

Salem State University

The Preschool Program

Start Date: _____

Last Day: _____

Name: _____ Date: _____



To be completed by the Preschool Office

____ Candidate has passed all hiring procedures, including:

- CORI
- is at least 18 years of age
- completed high school or equivalent
- provided personal references
- provided current health assessment (NAEYC 10.E.02)

SSU Preschool Staff Checklist

Name: _____

Staff file requirements:

- _____ Documentation of Doctor Health Exam (**valid one year**)
- _____ Immunization Records
- _____ Documentation of TB Test
- _____ First Aid Training Card (**valid one year**) Date: _____
- _____ CPR Card (**valid one year**) Date: _____
- _____ Application Forms
- _____ BRC CORI & DCF
- _____ Student Employment forms
- _____ Three (3) references/letters
- _____ Self-evaluations and supervisor evaluations for each semester (**two per year**)
- _____ Self classroom observations and supervisor classroom observations (bi-monthly)

EEC Requirements & Trainings

- _____ Annual EEC Registry
- _____ Yearly Orientation Online Training
- _____ USDA Nutritional Online Training
- _____ Medication Administration Online Training (if applicable)
- _____ Teacher Qualification from the State Office of Early Education and Care # _____
- _____ Courses Completed in Early Childhood Education
- _____ Current Transcripts
- _____ Professional Development training in Assessment of Children's Progress
- _____ Professional Development training in Working in a Multicultural Classroom
- _____ Professional Development training in Working with Children with Special Needs
- _____ Professional Development Plan
- _____ Participation in Community/Cultural Events
- _____ Advocacy Work for Children and Families
- _____ Seek-and-Find Quiz
- _____ Staff information (for bulletin board)
- _____ Staff photo (for bulletin board)
- _____ Media Consent Form

SSU Staff Orientation Check List

Documentation of orientation must be maintained in the personnel record of each employee. In accordance with 7.09(17)(a)1, an educator may not supervise or be solely responsible for children in care until this minimum orientation is provided.

My orientation to the Salem State University Preschool has included the following information:

Check () box

- My job description ()
- Personnel Policy ()
- Statement of Purpose ()
- Statement of Non-Discrimination ()
- Abuse and Neglect Prevention Policy, including statement that staff members are mandated reporters. ()
- Information in children's records and confidentiality ()
- Behavior management plan ()
- Termination and Suspension Policy ()
- Universal precautions ()
- Health Policy ()
- Emergency and evacuation procedures ()
- Program Plan ()
- Referral Plan ()
- Transportation Plan ()
- Procedures for parent visits, input, conferences, and communication ()
- Identification of the state office for Early Education and Care as the licensing authority ()
- Availability of the state office for Early Education and Care Preschool Regulations ()
- The National Association for the Education of Young Children Code of Ethics ()
- NAEYC 10 Standards of Excellence ()

Signature of Staff Person

Date

(FORM TO BE PLACED IN STAFF PERSON'S FILE)

Work Schedule

Name: _____

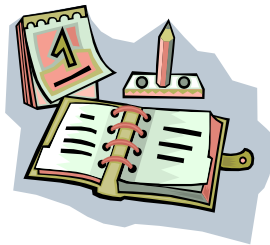
Term: _____

Year: _____

DAYS	NUMBER OF HOURS
Monday _____	_____
Tuesday _____	_____
Wednesday _____	_____
Thursday _____	_____
Friday _____	_____

TOTAL NUMBER OF HOURS: _____

Complete this form with the Director at the SSU Preschool Office.
A two-week notice is required should you need to change the above schedule
or terminate employment.



Expected date of Graduation: _____

Information for Staff Bulletin Board

Please complete and send in photo for our Staff Bulletin Board.

Staff Name _____ Date of Hire _____

I have worked at the Preschool since _____.

My position is Teacher Assistant.

