole group with me wherever I go (e.g. child breaks arm on playground- my whole group comes inside to office to call for help) **TRUE or FALSE**

Signature: _____

Date: _____

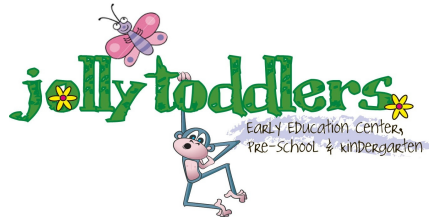


Review of Allergy Plan for Jolly Toddlers

1. 1 in 13 children have a food allergy.
TRUE or FALSE
2. People can be allergic to almost any food, but most are caused by 8: Peanuts, Tree Nuts, Eggs, Milk, Wheat, Fish, Soy, Shellfish (crab & lobster)
TRUE or FALSE
3. There is NO cure for food allergies; the only way to keep from having an allergic reaction is to stay away from the food one is allergic to.
TRUE or FALSE
4. Even a tiny bit to food can cause a serious reaction for someone who consumed something they are allergic to.
TRUE or FALSE
5. If you have a child in your classroom who is allergic to peanut butter and you had a peanut butter sandwich for lunch, washing your hands and face would be appropriate before returning to the classroom.
TRUE or FALSE
6. Children can't articulate their symptoms. They might say things like my throat is itchy, my mouth feels funny, my lips feel tight, there's something stuck in my throat, this food is too spicy. I will be alert to these signs.
TRUE or FALSE
7. Accidental exposures are most commonly associated with label reading errors, unintentional digestion, or cross contact.
TRUE or FALSE
8. Less than 30% of severe reaction cases use Epinephrine pen because educators failed to register severity, Epi pen was not available or fear of injecting Epi.
TRUE or FALSE
9. Allergic reactions can range from mild to anaphylaxis, which is a severe and potentially deadly reaction.
TRUE or FALSE
10. Every 3 minutes a food allergy reaction sends someone to the ER.
TRUE or FALSE

Signature: _____

Date: _____



Review of Medication Plan for Jolly Toddlers

1. Jolly Toddlers will administer prescription, non-prescription and topical medications so long as the request for administration meets all requirements: (1) medication form signed by parent & physician; (2) dosage; (3) time of day to be given; (4) length of time to administer.
TRUE or FALSE

2. Medications must be in their original container with a clear label.
TRUE or FALSE

3. I CANNOT give medication prescribed for one child to different child.
TRUE or FALSE

4. Even if the two children are twins.
TRUE or FALSE

5. If medication administration exceeds 10 days, a physician's signature is required on the appropriate medical form.
TRUE or FALSE

6. Nonprescription sunscreens, diaper creams, and insect repellents require a parent consent, but no written order of health care professional.
TRUE or FALSE

7. Medication is NOT allowed in cubbies.
TRUE or FALSE

8. Any medical incident is documents (e.g. spitting out medicine, spilling medicine, a reaction, etc.)
TRUE or FALSE

9. Homemade remedies are not acceptable for medication administration.
TRUE or FALSE

10. Expired medication will not be given.
TRUE or FALSE

Signature: _____

OCDEL CODE QUIZ

Ocdel Reps come out to our building all of the time to check and make sure we are always 24/7 in compliance with over 500 rules. We do our best, but we need your help. Let's review some tricky ones:

Supervision § 3270.106(f) 2 feet of space required on three sides of bed, cot, crib, or other rest equipment while the equipment is in use.

1. True/False: If a child in my class wants to fall asleep in a space less than 2ft on all sides I can allow this and then move them later.
2. True/False: If a child moves around on his/her mat while playing quietly with an iPad or book and happens to move mat, I can allow the movement even if it infringes into another child's 2ft.
3. True/False: Kendall will come check everyone's 2ft so I don't need to worry about checking myself.

Child Abuse § 3270.113(e) A facility person may not restrain a child by using bonds, ties, or straps to restrict a child's movement or by enclosing the child in a confined space, closet, or locked room. The prohibition against restraining a child does not apply to the use of adaptive equipment prescribed for a child with special needs.

1. True/False: I should tell the director before I make a child abuse claim.
2. True/False: I should call ChildLine immediately if I suspect abuse happening even if I'm not sure it's true.
3. True/False: I will only use appropriate therapies deemed safe by behavioral or occupational therapists if a child has an IEP or IFSP and the document agrees that therapy is permissible.

Authority & Access of DHS Reps §20.34 The facility or agency shall provide to authorized agents of the Department full access to the facility or agency and its records during both announced and unannounced inspections. The facility or agency shall provide the opportunity for authorized agents of the Department to privately interview staff and clients."

1. True/False: If I am being investigated for child abuse and DHS investigates, I am not entitled to representation of counsel.

2. True/False: If DHS rep comes to our door they can go anywhere in the building without any chaperone.
3. True/False: DHS has total authority over Jolly Toddlers' building during business hours.

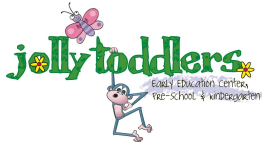
Supervision of specific Children §3270.113(a)(1) Each staff person shall be assigned the responsibility of specific children. The staff person shall know the names and whereabouts of the children in their assigned group. The staff person shall be physically present with the children in their group on the facility premise and on the facility excursions off the facility premises.

1. True/False: If a child runs out of the classroom into the bathroom across the hall, I have to bring my entire group with me to go get him/her before running off after them.
2. True/False: If there is an emergency on playground I must have sub come watch my group or bring my whole group with me into the building to call for help/911.
3. True/False: I have to know the names and birthday of oldest and youngest children in my group every single day.
4. True/False: Before I can use the bathroom I need to call someone to come watch my group and I need to make sure that person is OK to be alone with children (has mandated reporter, cpr, & health & safety training).
5. True/False: It's ok to abandon ratio real quick to use the restroom especially if the lead teacher says it's ok.

X _____
Print Name

X _____
Sign Name

X _____ Today's Date



275 Second Street Pike, Southampton, PA 18966

Phone 215.355.3628

Email: kidslovejollytoddlers@gmail.com

Direct Deposit Form

Name: _____

Address: _____

Social Security Number: _____

Number of Dependents: _____

Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____

Email Address: _____

Employee Signature: _____

Date: _____