APPLICANT INFORMATION

Name: _____

Phone: _____

Address: _____

_____

Email: _____

Birthdate: _____

SSN: _____

State ID/Driver's License Number: _____

How were you referred? _____

Position(s) applying for: _____

What days & hours are you available to work? _____

If hired, what date can you begin work? _____

Can you work weekends? [ ] Y or [ ] N

Can you work evenings? [ ] Y or [ ] N

Salary desired: _____

Have you ever applied to/ worked for Pride Academy before? [ ] Y or [ ] N

If yes, please explain _____

Do you have any friends or relatives that currently work for Pride Academy? [ ] Y or [ ] N

If yes, please state name & relationship: _____

APPLICANT INFORMATION

If hired, do you have reliable transportation to/from work? [ ] Y or [ ] N

Are you over the age of 18? [ ] Y or [ ] N

If hired, are you able to present evidence of your U.S. Citizenship or proof of your legal right to work in the United Sates? [ ] Y or [ ] N

If hired, are you willing to submit to and able t o pass a controlled substance test? [ ] Y or [ ] N

Are you able to perform the essential functions of the job for which you are applying, either with/without reasonable accommodation? [ ] Y or [ ] N

If no, describe any functions that cannot be performed: _____

_____

_____

PHYSICAL EXAMINATION

Date of Exam: _____

Employee Name: _____

Employee DOB: _____

MEDICAL HISTORY

I. List any past hospitalizations or operations: _____

_____

II. Communicable Diseases:

	Month/Year
Measles	_____
Rubella (German Measles)	_____
Chicken Pox	_____
Mumps	_____
Scarlet Fever	_____
Whooping Cough	_____
Tuberculosis	_____
Other: _____	_____

III. Present Conditions:

a. Allergies: _____

b. Chronic Health Conditions: _____

_____

c. Current Medications: _____

_____

PHYSICAL EXAMINATION

TO BE COMPLETED BY PHYSICIAN

Date of Exam: _____

Employee Name: _____

I. Physical Examination

a. Skin _____
b. Lymphnodes _____
c. Eyes _____
d. Ears _____
e. Nose & Throat _____
f. Teeth & Mouth _____
g. Heart _____
h. Blood Pressure _____
i. Lungs _____
j. Abdomen _____
k. Genitalia _____
l. Skeleton _____
m. Other _____

Please note any unusual findings: _____

II. TB Skin test

Date: _____ Result: _____

Chest X-ray if above skin test is positive

Date: _____ Result: _____

III. Does this person have any health condition that would be hazardous either to them or to children in a group setting as a result of participation in normal activities (including semi-rigorous physical activity)? [ ] Yes [ ] No If yes, please explain: _____

IV. Have you prescribed any medications and/or special routines (i.e. diet) which should be included in planning this persons activities [ ] Yes [ ] No If yes, please explain: _____

_____
Physician Signature

_____
Date

Indiana State Police

Criminal History Information
Limited Criminal History
& Fee Exemption
317-233-5424
www.IN.gov/ISP

ID Billing Number
Or Customer ID #
0001403

* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is voluntary and you will not be penalized for refusal.

PLEASE TYPE OR PRINT ALL INFORMATION.

RECORD CHECK ON:

Last Name

First Name

M.I

Social Security Number*

Place of Birth

Date of Birth MM / DD / YYYY

M = Male
F = Female

Sex

W = White
B = Black
U = Unknown
M = Multi Racial
I = American Indian Alaskan
A = Asian / Pacific Islander

Race

REASON FOR SEARCH
Applicant

Private Adoption, Employment, Licensing (type), etc.

(317) 595-5185

Daytime Telephone Number

Name (where this response will be sent)
Pride Academy

Mailing Address (number and street)
5615 N. 22nd St.

City, State, ZIP Code
Indpls., IN 46224

ATTENTION: Alisia Jackson

Limited Criminal History Information – Reason for Request

The cost is $7.00. Mark an "X" in one box below for this request.
Certified check or money order must be enclosed if request is mailed.
Money orders will be accepted in person.

