



New Employee Packet



PERSONNEL RECORD

(Form to be completed by employee)

DATE
NAME OF FACILITY
FACILITY ADDRESS
FACILITY FILE NUMBER

1. PERSONAL

NAME (LAST FIRST MIDDLE)	TELEPHONE ()
ADDRESS	ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE STATE YOUR AGE _____
SOCIAL SECURITY NUMBER: (VOLUNTARY FOR ID ONLY) - -	DATE OF LAST PHYSICAL EXAMINATION
	DATE OF LAST TB TEST _____

HAVE YOU EVER BEEN EMPLOYED UNDER A DIFFERENT NAME? YES NO IF YES, PLEASE LIST ALL NAMES USED.

DO YOU POSSESS A VALID CALIFORNIA DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? <input type="checkbox"/> YES <input type="checkbox"/> NO
CDL NUMBER	IF YES, PLEASE EXPLAIN ON BACK OF FORM.
NEAREST LIVING RELATIVE — NAME:	TELEPHONE NUMBER
ADDRESS	RELATIONSHIP

2. POSITION

TITLE	SALARY	HOURS	DATE OF EMPLOYMENT
NAME OF SUPERVISOR			

3. PREVIOUS EMPLOYMENT *(List most recent experience first. If additional space is needed, please attach a separate page.)*

NAME AND ADDRESS OF EMPLOYER	TELEPHONE NUMBER	JOB TITLE AND TYPE OF WORK	REASON FOR LEAVING	DATES	
				FROM	TO

4. EDUCATION

CIRCLE HIGHEST YEAR COMPLETED 6 7 8 9 10 11 12	DIPLOMA	CURRENTLY ENROLLED IN HIGH SCHOOL COMPLETION COURSE? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, GIVE EXPECTED COMPLETION DATE _____
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EMPLOYMENT — RELATED EDUCATION COURSES

COURSE TITLE	NAME OF SCHOOL OR ORGANIZATION AND ADDRESS	NUMBER UNITS COMPLETED	DATE COMPLETED	CURRENTLY ENROLLED

HEALTH SCREENING REPORT - FACILITY PERSONNEL

All personnel, including applicant, licensee or employed staff of Residential Care Facilities for the Elderly, Community Care or Child Care Facilities must demonstrate that their health condition allows them to perform the type of work required. This health appraisal is to be completed by or under the direction of a physician.

A health screening, by or under the direction of a physician must have been performed not more than one year prior to employment or within seven (7) days after employment.

FACILITY NAME

FACILITY ADDRESS

PERSON'S NAME

AGE

POSITION TITLE

TYPE OF FACILITY

WORK DAYS PER WEEK

WORK HOURS PER DAY

DUTY STATEMENT

TYPES OF PERSONS SERVED (Check appropriate items)

 Infants Adults Developmentally Disabled Physically Handicapped Children Elderly Mentally Disordered Drug/Alcohol Addiction Other (specify) _____**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION**

I HEREBY AUTHORIZE THE RELEASE OF MEDICAL INFORMATION CONTAINED IN THIS REPORT.

SIGNATURE OF APPLICANT/LICENSEE OR EMPLOYEE

ADDRESS

DATE

NOTE TO PHYSICIAN: Personnel in Residential Care Facilities for the Elderly, Community Care or Child Care Facilities shall be free from communicable disease, and capable of performing assigned tasks. Please complete the following information on the above named person.

EVALUATION OF GENERAL HEALTH

EVALUATION OF ABILITY TO PERFORM WORK DESCRIBED IN THE ABOVE DUTY STATEMENT

NOTE ANY HEALTH CONDITION THAT WOULD CREATE A HAZARD TO THE PERSON, CLIENTS, CHILDREN OR OTHER PERSONNEL

DATE OF T.B. TEST

 POSITIVE

ACTION TAKEN (IF POSITIVE)

 NEGATIVE

DATE OF HEALTH SCREENING

NAME OF PHYSICIAN (PHYSICIAN'S STAMP)

DATE

HEALTH SCREENING BY: (ORIGINAL SIGNATURE)

TELEPHONE #

DATE

EVALUATION OF TEACHER QUALIFICATIONS

The courses listed below have been reviewed and verified by the Department of Social Services, Community Care Licensing Division, as meeting the requirements for child care center teachers in the California Code of Regulations, Title 22, Division 12.

