

# ***Community Partners E.C.D.C.***

## ***Employment Checklist***

|                             |                                    |
|-----------------------------|------------------------------------|
| _____ Completed Application | _____ Fast Track Finger Print      |
| _____ First Aid & CPR       | _____ Discipline and Guidance Form |
| _____ Drivers License       | _____ Personnel Information        |
| _____ Social Security Card  | _____ High School Diploma/GED      |
| _____ Background Check      | _____ W4 Form/W9                   |
| _____ I - 9                 | _____ Emergency Contact            |
| _____ Training Log          | _____ Attendance Log               |
| _____ Employee Work Items   | _____ Policy Acknowledgment        |
| _____ Affidavit             | _____ New Employment Info          |
| _____ Employee Handbook     | _____ Minimum Standard             |
| _____ Corrective Action     | _____ Employee Contract            |

**The above items have been completed, copied and/or signed.**

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Interviews will be conducted on Tuesdays and Thursdays, we will call and schedule you an interview.

Interview:

Date: \_\_\_\_\_ Time: \_\_\_\_\_



## CHILD CARE CENTER PERSONNEL INFORMATION RECORD

**Purpose:** This form simplifies maintenance of personnel records by centralizing information required by DFPS for child care centers. Providers may use their own form.

**Directions:** Employees fill out this form upon hire and sign it after completing all requirements. This form meets the requirements of 40 TAC §746.901. Supporting forms may be found at:

[http://www.dfps.state.tx.us/Child\\_Care/Information\\_for\\_Providers/cclforms.asp#staff](http://www.dfps.state.tx.us/Child_Care/Information_for_Providers/cclforms.asp#staff)

### EMPLOYEE INFORMATION

|  |                     |  |                      |        |
|--|---------------------|--|----------------------|--------|
| Name:  |                     | Address:   |                      | Phone: |
| Date of Birth:   | Date of Employment: | Date FBI Fingerprint Check Completed:                                  | TB Test Date:        |        |
| Name of High School/Home School:                                     |                     | Graduated?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Graduation/GED Date: |        |
| Child Care Career Program (for high school students) and Instructor: |                     |  |                      |        |
| CPR Training Expiration Date:  |                     |  |                      |        |
| First Aid Training Expiration Date:                                  |                     |  |                      |        |

### PRE-SERVICE TRAINING (FOR CAREGIVERS)

|   |  |
|---|--|
| Select all that apply:  |  |
| <input type="checkbox"/> I have previous child care experience or training. (DOES NOT REQUIRE 24 HRS OF PRE-SERVICE). <b>OR</b><br><input type="checkbox"/> I do not have previous child care experience or training. Before being counted in the child/caregiver ratio, I received 8 hours of pre-service training in the following areas:   |  |
| <input type="checkbox"/> Developmental stages of children   | <input type="checkbox"/> Age-appropriate activities for children |
| <input type="checkbox"/> Positive guidance and discipline of children   | <input type="checkbox"/> Fostering children's self-esteem        |
| <input type="checkbox"/> Supervision and safety practices in the care of children   | <input type="checkbox"/> Positive interaction with children      |
| <input type="checkbox"/> Preventing the spread of communicable disease  |  |
| <input type="checkbox"/> I will not be working with children younger than 24 months. (DOES NOT REQUIRE THE TRAINING LISTED BELOW). <b>OR</b><br><input type="checkbox"/> I will be working with children younger than 24 months. Before being counted in the child/caregiver ratio for a group of children younger than 24 months of age, I received one hour of pre-service training in: |  |
| <input type="checkbox"/> Recognizing and preventing shaken baby syndrome and abusive head trauma;   |  |
| <input type="checkbox"/> Understanding and using safe sleep practices and preventing sudden infant death syndrome (SIDS); and   |  |
| <input type="checkbox"/> Understanding early childhood brain development.   |  |
| Employee Signature:   | Date Signed:   |

### EMPLOYEE AND VOLUNTEER ORIENTATION

I have been oriented in:

- ☐ An overview of the minimum standards for child care centers;
- ☐ The center's operational policies, including discipline, guidance, and the release of children;
- ☐ An overview of your policy on the prevention, recognition, and reporting of child abuse and neglect;
- ☐ An overview of the procedures to follow in handling emergencies, which includes sharing the emergency preparedness plan with all employees;
- ☐ The location and use of fire extinguishers and first aid equipment;
- ☐ Administering medication, if applicable;
- ☐ Preventing and responding to emergencies due to food or an allergic reaction;
- ☐ Understanding building and physical premises safety, including identification and protection from hazards that can cause bodily injury such as electric hazards, bodies of water, and vehicular traffic;
- ☐ Handling, storing, and disposing of hazardous materials including compliance with 40 TAC §746.3425; and
- ☐ Precautions in transporting children if your center transports a child whose chronological or developmental age is younger than nine years old.

☐ I have received a copy of the child care center's operational policies.

☐ I have received the child care center's personnel policies.

Employee Signature:

Date Signed:

Trainer Signature:

Date Signed:

### ATTACHED DOCUMENTS

- ☐ Copy of photo identification
- ☐ Copy of current driver's license for persons transporting children in care ☐ NA if not transporting children
- ☐ Affidavit for Applicants for Employment (Form 2985)
- ☐ Staff Training Record (Form 7258)
- ☐ Educational Documentation

### PRIVACY STATEMENT

DFPS values your privacy. For more information, read our privacy policy at:  
<http://www.dfps.state.tx.us/policies/privacy.asp>.

# *Acknowledgment*

I \_\_\_\_\_, acknowledge that I have read, understand, and will follow the policies and procedures of Community Partners' parent handbook.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



# EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

1. Include ALL employment. Begin with your current or last position and work back to your first. Employment history should include each position held, even those with the same employer.
2. **EMPLOYER ADDRESSES MUST BE COMPLETE MAILING ADDRESSES, INCLUDING ZIP CODE.**
3. Answer all questions and completely summarize your experience including technical and managerial responsibilities and any special training, skills and qualifications for each position you have held.

If you need additional space to adequately describe your employment history, you may use this employment history sheet or attach a typed employment history providing the same information in the same format as this application form.