(1) ☐ Has applied for employment with a non-criminal justice organization or individual;
(2) ☐ Has applied for a license or is maintaining a license; and has provided criminal history data as required by law to be provided in connection with the license.
(3) ☐ Employment with a state or local governmental entity.
(4) ☐ Is a candidate for public office or a public official;
(5) ☐ Is in the process of being apprehended by a law enforcement agency;
(6) ☐ Is placed under arrest for the alleged commission of a crime;
(7) ☐ Has charged that his rights have been abused repeatedly by criminal justice agencies;
(8) ☐ Is the subject of judicial decision or determination with respect to the setting of bond, plea bargaining, sentencing, or probation;
(9) ☐ Has volunteered services that involve contact with, care of, or supervision over a child who is being placed, matched, or monitored by a social services agency, or a nonprofit corporation;
(10) ☐ Is employed by an entity that seeks to enter into a contract with a public school (as defined in IC 20-10.1-1-2) or a non-public school (as defined in IC 20-10.1-1-3), if the subject of the request is expected to have direct, ongoing contact with school children within the scope of the subject's employment;
(11) ☐ Has volunteered services at a public school (as defined in IC 20-10.1-1-2) or non-public school (as defined in IC 20-10.1-1-3) that involve contact with, care of, or supervision over a student enrolled in the school; Student Teacher IC 5-2-5-5.
(12) ☐ Is being investigated for welfare fraud by an investigator of the Division of Family Resources, or a county office of the Division of Family Resources;
(13) ☐ Is being sought by the parent locator service of the Child Support Bureau of the Division of Family Resources;
(14) ☐ Is or was required to register as a sex and violent offender under IC 5-2-12; or
(15) ☐ Has been convicted of any of the following:
  (A) Rape (IC 35-42-4-1), if the victim is less than eighteen (18) years of age.
  (B) Criminal deviate conduct (IC 35-42-4-2), if the victim is less than eighteen (18) years of age.
  (C) Child molesting (IC 35-42-4-3).
  (D) Child exploitation (IC 35-42-4-4(b)).

(Continued on page 2)

(E) Possession of child pornography (IC 35-42-4-4(c).
(F) Vicarious sexual gratification (IC 35-42-4-5).
(G) Child solicitation (IC 35-42-4-6).
(H) Child seduction (IC 35-42-4-7).
(I) Sexual misconduct with a minor as a *Class A or* Class *B* felony (IC 35-42-4-9).
(J) Incest (IC 35-46-1-3), if the victim is less than eighteen (18) years of age.
(K) Attempt under IC 35-41-5-1 to commit an offense listed in clauses (A) through (J).
(L) Conspiracy under IC 35-41-5-2 to commit an offense listed in clauses (A) through (J).
(M) An offense in any other jurisdiction in which the elements of the offense for which the conviction was entered are substantially similar to the elements of an offense described under clauses (A) through (J).

A Subject
(16) ☐ is identified as a possible perpetrator of child abuse or neglect in an assessment conducted by the department of child services under IC 31-33-8; or
(17) ☐ is:
(A) a parent, guardian or custodian of a child; or
(B) an individual who is at least eighteen (18) years of age and resides in the home of the parent, guardian or custodian; with whom the department of child services or a county probation department has a case plan, dispositional decree, or permanency plan approved under IC 31-34 or IC 31-37 that provides for reunification following an out-of-home placement.

REASON FOR NO FEE REQUEST

Before checking any box below read the defined Indiana Code IC 10-13-3-36

A. ☐ Has been in existence for ten (10) years and has a primary purpose of providing an individual relationship for a child with an adult volunteer, if the request is made as part of a background investigation of a prospective adult volunteer for the organizations; (i.e. Big Brothers & Big Sisters)
B. ☐ Home Health Agency (Copy of license must accompany this request).
C. ☐ Community mental retardation and other developmental disabilities centers, for purposes of IC 12-29. (Copy of CARF Certificate must be submitted with this request).
D. ☐ is a supervised group living facility licensed under IC 12-28-5.
E. ☐ An area agency on aging designated under IC 12-10-1.
F. ☐ Community action agency (as defined in IC 12-14-23-2).
G. ☐ Owner operator of a hospice program licensed under IC 16-25-3.
H. ☐ Community mental health center (as defined in IC-7-2-3S).
I. ☐ Department of Child Services (as defined in IC 1-13-3-27-5).
J. ☐ Is a School Corporation, Special Education Cooperative, or Nonpublic School (as defined in IC 20-18-2-12).
K. ☑ (1) The church or religious society is a religious organization exempt from federal income taxation under Section 501 of the Internal Revenue Code;
(2) The request is made as part of a background investigation of a prospective or current adult volunteer; and
(3) The employee or volunteer works in a nonprofit program or ministry of the church or religious society, including a child care ministry registered under IC 12-17.2-6.

