



# The Preschool Program

## Staff Information Forms

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_



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*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)

# 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
- \_\_\_\_\_ CORI
- \_\_\_\_\_ Student Employment forms
- \_\_\_\_\_ Three (3) references/letters
- \_\_\_\_\_ Self-evaluations and supervisor evaluations for each semester (**two per year**)
- \_\_\_\_\_ 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)

# Staff Orientation Checklist

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

<b>Check ( ) box in appropriate column.</b>	<b><u>Yes</u></b>	<b><u>No</u></b>
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	( )	( )

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Signature of Staff Person

Date

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

# Work Schedule

Name: \_\_\_\_\_

Term: \_\_\_\_\_

Year: \_\_\_\_\_

<b>DAYS</b>	<b>NUMBER OF HOURS</b>
Monday _____	_____
Tuesday _____	_____
Wednesday _____	_____
Thursday _____	_____
Friday _____	_____

**TOTAL NUMBER OF HOURS:** \_\_\_\_\_

Complete this form with the Director at the SSC 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 College is/are \_\_\_\_\_.

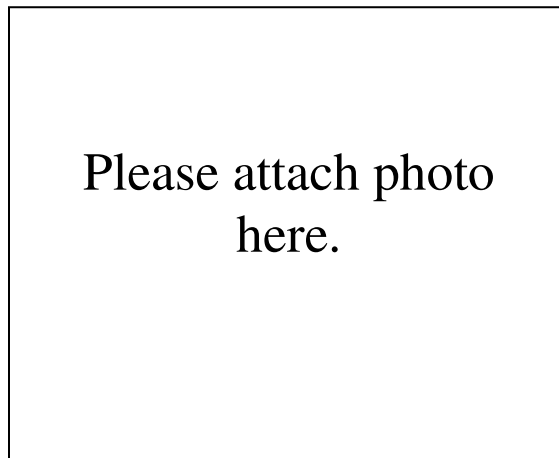
My interests and hobbies are \_\_\_\_\_.

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.)

Complete and return to Bev's mailbox by \_\_\_\_\_.

Thank you!



# 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 College Preschool**

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

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**NAME OF EMPLOYEE**

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**SIGNATURE OF EMPLOYEE**

**DATE**

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**SIGNATURE OF LICENSEE OR DESIGNEE**

**DATE**

CONSENT FOR BACKGROUND RECORD CHECK OF  
**EMPLOYEE / VOLUNTEER / INTERN**

All current or prospective employees/regular volunteers/interns who work in a Department of Early Education and Care (EEC) licensed program and who have the potential for unsupervised contact with children (as defined in EEC regulations, 606 CMR 14.00) must complete and sign this Consent form.

**To be completed by applicant:**

Full Name	Last	First	Middle	Maiden or other Surnames	
Date of Birth (MM/DD/YY)		Place of Birth	Gender (M/F)	Social Security #	
Height	Weight	Eye Color	Mother's Maiden Name		
Dates and Places of Residence for the Past Seven Years:					
From /To	Number & Street		City	State	ZIP

Please list other states in which you have resided: \_\_\_\_\_

**Signing this form means that you (the applicant) understand:**

- EEC will conduct a Background Record Check (BRC) which consists of both a Criminal Offender Record Information (CORI) check and a Department of Social Services (DSS) background record check. EEC may use this information for investigative purposes if you or your employer is the subject of an EEC investigation.
- The results of the DSS and CORI checks will be shared with the employer/potential employer. The employer/potential employer will consider this information when making hiring/retention/staffing decisions.
- The employer/potential employer will be notified if the DSS background check shows that you have been found responsible for the abuse or neglect of a child in a supported 51B report, or if a 51A report alleging that you were responsible for the abuse or neglect of a child has been filed and the investigation into those allegations is pending.
- The employer/potential employer will be notified if your CORI check shows a criminal history, including convictions, pending charges, and/or criminal arraignments that did not result in conviction.

*I grant EEC permission to complete a BRC check on me and to provide the results to my employer/potential employer.  
I certify the information above is correct to the best \_\_\_\_\_  
of my knowledge. Applicant's Signature Date*

**Employer Certification:**

The applicant is applying for a position or is currently employed in an EEC licensed program. I understand that the use of this form for any reason other than its intended purpose is unlawful.

The applicant's identity was verified by reviewing the following form of government issued photographic identification: \_\_\_\_\_ (Please keep a photocopy of said identification in file with this application.)