The original of this form, along with copies of transcripts or other relevant documentation, must be kept in the teacher's personnel file at the licensed center. This form is transferable to other centers and will be accepted by all District Offices.

I. PERSONAL INFORMATION	COMPONENTS	FACILITY NUMBER
TEACHER:	<input type="checkbox"/> Preschool <input type="checkbox"/> Infant <input type="checkbox"/> School-Age <input type="checkbox"/> Mildly Ill Child	
FACILITY:		
ADDRESS:		

II. EDUCATION/EXPERIENCE

Children's Center Permit (Copy attached.) Child Development Associate Credential (Copy attached.)
 Regional Occupational Program Certificate (Copy attached.) Coursework only and six months of experience (Copy of transcripts attached.)

III. QUALIFYING POSTSECONDARY COURSES

COURSEWORK IN CD/ECE	COURSE #	UNITS (S/Q)	COLLEGE/UNIVERSITY
CHILD/HUMAN GROWTH AND DEV.			
CHILD, FAMILY AND COMMUNITY PROGRAM/CURRICULUM			
OTHER: INFANT, SCHOOL-AGE, ETC.			
TOTAL:			
ADDITIONAL UNITS REQUIRED:			

IV. QUALIFYING EXPERIENCE

FROM	TO	HOURS PER DAY	POSITION(S)	EMPLOYER(S)/ADDRESS(ES)	TOTAL: MO/DAY/YR

V. OTHER APPLICABLE EDUCATION/COURSES (based on statutory/regulatory changes) (Backup documentation attached.)

COURSE TITLE	DATE COMPLETED	VERIFIED BY
CPR		
First Aid		
Others		

Was an exception granted? No Yes (Copy of exception attached.)

Based on the completion of the requirements identified above, this employee is approved as a :

Fully qualified preschool teacher _____
LPA'S SIGNATURE/PRINTED NAME AND DISTRICT OFFICE DATE

Fully qualified infant teacher _____
LPA'S SIGNATURE/PRINTED NAME AND DISTRICT OFFICE DATE

Fully qualified school-age teacher _____
LPA'S SIGNATURE/PRINTED NAME AND DISTRICT OFFICE DATE

Fully qualified mildly ill child teacher _____
LPA'S SIGNATURE/PRINTED NAME AND DISTRICT OFFICE DATE

Directions for Completing Evaluation of Teacher Qualifications

The LPA should fill out this form using the following instructions.

Type or print clearly using black ink. Return the original form to the director of the licensed center. Retain one copy in the teacher's personnel file at the licensed center. Retain one copy in the teacher's file at the licensed center and return a copy to the teacher. Attach (to each evaluation) copies of the forms and documents identified below.

I. PERSONAL INFORMATION:

Name: Enter the name of the person applying for an evaluation of qualifications. Include first, middle, and last names.

Facility: Enter complete name, address, and number of facility where the evaluated individual is currently employed.

Components of Program: Check appropriate box(es).

II. EDUCATION/EXPERIENCE:

Check appropriate box and attach appropriate documentation.

III. QUALIFYING POSTSECONDARY COURSES:

Courses: Enter course number, number of units (specify semester or quarter units), and the college where credits were earned. Indicate each course completed. Enter the total units for all courses completed. Enter any additional units required.

IV. QUALIFYING EXPERIENCE:

Employment: Enter the dates of employment; include month/day/year, as well as hours per day. List position(s) held, employer(s)/address(es), and the total number of months, days, and/or years employed.

V. OTHER APPLICABLE EDUCATION/COURSES:

Complete if other additional education/course requirements are applicable based on new statutory/regulatory changes. If not applicable, indicate N/A. Verification of course completion must be attached to this form. Indicate course title and date of completion, and initial.

Exceptions: Check appropriate box. Attach exception if required.

Check the appropriate box(es), and date and sign for every area for which it has been determined that the teacher is qualified under Title 22 licensing regulations.