My major(s) at Salem State University is/are

_____.

My interests and hobbies are

_____.

Family information:

_____.

(Include any family information you would like, e.g. I have a large family of five brothers and five sisters, I am married, I have two children named..., I have a pet dog, I live in an apartment in Salem, I live in the dorm, etc.)

**Please attach photo
here.**

STATEMENT OF COMPLIANCE WITH CORI

THIS FORM MUST BE COMPLETED BY APPLICANT/LICENSEE WHEN CORI RESPONSE IS RECEIVED AND PLACED IN EMPLOYEES PERSONNEL FILE.

NAME OF PROGRAM: Salem State University Preschool

THIS IS TO CERTIFY THAT I HAVE COMPLIED WITH EEC REGULATION 102 CMR 1.05(2).

NAME OF EMPLOYEE

SIGNATURE OF EMPLOYEE

DATE

SIGNATURE OF LICENSEE OR DESIGNEE

DATE

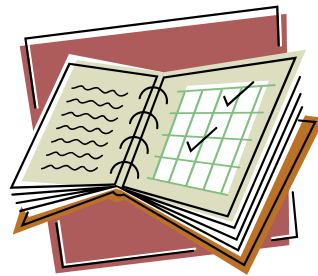
Salem State University Preschool Program

Probationary Period

I understand new staff members serve on a **probationary period** of employment for **six (6) weeks** during which their physical and psychological competence for working with children is evaluated.

Date of hire: _____

Six (6) week evaluation review date: _____



Staff member signature: _____ Date: _____

Director's signature: _____ Date: _____

PLEASE READ THE FOLLOWING AND SIGN BELOW.

I agree and understand:

1. I must give the Preschool fourteen (14) working days notice should I require a change in or termination of my work schedule.
2. I can only make ONE change in my work schedule per semester. Failure to comply may result in dismissal.
3. To keep absences at a minimum of four (4) days per term; in the event that am not able to work my regularly scheduled shift, **I must call the Preschool by 8 A.M. at 978-542-6409.**
4. I have received and read a copy of the Staff Handbook and understand the policies.
5. To meet the Office for Early Education and Care and the National Association for the Education of Young Children requirements, I must provide the following before I begin working:
 - Documentation of physical exam showing a healthy prognosis from doctor/health services (health form – required annually)
 - Immunization Record
 - Three (3) letters of reference
 - Student Employment Form
 - Transcripts
 - Photo for Staff Bulletin Board
 - First Aid Certificate (required annually)
 - CPR Certificate (required annually)
 - Seek-and-Find List (to complete after first week)
6. I have read and am familiar with the *NAEYC Ten Standards of Excellence*
7. I have received and read the Statement on Child Abuse and Neglect.
8. I understand that I am required to attend the Parent/Staff Orientation to be held at Presidential Hall in the Alumni House on the date of _____ at _____ o'clock.
9. I understand that I am required to attend Staff Training to be held on the date of: _____ at _____ o'clock – **First Aid Training Day**
_____ at _____ o'clock – **Topic:** _____
10. The Preschool will be closed on the above days. All staff are required to attend and must notify instructors if this means absence from class.
11. I understand that I must be certified in First Aid Training and CPR in order to work at the Preschool, and that **both certifications must be updated annually.**
12. I understand where to sign in my work hours and where the staff bulletin board and my mailbox are located at the Preschool.

13. I am aware that there is a Preschool listserv that I may be listed under to keep myself up-to-date on all Preschool communication. If I choose to not be on the listserv, I understand that I still must remain informed of Preschool announcements by regularly checking my mailbox and the bulletin boards.
14. I have received a copy of the Personnel Policy as required by the Office for Early Education and Care (7.06:1 – 9) and am in agreement with its contents.
15. I agree to work at the Preschool in the capacity of Teacher Assistant and understand my responsibilities as stated in my job description.
16. I will be working beginning _____ and continue through _____.