Name

Last

First

Middle

|                               |     |     |              |     |     |   |  |                        |  |                          |  |   |  |
|-------------------------------|-----|-----|--------------|-----|-----|---|--|------------------------|--|--------------------------|--|---|--|
| Position Title:               |     |     |              |     |     | Immediate Supervisor Name:                          |  |                        |  |                          |  | Full-Time <input type="checkbox"/>                    |  |
| Employer:                     |     |     |              |     |     | Title:  |  |                        |  |                          |  | Part-Time <input type="checkbox"/>                    |  |
| Mailing Address:              |     |     |              |     |     | Supervisor's Telephone No.:                         |  |                        |  |                          |  | Summer <input type="checkbox"/>                       |  |
| City & State/ZIP:             |     |     |              |     |     | ( )   |  |                        |  |                          |  | Temp/Project <input type="checkbox"/>                 |  |
| Employer's Telephone No.: ( ) |     |     |              |     |     | If supervisory, number of employees you supervised: |  |                        |  |                          |  | Give average # of hours worked per week if part-time: |  |
| Starting Date                 |     |     | Leaving Date |     |     | Current/  |  | Technical              |  |                          |  |   |  |
| Mo.                           | Day | Yr. | Mo.          | Day | Yr. | Final Salary  |  | Non-Managerial         |  | <input type="checkbox"/> |  |   |  |
|                               |     |     |              |     |     | \$  |  | Supervisory/Managerial |  | <input type="checkbox"/> |  |   |  |

Summary of experience including special training/skills/qualifications you have used in the performance of this job:

Specific reason for leaving:

|                               |     |     |              |     |     |   |  |                        |  |                          |  |   |  |
|-------------------------------|-----|-----|--------------|-----|-----|---|--|------------------------|--|--------------------------|--|---|--|
| Position Title:               |     |     |              |     |     | Immediate Supervisor Name:                          |  |                        |  |                          |  | Full-Time <input type="checkbox"/>                    |  |
| Employer:                     |     |     |              |     |     | Title:  |  |                        |  |                          |  | Part-Time <input type="checkbox"/>                    |  |
| Mailing Address:              |     |     |              |     |     | Supervisor's Telephone No.:                         |  |                        |  |                          |  | Summer <input type="checkbox"/>                       |  |
| City & State/ZIP              |     |     |              |     |     | ( )   |  |                        |  |                          |  | Temp/Project <input type="checkbox"/>                 |  |
| Employer's Telephone No.: ( ) |     |     |              |     |     | If supervisory, number of employees you supervised: |  |                        |  |                          |  | Give average # of hours worked per week if part-time: |  |
| Starting Date                 |     |     | Leaving Date |     |     | Current/  |  | Technical              |  |                          |  |   |  |
| Mo.                           | Day | Yr. | Mo.          | Day | Yr. | Final Salary  |  | Non-managerial         |  | <input type="checkbox"/> |  |   |  |
|                               |     |     |              |     |     | \$  |  | Supervisory/Managerial |  | <input type="checkbox"/> |  |   |  |

Summary of experience including special training/skills/qualifications you have used in the performance of this job:

Specific reason for leaving:

## AN EQUAL OPPORTUNITY EMPLOYER

If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:

| LICENSE/CERTIFICATION<br>(P.E., R.N., Attorney, CPA, etc.) | Date<br>issued | Date<br>expires | Issued by/Location of issuing authority<br>(State or other authority) (City & State) | License No. |
|--|----------------|-----------------|--|-------------|
|  |                |                 |  |             |
|  |                |                 |  |             |

**Special Training/Skills/Qualifications:** List all job related training or skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of software and hardware. (Attach additional page, if necessary.)

Approximately how many words per minute do you type? \_\_\_\_\_

Sign Language (If required for this position) Yes ☐ No ☐

Are you a certified interpreter? Yes ☐ No ☐

Do you speak a language other than English? (If required for this position) Yes ☐ No ☐

If yes, what language(s) do you speak? \_\_\_\_\_

How fluently? Fair ☐ Good ☐ Excellent ☐

Do you write in a language other than English? (If required for this position) Yes ☐ No ☐

If yes, which language(s) \_\_\_\_\_

Have you ever been employed by the State of Texas? Yes ☐ No ☐

Are you currently employed by the State of Texas? Yes ☐ No ☐

If you have been previously employed by the State of Texas, list the agency/agencies: \_\_\_\_\_

### FORMER FOSTER YOUTH (Verification may be required.)

Were you a foster youth under the Texas Department of Family and Protective Services on the day before your 18<sup>th</sup> birthday? Yes ☐ No ☐  
If yes, are you currently 25 years of age or younger? Yes ☐ No ☐

### MILITARY SERVICE (A copy of a report of separation from the Armed Services may be required.)

Are you a veteran? Yes ☐ No ☐ If yes, list type of discharge \_\_\_\_\_

Dates of Service (From/To): \_\_\_\_\_

Are you a surviving spouse of a veteran who has not remarried? Yes ☐ No ☐

Are you a surviving orphan of a veteran? Yes ☐ No ☐

If yes, complete dates of service for veteran \_\_\_\_\_

### PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

- I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination.
- I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
- I understand that the State of Texas requires all males who are 18 through 25 and required to register with the Selective Service, to present either proof of registration or exemption from registration upon hire.
- I understand that some state agencies will check with the Texas Department of Public Safety, the Federal Bureau of Investigation or other organizations, for any criminal history in accordance with applicable statutes.
- I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

THIS APPLICATION MUST BE SIGNED SIGN HERE:

X

Signature – Applicant

Date

# APPLICANT EEO DATA FORM

For State Agency Use Only:

Applicant Number: \_\_\_\_\_

The information requested is optional and is being collected for the purpose of reporting to Federal and Equal Employment Opportunity Agencies and will not be considered as part of the application for employment. It will be separated from the application.

|   |               |   |       |  |   |
|---|---------------|---|-------|--|---|
| 1. Job Posting Number   |               | 2. Last Name (Type or Print)  |       | First  | Middle                                    |
| 3. Address  |               | City  | State | ZIP Code   | 4. Daytime Phone ( )<br>5. Work Phone ( ) |
| 6. Sex<br><input type="checkbox"/> M-Male<br><input type="checkbox"/> F-Female  | 7. Birth Date | 8. Ethnic Origin<br><input type="checkbox"/> W-White <input type="checkbox"/> B-Black <input type="checkbox"/> H-Hispanic <input type="checkbox"/> Asian/Pac. <input type="checkbox"/> P-Islander <input type="checkbox"/> Am. Ind/ <input type="checkbox"/> I-Alaskan <input type="checkbox"/> O-Other |       |  |   |
| 9. Veteran<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No   |               | 10. Surviving Spouse of Veteran who has not remarried<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No  |       | 11. Orphan of Veteran<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |   |
| 12. Former Texas Foster Youth 25 yrs of age or younger<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |               |   |       |  |   |

