

New Hire & Current Staff

*J*OYFUL STEPS LEARNING CENTER (JSLC)



EMPLOYEE DOCUMENTS

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Employee & Staff Forms

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PAYMENT TERMS

Thank you for being a part of Joyful Steps Learning Center. Please complete the following addendum to your employee contract.

I _____ (employee's name), attest, I am aware all staff of Joyful Steps Learning Center's policies/procedures as they are outlined in the employee guidelines, including policies that pertain to the status of employment.

I _____ (employee's name), acknowledge that I and all employees are "at will" employees at Joyful steps Learning Center and employment can be dismissed at any time for any cause.

I _____ (employee's name), understand, per my contract/agreement, my designated pay is payable on the 16th and the last day of each month. Additionally, I agree to the terms that state, "pay dates are subject to the availability of funds from local, state, and/or federal sources; and while unlikely, may be postponed with an indefinite date; contingent on the employers' receipt of those said funds.

Joyful Steps Learning Center puts forth the maximum effort to ensure that all employees/staff are paid on the proposed dates. The uncertainty in attaining childcare funds from state sources that align with our semi-monthly pay dates is the cause and reason for this letter.

If postponement of pay occurs, Joyful Steps Learning Center will always do our best to inform employees/staff in advance. We appreciate your understanding in advance.

- *Joyful Steps Learning Center*

By signing the following, I attest I have read and agree to the aforementioned terms.

Staff's Name (Print) _____ Employer's Name (Print) _____

Staff Signature _____ Employer's Signature _____

Date _____ Date _____

LICENSING STANDARDS: JSLC ORIENTATION

I _____ (employee name), attest that I have been provided a new staff orientation at Joyful Steps Learning Center (JSLC).

I _____ have read and understand the documents reviewed during the orientation.

I _____ agree, I have been advised of the location of these documents and have instant access to them. The documents include the following:

- a. **The Child Care Act of 1969 (225 ILCS 10)**
- b. **The Abused and Neglected Child Reporting Act, as amended (325 ILCS5)**
- c. **The portions of 89 ILL. Admin. Code 407, Licensing Standards for Day Care Centers that affect their functions and responsibilities**
- d. **The Guidance & Discipline Policy for this program**
- e. **Risk Management plan for this program**

By signing my signature below, I _____ agree that I am recording my review of the above named statutes and I am aware of their location for my digital and physical use in the Center: **Rule: 407.70e.**

Staff's Name (Print) _____	Employer's Name (Print) _____
Staff Signature _____	Employer's Signature _____
Date _____	Date _____

STAFF'S EMERGENCY FORM

STAFF PERSON'S NAME: _____

In case of Emergency please contact the following persons:

EMERGENCY CONTACT PERSON 1

Name: _____

Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

EMERGENCY CONTACT PERSON 2

Name: _____

Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

CONFIDENTIALITY AGREEMENT

I, _____, (employee's name) acknowledge that I have read and understand the Confidentiality and Privacy Agreement at Joyful Steps Learning Center.

I agree that all seen and heard information about the center, staff, children, and families will be treated as strictly confidential and will not be discussed with any other person outside of the center.

I agree that, if an incident ***needs to be discussed*** outside of the center, this will be done in a professional manner, including necessary information but excluding details of unrelated children, families, staff, and other incidents from the discussion.

I understand that if I breach this confidentiality agreement, disciplinary action will be taken.

***Needs to be discussed* includes such things as:**

- Seeking information or opinions on a particular child's needs from other professionals e.g. speech therapists, occupational therapists, child psychologists, Department Of Children's Services, etc.
- Seeking information from peers (other childcare workers) in order to form policies, procedures, or programs.
- Being compelled to, as in making a Child at Risk of Harm Report or a report to Police.

EMPLOYEE'S INFORMATION

Employee's Printed Name: _____

Signature: _____

Position/Role: _____

Date: _____

Witnessed by: _____ Date: _____

GUIDANCE & DISCIPLINE POLICY

JOYFUL STEPS LEARNING CENTER believes our staff should handle the behavior of children based on their professional assessment of each situation as opposed to a child's behavior being appropriate in relation to the child's development level or a child's individual personality and needs. Discipline, therefore, is handled on the basis of each unique child and each unique situation. Methods of preventing and managing inappropriate behavior in the classroom include:

1. Recognizing positive behavior
2. Redirecting a child to involvement in another area
3. Offering choices
4. Planned ignoring of negative behavior
5. Offering help
6. Limiting space and materials
7. Losing privileges

Under no circumstances will physical punishment or verbal abuse be acceptable forms of interaction with a child.