Staff Signature: _____ Date: _____

Director Signature: _____ Date: _____

PLEASE READ THE FOLLOWING AND SIGN BELOW.

I agree and understand:

1. I must give the Preschool fourteen (14) working days notice should I require a change in or termination of my work schedule.
2. I can only make ONE change in my work schedule per semester. Failure to comply may result in dismissal.
3. To keep absences at a minimum of four (4) days per term; in the event that am not able to work my regularly scheduled shift, **I must call the Preschool by 8 A.M. at 978-542-6409.**
4. I have received and read a copy of the Staff Handbook and understand the policies.
5. To meet the Office for Early Education and Care and the National Association for the Education of Young Children requirements, I must provide the following before I begin working:
 - Documentation of physical exam showing a healthy prognosis from doctor/health services (health form – required annually)
 - Immunization Record
 - Three (3) letters of reference
 - Student Employment Form
 - Transcripts
 - Photo for Staff Bulletin Board
 - First Aid Certificate (required annually)
 - CPR Certificate (required annually)
 - Seek-and-Find List (to complete after first week)
6. I have read and am familiar with the *NAEYC Ten Standards of Excellence*
7. I have received and read the Statement on Child Abuse and Neglect.
8. I understand that I am required to attend the Parent/Staff Orientation to be held at Presidential Hall in the Alumni House on the date of _____ at _____ o'clock.
9. I understand that I am required to attend Staff Training to be held on the date of: _____ at _____ o'clock – **First Aid Training Day**
_____ at _____ o'clock – **Topic:** _____
10. The Preschool will be closed on the above days. All staff are required to attend and must notify instructors if this means absence from class.
11. I understand that I must be certified in First Aid Training and CPR in order to work at the Preschool, and that **both certifications must be updated annually.**
12. I understand where to sign in my work hours and where the staff bulletin board and my mailbox are located at the Preschool.

- 13. I am aware that there is a Preschool listserv that I may be listed under to keep myself up-to-date on all Preschool communication. If I choose to not be on the listserv, I understand that I still must remain informed of Preschool announcements by regularly checking my mailbox and the bulletin boards.
- 14. I have received a copy of the Personnel Policy as required by the Office for Early Education and Care (7.06:1 – 9) and am in agreement with its contents.
- 15. I agree to work at the Preschool in the capacity of Teacher Assistant and understand my responsibilities as stated in my job description.
- 16. I will be working beginning _____ and continue through _____.

Staff Signature: _____ Date: _____

Director Signature: _____ Date: _____

Salem State Preschool
Staff Information Application

PLEASE PRINT CLEARLY.

Name _____ Date _____

Social Security Number _____ Birthdate _____

Local/Campus Address _____ Phone () _____
Street City/Town Zip

Email: _____ @ _____ Cell Phone () _____

Permanent Address _____ Phone () _____
Street City/Town Zip

Educational Background:

Major(s): _____ Minor(s): _____

Year of Anticipated Graduation: _____

Who referred you to work here? _____

Do you have First Aid Certification? Yes No

If yes, date completed: _____

Do you have Office for Early Education and Care Certification? Yes No

If yes, what level? _____

Do you have any allergies or physical condition of which the Preschool should be aware?

In case of an emergency, who should we contact?

Name: _____ Relationship: _____

Address: _____ Phone: () _____
Street Town/City Zip

I will have work-study: Yes No

Previous Experience

1. Have you taught in a child care setting before? Yes No

If yes, where? _____ When? _____

Age of children? _____

2. Have you completed and student teaching or other field work? Yes No

If yes, where? _____ when? _____

3. Check any special skills you may have:

_____ sing

_____ computers

_____ photography

_____ art

_____ gymnastics

_____ dance

_____ theatre

_____ sewing

_____ language: _____

_____ musical instrument: _____

4. What volunteer experience do you have?

6. List and special awards received:

7. List any professional organization you belong to:

8. Briefly state your goals after graduation:

GUIDELINES FOR CORRECTIVE ACTION

Step One

In the event of a violation of any rule (other than rules requiring immediate discharge) in the first instance, the employee is to be verbally counseled by the Director or Lead Teacher, making it clear what the staff person did, what rule or practice he/she is not in compliance with, why the rule exists, and the need for compliance.