13. How did you first find out about this job?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> 01 - Other State Employee     | <input type="checkbox"/> 06 - Newspaper _____<br>Name of Newspaper | <input type="checkbox"/> 11 - WorkInTexas.com        |
| <input type="checkbox"/> 02 - Job Fair                 | <input type="checkbox"/> 07 - College/University Career Day        | <input type="checkbox"/> 12 - Other (specify): _____ |
| <input type="checkbox"/> 03 - Professional Publication | <input type="checkbox"/> 08 - Human Resource/Personnel Office      |  |
| <input type="checkbox"/> 04 - Recruitment Poster       | <input type="checkbox"/> 09 - Radio                                |  |
| <input type="checkbox"/> 05 - Television               | <input type="checkbox"/> 10 - Agency Web Site - Internet           |  |

**X**

Signature - Applicant

Date

**White (Not of Hispanic origin)** - All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Black (Not of Hispanic origin)** - All persons having origins in any of the Black racial groups of Africa.

**Hispanic** - All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

**Asian or Pacific Islander** - All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

**American Indian or Alaskan Native** - All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

AN EQUAL OPPORTUNITY EMPLOYER



**Signature**

The failure or refusal of the applicant to sign or provide the affidavit constitutes good cause for refusal to hire the applicant.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

┌

└

\_\_\_\_\_  
Signature of Notary Officer:

\_\_\_\_\_  
My commission expires:

┌

{Seal, if any, of notarial officer}

└

## **Caregiver Basic Care Requirements for Infants**

- Provide care by the same caregiver on a regular basis, when possible.
- Provide individual attention given to each child including playing, talking, cuddling, and holding.
- Hold and comfort child when upset.
- Provide immediate attention to each child when feeding and diapering.
- Talking to children as they are fed, changed, and held, such as naming objects, singing, or saying rhymes.
- Ensuring that the environment is free of objects that may cause choking in children younger than three years.
- Never leaving an infant unsupervised.
- Maintain an environment that makes it possible for caregivers to see and/or hear all children at a glance and be able to intervene when necessary.
- Include safe, open floor space for floor time play.
- Separate infants from children more than 18 months older than the youngest child in the group, except when 12 or fewer children are in care.
- Have cribs far enough apart so that one infant may not reach into another crib.
- Make sure there is enough space to walk and work between cribs, cots, and mats.
- Ensure older children do not use the infant area as a passageway to other areas of the building.
- Provide daily opportunities for outdoor play as weather permits.
- Provide opportunities to explore outside the crib or other confining equipment multiple times each day.
- Provide opportunities for reaching, grasping, pulling up, creeping, crawling, and walking in a safe, clean, uncluttered area.
- Provide opportunities for visual stimulation through nonverbal communication.
- Provide opportunities for auditory stimulation.
- Provide opportunities for sensory stimulation.
- Provide opportunities for small and large muscle development.
- Demonstrate competency, good judgment, and self-control in the presence of children and when performing assigned responsibilities;
- Relate to children with courtesy, respect, acceptance, and patience;
- Recognize and respect the uniqueness and potential of all children, their families, and their cultures;
- Ensure that no child is abused, neglected, or exploited while in the care of the center;
- Report suspected abuse, neglect, and exploitation to DFPS as specified in the Texas Family Code, §261.101.
- Know and comply with the minimum standards for child-care centers.
- Know which children they are responsible for.
- Know each child's name and have information showing each child's age.

- Interact routinely with children in a positive manner.
- Foster developmentally appropriate independence in children through planned but flexible program activities.
- Foster a cooperative rather than a competitive atmosphere.
- Show appreciation of children's efforts and accomplishments.
- Ensure continuity of care for children by sharing with incoming caregivers information about each child's activities during the previous shift and any verbal or written instructions given by the parent.

### **Caregiver Basic Care Requirements for Toddlers**

- Must have Routines such as diapering, feeding, sleeping, and indoor and outdoor activity times, maintained as closely as possible.
- Care given by the same caregiver on a regular basis, when possible.
- Individual attention given to each child including playing, talking, and cuddling.
- Holding and comforting a child who is upset.
- Ensure the environment is free of objects that may cause choking in children younger than three years of age.
- Provide space in the room that allow for both individual and group time.
- Provide a play environment that allows the caregiver to supervise all children at all times.
- Provide access to age-appropriate seating, tables, and nap or rest equipment.
- Provide enough popular items available so that toddlers are not forced to compete for them.
- Keep containers on low shelving so items can safely be used without direct supervision.
- Provide labels for items with the child's first name and initial of last name or otherwise individually assigned to each child.
- Clean and sanitize areas and items as needed.
- Provide Daily morning and afternoon opportunities for outdoor play when weather permits.
- Provide opportunities for thinking skills and sensory development.
- Provide activities for small and large muscle development.
- Provide opportunities for active play both indoors and outdoors.
- Provide activities for language development.
- Provide activities for social/emotional development.
- Provide opportunities to develop self-help such as toileting, hand washing, and feeding.
- Provide regular meal and snack times.
- Relate to children with courtesy, respect, acceptance, and patience.
- Recognize and respect the uniqueness and potential of all children, their families, and their cultures.
- Ensure that no child is abused, neglected, or exploited while in the care of the center;

- Know and comply with the minimum standards for child-care centers;
- Know which children you are responsible for.
- Know each child's name and have information showing each child's age;
- Interact routinely with children in a positive manner
- Foster developmentally appropriate independence in children through planned but flexible program activities.
- Foster a cooperative rather than a competitive atmosphere.
- Show appreciation of children's efforts and accomplishments.
- Ensure continuity of care for children by sharing with incoming caregivers information about each child's activities during the previous shift and any verbal or written instructions given by the parent.

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Signature

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Date



## **✦ WELCOME TO COMMUNITY PARTNERS**



On behalf of management and your fellow colleagues, we are excited that you have joined a great group of people who have made Community Partners Fifth Ward ECDC the school it is today. We consider each of our employees a valued asset in the operation of the business and strive to make our Company the best possible place to work. Your efforts and teamwork will contribute to helping us achieve this goal. We welcome you as an integral part of a professional organization committed to providing superior childcare to the community.

### **OUR MISSION**

Our primary focus is two-fold: First to allow teenage parents the opportunity to return to school and complete their education. Second to provide an early intervention child development program for infants and children, so they will excel beyond the current expectations of their environment and to offer a positive learning experience so that they will be more eager to continue learning at an accelerated level.