EVALUATION OF TEACHER QUALIFICATIONS

The courses listed below have been reviewed and verified by the Department of Social Services, Community Care Licensing Division, as meeting the requirements for child care center teachers in the California Code of Regulations, Title 22, Division 12.

The original of this form, along with copies of transcripts or other relevant documentation, must be kept in the teacher's personnel file at the licensed center. This form is transferable to other centers and will be accepted by all District Offices.

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CHILD, FAMILY AND COMMUNITY PROGRAM/CURRICULUM			
OTHER: INFANT, SCHOOL-AGE, ETC.			
TOTAL:			
ADDITIONAL UNITS REQUIRED:			

IV. QUALIFYING EXPERIENCE

FROM	TO	HOURS PER DAY	POSITION(S)	EMPLOYER(S)/ADDRESS(ES)	TOTAL: MO/DAY/YR

V. OTHER APPLICABLE EDUCATION/COURSES (based on statutory/regulatory changes) (Backup documentation attached.)

COURSE TITLE	DATE COMPLETED	VERIFIED BY
CPR		
First Aid		
Others		

Was an exception granted? No Yes (Copy of exception attached.)

Based on the completion of the requirements identified above, this employee is approved as a :

Fully qualified preschool teacher _____
 LPA'S SIGNATURE/PRINTED NAME AND DISTRICT OFFICE DATE

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 LPA'S SIGNATURE/PRINTED NAME AND DISTRICT OFFICE DATE

Fully qualified school-age teacher _____
 LPA'S SIGNATURE/PRINTED NAME AND DISTRICT OFFICE DATE

Fully qualified mildly ill child teacher _____
 LPA'S SIGNATURE/PRINTED NAME AND DISTRICT OFFICE DATE

CRIMINAL RECORD STATEMENT

State law requires that persons associated with licensed facilities or Home Care Aide Registry applicants be fingerprinted and disclose any conviction. A conviction is any plea of guilty or nolo contendere (no contest) or a verdict of guilty. The fingerprints will be used to obtain a copy of any criminal history you may have.

Have you ever been convicted of a crime in California ? **YES** **NO**

You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.

Have you ever been convicted of a crime from another state, federal court, military or jurisdiction outside of U.S.? **YES** **NO**

Criminal convictions from another State or Federal court are considered the same as criminal convictions in California.

If you answer YES, give details on the back of this page indicating the nature and circumstances of each crime and the date and the location in which each crime occurred.

You must disclose convictions, including reckless and drunk driving convictions even if:

1. It happened a long time ago;
2. It was only a misdemeanor;
3. You didn't have to go to court (your attorney went for you);
4. You had no jail time or the sentence was only a fine or probation;
5. You received a certificate of rehabilitation;
6. The conviction was later dismissed, set aside or the sentence was suspended.

NOTE: IF THE CRIMINAL BACKGROUND CHECK REVEALS ANY CONVICTION(S) THAT YOU DID NOT DISCLOSE ON THIS FORM, YOUR FAILURE TO DISCLOSE THE CONVICTION(S) WILL RESULT IN AN EXEMPTION DENIAL, LICENSE APPLICATION DENIAL, LICENSE REVOCATION, OR EXCLUSION FROM A LICENSED FACILITY/ORGANIZATION.

I declare under penalty of perjury under the laws of the State of California that I have read and understand the information contained in this affidavit and that my responses and any accompanying attachments are true and correct.			
FACILITY/ORGANIZATION NAME		FACILITY/ORGANIZATION NUMBER	
YOUR NAME (<i>PRINT CLEARLY</i>)	YOUR ADDRESS	CITY	ZIP
SOCIAL SECURITY NUMBER (<i>SEE PRIVACY STATEMENT ON REVERSE SIDE</i>)	DATE OF BIRTH	DMV LICENSE NUMBER	
SIGNATURE		DATE	

I. Instructions to Respondents:

If you have been convicted of a crime in California, another state or in federal court, provide the following information:

(You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.)

What was the offense? _____

In which state and city did you commit the offense? _____

When did this occur? _____

Tell us what happened. (Use additional sheets of paper if needed) _____

I certify under penalty of perjury that the above information is true and correct to the best of my knowledge.