Step Two

In the event a similar action is repeated, another discussion with the staff person will be held by the Director. Once again, the reason for the rule and the need for compliance will be explained. At that time, the staff person will be placed on probation. A written Caution Notice will be given to the staff person, and a copy will be placed in the employee's personnel folder. It will be explained to the staff person that continued violation of the same or similar offense will result in termination.

NOTE: The administration of corrective action frequently requires considerable judgment. The above procedures are guidelines, and these guidelines may or may not be followed exactly, depending on the severity of the offense, length of service, attitude and intent of the staff person to correct his/her performance, mitigating circumstances, and similar reasons.

Occasionally, there may be staff members who:

- fail to respond to the intent of the policy and continue noncompliance past the time periods specified in the above paragraphs;
- violate different rules on different occasions;
- are unwilling or unable to comply with the rules;
- obviously will not be a desirable staff member.

The following is an additional guideline for discharge:

After two (2) written Caution Notices for any cause in a period of one semester, or sixteen (16) weeks, the staff person is discharged on the third offense.

Employee Signature

Date

GUIDELINES FOR CORRECTIVE ACTION

Step One

In the event of a violation of any rule (other than rules requiring immediate discharge) in the first instance, the employee is to be verbally counseled by the Director or Lead Teacher, making it clear what the staff person did, what rule or practice he/she is not in compliance with, why the rule exists, and the need for compliance.

Step Two

In the event a similar action is repeated, another discussion with the staff person will be held by the Director. Once again, the reason for the rule and the need for compliance will be explained. At that time, the staff person will be placed on probation. A written Caution Notice will be given to the staff person, and a copy will be placed in the employee's personnel folder. It will be explained to the staff person that continued violation of the same or similar offense will result in termination.

NOTE: The administration of corrective action frequently requires considerable judgment. The above procedures are guidelines, and these guidelines may or may not be followed exactly, depending on the severity of the offense, length of service, attitude and intent of the staff person to correct his/her performance, mitigating circumstances, and similar reasons.

Occasionally, there may be staff members who:

- fail to respond to the intent of the policy and continue noncompliance past the time periods specified in the above paragraphs;
- violate different rules on different occasions;
- are unwilling or unable to comply with the rules;
- obviously will not be a desirable staff member.

The following is an additional guideline for discharge:

After two (2) written Caution Notices for any cause in a period of one semester, or sixteen (16) weeks, the staff person is discharged on the third offense.

Employee Signature

Date

SSU Preschool

POLICY/PROCEDURE REGARDING CHILD ABUSE/NEGLECT

The following policy is established regarding the reporting and/or recording of child abuse or suspected neglect.

It is the policy of the Salem State University Preschool to report any and all suspected or alleged incidents of child abuse or neglect to the state office for Early Education and Care, the Department of Social Services and the Child Care Circuit immediately by telephone and to follow up in writing within twenty-four (24) hours. The written record should be accurately representative of the telephone report, as well as offer the full cooperation of the school and its staff during the investigation of the reported incident. In addition, the following steps should be taken:

1. Upon notification of suspected abuse or neglect that involves a staff person at the school, the staff person is to be suspended immediately pending the results of the investigation as conducted Early Education and Care the Department of Social Services.
2. Any staff person that observes abuse or suspects neglect in the school, must report to the Director or the Lead Teacher immediately and follow up with a written report of the incident.

I have received a copy of the Child Abuse/Neglect brochure and have read and understood the above.

Staff Signature _____ Date _____

Position _____

OFFICE FOR EARLY EDUCATION AND CARE FORM

STAFF INFORMATION FORM
(This form must be completed by each staff person.)

