Starling International Child Care

<u>Drug, Alcohol, and Tobacco Free</u> <u>Certification</u>

Employee Certification	•
I understand the drug, alcohol, and to	bacco free workplace policy.
l agree, as a condition of my employn	nent, to abide by the terms of this program
Employee Signature	Date
Authorized Employer Signature	Date
Starling International Child Care and Learning C	Complex

Name of the Organization

Probation of New Staff

Congratulations! I hope you are as excited about your new position here at Starling as we are. Because we recognize your value and have chosen you for your unique abilities, Starling will cover the cost of your requirements for employment at a licensed child care facility. These costs include but are not limited to the following:

- 1. T.B. Test \$30.00
- 2. 1st Aid and CPR Training and Documentation-\$75.00
- 3. Criminal Background Check -\$30.00
- 4. Uniforms- (Variable)

Sincerely,

(Signature)

5. Lifeguard Certification

You will be paid for all the work that you have performed, including training time provided by Starling. However, If you voluntarily leave during the probationary period of 180 days, you will be required to pay back the aforementioned out-of-pocket expenses incurred by Starling and transferable with you to another job (if applicable). These expenses will automatically be deducted from your last paycheck or must be paid directly to the center, whichever applies.

Your first 180 days are considered to be a probationary time for both you and Starling. We understand that sometimes the job is simply not a good "fit".

Thank you and we hope to have a long and mutually rewarding relationship.

Donna Goff
Executive Director

By signing below, I understand and agree to the Probationary Policy explained above.

(Print Name)

(Date)

Staff Orientation Training

Job responsibilities and to whom they report	
The center's playground safety procedures unless the staff member will have no responsibility for playground activities or equipment	
Confidential treatment of personal information about children in care and their families	
The minimum standards which relate to the staff member's responsibility	
All information to follow, in writing by the end of the first day of supervising children:	
Procedures for supervising a child who may arrive after scheduled classes or activities including field trips have begun	
Procedures to confirm absence of a child when the child scheduled to arrive from another program	
Procedures for identifying where attending children are at all times, including procedures to ensure that all children that all children are accounted for before leaving a field trip site and upon return to the center.	
Procedures for action in case of lost or missing children, ill or injured children, medical emergencies and general emergencies	
Policy for any administration of medication	`
Procedures for response to natural and man- made disasters	
The center's Philosophy and any religious affiliations	
Operating information, including the hours and days of operation and holidays or other times closed, the phone number where a message can be given to staff.	·
Transportation safety policies and those for the arrival and departure of children. Such policies shall include procedures for picking up children after closing for when a child is not picked up, for release of children only to those who have been authorized in writing, and street safety.	
The center's policy regarding any medication or medical procedures that will be given	
Description of established lines of authority for staff	
Policy for communicating an emergency situation to parents	
The appropriate general daily schedule for the age of the enrolling child	
Food Policies	
,	<u> </u>
Discipline policies including acceptable and unacceptable discipline measures	
Termination Policies	
Staff Signature: Staff Hire Date:	
Trainer's Signature:	

Record of Staff Training

Name	of Staff Member:						
Begin	ning Date of Employment:						
Job Ti	Job Title:						
Date	Name of the Type of Program and/or Description of Content and Trainer						
		,					
		1					

NO LIMITATIONS SHEET

Employee hereby indicates to the "Starling Child Care" prior to being hired that he/she has no physical or mental limitations that might prevent or inhibit him/her from doing the job descriptions and by Starling Child Care.

Signed by Employee:	
Signed by Supervisor:	
Date:	

SWORN STATEMENT OR AFFIRMATION

Please Print

Last Name First Current Mailing Address		First	Middle	Maid	len	Social Sec	Social Security Number	
		Street, P.O. Bo	ox #, Apt. #	City	State	Zip Code		
	me of Licens proved Facil	ed/Registered ity/Provider	Street, P.O. Box	#, Apt. #	City	State	Zip Code	
1.			victed of or are yo onwealth or equiv					
	☐ Yes (c	onvicted in V	irginia) 🗆 Yes	(pending	in Virgin	ia) 🗆	No	
	If yes or p	ending, specif	y crime(s):					
	☐ Yes (c	convicted outs	ide Virginia) 🗆	Yes (pend	ling outsid	de Virginia)	□ No	
	If yes or p	ending, specif	y crime(s) and sta	ite, or other	er location	1:		
2.	•		subject of a found mmonwealth?	led compl	aint of ch	ild abuse or 1	neglect	
	☐ Yes (in	virginia)	□ No	(in Virgin	nia)			
	☐ Yes (outside Virginia ☐ No (outside Virginia)							
	If yes or p	ending, specif	y state, or other lo	ocation:				
			rmation provided ion is subject to v			and complet	e. I	
			·		•			
_	gnature 2-05-160/5 (R	evised: 2/04)	Dat	te				