Signature _____ **Date** _____

II. Instructions to Licensees:

If the person discloses a criminal conviction, review the person’s statement and discuss it with your Licensing Program Analyst (LPA). Maintain this form in your facility/organization personnel file and send a copy to your LPA.

PRIVACY STATEMENT

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code section 1798 et seq.), notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person’s SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check.

In order to be licensed, work at, or be present at, a licensed facility/organization, the law requires that you complete a criminal background check. (Health and Safety Code sections 1522, 1568.09, 1569.17, 1596.871, and 1796.19). The Department will create a file concerning your criminal background check that will contain certain documents, including information that you provide. You have the right to access certain records containing your personal information maintained by the Department (Civil Code section 1798 et seq.). Under the California Public Records Act, the Department may have to provide copies of some of the records in the file to members of the public who ask for them, including newspaper and television reporters.

NOTE: IMPORTANT INFORMATION

The Department is required to tell people who ask, including the press, if someone in a licensed facility/organization has a criminal record exemption. The Department must also tell people who ask, the name of a licensed facility/organization that has a licensee, employee, resident, or other person with a criminal record exemption.

If you have any questions about this form, please contact your local licensing regional office.

STATEMENT ACKNOWLEDGING REQUIREMENT TO REPORT CHILD ABUSE

NOTE: RETAIN IN EMPLOYEE/LICENSEE FILE

NAME

POSITION

FACILITY NUMBER

California law **REQUIRES** certain persons to report known or suspected child abuse. As a licensee or an employee at a licensed facility or a child care institution, **YOU** are one of those persons - a "mandated reporter."

PERSONS WHO ARE REQUIRED TO REPORT ABUSE

Mandated reporters include a licensee, an administrator, or an employee of a licensed community care or child day care facility. [Penal Code ("PC") § 11165.7(a)(10)] Mandated reporters also include an employee of a child care institution, including, but not limited to, foster parents, group home personnel, and personnel of residential care facilities. [PC § 11165.7(a)(14)] No supervisor or administrator may impede or inhibit an individual's reporting duties or subject the mandated reporter to any sanction for making the report. [PC § 11166(h)]

WHEN REPORTING ABUSE IS REQUIRED

A mandated reporter, who in his or her professional capacity, or within the scope of his or her employment, has knowledge of or observes a person under the age of 18 years whom he or she knows or reasonably suspects has been the victim of child abuse or neglect must report the suspected incident. The reporter must contact a designated agency immediately or as soon as practically possible by telephone, and shall prepare and send a written report within 36 hours of receiving the information concerning the incident. [PC § 11166(a)]

ABUSE THAT MUST BE REPORTED

Physical injury inflicted by other than accidental means on a child. [PC § 11165.6]

Sexual abuse meaning sexual assault or sexual exploitation of a child. [PC § 11165.1]

Neglect meaning the negligent treatment, lack of treatment, or the maltreatment of a child by a person responsible for the child's welfare under circumstances indicating harm or threatened harm to the child's health or welfare. [PC § 11165.2]

Willful harming or injuring or endangering a child meaning a situation in which any person inflicts, or willfully causes or permits a child to suffer, unjustifiable physical pain or mental suffering, or causes or permits a child be placed in a situation in which the child or child's health is endangered. [PC § 11165.3]

Unlawful corporal punishment or injury willfully inflicted upon a child and resulting in a traumatic condition. [PC § 11165.4]

WHERE TO CALL IN AND SEND THE WRITTEN ABUSE REPORT

Reports of suspected child abuse or neglect must be made to any police department or sheriff's department (not including a school district police or security department), county probation department, if designated by the county to receive mandated reports, or the county welfare department. [PC § 11165.9] The written report must include the information described in Penal Code section 11167(a) and may be submitted on form SS 8572.