### **Philosophy**

***“We are Professional Specializing in Quality Child Care”***

We believe each child is unique and special with the potential to grow and learn. Our developmentally appropriate environment is designed to provide learning opportunities that encourage curiosity, creativity, and spontaneity. These experiences are extended and enhanced through the guidance of our staff.

As child care professionals, we understand the importance of the formative early years of childhood. The valuable experiences and opportunities for first-time achievements that are presented to young children lay the foundation for higher learning.

It is our objective to create a happy, warm and disciplined environment for our students. Therefore, we will strive to teach manners, fairness, courtesy, and respect for others, while remaining constantly alert to the well-being of our students.

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Signature

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Date

**Community Partners**

***“Laying Foundations To Build A Child”***



## Operational Policy on Infant Safe Sleep

This form provides the required information per minimum standards §746.501(9) and §747.501(6) for the safe sleep policy.

**Directions:** Parents will review this policy upon enrolling their infant at Community Partners and a copy of the policy is provided in the parent handbook. Parents can review information on safe sleep and reducing the risk of Sudden Infant Death Syndrome/Sudden Unexpected Infant Death (SIDS/SUIDS) at: <http://www.healthychildren.org/English/ages-stages/baby/sleep/Pages/A-Parents-Guide-to-Safe-Sleep.aspx>

### Safe Sleep Policy

All staff, substitute staff, and volunteers at Community Partners will follow these safe sleep recommendations of the American Academy of Pediatrics (AAP) and the Consumer Product Safety Commission (CPSC) for infants to reduce the risk of Sudden Infant Death Syndrome/Sudden Unexpected Infant Death Syndrome (SIDS/SUIDS):

- Always put infants to sleep on their backs unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health care professional [§746.2427 and §747.2327].
- Place infants on a firm mattress, with a tight fitting sheet, in a crib that meets the CPSC federal requirements for full-size cribs and for non-full size cribs [§746.2409 and §747.2309].
- For infants who are younger than 12 months of age, cribs should be bare except for a tight fitting sheet and a mattress cover or protector. Items that should not be placed in a crib include: soft or loose bedding, such as blankets, quilts, or comforters; pillows; stuffed toys/animals; soft objects; bumper pads; liners; or sleep positioning devices [§746.2415(b) and §747.2315(b)]. Also, infants must not have their heads, faces, or cribs covered at any time by items such as blankets, linens, or clothing [§746.2429 and §747.2329].
- Do not use sleep positioning devices, such as wedges or infant positioners. The AAP has found no evidence that these devices are safe. Their use may increase the risk of suffocation [§746.2415(b) and §747.2315(b)].
- Ensure that sleeping areas are ventilated and at a temperature that is comfortable for a lightly clothed adult [§746.3407(10) and §747.3203(10)].
- If an infant needs extra warmth, use sleep clothing \_\_\_\_\_ (insert type of sleep clothing that will be used, such as sleepers or footed pajamas) as an alternative to blankets [§746.2415(b) and §747.2315(b)].
- Place only one infant in a crib to sleep [§746.2405 and §747.2305].
- Infants may use a pacifier during sleep. But the pacifier must not be attached to a stuffed animal [§746.2415(b) and §747.2315(b)] or the infant's clothing by a string, cord, or other attaching mechanism that might be a suffocation or strangulation risk [§746.2401(6) and §747.2315(b)].
- If the infant falls asleep in a restrictive device other than a crib (such as a bouncy chair or swing, or arrives to care asleep in a car seat), move the infant to a crib immediately, unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health-care professional [§746.2426 and §747.2326].
- Our child care program is smoke-free. Smoking is not allowed in Texas child care operations (this includes e-cigarettes and any type of vaporizers) [§746.3703(d) and §747.3503(d)].
- Actively observe sleeping infants by sight and sound [§746.2403 and §747.2303].
- If an infant is able to roll back and forth from front to back, place the infant on the infant's back for sleep and allow the infant to assume a preferred sleep position [§746.2427 and §747.2327].
- Awake infants will have supervised "tummy time" several times daily. This will help them strengthen their muscles and develop normally [§746.2427 and §747.2327].
- Do not swaddle an infant for sleep or rest unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health care professional [§746.2428 and §747.2328].

### Privacy Statement

HHSC values your privacy. For more information, read our privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>.

### Signatures

This policy is effective on: \_\_\_\_\_ Child's name: \_\_\_\_\_

Signature — Director/Owner

Date Signed

Signature — Staff member

Date Signed

Signature — Parent

Date Signed



## Operational Discipline and Guidance Policy

This form provides the required information per 26 Texas Administrative Code (TAC) minimum standards §744.501(7), §746.501(a)(7), and §747.501(5).

**Directions:** Parents will review this policy upon enrolling their child. Employees, household members, and volunteers will review this policy at orientation. A copy of the policy is provided in the operational policies.

### Discipline and Guidance Policy

**Discipline must be:**

- 1) Individualized and consistent for each child;
- 2) Appropriate to the child's level of understanding; and
- 3) Directed toward teaching the child acceptable behavior and self-control.

**A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:**

- 1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
- 2) Reminding a child of behavior expectations daily by using clear, positive statements;
- 3) Redirecting behavior using positive statements; and
- 4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

**There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:**

- 1) Corporal punishment or threats of corporal punishment;
- 2) Punishment associated with food, naps, or toilet training;
- 3) Pinching, shaking, or biting a child;
- 4) Hitting a child with a hand or instrument;
- 5) Putting anything in or on a child's mouth;
- 6) Humiliating, ridiculing, rejecting, or yelling at a child;
- 7) Subjecting a child to harsh, abusive, or profane language;
- 8) Placing a child in a locked or dark room, bathroom, or closet with the door closed or open; and
- 9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

### Additional Discipline and Guidance Measures (Only Applies to Before or After School Program (BAP)/School Age Program (SAP) that Operates under 26 TAC Chapter 744)

**A program must take the following steps if it uses disciplinary measures for teaching a skill, talent, ability, expertise, or proficiency:**

- Ensure that the measures are considered commonly accepted teaching or training techniques;
- Describe the training and disciplinary measures in writing to parents and employees and include the following information:
  - (A) The disciplinary measures that may be used, such as physical exercise or sparring used in martial arts programs;
  - (B) What behaviors would warrant the use of these measures; and
  - (C) The maximum amount of time the measures would be imposed;
- Inform parents that they have the right to ask for additional information; and
- Ensure that the disciplinary measures used are not considered abuse, neglect, or exploitation as specified in Texas Family Code §261.001 and TAC Chapter 745, Subchapter K, Division 5, of this title (relating to Abuse and Neglect).