WARNING PENALTY FOR MISUSE

A non-criminal justice organization or individual receiving a limited criminal history may not utilize it for purposes other than those stated in the request or which deny the subject any civil right to which the subject is entitled. IC 10-13-3-27: Any person who uses limited criminal history for any purpose not specified in the request commits a Class A misdemeanor offense.

I affirm, under penalty of perjury, that the Limited Criminal History Information requested will be used as specified.

Alisia Jackson
PRINT Name of Requester

Alisia Jackson
Signature of Requester

8/26/15
Date (*month, day, year*)

We accept certified checks and money orders in person only. "NO" personal checks.
All checks made payable to the STATE OF INDIANA.
Mail request to:
Indiana State Police, Criminal History Limited Check
P.O. Box 6185
Indianapolis, Indiana 46206-6185

Pride Academy

INFORMATION NEEDED FOR FBI FINGERPRINTING

Print Legible

Employee Full Name: _____
First Middle Initial Last (Maiden Name)

Married Name (1): _____ Married Name (2): _____

Employee Address: _____
(Number and Street)

_____
City State Zip Code

Phone: _____ Cell Phone: _____

Email Address: _____

Social Security Number: _____ Date of Birth (DOB): _____

Gender: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____
_

Place of Birth: _____
City State Country

CONSENT TO RELEASE INFORMATION FOR LICENSED CENTER, LICENSED HOMES, UNLICENSED REGISTERED MINISTRIES, AND CCDF LLEPs

State Form 53323 (R9 / 9-18)
OFFICE OF EARLY CHILDHOOD AND OUT OF SCHOOL LEARNING

The information in this document is governed by privacy protection standards under IC 4-1-6.

In accordance with IC 12-17.2-4-3, IC 12-17.2-5-3, IC 12-17.2-3.5-12, and IC 12-17.2-6-14, each staff member and/or volunteer shall complete a section of this form in order to have his or her background information checked.

You must return this completed form to your consultant. If information is missing or illegible, the form will be returned.

Name of facility / licensee / LLEP / applicant		County	
Pride Academy / Judah Ministries		Marion	
Address of facility *(number and street)*	City	State	ZIP code
5570 Crawfordsville Rd; 5615 W. 22nd Street; 5711 N. Michigan Rd.	Speedway / Indianapolis	IN	46224 / 46228
Mailing address of facility *(number and street)*	City	State	ZIP code
9052 Forest Willow Drive	Indianapolis	IN	46234
E-mail address of facility			
prideacademyinc@yahoo.com			
License / registration number / LLEP number	License / registration / certification expiration date *(mm/dd/yy)*	Name of consultant	
RM100374-A; RM100753-A; RM100982-A	June 30, 2020	Matthew S. Hopkins	

By signing below, I hereby consent to a release of information from Child Protective Services and the Criminal Justice System to the Indiana Child Care Licensing Section, Office of Early Childhood and Out of School Learning, and to the licensee / applicant. The information may contain any prior criminal history, arrest record, or child protective service history and is sought to ensure the safety of children in child care settings. I also verify that all information given here is correct.

Your fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation (FBI). You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.