IMMUNITY AND CONFIDENTIALITY OF REPORTER AND OF ABUSE REPORTS

Persons legally mandated to report suspected child abuse have immunity from criminal or civil liability for reporting as required or authorized by law. [PC § 11172(a)] The identity of a mandated reporter is confidential and disclosed only among agencies receiving or investigating reports, and other designated agencies. [PC § 11167(d)(1)] Reports are confidential and may be disclosed only to specified persons and agencies. Any violation of confidentiality is a misdemeanor punishable by imprisonment, fine, or both. [PC § 11167.5(a)-(b)]

PENALTY FOR FAILURE TO REPORT ABUSE

A mandated reporter who fails to make a required report is guilty of a **misdemeanor** punishable by up to six months in jail, a fine of \$1000, or both. [PC § 11166(b)]

COPY OF THE LAW

Prior to my employment in a licensed community care or child day care facility, or child care institution, my employer provided me with a copy of Penal Code sections 11165.7, 11166, and 11167. [PC § 11166.5(a)]

ACKNOWLEDGMENT OF RESPONSIBILITY

I, _____, have knowledge of my responsibility to report known or suspected child abuse in compliance with Penal Code section 11166. [PC § 11166.5(a)]

SIGNATURE

DATE

NOTICE EMPLOYEE RIGHTS

Instructions:

This form is intended to meet the requirements of Health and Safety Code Sections 1596.881 and 1596.882 which require that employees be informed of their rights, at the time of employment, to filing complaints against their employer for violating any licensing law or regulation. The child care facility licensee is required to give the employee this form, to have the employee complete and detach the bottom of the form, and to maintain the signed acknowledgement of receipt of the form in the employee's file.

No employer shall discharge, demote, suspend or threaten to discharge, demote or suspend, or in any manner discriminate against any employee for taking any of the following actions:

1. Making an oral or written complaint against the employer to the California Department of Social Services or other agency having statutory responsibility for enforcement of the law or to the employer or representative of the employer for the violation of any licensing law or other laws (including but not limited to laws relating to child abuse, staff-child ratios, etc.).
2. Instituting or causing to be instituted any proceeding against the employer regarding the violation of any licensing law or other laws.
3. Is, or will be, a witness or testifier in a proceeding regarding the violation of any licensing law or other law.
4. Refusing to perform work that is in violation of a licensing law or regulation after notifying the employer of the violation.

Pursuant to Health and Safety Code Section 1596.882, an employee alleging the violation by the employer of any action described above shall do the following:

1. Present the employer with a claim alleging violation of the employee's rights within 45 days after the discharge, demotion, suspension or threat thereof or for discriminating against the employee for taking such action.
2. File a claim with the Division of Labor Standards Enforcement no later than 90 days after the employer takes any of the above described actions against the employee.

Upon receipt of the employee's complaint, the Division of Labor Standards Enforcement shall do whatever investigation it deems appropriate to resolve the complaint. If it is determined that the employer has violated the employee's rights, the Division of Labor Standards Enforcement shall take action against the employer in any appropriate court. The court shall have jurisdiction of any action taken as well as to issue restraining orders and any other appropriate relief, including rehiring and reinstatements of the employee to his or her former position with backpay and benefits.

Within 30 days of receipt of a complaint from an employee as outlined above, the Division of Labor Standards Enforcement shall review the facts of the complaint and set either a hearing date or notify the employee and the employer of its decision. Where necessary, the Division of Labor Standards Enforcement shall begin the appropriate court action to enforce the decision.

Except for any grievance procedure or arbitration or hearing that is available to the employee pursuant to a collective bargaining agreement, Section 1596.882 is the exclusive means for presenting claims.

To file a claim with the Division of Labor Standards Enforcement, check the white pages of the local telephone directory under State Government Offices, California State of, Industrial relations Department, Labor Standards Enforcement-Working Conditions, for the local telephone number and address of the nearest office, or contact the headquarters office at P.O. Box 603, San Francisco, CA 94101, telephone (415) 703-4810.

(Detach Here)

(This form is to be retained in the employee's file)

EMPLOYEE RIGHTS

This is to acknowledge that I _____ have received a copy of
(PLEASE PRINT NAME OF EMPLOYEE)

"EMPLOYEE RIGHTS" from my employer _____, who is the
(PLEASE PRINT NAME OF EMPLOYER)

licensee or authorized representative of _____
(PLEASE PRINT NAME OF FACILITY)

(SIGNATURE OF EMPLOYEE)

(DATE)



Technology Policy:

TCC maintains weekly updates to share learning activities, photos and other documentations with TCC parents.