**Signature**

This policy is effective on the following date.....

Signed by: \_\_\_\_\_

Role:

☐

Parent

☐

Caregiver/Employee

☐

Household Member (CH. 747 only)

**Minimum Standards Related to Discipline**

- Title 26, Chapter 746 Subchapter L:  
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=26&pt=1&ch=746&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=746&sch=L&rl=Y)
- Title 26, Chapter 747 Subchapter L  
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=26&pt=1&ch=747&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=747&sch=L&rl=Y)
- Title 26, Chapter 744 Subchapter G:  
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=26&pt=1&ch=744&sch=G&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=744&sch=G&rl=Y)

# COMMUNITY PARTNERS NEW EMPLOYEE INFORMATION FORM

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

Social Security Number: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone \_\_\_\_\_

---

## Hiring Information – (To be completed by Manager)

Start/Hire Date \_\_\_\_\_

Starting Pay Rate \_\_\_\_\_

Approved By \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Community Partners E.C.D.C.**  
**Employee Emergency Contact Information**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Known Illness/Allergies: \_\_\_\_\_

Prescribed Medication: \_\_\_\_\_

Doctor/Clinic/Hospital: \_\_\_\_\_

**In the event of an emergency, who should we contact?**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

What is their relationship to you? \_\_\_\_\_

---

Name \_\_\_\_\_ Phone # \_\_\_\_\_

What is their relationship to you? \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

What is their relationship to you? \_\_\_\_\_

---

## Employee's Withholding Certificate

OMB No. 1545-0074

**2021**

- **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**  
► **Give Form W-4 to your employer.**  
► **Your withholding is subject to review by the IRS.**

|   |  |           |  |
|---|--|-----------|--|
| <b>Step 1:</b><br><b>Enter Personal Information</b> | (a) First name and middle initial  | Last name | (b) Social security number   |
|   | Address  |           | ► <b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> . |
|   | City or town, state, and ZIP code  |           |  |
|   | (c) <input type="checkbox"/> Single or Married filing separately<br><input type="checkbox"/> Married filing jointly or Qualifying widow(er)<br><input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) |           |  |

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), and privacy.

|  |   |
|--|---|
| <b>Step 2:</b><br><b>Multiple Jobs or Spouse Works</b> | <p>Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.</p> <p>Do <b>only one</b> of the following.</p> <p>(a) Use the estimator at <a href="http://www.irs.gov/W4App">www.irs.gov/W4App</a> for most accurate withholding for this step (and Steps 3–4); <b>or</b></p> <p>(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; <b>or</b></p> <p>(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ► <input type="checkbox"/></p> <p><b>TIP:</b> To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.</p> |
|--|---|

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

|   |   |
|---|---|
| <b>Step 3:</b><br><b>Claim Dependents</b>             | <p>If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):</p> <p>Multiply the number of qualifying children under age 17 by \$2,000 ► \$ _____</p> <p>Multiply the number of other dependents by \$500 . . . . . ► \$ _____</p> <p>Add the amounts above and enter the total here . . . . . <b>3</b> \$ _____</p>  |
| <b>Step 4 (optional):</b><br><b>Other Adjustments</b> | <p>(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . <b>4(a)</b> \$ _____</p> <p>(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . . <b>4(b)</b> \$ _____</p> <p>(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . . <b>4(c)</b> \$ _____</p> |

|                                    |  |  |      |
|------------------------------------|--|--|------|
| <b>Step 5:</b><br><b>Sign Here</b> | Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete. |  |      |
|                                    | Employee's signature (This form is not valid unless you sign it.)  |  | Date |

|                       |                             |                          |                                      |
|-----------------------|-----------------------------|--------------------------|--------------------------------------|
| <b>Employers Only</b> | Employer's name and address | First date of employment | Employer identification number (EIN) |
|-----------------------|-----------------------------|--------------------------|--------------------------------------|



## General Instructions

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2021 if you meet both of the following conditions: you had no federal income tax liability in 2020 and you expect to have no federal income tax liability in 2021. You had no federal income tax liability in 2020 if (1) your total tax on line 24 on your 2020 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2021 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2022.

**Your privacy.** If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2021 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.



**Step 2(b)—Multiple Jobs Worksheet** (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

**Note:** If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

- 1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . 1 \$ \_\_\_\_\_
- 2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
  - a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . 2a \$ \_\_\_\_\_
  - b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . . 2b \$ \_\_\_\_\_
  - c Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . 2c \$ \_\_\_\_\_
- 3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . 3 \_\_\_\_\_
- 4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . . 4 \$ \_\_\_\_\_

**Step 4(b)—Deductions Worksheet** (Keep for your records.)

- 1 Enter an estimate of your 2021 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income . . . . . 1 \$ \_\_\_\_\_
- 2 Enter:  $\left\{ \begin{array}{l} \bullet \$25,100 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$18,800 \text{ if you're head of household} \\ \bullet \$12,550 \text{ if you're single or married filing separately} \end{array} \right\}$  . . . . . 2 \$ \_\_\_\_\_
- 3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . . 3 \$ \_\_\_\_\_
- 4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . . 4 \$ \_\_\_\_\_
- 5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . 5 \$ \_\_\_\_\_

