

DISCOVERY POINT – EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer

TODAY'S DATE: _____		DATE AVAILABLE: _____	
POSITION DESIRED: TEACHER___ AIDE___ MANAGEMENT___ OTHER_____			
FULL TIME___ PART TIME_____			
ABLE TO OPEN AT 6:30 AM? ___ ABLE TO CLOSE AT 6:30 PM? _____			
NAME: _____		CITY/ZIP: _____	
LAST		FIRST	
MIDDLE			
ADDRESS: _____		CITY/ZIP: _____	
HOME PHONE: _____	CELL PHONE: _____	E-MAIL: _____	
Are you at least 18 years of age? Yes___ No___		Do you have reliable transportation? Yes___	
Are you legally eligible for employment in the U.S.?		No___	
Yes___ No___			

EDUCATION	SCHOOL / ADDRESS	DIPLOMA
High School:		
College:		
Trade, Business, or Certification:		

EXPERIENCE WITH GROUPS OF CHILDREN: Indicate ages of children, duties, dates and times worked in this position and reasons for leaving.

Special skills and information which we should consider about you for the job:

REFERENCES: List the name of three persons, not related to you, whom you have known at least one year.

Name	Address	Phone #	Occupation

Have you ever been convicted of or pleaded no contest to any crime other than a minor traffic violation? Yes___ No___ . If yes, state the date and the places where charges occurred. (Note: Answering "YES" will not automatically disqualify you for employment.)

Have you ever been shown by credible evidence, e.g., a court order or jury, a department investigation or other reliable evidence to have abused, neglected or deprived a child or adult or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct? YES___ NO___
EXPLAIN _____

Can you perform the essential functions for the job you are applying either with/without reasonable accommodation? (Please request a copy the Job Description if needed). YES___ NO___ EXPLAIN _____

Discovery Point complies with the WORK FREE SMOKE ZONE policy in all Discovery Point Centers, and all Discovery Point Center grounds. Are you a smoker? YES___ NO___

The State Department requires annual child care training. Are you willing to comply with all state requirements for initial certification? Yes___ No___ Are you willing to continue certification? Yes___ No___

EMPLOYMENT: List the last five jobs that you have held, beginning with your present Employer.				
Date	Employer / Address / Phone #	Pay Rate	Position Held	Reason For Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

Past employers listed above will be contacted.

Are you currently employed? Yes ___ No ___

May we contact your present employer? Yes ___ No ___ Contact Person: _____ Phone # _____

Have you ever worked at another Discovery Point location? Yes ___ No ___ Where? _____

Under the Americans with Disabilities Act of 1991 and the Americans with Disabilities Act Amendments Act, these programs are required to reasonably accommodate individuals with a disability. The reasonable accommodation requirement applies to the application process, any pre-employment testing, interviews and actual employment, but only if the program supervisor is made aware that an accommodation is required. If you are disabled and require accommodation, you may request it at any time during the interview process. You are obligated to inform the program director of your needs, if it will impact your ability to perform the job for which you are applying.

Initials

I hereby reaffirm that I have read the foregoing questions and that my answers to them are true and correct and that I have not misrepresented and/or withheld any information. I understand that falsification of this information may be cause for immediate dismissal. I further acknowledge that my employment may be terminated, and any offer of employment may be withdrawn without prior notice at any time by me or the company. I also understand that my employment is at will. This means that I am free to terminate my employment at any time, for any reason, and the company retains the same right. I understand that any offer of employment may be contingent upon background investigation, which may include but is not limited to credit, criminal, motor vehicle, previous employment and/or drug test. I certify that I do not have a criminal record. I hereby authorize all references and former employers listed on my employment application to give the company any and all information concerning my previous employment and any pertinent information they might have, personal or otherwise, and release all parties from any claims, causes of action, or liability from damages that may or could result in furnishing such information to the company.

Signature of Applicant

Date

BRIEFLY STATE YOUR PHILOSOPHY ON CHILD EDUCATION:

DESCRIBE HOW YOU WOULD HANDLE THE FOLLOWING SITUATIONS IN YOUR CLASSROOM.

1. Johnny has been crying for his mother for over one hour.
He is now hitting the other children in anger.

2. Sally took another child's toy. When the child tried to get it back,
Sally pushed her down and the child is bleeding.

DISCOVERY POINT * TEN YEAR EMPLOYMENT HISTORY RECORD

NAME _____ SOC. SEC. # _____
DATE OF BIRTH _____ ADDRESS _____
DATE OF EMPLOYMENT _____

MONTH/YEAR	NAME & ADDRESS OF EMPLOYER	POSITION	REASON FOR LEAVING
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EMPLOYEE MEDICAL FORM

Have you ever had, or been told of having, or consulted a physician or practitioner, or taken medication for:

1. Heart attack, heart disorder, heart murmur, stroke, arteriosclerosis, at any time; or high blood pressure within the past five years; or back or spinal disorder?
YES ___ NO ___
2. Diabetes, leukemia, Hodgkin's disease at any time; or internal cancer or malignancy within the past 10 years; or any tumor within the past 5 years?
YES ___ NO ___
3. Cirrhosis of the liver; multiple sclerosis, Parkinson's disease, chronic respiratory disease, emphysema, or renal failure at any time?
YES ___ NO ___
4. Grand Mal epilepsy, cerebral palsy, cystic fibrosis, muscular dystrophy or myasthenia gravis, at any time?
YES ___ NO ___
5. Addison's disease, Buerger's disease, Crohn's disease, (chronic regional enteritis) Raynaud's disease, at any time?
YES ___ NO ___
6. Severe restricting paralysis, polycythemia, hemophilia, at any time?
YES ___ NO ___
7. Pernicious, sickle cell, or aplastic anemia, aids or aids related complex, at any time?
YES ___ NO ___
8. Drug addiction, drug abuse or alcoholism in the past 5 years?
YES ___ NO ___
9. Mental, emotional, or nervous disorder, which required hospitalization within the past 5 years?
YES ___ NO ___
10. Current pregnancy? YES ___ NO ___

Explain any YES answer: _____

I pledge that I am not suffering from any physical handicaps or mental health disorders which would interfere with my job performance.