ALL STAFF

1. Name of Preschool: _____

2. Address: _____
Street City/Town Zip

3. Name of Staff Person: _____

4. Date of Birth: _____ Soc. Sec. # _____
Day/Month/Year Optional

5. Home Address: _____
Street City/Town Zip

6. Home Telephone: _____ 7. Date of Hire: _____
Day/Month/Year

8. Current Position: _____

ADMINISTRATIVE AND TEACHING STAFF:

9. Circle age group(s) you are caring for:

- | | |
|-------------------------|--------------------------|
| 1 – 15 mos. | 15 mos. – 2 yrs., 9 mos. |
| 2 yrs., 9 mos. – 7 yrs. | School age (under 9) |

10. Do you have an Office for Early Education and Care Teacher Certification or Qualification?

No _____ Yes _____ Certificate # _____

Level of Certification (as per Certificate):

- | | |
|--------------------|-------------------|
| _____ Teacher | _____ Director I |
| _____ Lead Teacher | _____ Director II |
| _____ Other: _____ | |

11. Have you applied for a certificate? No _____ Yes _____

I attest that the above information is, to the best of my knowledge, true and accurate.

Signature of Staff Person

Date

EEC USE ONLY:

	Teacher	Sp. Needs	Lead Teacher	Sp. Needs	Dir. I	Dir. II
Inf/Toddler						
Preschool						

VERIFICATION OF WORK EXPERIENCE

Previous Center of Employment

Candidate for Employment at SSU Preschool

To: _____ Return to: _____

In order to receive a Certificate of Qualification from the state office for Early Education and Care, I must be able to verify my experience caring for children under the age of seven years, *not yet enrolled in first grade*, or Special Needs children up to the age of sixteen years. Please fill in the following information, completing a separate section for each position I held and each age group I cared for. Please return to me, the applicant at the above address. Thank you.

1. Position Held: _____ **Age of group cared for (circle one)**

1-15 mos. 15 mos. – 2.9 yrs. 2.9 – 7 yrs.

From: ____/____/____ To: ____/____/____ **Check One:**
Month Day Year Month Day Year Full Year ____ School Year ____

Total hours worked per week _____ Total hours center open per week _____

Was this position with ALL Special Needs Children? Yes ____ No ____ Ages ____

2. Position Held: _____ **Age of group cared for (circle one)**

1-15 mos. 15 mos. – 2.9 yrs. 2.9 – 7 yrs.

From: ____/____/____ To: ____/____/____ **Check One:**
Month Day Year Month Day Year Full Year ____ School Year ____

Total hours worked per week _____ Total hours center open per week _____

Was this position with ALL Special Needs Children? Yes ____ No ____ Ages ____

3. Position Held: _____ **Age of group cared for (circle one)**

1-15 mos. 15 mos. – 2.9 yrs. 2.9 – 7 yrs.

From: ____/____/____ To: ____/____/____ **Check One:**
Month Day Year Month Day Year Full Year ____ School Year ____

Total hours worked per week _____ Total hours center open per week _____

Was this position with ALL Special Needs Children? Yes ____ No ____ Ages ____

I attest that the above information is, to the best of my knowledge, true and accurate.

Signature of Administrator of Supervising Lead Teacher

Title

Date

Daytime Tel. (____) _____

VERIFICATION OF WORK EXPERIENCE

Previous Center of Employment

Candidate for Employment at SSU Preschool

To: _____ Return to: _____

In order to receive a Certificate of Qualification from the state office for Early Education and Care, I must be able to verify my experience caring for children under the age of seven years, *not yet enrolled in first grade*, or Special Needs children up to the age of sixteen years. Please fill in the following information, completing a separate section for each position I held and each age group I cared for. Please return to me, the applicant at the above address. Thank you.

1. Position Held: _____ **Age of group cared for (circle one)**

1-15 mos. 15 mos. – 2.9 yrs. 2.9 – 7 yrs.