Typically, photos are uploaded with narration/explanation of the activity and learning/growth that is intended in the activity. This is the primary way we communicate individual learning with our parents and it also supports home-school connection and family engagement! This process is for both children portfolios and weekly updates.

As a TCC staff member, you will have daily access to our center iPads. Each full time teacher will have an iPad that is designated for their use. iPads are assigned to you. iPads may not leave the facility; they must remain onsite at all times. It is your responsibility to put your assigned iPad at the charging station at the end of your shift DAILY.

In maintaining access, it is highly important that you understand our confidentiality agreement and acknowledge your commitment to uphold the privacy of our children and families at the TCC. Our families trust us to keep this information private and confidential.

Microsoft Teams is used company wide as means of communication.

ProCare Early Education software is used as means of parent communication.

By acknowledging this policy, you agree to the following:

I understand that I will have access to TCC's iPads, work email, parent emails, TCC music accounts, Trust/ TCC software, etc...

I also understand that I am being entrusted to protect the identity and confidential information of all TCC children and families.

With this in mind, I agree to the following conditions ~

1. I will not at any time download any photos from the iPads, unless it is for the sole purposes related to work. This includes downloading photos to any personal device or social media.
2. I will not share the photos with any other person/s outside of TCC staff or families either in person (someone viewing your screen), via internet, social media, or any other means.
3. I will not discuss or share any personal information I obtain from TCC iPads, EMAIL, newsletters, (i.e. email addresses, names, home addresses, phone numbers and/or family activities that are posted to ProCare or Namely).
4. I will not engage in any negative/judgmental statements or comments relating to the children or activities that I view.
5. If iPads are being used during a prep period you should be in the teacher workroom or outside. If you will be in the classroom, to prep, during naptime you may NOT be counted in the ratios. You may prep in your classroom, but you may not when you are responsible for supervising children, even if they are sleeping.

Cell Phone Policy

In addition, it is crucial that every employee's full attention remains on the children enrolled at TCC at all times, for both educational and safety reasons.

For this reason, personal cell phones are not permitted in any TCC classrooms or common spaces.

While employees are clocked in, cell phones should be turned off, put away, and stored with other personal belongings (such as coats and purses).

The use of personal cell phones during the school day is permitted only under the following conditions:

- A. During approved breaks/lunch
- B. Outside the classroom
- C. Not in the presence of the children at the center

Employees may not use their personal cell phones—for talking, texting, checking voicemail, or any other purpose—in the presence of children enrolled at the center, even during breaks.

When classes leave the center for any reason (walk, field trip, etc.), one employee per group may carry a personal cell phone to be used only in the event of an emergency.

Rarely, an urgent personal situation may arise that necessitates an employee's immediate access to his or her cell phone.

- In this situation, the employee must obtain permission from the center Director or Supervisor of the Day before bringing the cell phone into the classroom for this specific situation only.
- The cell phone must be set to "vibrate". (ringer OFF)
- Calls may be answered only after a substitute has arrived to replace the employee, or ratios are ok, and only outside of the classroom (not in the presence of children).
- Ratios must be maintained at all times.

Otherwise, all urgent calls should be directed to contact classroom phone lines. Or they are welcome to call center Director and staff will be notified of the message as soon as possible.

Main Phone

[\(805\) 548-1286](tel:8055481286)

Direct lines

Ms. Sarah Davis: 548-1214

Infant Room: 548-1291

Preschool: 548-1283

I have read and understood TCC Technology and Cell Phone Policy as outlined above.

I understand that these policies may be modified and updated as needed and I will receive written notice of these updates.

Staff Signature:

Date:

A Little About Me

Name _____ Birthday _____

A little about yourself; (family, where you live, hobbies, pets, favorite place in the world, secret talents, etc.)

Your experience with child care;

If you were a crayon, what color would you be? _____

Favorite dessert/snacks: _____

If you could be any animal, which would you be? _____

Who or What inspires you? _____

What is the coolest thing you are working on right now (or hope to start soon)?

You Will Also Need to Bring:

- Copy of Drivers License
- Most current CPR Card
- Proof of Mandated Reporter Training
- Fingerprint Clearance
- Immunization Record (showing proof of tDAP, MMR, & Influenza)
- Unofficial or Official Transcripts