NAME _____ DATE _____

EMERGENCY INFORMATION

In case of a personal emergency, please contact the following individual:

NAME _____ PHONE _____

Steps to obtaining Background Screen

Visit the L1 enrollment site and complete registration at:

<http://www.l1enrollment.com/state/?st=fl>

Input the following:

The Department of Children and Families Originating Agency Identifier (ORI) for your area is __EDCFGN10Z

Your Agency/Facility Live Scan or electronic Originating Agency Case Number (OCA) is ____23290080Z

You may schedule an appointment at:

Go in Postal located in Wesley Chapel
27221 State Road 56, Wesley Chapel, FL 33544
813-973-7781

Or

Visit the Daon Trusted Identity Services at:

<https://www.daontis.com/fl/>

Input the following:

The Department of Children and Families Originating Agency Identifier (ORI) for your area is __EDCFGN10Z

Your Agency/Facility Live Scan or electronic Originating Agency Case Number (OCA) is ____23290080Z

You may schedule an appointment at:

UPS Store
13014 N Dale Mabry Hwy, Tampa, FL 33618
(813) 969-1848



EMPLOYMENT AGREEMENT

LAST NAME FIRST MIDDLE

STREET/APT.# CITY/STATE ZIP PHONE

has been appointed to the staff of DISCOVERY POINT CHILD DEVELOPMENT CENTER in the position of _____.

The employee is directly responsible to _____ (Owner) and/or _____ (Management).

OFFICIAL RESPONSIBILITIES: The employee agrees to uphold and obey all policies, procedures, and regulations set forth by DISCOVERY POINT and the State.

HOURS: Employee's hours are _____ to _____, Monday through Friday, 52 weeks per year, excluding vacation time. A one hour lunch time is scheduled from _____ to _____. These hours may be changed from time to time as the needs of the Center change.

PAY RATE: Employee's pay rate begins at \$ _____ per hour.

PAY PERIOD: Employee will be paid weekly or bi-weekly, as determined by the Center. The employee is paid on Friday for work performed the preceding week. One week's pay is delayed to allow payroll processing.

EMPLOYEE SIGNATURE

DATE



EMPLOYEE ACKNOWLEDGMENT FORM

Discovery Point's Employee Training Manual, Employee Handbook, and Personnel Policies Manual describe important information about Discovery Point and its operations. I acknowledge receipt of the proper documentation. I understand and agree that it is my responsibility to read and comply with the policies contained in these manuals, with all state regulations, with all Discovery Point documents, and with any revisions made to these documents. If I do not understand any of the policies or revisions, it is my responsibility to ask Management for clarification.

Since the information, policies, and benefits described are necessarily subject to change, I acknowledge that revisions may occur. All such changes will be communicated through official notices in writing. I understand that revised information may supersede, modify, or eliminate existing policies. Only Discovery Point has the authority to adopt any such revisions to the policies or other information.

I have entered into my employment relationship with Discovery Point voluntarily and acknowledge that there is no specific length of employment. Accordingly, either I or Discovery Point can terminate the relationship at will, with or without cause, at any time, with or without notice. I acknowledge that the Employee Agreement and other documentation are neither a contract of employment or obligation on the part of the Company and does not guarantee my employment for any specific duration.

I further acknowledge that I have never been found by credible evidence to have abused, neglected, or deprived a child or adult. I have never subjected any person to serious injury as a result of intentional or grossly negligent misconduct.

Employee Signature: _____ Date: _____

EMPLOYEE ARBITRATION ACKNOWLEDGMENT

All disputes, controversies, claims, or differences which may arise between the Employee and Discovery Point will be solely and exclusively settled by arbitration in accordance with rules of the American Arbitration Association as explained in the Manual. I agree to be unconditionally bound by the process and rulings of the arbitrator(s).

If I am an existing employee, I have signed this acknowledgment voluntarily with the knowledge that I do not have to sign. As a new employee, I understand that this is a condition of employment.

Employee Signature: _____ Date: _____

Management Signature _____ Date: _____



EMPLOYEE HANDBOOK

HIRING

Discovery Point hires employees without regard to race, creed, color, sex, national origin, or age. Performance evaluations, promotions, and benefits are based on demonstrated ability, performance, and time of service at Discovery Point.

CLASSIFICATION

Discovery Point generally has three classifications of employment.

FULL TIME: Employees scheduled to work at least ~~32~~ hours per week on a continuous basis.

PART TIME: Employees scheduled to work less than ~~32~~ hours per week on a continuous basis.

SEASONAL: Employees "on call" as required for periods less than 12 continuous months per year.

By employment of employee, Discovery Point in no way empowers an employee to make any statements or representations on behalf of Discovery Point.

During employment, the employee shall devote his entire time, energies, and attention to the conduct of the employment at Discovery Point and shall not engage in any other employment while employed at Discovery Point without first obtaining the prior written consent of Management of Discovery Point. Employees are specifically not allowed to work for any customer of Discovery Point in any capacity including "baby-sitting".

It should be noted that staffing at the Center is directly related to the number of children enrolled. If the enrollment decreases, it is possible that the number of hours worked by staff would be decreased. The employee is paid only for the actual number of hours worked.

GENERAL JOB REQUIREMENTS FOR ALL PERSONNEL

The following job requirements must be upheld and obeyed.