From: ____/____/____ To: ____/____/____ **Check One:**
Month Day Year Month Day Year Full Year ____ School Year ____

Total hours worked per week _____ Total hours center open per week _____

Was this position with ALL Special Needs Children? Yes ____ No ____ Ages ____

2. Position Held: _____ **Age of group cared for (circle one)**

1-15 mos. 15 mos. – 2.9 yrs. 2.9 – 7 yrs.

From: ____/____/____ To: ____/____/____ **Check One:**
Month Day Year Month Day Year Full Year ____ School Year ____

Total hours worked per week _____ Total hours center open per week _____

Was this position with ALL Special Needs Children? Yes ____ No ____ Ages ____

3. Position Held: _____ **Age of group cared for (circle one)**

1-15 mos. 15 mos. – 2.9 yrs. 2.9 – 7 yrs.

From: ____/____/____ To: ____/____/____ **Check One:**
Month Day Year Month Day Year Full Year ____ School Year ____

Total hours worked per week _____ Total hours center open per week _____

Was this position with ALL Special Needs Children? Yes ____ No ____ Ages ____

I attest that the above information is, to the best of my knowledge, true and accurate.

Signature of Administrator of Supervising Lead Teacher

Title

Date

Daytime Tel. (_____) _____

REFERENCE LETTER

SALEM STATE UNIVERSITY PRESCHOOL PROGRAM

The following person has applied for the position of _____ at the SSU Preschool Program. It is understood that information provided by you will be held in the strictest confidence. We ask that you please verify and complete this form at your earliest convenience and return it to our office:

Attn. Beverly Gerson
Salem State University
Preschool Program
352 Lafayette Street
Salem, MA 01970

Candidate's Name: _____

I request that _____ complete this form as a reference of my candidacy for the above mentioned position. Under the provision of the Family Educational Rights and Privacy Act: I have retained my right to access this reference: _____

I have waived my right to access this reference: _____

Candidate's Signature: _____ Date: _____

1. What position did the above named person hold? _____

Dates of Employment: From: _____ To: _____
Month/Year Month/Year

Average number of hours worked per week: _____

2. EVALUATION (please check)	EXCELLENT	GOOD	FAIR	POOR
(a) Dependability	_____	_____	_____	_____
(b) Punctuality	_____	_____	_____	_____
(c) Initiative	_____	_____	_____	_____
(d) Attitude toward fellow workers	_____	_____	_____	_____
(e) Attitude toward supervisor	_____	_____	_____	_____
(f) Cooperation	_____	_____	_____	_____
(g) Assumes full share of responsibilities during assigned period	_____	_____	_____	_____
(h) Demonstrates mature behavior	_____	_____	_____	_____
(i) Reliability	_____	_____	_____	_____
(j) Communication skills	_____	_____	_____	_____

3. Additional information and recommendations: _____

4. Reason for leaving: _____ Would you re-hire? Yes _____ No _____

5. Does the applicant have any problems which may adversely affect the performance of his/her duties? Yes _____ No _____ If yes, please explain: _____

6. Would you recommend this individual for a Preschool position?

_____ Recommend _____ Recommend with Reservation _____ Do Not Recommend

Signature _____ Date _____

Title _____ Agency/School/Business _____

Address _____ Phone _____

PRESCHOOL PROGRAM QUESTIONNAIRE

Name: _____

Date: _____

1. I think children generally...
2. When children are unhappy...
3. When children misbehave, it is probably because...
4. The background of a child...
5. I get angry when children...
6. Active children...
7. When children fight or name call, I would...
8. All children are...
9. I like it when children...
10. I don't understand when children...