Children playing in-group need help and guidance in order to play effectively together. Some of the children may have had little opportunity to play with others. Taking turns and sharing toys are a part of the developmental learning. The following guidelines for both parents and staff in working with children:

1. Speak in a low voice, pleasant, but firm voice.
2. Always go over to a child to gain his or her attention.
3. Make suggestions positive.
4. Keep your expectations clear.
5. Give children only as much help as they need.
6. Help the child to take turns and to share materials.
7. Respect the children's feelings.
8. Children should feel accepted for who they are.

We do our best to work with each individual child and family. Efforts will be made with individual families to maintain participation in the program. The director will meet with parents to resolve issues or concerns. ELC reserves the right to discontinue enrollment if the program is found to be inappropriate for the child because of emotional, developmental, behavioral or learning problems that can not be adequately addressed within the structure of our program. The director will notify the parent for a conference and together, will call in appropriate professionals for observation and/or referrals. If necessary, the director will give assistance on making alternative arrangements for the child to ultimately have a successful learning experience.

By signing bellowing, I attest, I have read and understand the Guidance and Discipline Policy.

Staff's Name (Print) _____	Employer's Name (Print) _____
Staff Signature _____	Employer's Signature _____
Date _____	Date _____

EMPLOYEE: REFERENCE**(Relatives cannot be accepted)**

Name of Employee _____

Position Applied for: _____

Reference supplied for the above-named person to serve as an employee for a Daycare Center. Be as specific as possible in your comments. Thank you.

1. How long and in what capacity have you known the applicant?

2. Comment of the applicant's character?

3. Comment on the applicant ability to care for children?

4. Give your personal comment regarding the applicant's ability to assume this role?

By signing below, I attest the above information is accurate to the best of my knowledge.

Print Name: _____ Signature: _____

Phone Number: _____ Address: _____

Reference Checked by: _____ Date _____

Verifications must be made by Director or Ex. Director

REQUIRED CERTIFICATES

(Relatives cannot be accepted)

The following certificates are required to be an employee at JSLC . Once you have completed the certificates and requirements you must email them to Joyfulstepslearningcenter@gmail.com

1. Mandated Reporter Training: <https://mr.dcfstraining.org/>
2. Shaken Baby Syndrome: <https://courses.inccrra.org/course/search.php?search=shaken>
3. Sudden Infant Death Syndrome (scroll to the middle of the page):
<https://courses.inccrra.org/course/index.php?categoryid=24>
4. Trauma Informed Care for Child Care Providers: <https://courses.inccrra.org/>
5. Gateways number (registry member login): <https://www.ilgateways.com/>
 1. Click Be a Member
 2. Click Registry Membership
 3. Complete the application online
 4. You must also complete all information
6. CPR (CPR / AED / First-Aid): <https://www.nationalcprfoundation.com/>
7. *Food Service Sanitation (Food Handlers) ('**FOOD MANAGER**' IS REQUIRED)
<https://myfoodservicelicense.com/pages/food-handler>
 1. Welcoming Each and Every Child (7 hour course):
<https://courses.inccrra.org/>
 2. **Early Science Matters * (SCIENCE TEACHERS ONLY)**
<https://courses.inccrra.org/course/index.php?categoryid=49>
 3. **Early Math Counts * (MATH TEACHERS ONLY)**
<https://courses.inccrra.org/course/search.php?search=math+>

JSLC policy mandates that all staff members must obtain 18 hours of the aforementioned training yearly. These hours are broken up into quarters. No matter when staff members are hired, the requirement entails obtaining these hours prior to the first Thursday in April. **NO EXCEPTIONS.** Thank you very much.