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

**Married Filing Jointly or Qualifying Widow(er)**

| Higher Paying Job<br>Annual Taxable<br>Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary |                      |                      |                      |                      |                      |                      |                      |                      |                      |                        |                        |
|--|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|------------------------|
|  | \$0 -<br>9,999                                | \$10,000 -<br>19,999 | \$20,000 -<br>29,999 | \$30,000 -<br>39,999 | \$40,000 -<br>49,999 | \$50,000 -<br>59,999 | \$60,000 -<br>69,999 | \$70,000 -<br>79,999 | \$80,000 -<br>89,999 | \$90,000 -<br>99,999 | \$100,000 -<br>109,999 | \$110,000 -<br>120,000 |
| \$0 - 9,999  | \$0   | \$190                | \$850                | \$890                | \$1,020              | \$1,020              | \$1,020              | \$1,020              | \$1,020              | \$1,100              | \$1,870                | \$1,870                |
| \$10,000 - 19,999                                    | 190   | 1,190                | 1,890                | 2,090                | 2,220                | 2,220                | 2,220                | 2,220                | 2,300                | 3,300                | 4,070                  | 4,070                  |
| \$20,000 - 29,999                                    | 850   | 1,890                | 2,750                | 2,950                | 3,080                | 3,080                | 3,080                | 3,160                | 4,160                | 5,160                | 5,930                  | 5,930                  |
| \$30,000 - 39,999                                    | 890   | 2,090                | 2,950                | 3,150                | 3,280                | 3,280                | 3,360                | 4,360                | 5,360                | 6,360                | 7,130                  | 7,130                  |
| \$40,000 - 49,999                                    | 1,020   | 2,220                | 3,080                | 3,280                | 3,410                | 3,490                | 4,490                | 5,490                | 6,490                | 7,490                | 8,260                  | 8,260                  |
| \$50,000 - 59,999                                    | 1,020   | 2,220                | 3,080                | 3,280                | 3,490                | 4,490                | 5,490                | 6,490                | 7,490                | 8,490                | 9,260                  | 9,260                  |
| \$60,000 - 69,999                                    | 1,020   | 2,220                | 3,080                | 3,360                | 4,490                | 5,490                | 6,490                | 7,490                | 8,490                | 9,490                | 10,260                 | 10,260                 |
| \$70,000 - 79,999                                    | 1,020   | 2,220                | 3,160                | 4,360                | 5,490                | 6,490                | 7,490                | 8,490                | 9,490                | 10,490               | 11,260                 | 11,260                 |
| \$80,000 - 99,999                                    | 1,020   | 3,150                | 5,010                | 6,210                | 7,340                | 8,340                | 9,340                | 10,340               | 11,340               | 12,340               | 13,260                 | 13,460                 |
| \$100,000 - 149,999                                  | 1,870   | 4,070                | 5,930                | 7,130                | 8,260                | 9,320                | 10,520               | 11,720               | 12,920               | 14,120               | 15,090                 | 15,290                 |
| \$150,000 - 239,999                                  | 2,040   | 4,440                | 6,500                | 7,900                | 9,230                | 10,430               | 11,630               | 12,830               | 14,030               | 15,230               | 16,190                 | 16,400                 |
| \$240,000 - 259,999                                  | 2,040   | 4,440                | 6,500                | 7,900                | 9,230                | 10,430               | 11,630               | 12,830               | 14,030               | 15,270               | 17,040                 | 18,040                 |
| \$260,000 - 279,999                                  | 2,040   | 4,440                | 6,500                | 7,900                | 9,230                | 10,430               | 11,630               | 12,870               | 14,870               | 16,870               | 18,640                 | 19,640                 |
| \$280,000 - 299,999                                  | 2,040   | 4,440                | 6,500                | 7,900                | 9,230                | 10,470               | 12,470               | 14,470               | 16,470               | 18,470               | 20,240                 | 21,240                 |
| \$300,000 - 319,999                                  | 2,040   | 4,440                | 6,500                | 7,940                | 10,070               | 12,070               | 14,070               | 16,070               | 18,070               | 20,070               | 21,840                 | 22,840                 |
| \$320,000 - 364,999                                  | 2,720   | 5,920                | 8,780                | 10,980               | 13,110               | 15,110               | 17,110               | 19,110               | 21,190               | 23,490               | 25,560                 | 26,860                 |
| \$365,000 - 524,999                                  | 2,970   | 6,470                | 9,630                | 12,130               | 14,560               | 16,860               | 19,160               | 21,460               | 23,760               | 26,060               | 28,130                 | 29,430                 |
| \$525,000 and over                                   | 3,140   | 6,840                | 10,200               | 12,900               | 15,530               | 18,030               | 20,530               | 23,030               | 25,530               | 28,030               | 30,300                 | 31,800                 |

**Single or Married Filing Separately**

| Higher Paying Job<br>Annual Taxable<br>Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary |                      |                      |                      |                      |                      |                      |                      |                      |                      |                        |                        |
|--|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|------------------------|
|  | \$0 -<br>9,999                                | \$10,000 -<br>19,999 | \$20,000 -<br>29,999 | \$30,000 -<br>39,999 | \$40,000 -<br>49,999 | \$50,000 -<br>59,999 | \$60,000 -<br>69,999 | \$70,000 -<br>79,999 | \$80,000 -<br>89,999 | \$90,000 -<br>99,999 | \$100,000 -<br>109,999 | \$110,000 -<br>120,000 |
| \$0 - 9,999  | \$440   | \$940                | \$1,020              | \$1,020              | \$1,410              | \$1,870              | \$1,870              | \$1,870              | \$1,870              | \$2,030              | \$2,040                | \$2,040                |
| \$10,000 - 19,999                                    | 940   | 1,540                | 1,620                | 2,020                | 3,020                | 3,470                | 3,470                | 3,470                | 3,640                | 3,840                | 3,840                  | 3,840                  |
| \$20,000 - 29,999                                    | 1,020   | 1,620                | 2,100                | 3,100                | 4,100                | 4,550                | 4,550                | 4,720                | 4,920                | 5,120                | 5,120                  | 5,120                  |
| \$30,000 - 39,999                                    | 1,020   | 2,020                | 3,100                | 4,100                | 5,100                | 5,550                | 5,720                | 5,920                | 6,120                | 6,320                | 6,320                  | 6,320                  |
| \$40,000 - 59,999                                    | 1,870   | 3,470                | 4,550                | 5,550                | 6,690                | 7,340                | 7,540                | 7,740                | 7,940                | 8,140                | 8,150                  | 8,150                  |
| \$60,000 - 79,999                                    | 1,870   | 3,470                | 4,690                | 5,890                | 7,090                | 7,740                | 7,940                | 8,140                | 8,340                | 8,540                | 9,190                  | 9,990                  |
| \$80,000 - 99,999                                    | 2,000   | 3,810                | 5,090                | 6,290                | 7,490                | 8,140                | 8,340                | 8,540                | 9,390                | 10,390               | 11,190                 | 11,990                 |
| \$100,000 - 124,999                                  | 2,040   | 3,840                | 5,120                | 6,320                | 7,520                | 8,360                | 9,360                | 10,360               | 11,360               | 12,360               | 13,410                 | 14,510                 |
| \$125,000 - 149,999                                  | 2,040   | 3,840                | 5,120                | 6,910                | 8,910                | 10,360               | 11,360               | 12,450               | 13,750               | 15,050               | 16,160                 | 17,260                 |
| \$150,000 - 174,999                                  | 2,220   | 4,830                | 6,910                | 8,910                | 10,910               | 12,600               | 13,900               | 15,200               | 16,500               | 17,800               | 18,910                 | 20,010                 |
| \$175,000 - 199,999                                  | 2,720   | 5,320                | 7,490                | 9,790                | 12,090               | 13,850               | 15,150               | 16,450               | 17,750               | 19,050               | 20,150                 | 21,250                 |
| \$200,000 - 249,999                                  | 2,970   | 5,880                | 8,260                | 10,560               | 12,860               | 14,620               | 15,920               | 17,220               | 18,520               | 19,820               | 20,930                 | 22,030                 |
| \$250,000 - 399,999                                  | 2,970   | 5,880                | 8,260                | 10,560               | 12,860               | 14,620               | 15,920               | 17,220               | 18,520               | 19,820               | 20,930                 | 22,030                 |
| \$400,000 - 449,999                                  | 2,970   | 5,880                | 8,260                | 10,560               | 12,860               | 14,620               | 15,920               | 17,220               | 18,520               | 19,910               | 21,220                 | 22,520                 |
| \$450,000 and over                                   | 3,140   | 6,250                | 8,830                | 11,330               | 13,830               | 15,790               | 17,290               | 18,790               | 20,290               | 21,790               | 23,100                 | 24,400                 |