PLEASE ANSWER THE FOLLOWING

2. List three words which best describe you? _____
3. What would you do if a child who has come to school happily for months cries bitterly one morning when the mother tries to leave?
4. What would you do if a 3-year-old decided that purple paint was for decorating his arms and legs?
5. How would you help in keeping materials, supplies and equipment well-organized to present an attractive and inviting appearance to the classroom?
6. Why do you want to work at the Preschool?
7. What do you feel most qualifies you for this position?
8. A special childhood memory I have is?

SSU PRESCHOOL Seek and Find

Name: _____ Date: _____

This exercise helps you become acquainted with the Salem State University Preschool. Locate the following items and record their location below.

NOTE: Return this form to the Director within three (3) days after you begin working.

ITEM	LOCATION
Children's folders	_____
Emergency Procedure	_____
Children's Extra Clothing	_____
First Aid Kit	_____
Health Care Policy	_____
Band Aids	_____
Staff Bulletin Board	_____
Parent Bulleting Board	_____
Staff Hour Form (signing in and out)	_____
Parent Sign In/Out Form	_____
Children's Food Allergy List	_____
Accident Reports/Extra Cloths/Medication	_____
Child Release Forms	_____
Maintenance/Emergency Phone Numbers	_____
Easel Paints	_____
Water Colors	_____
Chalk	_____
Message Log Book	_____
Math Materials	_____
Puzzles	_____
Manipulatives	_____
Language Materials	_____
Science Materials	_____
Choice Board	_____
Choice Board Materials	_____
Fire Drill Log	_____
Accident Log	_____
Discipline Policy	_____
Toileting Policy	_____
Office for Early Education and Care License	_____

Seek and find continued

Disinfectant Policy	_____
Hand-washing Policy	_____
Staff Room Guidelines	_____
Storage Keys/Gym Keys	_____
Staff/Parent Mailboxes	_____
Children's Daily Schedule	_____
Staff Schedules	_____
Tuition Box	_____
Plastic Rubber Gloves	_____
Resource Library	_____
Daily Activity Plans	_____
Children's Attendance Book	_____

PLEASE ANSWER THE FOLLOWING:

1. How do you reach a student parent if a child becomes ill at the Preschool?
2. How do you reach a non student parent at home? At place of employment?
3. Who would you call if the parent could not be reached?
4. What information should you include when taking a phone message?
5. Where should messages for staff or parents be left?
6. What should you do if you have an excused absence (illness/emergency) and cannot come to work?
7. Who can you release a child to other than custodial parent(s)?
8. Where do you check if the alternative person has been authorized to pick up child?
9. What is our SSU Preschool Discipline Policy?

Seek and Find continued

10. What is our **Toileting Policy**? What is our *Hand-washing Policy* for staff and children?

11. What does "You cannot have unmonitored contact with the children" mean?

12. What would you do if you saw a child hit another child?

13. Who should pour the child's milk and wipe up spills?

14. What is our policy for reporting Child Abuse/Neglect?

15. Why are conversations among staff discouraged while working at the Preschool? Why are staff discouraged to stand or sit together?

17. What would you do if an unauthorized person came to pick up a child?

18. True or False: First Aid/CPR Training is required of all staff. _____
(Be alert at all times and know first aid and emergency procedures of the Preschool.)

19. When should you use Rubber Gloves at the Preschool?

20. When/Where should you use disinfectant?

Yes, I have read the complete Staff Handbook and am familiar with the Preschool policies and program.

Staff Signature

Date

NAEYC 10 Standards of Excellence

The SSU Preschool has been accredited by the National Association for the Education of Young Children since 1996. The standards and criteria held by the Association are separated into ten categories, or the *10 Standards of Excellence*, as described below:

1. Relationships
2. Curriculum
3. Teaching
4. Assessment of Child Progress
5. Health
6. Teachers
7. Families
8. Community Relationships
9. Physical Environment
10. Leadership and Management

A copy of the *Standards and Criteria* is made available at the Teacher Resource Room. All new staff will be required to read the information within the first two (2) weeks of employment.

* For more information regarding NAEYC, please to www.naeyc.org.