1. Each employee must execute and abide by an Employment Agreement.
2. Each employee must receive satisfactory results on all state mandated background checks.
3. Each employee may be required to obtain a physical examination by a certified physician prior to or after employment.
4. Each employee must report to work on time and work her regular schedule. Excessive absenteeism will be cause for dismissal. A staff person should notify Management as soon as possible (preferably the night before) if she is to be absent, to allow for a replacement to be arranged. The reasons for the absence should be given.
5. Work time is for work. Any conduct which interferes with the work time of a staff person will not be tolerated. Also, staff are not permitted to leave work areas during work time without permission from Management.
6. Employees are expected to put in a fair day's work. Unsatisfactory work, poor performance, producing work below standard, loafing or excessive time away from the job, permitting avoidable waste, and lack of cooperation jeopardize our children and other staff.
7. All children, parents, and visitors should be treated with kindness, friendliness, patience, and respect. Staff should refrain from gossip, loud talking, and other unnecessary noise and forms of conduct which could disturb our program and detract from the professionalism of the Center.
8. It is contrary to the interest of the Center and those we serve to give out information regarding children and their parents. Such information should be held in strict confidence and should not be discussed with anyone outside the Center. Inside the Center, such information should be discussed only when it will benefit the care we offer the children and the parents. Refer any inquiries on children, their performance, or parents to Management. Any private conversation with a parent held on or off the Center premises should be reported immediately to the Director.
9. Safety: Every caution must be taken to guard against accidents to children and other staff. It is the responsibility of every staff person to correct unsafe conditions such as liquid, food, and paper on the floor or any other condition which could cause an accident. Report unsafe conditions and fire hazards immediately if you are unable to correct them. All accidents should be reported in writing immediately.

10. Fire Rules: It is the responsibility of all employees to understand their roles in an emergency. This includes understanding and familiarization with location and operation of fire alarm boxes, location and operation of fire extinguishers, reporting a fire to the fire department, and knowledge of all fire exits.

11. Center telephones are for business purposes. To insure that Center phones will be available for Center business, the use of phones for personal reasons should be limited to emergency situations. Staff may not receive telephone calls while they are on the job in the classroom. Telephone messages will be taken and left on the teacher's time card or other designated location. Cell phones are prohibited in the Center.

12. To avoid problems with Wage and Hour Board regulations, staff members should not punch in prior to seven (7) minutes before their starting time or seven (7) minutes after their quitting time. Any overtime must be authorized by Management. Staff must be in their classrooms on their job and must be ready to perform their assigned duties at the starting time of their assigned shift. Do not walk in the door at your starting time; you will be considered late.

13. The state approved schedule in each classroom must be followed. While children observe the two hour nap period, employees should use their time for preparation of lesson plans and completion of other required duties.

14. Meeting federal, state, and Center job guidelines is mandatory. The job checklist in each classroom must be followed.

15. Each employee is expected to use appropriately and maintain adequately all equipment in the classrooms, office, kitchen, and playground. No Discovery Point equipment or property may be removed from the premises.

16. Each employee is expected to keep the Center clean and to maintain a sanitary, wholesome environment. Eating and drinking are permitted only in the dining area. No foods or drinks are allowed in classrooms or on playgrounds.

17. No employee at Discovery Point may smoke in the building or on the Center's grounds.

18. Personal hygiene is important. Employees are expected to maintain personal cleanliness. Personnel will present a neat, well-groomed appearance. Discovery Point apparel is required at all times. No jeans or shorts are permitted, except on special field trips.

19. Employees are expected to present an exemplary code of conduct at all times, both on and off the job.

20. Attendance is required at all continuing education classes and staff meetings. Employees must have first aid and CPR training.

21. By State law every employee must report ANYONE who verbally or physically abuses a child to Management immediately.

22. Each employee must uphold the discipline policy of Discovery Point. Each employee must:

- (a) Take a positive approach with each child from the first day.
- (b) Encourage and praise good behavior.
- (c) Be aware of the child's needs in any situation.
- (d) Consider the child's age and his emotional and intellectual development.
- (e) Use patience and understanding.
- (f) Always be fair and consistent.
- (g) Keep discipline constructive by guiding a child in the direction in which you want him to grow.

Each employee must NEVER:

- (a) Sexually abuse a child.
- (b) Use physical punishment for any reason at any time.
- (c) Verbally abuse, intimidate, or threaten a child.
- (d) Humiliate, shame, or frighten a child.
- (e) Isolate a child from the group's supervision.
- (f) Withhold food, rest, or toileting as punishment.

23. The only disciplinary tool to be used is "time out". Children can never be placed facing a wall.

24. Each employee must report any accident concerning a child, visitor, staff member, or herself to Management immediately.

25. Each full time employee will take a lunch break each day.

26. At lunchtime, employees should stand near their group of children. The cook should be alone in the kitchen during lunchtime. One teacher for each class group, never the children, should dispose of trash. One teacher should do general cleanup, sweep floors, wipe tables, and clean chairs after everyone has eaten.

27. During group activities, employees should sit with the children.

28. When employees are on playground duty, the employee is not allowed to sit down on the job. Employees should mingle within their own group of children. Employees should create a triangular pattern of dispersment to properly observe and supervise the children. Employees should watch fence areas so that children do not climb on fences.

29. During preparation for dismissal, each child must have his face and hands washed. Shoes must be tied and put on the correct feet. Never complain to the parents about problems. End each day on a positive, cheerful note.

30. Each employee must abide by restrictions listed under the section "Termination" which could result in her termination of employment at Discovery Point.

HOURS OF WORK

Staff hours are staggered. Employees' hours range from 6:30 A.M. to 3:30 P.M.; from 8:00 A.M. to 5:00 P.M.; or from 9:30 A.M. to 6:30 P.M. A one hour lunch period is provided. If more than 40 hours of work are approved, the employee will be paid at the rate of time and a half for all overtime hours. Vacation hours, holiday hours, etc. are not considered as time worked when calculating overtime.