EMPLOYEE: MANDATORY FORMS I

EMPLOYEE NAME _____ HIRE DATE _____

CFS-508 1 APPLICATION _____

CFA 718-E BACKGROUND _____

CFS-602 MEDICAL _____

MEDICAL INSURANCE TYPE _____

PROOF OF EDUCATIONAL/TRANSCRIPTS _____

CANTS 22 MANDATED REPORTER _____

3 WRITTEN REFERENCES _____

DATE VERIFIED _____

REF #1 _____

REF #2 _____

REF #3 _____

CPR/FIRST AID _____

W 4 MARKETSTAFF _____

VERIFICATION OF RECEIPT _____

LICENSING & ORIENTATION STANDARDS _____

GOVERNMENT ISSUED ID _____

SOCIAL SECURITY CARD _____

GUIDANCE & DISCIPLINE _____

PERSONNEL CHECKLIST _____

RESUME _____

EMPLOYEE: MANDATORY FORMS II

EMPLOYEE'S NAME_____ HIRE DATE_____

JOB DESCRIPTION _____

CHICAGO HEPATITIS IMMUNIZATION _____

MANDATED TRAINING _____

SIDS (SUDDEN INFANT DEATH SYNDROME) _____

SHAKEN BABY SYNDROME _____

DIRECT DEPOSIT FORM _____

EMPLOYEE INFORMATION SNAPSHOT _____

ELC POLICY/PROCEDURE _____

OFFICIAL TRANSCRIPTS _____

COVID CLOSING LETTER _____

CONTRACT _____

EMPLOYMENT ELIGIBILITY VERIFICATION _____

FOOD PROGRAM CERTIFICATE _____

STATE FUNDING LETTER _____

GATEWAY REGISTRY CARD _____

BIRTH CERTIFICATE _____

EMPLOYEE: MANDATORY FORMS III

EMPLOYEE NAME_____ HIRE DATE_____

EMPLOYMENT APPLICATION _____

ENDANGERING THE HEALTH AND
LIFE OF STUDENTS _____

STAFF EMERGENCY FORM _____

PDR (GATEWAYS) _____

CONFIDENTIALITY AGREEMENT _____

ADDITIONAL CHECKLIST

EMPLOYEE NAME _____ HIRE DATE _____

WITHDRAWAL DATE _____

CFS-508 1 APPLICATION _____

CFA 718-E BACKGROUND _____

CFS-602 MEDICAL _____

MEDICAL INSURANCE TYPE _____

PROOF OF EDUCATIONAL TRANSCRIPTS _____

CANTS 22 MANDATED REPORTER _____

3 WRITTEN REFERENCES _____

DATE VERIFIED

REF #1 _____

REF #2 _____

REF #3 _____

CPR/FIRST AID _____

W 4 MARKETSTAFF _____

VERIFICATION OF RECEIPT _____

LICENSING & ORIENTATION STANDARDS _____

GOVERNMENT ISSUED ID _____

SOCIAL SECURITY CARD _____

GUIDANCE & DISCIPLINE _____

PERSONNEL CHECKLIST _____

RESUME _____

EMPLOYEE: MANDATORY UPDATES AUDIT

EMPLOYEE NAME _____ HIRE DATE _____

JOYFUL STEPS LEARNING CENTER has conducted an audit on your employee file. Below are the certificates and or forms that have or will expire in the next 30 days. In order to maintain compliance with DCFS & JOYFUL STEPS LEARNING CENTER, you are required to have all credentials up to date. Only the items that have date must be renewed. Thank you.

Your due date to have all items into the office is on or before: _____

CFS-508 1 APPLICATION

CFA 718-E BACKGROUND

CFS-602 MEDICAL

MEDICAL INSURANCE TYPE

PROOF OF EDUCATION/TRANSCRIPTS

CANTS 22 MANDATED REPORTER

3 WRITTEN REFERENCES

DATE VERIFIED

REF #1

REF #2

REF #3

W 4 MARKET STAFF

VERIFICATION OF RECEIPT

LICENSING & ORIENTATION STANDARDS

GOVERNMENT ISSUED ID

SOCIAL SECURITY CARD

GUIDANCE & DISCIPLINE

PERSONNEL CHECKLIST

RESUME

JOB DESCRIPTION

CPR & FIRST AID

CHICAGO HEPATITIS IMMUNIZATION

MANDATED TRAINING

SIDS (SUDDEN INFANT DEATH SYNDROME)

SHAKEN BABY SYNDROME

DRUG TEST

EMPLOYMENT ELIGIBILITY VERIFICATION

GATEWAY REGISTRY CARD

CONFIDENTIALITY AGREEMENT

*Thank you for being apart of
Joyful Steps Learning Center!*