**Head of Household**

| Higher Paying Job<br>Annual Taxable<br>Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary |                      |                      |                      |                      |                      |                      |                      |                      |                      |                        |                        |
|--|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|------------------------|
|  | \$0 -<br>9,999                                | \$10,000 -<br>19,999 | \$20,000 -<br>29,999 | \$30,000 -<br>39,999 | \$40,000 -<br>49,999 | \$50,000 -<br>59,999 | \$60,000 -<br>69,999 | \$70,000 -<br>79,999 | \$80,000 -<br>89,999 | \$90,000 -<br>99,999 | \$100,000 -<br>109,999 | \$110,000 -<br>120,000 |
| \$0 - 9,999  | \$0   | \$820                | \$930                | \$1,020              | \$1,020              | \$1,020              | \$1,420              | \$1,870              | \$1,870              | \$1,910              | \$2,040                | \$2,040                |
| \$10,000 - 19,999                                    | 820   | 1,900                | 2,130                | 2,220                | 2,220                | 2,620                | 3,620                | 4,070                | 4,110                | 4,310                | 4,440                  | 4,440                  |
| \$20,000 - 29,999                                    | 930   | 2,130                | 2,360                | 2,450                | 2,850                | 3,850                | 4,850                | 5,340                | 5,540                | 5,740                | 5,870                  | 5,870                  |
| \$30,000 - 39,999                                    | 1,020   | 2,220                | 2,450                | 2,940                | 3,940                | 4,940                | 5,980                | 6,630                | 6,830                | 7,030                | 7,160                  | 7,160                  |
| \$40,000 - 59,999                                    | 1,020   | 2,470                | 3,700                | 4,790                | 5,800                | 7,000                | 8,200                | 8,850                | 9,050                | 9,250                | 9,380                  | 9,380                  |
| \$60,000 - 79,999                                    | 1,870   | 4,070                | 5,310                | 6,600                | 7,800                | 9,000                | 10,200               | 10,850               | 11,050               | 11,250               | 11,520                 | 12,320                 |
| \$80,000 - 99,999                                    | 1,880   | 4,280                | 5,710                | 7,000                | 8,200                | 9,400                | 10,600               | 11,250               | 11,590               | 12,590               | 13,520                 | 14,320                 |
| \$100,000 - 124,999                                  | 2,040   | 4,440                | 5,870                | 7,160                | 8,360                | 9,560                | 11,240               | 12,690               | 13,690               | 14,690               | 15,670                 | 16,770                 |
| \$125,000 - 149,999                                  | 2,040   | 4,440                | 5,870                | 7,240                | 9,240                | 11,240               | 13,240               | 14,690               | 15,890               | 17,190               | 18,420                 | 19,520                 |
| \$150,000 - 174,999                                  | 2,040   | 4,920                | 7,150                | 9,240                | 11,240               | 13,290               | 15,590               | 17,340               | 18,640               | 19,940               | 21,170                 | 22,270                 |
| \$175,000 - 199,999                                  | 2,720   | 5,920                | 8,150                | 10,440               | 12,740               | 15,040               | 17,340               | 19,090               | 20,390               | 21,690               | 22,920                 | 24,020                 |
| \$200,000 - 249,999                                  | 2,970   | 6,470                | 9,000                | 11,390               | 13,690               | 15,990               | 18,290               | 20,040               | 21,340               | 22,640               | 23,880                 | 24,980                 |
| \$250,000 - 349,999                                  | 2,970   | 6,470                | 9,000                | 11,390               | 13,690               | 15,990               | 18,290               | 20,040               | 21,340               | 22,640               | 23,880                 | 24,980                 |
| \$350,000 - 449,999                                  | 2,970   | 6,470                | 9,000                | 11,390               | 13,690               | 15,990               | 18,290               | 20,040               | 21,340               | 22,640               | 23,900                 | 25,200                 |
| \$450,000 and over                                   | 3,140   | 6,840                | 9,570                | 12,160               | 14,660               | 17,160               | 19,660               | 21,610               | 23,110               | 24,610               | 26,050                 | 27,350                 |

## JOB APPLICANT AGREEMENT AND CERTIFICATION

"I certify that the information given by me in this application is true in all respects, and I agree that if the information is found to be false in any way, it should be considered sufficient for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references, and any other person to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information."

"I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Community Partners Early Childhood Center and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Community Partners Early Childhood Center unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that Community Partners Early Childhood Center retains the same right."

"I understand that I will be required to do a work interview that will last at least 2 hours if granted an interview."

"I understand that employment policies and rules which are issued are not conditions of employment and that the employer may revise policies or procedures in whole or in part at any time."

"I understand that this application will be kept active for 30 days from the date completed, after which time I would have to reapply in accordance with established company procedures."

"I certify that I have never been convicted of and it has never been shown by credible evidence, e.g., a court or jury, a department investigation or other reliable evidence that I have abused, neglected or deprived a child or adult or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct."

"I understand that as a condition of the application process Community Partners Early Childhood Center will perform a federal, state, and local criminal history and records check, and by signing this application I acknowledge my understanding of this and my consent to such checks and any updated reports."

"I understand and agree that upon request by my employer and when applicable at any time during the term of my employment, I must present evidence of a valid driver's license and by signing this application I consent to a driver license record check with the proper authorities."

"I understand that upon employment that a uniform is required daily."