TIME CARDS

Time card rules must be observed. Each employee must sign her time card each week.

PAYCHECKS

Centers vary on pay periods; some pay weekly and others pay bi-weekly. New employees will not receive a paycheck after their first week of employment. One week's pay will be delayed to allow proper time to process payroll. All earnings will be paid on Friday for the previous work period.

PAYROLL DEDUCTIONS

Federal and state governments require that all employees pay withholding taxes through payroll deductions. Social Security (FICA) tax is also deducted from your paycheck and an equal amount is paid by Discovery Point for your Social Security retirement benefits. All these amounts are paid by Discovery Point to the government for your account.

PAID HOLIDAYS

The seven (7) holidays which Discovery Point observes are New Year's Day; Memorial Day; Independence Day; Labor Day; Thanksgiving Day; the Friday after Thanksgiving; and Christmas Day. The Friday after Thanksgiving is not a paid holiday. The others listed are "paid holidays". Employees who qualify for "holiday pay" will be paid for the number of hours regularly scheduled for them at their regular rate of pay.

Temporary and substitute employees are not eligible for holiday pay. Employees must work at least 90 days before being eligible for holiday pay. In order to earn holiday pay, the employee must be available to work the regularly scheduled hours both the weekday before and the weekday after the holiday and must be in good standing with the company. Employees are given no paid sick days or personal holidays.

The Center may not be closed because of inclement weather, such as snowstorms.

PAID VACATION

Employees who work at least 30 hours per week and have completed one year (12 months) of continuous service are eligible for one week (maximum 40 hours) of paid vacation. Employees with 5 years of continuous service are eligible for 2 paid weeks (maximum 80 hours) of vacation.

Vacation time must be taken between the last day of public school in June and the first day of public school in August. Vacation cannot be taken in advance and earned at a later date. Vacation days may not be carried over from one year to the next. Vacation pay will be at the employee's usual compensation rate and work hour pattern. Staff personnel should request vacation time in writing, at least two weeks in advance, so that substitutes can be scheduled. No two individuals from the same classroom may be on vacation at the same time.

EVALUATIONS

There will be a 90 day probationary period for all new employees and all old employees in a new position. The employee will receive a performance evaluation at the end of 90 days.

The employee will be evaluated yearly on the anniversary date of employment. The employee will evaluate her own performance in writing. Management will prepare a written evaluation of the performance of the employee. The evaluation will be fully discussed with the employee. The employee will have the opportunity to read the evaluation

and to sign it, signifying that she has read it. The employee may accept the evaluation or write a statement concerning any points on which she may disagree. The evaluation and any statement(s) will become a part of the employee's personnel file.

TERMINATION

If the employee should resign from her position, she is encouraged to give two weeks notice in writing. The employee must return all company property, including books and keys, prior to receiving a final paycheck.

Reasons for the company's termination of employment include, but are not limited to, these:

1. Illegal use, possession, or influence of narcotics, alcohol, or any dangerous drug while at work.
2. Conviction of a crime, which includes larceny, burglary, embezzlement, etc., and those involving public morals or receiving a D.U.I. or being uninsurable by our insurance company if the employee transports children for Discovery Point.
3. Physical violence or the use of abusive language in the Center or while talking to any other employee, parent, visitor, or child.
4. Possession of guns or firearms of any type on center premises or in an employee's car on center premises.
5. Use of company telephone to make personal long distance phone calls. Phones are for business purposes only.
6. Neglect or abuse of a child left in an employee's care or sexual abuse of a child.
7. Administering physical or corporal punishment to a child. A child can never be touched with force in any way.
8. Verbal threats, threatening gestures, menacing actions directed toward a child, or depriving a child of food, rest, or toileting as punishment.
9. Leaving a child unattended or permitting a child to wander from the Center or playground.
10. Sleeping on the job.
11. Letting a child leave the Center with an adult not authorized to pick up the child.
12. Intentional misuse, damage, or destruction of company property or equipment.
13. Falsification of employment records, time sheets, deposit slips, checks, or any other company record.
14. Insubordination, including refusal to follow Management's instructions.
15. Unauthorized removal of records or unauthorized divulgence of parents', children's, or Center's confidential information.
16. Gross carelessness or negligence.
17. Coercing or inciting others to limit work performance or engage in any practice in violation of Center rules.
18. Willful conversion of Center property or property of others connected with the Center.

After termination of employment, employee will not under any circumstances, for any reason, retain any written material or reveal any information to persons in competition with Discovery Point, whether direct or indirect, or use in any way any information, written or otherwise, concerning Discovery Point's methods of operation.

Within six months after termination of employment, employee will not under any circumstances, for any reason influence, attempt to influence, or solicit away any client or employee of Discovery Point. Terminated employees will not accept employment from any client of Discovery Point within a five mile radius of the Center within six months of termination. Terminated employees will not accept employment from any other child care provider within a ~~five~~ (5) mile radius of the Center for a period of ~~six months~~ after termination.

I have read, I fully understand, and I agree to comply with and obey all policies, procedures, and regulations for my continued employment with Discovery Point Child Development Center.