**Signature of Authorized Background Record Check Reviewer** \_\_\_\_\_ **Date:** \_\_\_\_\_

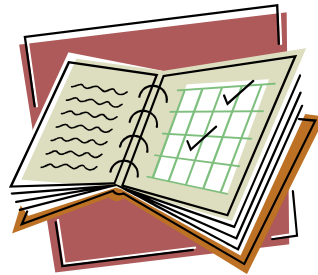
# Salem State College Preschool Program

## 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: \_\_\_\_\_

# Salem State Preschool

## Staff Agreement Form

Office Copy pg. 1

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* (pg. \_\_\_\_)
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.

# Salem State Preschool

## Staff Agreement Form

*Office Copy pg. 2*

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 \_\_\_\_\_ 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: \_\_\_\_\_

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15. I agree to work at the Preschool in the capacity of \_\_\_\_\_ 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 \_\_\_\_\_ Birth date \_\_\_\_\_

Local/Campus Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Street City/Town Zip

Email: \_\_\_\_\_ @ \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Permanent Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

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

# Staff Information Application

## 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:

<b>Section 5: STAFFING PATTERN AND QUALIFICATIONS Continued</b>					
<b>TEACHING STAFF Continued</b>					
Teaching Staff Member Name:					
<b>List of Relevant Credits:</b> List any relevant coursework related to ECE, child development, early childhood special education, or elementary education. <i>Child Growth &amp; Development, Psych related</i>					
Credits	Course name	College/University	State	Date completed	
<b>TOTAL</b>					
<b>Experience:</b> List relevant work experience here.					
Position	Program Name	City, State	Date hired (MM/YYYY)	Date ended (MM/YYYY)	NAEYC Accredited?
<b>Relevant Training/Credentials:</b> List relevant training no more than 3 years old related to ECE, child development, early childhood special education, or elementary education.					
Training Name	Sponsoring Institution/Program	Total time (hours)	Date completed		
<b>TOTAL HOURS IN TRAINING WITH AN INSTRUCTOR</b>					

# SALEM STATE PRESCHOOL

## STAFF REGULATIONS

OFFICE COPY

### 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

# SALEM STATE PRESCHOOL

## STAFF REGULATIONS

*STAFF COPY*

### GUIDELINES FOR CORRECTIVE ACTION

#### Step One

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---

Employee Signature

Date

# POLICY & PROCEDURES 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 College 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 SCHOOL AGE CHILD CARE WORK EXPERIENCE**

CENTER (where experience was gained): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STAFF PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

In order to be qualified by the Commonwealth of Massachusetts Department of Early Education and Care to provide care to school age children, I must be able to verify my experience caring for children and/or my administrative experience.

Please fill in the following information completing a separate block for each position I have held. In addition, please indicated whether the experience is direct child care or administrative by listing it under the appropriate section.

**DIRECT CARE EXPERIENCE**

POSITION	FROM MONTH/ DAY/ YEAR	TO MONTH/ DAY/ YEAR	# OF HOURS EACH WEEK	AGES OF CHILDREN

**ADMINISTRATIVE EXPERIENCE**

POSITION	FROM MONTH/ DAY/ YEAR	TO MONTH/ DAY/ YEAR	# OF HOURS EACH WEEK	AGES OF CHILDREN (IF APPLICABLE)

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

Signature of Administrator of Supervisor \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

# VERIFICATION OF WORK EXPERIENCE

Previous Center of Employment

Candidate for Employment at SSC 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 SSC Preschool

To: \_\_\_\_\_ Return to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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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. (\_\_\_\_\_) \_\_\_\_\_

# SALEM STATE COLLEGE PRESCHOOL PROGRAM

## REFERENCE LETTER

The following person has applied for the position of \_\_\_\_\_ at the SSC 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 College  
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 AND CHILD CARE 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

1. List three words which best describe you? \_\_\_\_\_
2. 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?
3. What would you do if a 3-year-old decided that purple paint was for decorating his arms and legs?
4. How would you help in keeping materials, supplies and equipment well-organized to present an attractive and inviting appearance to the classroom?
5. Why do you want to work at the Preschool?
6. What do you feel most qualifies you for this position?
7. A special childhood memory I have is?

# SALEM STATE PRESCHOOL

## Seek and Find

Name: \_\_\_\_\_ Date: \_\_\_\_\_

This exercise helps you become acquainted with the Salem State College 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	_____

## Seek and Find (continued...)

Science Materials	_____
Choice Board	_____
Choice Board Materials	_____
Fire Drill Log	_____
Accident Log	_____
Discipline Policy	_____
Toileting Policy	_____
Office for Early Education and Care License	_____
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?

## Seek and Find (continued...)

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 SSC Preschool Discipline Policy?
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?

## Seek and Find (continued...)

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 SSC 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](http://www.naeyc.org).