"I understand that while on duty no cell phone usage. I understand that I will be suspended for 3 days if caught on my cell phone. I understand that all personal call must come through the front desk in which the front desk will contact me."

"I understand a confidentiality letter must Community Partners Early Childhood Center signed and kept on file at the center."

C P R and First Aid, Childcare Licensing Minimum Standards Class, and High School Diploma are prerequisites for employment at Community Partners Early Childhood Center. You have thirty days from date of your signature to supply proof of certification.

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

# Employee Work Items

These items must be maintained at all times. If damaged or misplaced you will incur a fine. Uniforms are **not** to be washed, dry cleaned only.

| <i>Item</i> | <i>Amount</i> | <i>Replacement<br/>Cost</i> | <i>Employee Initials</i> |
|-------------|---------------|-----------------------------|--------------------------|
| Keys        |               | \$150.00                    |                          |
| Cell Phone  |               | \$150.00                    |                          |
| Radios      |               | \$ 75.00                    |                          |
| Uniforms    |               | \$ 50.00                    |                          |
|             |               |                             |                          |

I \_\_\_\_\_, understand and acknowledge the importance of keeping all the items that are entrusted to me in good working order.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

# Request for Taxpayer Identification Number and Certification

Give form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership

☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ .....

☐ Other (see instructions) ▶

☐ Exempt  
payee

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign  
Here

Signature of  
U.S. person ▶

Date ▶

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,



Department of Homeland Security  
U.S. Citizenship and Immigration Services

OMB No. 1545-0047; Expires 06/30/09  
**Form I-9, Employment  
Eligibility Verification**

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification.** To be completed and signed by employee at the time employment begins.

|   |       |          |   |                                |
|---|-------|----------|---|--------------------------------|
| Print Name: Last  |       | First    | Middle Initial  | Maiden Name                    |
| Address (Street Name and Number)  |       |          | Apt. #  | Date of Birth (month/day/year) |
| City  | State | Zip Code | Social Security #   |                                |
| I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form. |       |          | I attest, under penalty of perjury, that I am (check one of the following):   |                                |
|   |       |          | <input type="checkbox"/> A citizen or national of the United States<br><input type="checkbox"/> A lawful permanent resident (Alien #) A _____<br><input type="checkbox"/> An alien authorized to work until _____<br>(Alien # or Admission #) _____ |                                |
| Employee's Signature  |       |          |   | Date (month/day/year)          |

**Preparer and/or Translator Certification.** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

|   |                       |
|---|-----------------------|
| Preparer's/Translator's Signature                       | Print Name            |
| Address (Street Name and Number, City, State, Zip Code) | Date (month/day/year) |

**Section 2. Employer Review and Verification.** To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

| List A                          | OR | List B | AND | List C |
|---------------------------------|----|--------|-----|--------|
| Document title: _____           |    | _____  |     | _____  |
| Issuing authority: _____        |    | _____  |     | _____  |
| Document #: _____               |    | _____  |     | _____  |
| Expiration Date (if any): _____ |    | _____  |     | _____  |
| Document #: _____               |    | _____  |     | _____  |
| Expiration Date (if any): _____ |    | _____  |     | _____  |

**CERTIFICATION** - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

|   |            |                       |
|---|------------|-----------------------|
| Signature of Employer or Authorized Representative  | Print Name | Title                 |
| Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) |            | Date (month/day/year) |

**Section 3. Updating and Reverification.** To be completed and signed by employer.

|  |                   |  |
|--|-------------------|--|
| A. New Name (if applicable)  |                   | B. Date of Rehire (month/day/year) (if applicable) |
| C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.   |                   |  |
| Document Title: _____  | Document #: _____ | Expiration Date (if any): _____                    |
| I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual. |                   |  |
| Signature of Employer or Authorized Representative   |                   | Date (month/day/year)                              |



COMMUNITY PARTNERS  
The Heart of a Healthy Community

## Employee Manual Amendment NOVEMBER 2010

All management personnel are paid on a base salary. This includes **Directors, Assistant Director, Office Managers, Human Resources Coordinator, and Payroll Accountant, Receptionist**

Employees will **only** be paid for hours worked up to 40 hours per week, and overtime will **only** be paid with **prior approval** from the Chief Executive Director. Employees will not be paid for time off. Management schedules are flexible and range in the hours between opening and closing of the center. Management personnel will often work extended hours in various positions to maintain minimum standards. Management staff agrees to provide additional time of service to the company to help maintain Rules and Regulations set forth by the State of Texas.

I \_\_\_\_\_, management personnel agree

to the terms of employment with Community Partners E.C.D.C. I accept the position of

\_\_\_\_\_ and will work it to the best of my ability.

X \_\_\_\_\_  
Management Personnel

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Alice W. Kirkmon – Chief Executive Director

\_\_\_\_\_  
Date

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

[illegible]

C = childcare, child development, or early childhood education training

M = management training



**Employee Name:**

[illegible]

### Employee Acknowledgment

I, the undersigned employee, hereby acknowledge that I have received and read a copy of Community Partners Employee Handbook. I also understand that it is my responsibility to comply with the policies contained in this Handbook and any revisions made to it. I further agree that if I remain with the Company following any modifications to the Handbook, I thereby accept and agree to such changes. I understand I have two weeks mandatory unpaid training with the company before being placed on payroll. I also understand that it is my responsibility to be familiar with its contents and to ask questions on any matter I don't understand.

I understand that the handbook does not contain all of the information I will need as an employee and that other information will be provided through written notices as well as orally. I understand when the Company changes a policy, it overrides past policy.

I accept the fact that my employment with Community Partners is at-will, which means that I have entered into my employment with this Company voluntarily and acknowledge that there is no specific length of employment. I understand and accept that either Community Partners or I may end this relationship at any time, with or without cause, notice or reason. I also understand that no supervisor or manager has the authority to enter into any oral or written agreement with me for employment for a specified period of time or make any promises or commitments contrary to this employment at-will relationship. It is further understood that this "at-will" employment status can only be changed through a written agreement duly authorized and executed by the executive director or director Community Partners and the employee. I acknowledge that this Handbook is neither an employment contract nor legally-binding agreement. I acknowledge that all revisions supersede, modify or eliminate existing policies.

I hereby acknowledge that I have fully read and understand all of the policies it contains.

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Signature of Employee

Date

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Printed Name of Employee

The Handbook only summarizes the formal rules and policies of the Company; it does not supersede them, and does not, by itself, create a contract between employees and the Company. This version (1.0) replaces all previous versions and is the current source of information on employment with {Community Partners}.