EMPLOYEE SIGNATURE

DATE



STAFF ORIENTATION FORM

Employee's Name _____

Date of Orientation _____

Signature of Trainer _____

Signature of Trainee _____

Check off list (by date)

- _____ 1. Discovery Point policies and procedures
(Personnel Policies and Employee Training Manuals)
- _____ 2. Emergency weather plans
- _____ 3. Employee's assigned duties and responsibilities
- _____ 4. Reporting requirements for suspected child abuse; neglect or deprivation;
communicable diseases and serious injuries
- _____ 5. State rules and regulations including:
Operations, health, safety activities
Physical environment
Emergency situations
Food service and nutrition
- _____ 6. Health and safety requirements for children, including the administration of
Medication, Reducing the Risk of Sudden Infant Death Syndrome (SIDS), Hand
Washing, Fire Safety, Water Safety, Prevention of HIV/Aids and blood borne pathogens
- _____ 7. Childhood injury control
- _____ 8. Training
 - _____ First Aid
 - _____ CPR
 - _____ Required hours in disease control; hygiene; illness detection; childhood injury control
 - _____ Required hours - Abused children
 - _____ On-going training as required by State

Administration

- _____ 1. Required hours of training in foods/nutrition
- _____ 2. All Discovery Point manuals

Employee Direct Deposit Enrollment Form

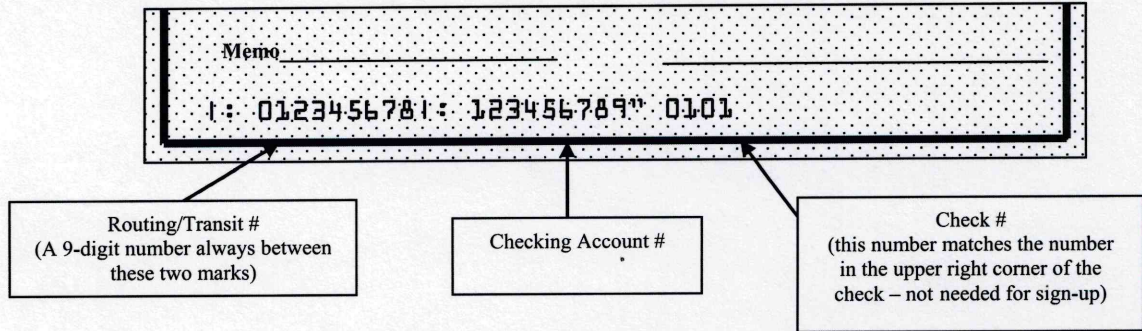


Payroll Manager – Please complete this section and send a copy to ADP for enrollment. (Please print.)

Company Code: _____ Company Name: _____ Employee File Number: _____
 Payroll Mgr. Name: _____ Payroll Mgr. Signature: _____

To enroll in Full Service Direct Deposit, simply fill out this form and give to your payroll manager. Attach a voided check for each checking account - not a deposit slip. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.



IMPORTANT! Please read and sign before completing and submitting.

I hereby authorize ADP to deposit any amounts owed me, as instructed by my employer, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by ADP to my account. In the event that ADP deposits funds erroneously into my account, I authorize ADP to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until ADP and Bank have received written notice from me of its termination in such time and in such manner as to afford ADP and Bank reasonable opportunity to act on it.

Employee Name: _____ Social Security #: _____ - _____ - _____

Employee Signature: _____ Date: _____

Account Information

The last item must be for the remaining amount owed to you. To distribute to more accounts, please complete another form.

Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net paycheck.

- Bank Name/City/State: _____
 Routing Transit #: _____ Account Number: _____
 Checking Savings Other I wish to deposit: \$ _____ or Entire Net Amount
- Bank Name/City/State: _____
 Routing Transit #: _____ Account Number: _____
 Checking Savings Other I wish to deposit: \$ _____ or Entire Net Amount
- Bank Name/City/State: _____
 Routing Transit #: _____ Account Number: _____
 Checking Savings Other I wish to deposit: \$ _____ or Entire Net Amount

ATTENTION PAYROLL MANAGER:

Employers must keep each original employee enrollment form on file as long as the employee is using FSDD, and for two years thereafter.

Form W-4

Employee's Withholding Certificate

OMB No. 1545-0074

2020

- ▶ **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.**

Department of the Treasury
Internal Revenue Service

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		▶ 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 .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <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.)		

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, when to use the online estimator, and privacy.

Step 2: Multiple Jobs or Spouse Works

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.

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); **or**
 (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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: Claim Dependents

If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____

Multiply the number of other dependents by \$500 ▶ \$ _____

Add the amounts above and 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: Sign Here

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

▶ _____ ▶ _____
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)
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CENTER STAFF/VOLUNTEER/SUBSTITUTE FORM

FACILITY _____ EMPLOYMENT DATE _____

NAME _____ DOB _____

SOCIAL SECURITY # _____ POSITION _____

ADDRESS _____ PHONE _____

EMERGENCY CONTACT: _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

EMPLOYMENT HISTORY: Please list last two years of employment.

FACILITY _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMPLOYMENT DATES _____ REASON FOR LEAVING _____

OFFICIAL USE ONLY: EMPLOYMENT DATES VERIFIED: _____ CONSIDER REHIRE? _____

EMPLOYMENT HISTORY: Please list last two years of employment.

FACILITY _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMPLOYMENT DATES _____ REASON FOR LEAVING _____

OFFICIAL USE ONLY: EMPLOYMENT DATES VERIFIED: _____ CONSIDER REHIRE? _____

I HAVE READ AND UNDERSTAND THE "CHILD ABUSE AND NEGLECT IN FLORIDA - GUIDE FOR PROFESSIONALS.

SIGNED _____ DATE _____

BACKGROUND SCREENING DATES:

"COMPLETE" SCREENING RESULTS LTR: _____ FDLE REPORT (if applicable): _____

ANNUAL LOCAL CRIMINAL RECORDS: _____ AFFIDAVIT GMC: _____

5 YR CLEARANCE LTR (if applicable): _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. HAVE YOU EVER HELD A CHILD CARE LICENSE WITH THE DEPARTMENT OF CHILDREN & FAMILIES OR HILLSBOROUGH COUNTY CHILD CARE LICENSING? _____ YES _____ NO

2. WHILE EMPLOYED IN A CHILD CARE PROGRAM, HAVE YOU EVER BEEN THE SUBJECT OF DISCIPLINARY ACTION, OR BEEN THE PARTY RESPONSIBLE FOR A CHILD CARE FACILITY RECEIVING AN ADMINISTRATIVE FINE OR OTHER DISCIPLINARY ACTION? _____ YES _____ NO

IF YES, PLEASE EXPLAIN:

Signature Date



Child Abuse & Neglect Reporting Requirements

All child care personnel are mandated by law to report their suspicions of child abuse, neglect, or abandonment to the Florida Abuse Hotline in accordance with s. 39.201 of the Florida Statutes (F.S.).

- * Child care personnel must be alert to the physical and behavioral indicators of child abuse and neglect. "Child Abuse or Neglect" is defined in s. 39.201, F.S., as "harm or threatened harm" to a child's health (mental or physical) or welfare by the acts or omissions by a parent, adult household member, other person responsible for the child's welfare, or for purposes of reporting requirements by any person.

Categories include:

- Physical Abuse or Neglect (i.e. unexplained bruises, hunger, lack of supervision...)
 - Emotional Abuse or Neglect (i.e. impairment in the ability to function, depression...)
 - Sexual Abuse (i.e. withdrawal, excessive crying, physical symptoms...)
- * Reports must be made immediately to the Florida Abuse Hotline Information System by
 - Telephone at 1-800-96-ABUSE (1-800-962-2873), or
 - Fax at 1-800-914-0004, or
 - Online at <http://www.dcf.state.fl.us/abuse/report/>.
 - * Failure to perform duties of a mandatory reporter pursuant to s. 39.201, F.S. constitutes a violation of the standards in ss. 402.301-319, F.S. and is a felony of the third degree. **Remember**, it is each child care personnel's responsibility to report suspected abuse and/or neglect.
 - * All reports are confidential. However, persons who are mandated reporters (child care personnel) are required to give their name when making a report.
 - * It is important to give as much identifying and factual information as possible when making a report.
 - * Any person, when acting in good faith, is immune from liability in accordance with s. 39.203(1)(a), F.S.
 - * For more information about child abuse and neglect, visit the Department's website at www.myflorida.com/childcare and select "Training Requirements." The Department offers a 4-hour *Identifying and Reporting Child Abuse and Neglect* course for child care providers. This course is an overview of the various types of abuse and neglect, indicators that may be observed, the legal responsibility of mandatory reporters, and the proper procedure for reporting abuse and neglect, as required by ss. 402.305(2) and 402.313(1), F.S. The course is offered both online and instructor-based throughout Florida.

This statement is to verify that on _____, 20____, I, _____
Date Print Name of Employee

Read and understood the information and my mandated reporting requirements.

Signature of Employee (for facility or large family child care home)

Signature of Operator



CHILD CARE ATTESTATION OF GOOD MORAL CHARACTER

State of Florida

County of Hillsborough

I, _____ who, as an applicant for employment with, an employee of, a volunteer for, or an applicant to volunteer with Discovery Point Development Center SA, I affirm and attest under penalty of perjury that I meet the moral character requirements for employment, as required by Chapter 435 Florida Statutes in that:

I have not been arrested with disposition pending or found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, or have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction for any of the offenses listed below:

Relating to:

Section 393.135	sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct
Section 394.4593	sexual misconduct with certain mental health patients and reporting of such sexual misconduct
Section 415.111	adult abuse, neglect, or exploitation of aged persons or disabled adults or failure to report of such abuse
Section 741.28	criminal offenses that constitute domestic violence, whether committed in Florida or another jurisdiction
Section 777.04	attempts, solicitation, and conspiracy
Section 782.04	murder
Section 782.07	manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child
Section 782.071	vehicular homicide
Section 782.09	killing an unborn quick child by injury to the mother
Chapter 784	assault, battery, and culpable negligence, if the offense was a felony
Section 784.011	assault, if the victim of offense was a minor
Section 784.03	battery, if the victim of offense was a minor
Section 787.01	kidnapping
Section 787.02	false imprisonment
Section 787.025	luring or enticing a child
Section 787.04(2)	taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceeding
Section 787.04(3)	carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person
Section 790.115(1)	exhibiting firearms or weapons within 1,000 feet of a school
Section 790.115(2) (b)	possessing an electric weapon or device, destructive device, or other weapon on school property
Section 794.011	sexual battery
Former Section 794.041	prohibited acts of persons in familial or custodial authority
Section 794.05	unlawful sexual activity with certain minors
Chapter 796	prostitution
Section 798.02	lewd and lascivious behavior
Chapter 800	lewdness and indecent exposure
Section 806.01	arson
Section 810.02	burglary
Section 810.14	voyeurism, if the offense is a felony
Section 810.145	video voyeurism, if the offense is a felony
Chapter 812	theft and/or robbery and related crimes, if a felony offense
Section 817.563	fraudulent sale of controlled substances, if the offense was a felony
Section 825.102	abuse, aggravated abuse, or neglect of an elderly person or disabled adult
Section 825.1025	lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult
Section 825.103	exploitation of disabled adults or elderly persons, if the offense was a felony
Section 826.04	incest
Section 827.03	child abuse, aggravated child abuse, or neglect of a child
Section 827.04	contributing to the delinquency or dependency of a child
Former Section 827.05	negligent treatment of children
Section 827.071	sexual performance by a child
Section 843.01	resisting arrest with violence
Section 843.025	depriving a law enforcement, correctional, or correctional probation officer means of protection or communication
Section 843.12	aiding in an escape
Section 843.13	aiding in the escape of juvenile inmates in correctional institution
Chapter 847	obscene literature
Section 874.05(1)	encouraging or recruiting another to join a criminal gang

Chapter 893	drug abuse prevention and control only if the offense was a felony or if any other person involved in the offense was a minor
Section 916.1075	sexual misconduct with certain forensic clients and reporting of such sexual conduct
Section 944.35(3)	inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm
Section 944.40	escape
Section 944.46	harboring, concealing, or aiding an escaped prisoner
Section 944.47	introduction of contraband into a correctional facility
Section 985.701	sexual misconduct in juvenile justice programs
Section 985.711	contraband introduced into detention facilities

I understand that I must acknowledge the existence of any applicable criminal record relating to the above lists of offenses including those under any similar statute of another jurisdiction, regardless of whether or not those records have been sealed or expunged. Further, I understand that, while employed or volunteering at Discovery Point Development Center 34 in any position that requires background screening as a condition of employment, I must immediately notify my supervisor/employer of any arrest and any changes in my criminal record involving any of the above listed provisions of Florida Statutes or similar statutes of another jurisdiction whether a misdemeanor or felony. This notice must be made within one business day of such arrest or charge. Failure to do so could be grounds for termination.

I attest that I have read the above carefully and state that my attestation here is true and correct that **my record does not contain any of the above listed offenses**. I understand, under penalty of perjury, all employees in such positions of trust or responsibility shall attest to meeting the requirements for qualifying for employment and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses. I also understand that it is my responsibility to obtain clarification on anything contained in this affidavit which I do not understand prior to signing. I am aware that any omissions, falsifications, misstatements or misrepresentations may disqualify me from employment consideration and, if I am hired, may be grounds for termination or denial of an exemption at a later date.

SIGNATURE : _____ Date: _____

Sign Above OR Below, DO NOT Sign Both Lines

To the best of my knowledge and belief, **my record contains one or more of the applicable disqualifying acts or offenses listed above. I have placed a check mark by the offense(s) contained in my record.** (If you have previously been granted an exemption for this disqualifying offense, please attach a copy of the letter granting such exemption.) (Please circle the number which corresponds to the offense(s) contained in your record.)

SIGNATURE: _____ Date: _____



Discovery Point # 34

5203 W Lutz Lake Fern Road

Lutz, FL 33558-4493

Telephone 813.926.5920

Facsimile 813.926.0147

Discovery Point Dress Code

Employee's Name: _____

Dress, grooming and personal cleanliness standards contribute to the morale of all employees and affect the image Discovery Point Development Center presents to parents and their children, visitors and guests. Our philosophy is to provide a culture that allows staff to dress in a style which presents a neat, business-like appearance and that promotes confidence and professionalism to the public. We expect you to accept the responsibility of dressing appropriately for your position or situation. With that in mind, the following dress code will be implemented and enforced at all times.

***Jewelry is not permitted for teachers for safety reasons.** Necklaces, earrings, and bracelets pose a safety hazard to both the children and the teachers. The children could accidentally get scratched by the jewelry or the teacher could get the jewelry pulled out by a child.

***Shoes must be neat and in good repair at all times.** Tennis shoes or flats are best. Since you are expected to engage the children in activities on the playground the shoes should be appropriate for the situation. Open toe or open heel shoes, sandals, and flip flops are not allowed.

***Clothing should be clean, wrinkle free, and in good repair at all times.** You are hired to work with children and being down on the floor frequently is part of the job responsibility. Clothing must be appropriate to engage children in all types of activities throughout the day. The attire for a Discovery Point employee is as follows:

****Pants:** All pants must be Navy, Khaki or Black in color. Shorts may be worn as long as they are knee length. Pants must be of a khaki material with no holes or lavish accessories. (i.e. buckles, drawstrings, rhinestones, etc.) **Sweat pants, Yoga/Active Wear, Lounge Wear, and Jeans, even if they are black, are not appropriate attire and are not allowed.**

****Shirts:** Every employee is required to wear a Discovery Point polo or t-shirt, Monday through Friday. New employees must purchase their shirts within two weeks of being hired. Until their shirts arrive, new employees may wear a solid polo shirt in any color.

*****Please note, panty lines, exposed undergarments and skin are inappropriate. Please make sure all clothing fits correctly.**

***Grooming:** Neat and clean dress demonstrates pride in the job and is a courtesy to those around you. Attention to personal hygiene principles is necessary. Nails should be neatly trimmed and clean. Hair should be cleaned, combed and professional in appearance. Hair dyed in non-traditional/vibrant colors can serve as a distraction and is therefore not appropriate for the work place. All tattoos must be covered. Excessive ear piercings/body piercings are not permitted and must be removed before coming to work. Men must be clean shaven. If a male employee has long hair, it must be tied back at all times with no hanging dreadlocks or braiding on the sides of the face.

Discovery Point expects employees to dress in appropriate attire at all times. Our work environment encourages employees to dress comfortably for work and to participate in school wide spirit days. Please do not wear anything that other employees might find offensive or that might make coworkers uncomfortable.

This includes clothing with profane language statements or clothing that promotes causes that include, but are not limited to, politics, religion, sexuality, race, age, gender, and ethnicity.

Discovery Point Dress Code

(Page 2)

Our goal is to provide a workplace environment that is comfortable and inclusive for all employees. We expect that your business attire, although casual, will exhibit common sense and professionalism.

Employees are expected to demonstrate good judgment and professional taste.

Courtesy towards coworkers and your professional image to coworkers are the factors you need to use to assess whether you are dressing in business attire that is appropriate.

Note: Employees who report for work inappropriately dressed will be sent home and directed to return to work in proper attire. Under such circumstances, employees will not be compensated for the time away from work. Repeated violations of the Dress Code will result in termination. Consult your Director if you have questions as to what constitutes appropriate dress.

I acknowledge receipt of and understanding of the Discovery Point Dress Code Policy.

Employee Signature

Employee Name (Please Print)

Date



Discovery Point # 34
5203 W Lutz Lake Fern Road
Lutz, FL 33558-4493
Telephone 813.926.5920
Facsimile 813.926.0147

Conditions of Employment

Please read each clause carefully and initial the space next to each clause that you understand.

Employee: _____

_____ **Part-Time Employees:** A part time employee is an employee that is scheduled to work 30 less than 32 hours on a continuous basis.

_____ **Hours:** We will always do our best to schedule part-time employees for the same number of hours on a week to week basis. However, due to the part-time status, the employee's hours may fluctuate depending on the season. It should be noted that staffing at the center is directly related to the number of children enrolled. During times when enrollment decreases, it is possible that the number of hours worked by staff will be decreased. It is also possible that part-time employees may be scheduled off during decreased enrollment. Employees will only be paid for the number of hours worked.

_____ **Benefits:** Part-time employees are not eligible for any vacation benefits or paid holidays.

_____ **Full-Time Employees:** A full-time employee is an employee that is scheduled to work more than 32 hours on a continuous basis. An employee is not considered full-time until they have been fully trained within our center.

_____ **Hours:** We will always do our best to schedule full-time employees for the same number of hours on a week to week basis. Schedules may vary slightly on a day to day basis due to the number of children anticipated to attend on that day. It should be noted that staffing at the center is directly related to the number of children enrolled. During times when enrollment decreases, it is possible that the number of hours worked by staff will be decreased. The employee is only paid for the actual number of hours worked.

_____ **Benefits:** A full-time employee who has completed one year of continuous service is eligible for one week (maximum 40 hours) of paid vacation. Employees with 5 years of continuous service are eligible for 2 paid weeks (maximum 80 hours) of vacation.

_____ **Holidays:** Full-time employees are eligible for holiday pay and will be paid 8 hours at their regular rate of pay for all applicable holidays. Employees must work at least 90 days before being eligible for holiday pay and employees must be available to work their regularly scheduled

hours both the weekday before and the weekday after the holiday and **must be in good standing with the company.**

_____ **Hours of Availability:** An employee will be scheduled for hours within the time they notate on their application as hours of availability. An employee must work the scheduled shift they are hired for 90 days before making any changes to their schedule. All schedule changes require two weeks notice.

_____ **Social Media Clause:** An employee has the right to engage in personal social media activities to express the employee's thoughts or ideas on the employee's personal time and so long as it does not conflict with Discovery Point policies and/or business and/or harm the goodwill and reputation of Discovery Point. The employee may not (a) disclose Discovery Point Confidential Information on social media sites; (b) make defamatory or harassing statements about Discovery Point or its Related Persons; (c) defame Discovery Points, its activities or its Related Persons; (d) use or reproduce any Discovery Point logos, website link or other Discovery Point name or information; or (e) use Discovery Point's name or information in connection with the expression of any individual opinion or position. Employee's social media content must reflect that it is the opinion or content of Employee and must not imply any connection to or origination from Discovery Point. If the employee uses social media to promote the efforts or initiatives of Discovery Point, the employee must disclose Employee's employment relationship to Discovery Point or connection to Discovery Point's Related Persons within the social media content or communication. For the purposes of this Agreement, the term "social media" refers to on-line blogs, forums, chat rooms and social networking sites such as Yelp, Facebook, Twitter, LinkedIn, Pinterest and YouTube, as well as all other similar sites, communications or activities.

_____ **Non-Compete:** Within six (6) months of termination of employment, employee will not under any circumstances, for any reason influence, attempt to influence, or solicit away any client or employee of Discovery Point. Terminated employees will not accept employment from any client of Discovery Point within a five (5) mile radius of the Center within six (6) months of termination. **Terminated employees will not accept employment from any other child care provider within a five (5) mile radius of the Center for a period of (6) months after termination.** Failure to abide by the contractual requirements will result in legal action being initiated against the terminated employee, the result of which may be the employee being responsible for the payment of attorneys' fees and legal costs.

Employee's Name Printed

Employee's Signature

Date

Obtaining DCF Transcript for New Employees and Training

1. First go to the DCF website at the following web address:
<https://training01-dcf.myflorida.com/studentsite/admin/login.jsf>
2. Click on the register as a new user link.
3. Click on Instructor Led/ Online Courses link.
4. Click Online Course Tab
5. From Child Care Facility Part 1, you must complete each of the following courses within 1 year of entering child care, including the accompanying test.
 - a. Child Care Facility Rules and Regulations (FACR)
 - b. Identifying and Reporting Child Abuse and Neglect (CAAN)
 - c. Child Growth and Development (CGAD)
 - d. Behavioral Observation and Screening (BOSR)
6. From In Service Training, you must complete the following courses within 30 days of entering child care totaling 13 hrs of training.
 - a. Health, Safety and Nutrition (HSAN)
 - b. Early Literacy for Children Age Birth through Three (ELC)
7. From Child Care Facility Part 2, you must complete the following courses within 1 year of entering child care, including the accompanying test totaling 10 hrs of training.
 - a. Infant and Toddler Appropriate Practices (ITPR)
 - b. Preschool Appropriate Practices (PSPR)
 - c. School-Age Appropriate Practices (SAPR)
 - d. Understanding Developmentally Appropriate Practices (UDAP)
 - e. Special Needs Appropriate Practices (SNP)
*(*In order to use the 5-hour Appropriate Practice courses to meet the Part II training requirement, individuals **must** complete the 5-hour Understanding Developmentally Appropriate Practice course **and** one of the 5-hour age-specific courses (Infant and Toddler, Preschool, or School-Age Developmentally Appropriate Practices).*
8. Completing these courses will give you a total of 45 hours within your first year of employment, and also fulfills the 30 hours of In-Service Training that is mandatory for an accredited program
9. Each year after the first year of employment, all employees are required 24 hours of In-Service Training.