Legal Name *(please print)* First	Middle	Last	Maiden or other name

Type
☐ Applicant ☐ Staff ☐ Volunteer ☐ Contractor ☐ Practicum Student ☐ Household member *(should be over eighteen (18) years old)*

Do you have a Social Security number? ☑ Yes ☐ No *(If Yes, number.)*	Date of birth *(mm/dd/yy)*	Sex	Race

Telephone number	Cellular number	E-mail address
( )	( )	

Mailing address *(number and street)*	City	State	ZIP code

List all other addresses you have lived at in the last five (5) years. *(Please use reverse side if more room is needed.)*

Number and street	City	State	ZIP code	Beginning Date *(mm/yy)*	Ending Date *(mm/yy)*

I certify that while employed by a child care provider in the State of Indiana or while seeking employment from a child care provider in the State of Indiana, I have received a qualifying background check from Office of Early Childhood and Out of School Learning (OECOSL) within the past three (3) years. I also certify that I am employed by a child care provider in the State of Indiana or have been separated from employment with a child care provider in the State of Indiana for a period of not more than 180 consecutive days.

Signature	Date signed *(mm/dd/yy)*

Anyone under the age of eighteen (18) must have the signature of the parent / legal guardian.

Signature	Date signed *(mm/dd/yy)*

FOR OFFICE USE ONLY

OECOSL STAFF ONLY Is this a Pre-K Provider that takes CCDF? ☐ Yes ☐ No

NCH	**SOR**	**CPI**	**CH**
☐ RF ☐ NII ☐ REJ ☐ EXP ☐ NRF ☐ PEND ☐ FBI NS	☐ RF ☐ VERIFY ☐ NRF	☐ RF ☐ VERIFY ☐ NRF ☐ PENDING	☐ RF ☐ NO JLCHR ☐ NRF
Date checked *(mm/dd/yy)* / Staff initials	Date checked *(mm/dd/yy)* / Staff initials	Date checked *(mm/dd/yy)* / Staff initials	Date checked *(mm/dd/yy)* / Staff initials
Inkless date *(mm/dd/yy)*		Assessment number (s)	Inkless date *(mm/dd/yy)*
☐ Q ☐ PREV. Q ☐ DQ ☐ PREV. DQ	☐ Q ☐ PREV. Q ☐ DQ ☐ PREV. DQ	☐ Q ☐ PREV. Q ☐ DQ ☐ PREV. DQ	☐ Q ☐ PREV. Q ☐ DQ ☐ PREV. DQ
Staff initials / Date *(mm/dd/yy)*	Staff initials / Date *(mm/dd/yy)*	Staff initials / Date *(mm/dd/yy)*	Staff initials / Date *(mm/dd/yy)*
DQ reason	DQ reason	DQ reason	DQ reason
Staff initials that logged in:	Date *(mm/dd/yy)*	Staff initials that logged out:	Date *(mm/dd/yy)*

ORIENTATION OF NEW EMPLOYEES

Employee Name: _____

Date Employed: _____

Orientation Date: _____

The following is a checklist of topics discussed with new employees:

ITEMS REQUIRED BY LICENSING RULES:

Prior to Contact with Children and/or Food

	Names, ages, specific needs of children assigned
	Policy on confidentiality of record
	Child Discipline Policy
	Meal patterns, food handling policy
	Emergency evacuation procedures
	General Health Policy
	Universal Precautions Training
	Health Hazards
	Diapering Procedures
	Handwashing Procedures
	Feeding of infants/toddlers
	Policy for correcting ratios
	Continuity of Care Policy
	Child abuse and neglect detection, prevention, reporting procedures
	Developmentally appropriate practices
	Program goals and philosophy
	Daily schedules, routines, transitions
	Recognizing symptoms of illness
	Cleaning, sanitizing, disinfecting procedures
	Special needs inclusion policy
	Center confidentiality policy
	Specific special needs training
	Licensing rules
	Parent Communication Policy

OTHER

Paperwork

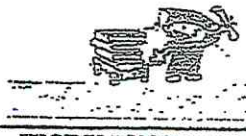
	Application complete		Purchase requisitions & purchase orders
	Criminal History Check / FBI		Mileage reimbursement
	W-4 completed / Direct deposit form		Extra hours request
	Time Sheet		Petty cash
	Physical form with TB test		Driver's license
	Job Description (explained and signed)		Social security card
	Personnel Policies and Procedures		I-9 completed
	Parent Handbook		Signed Emergency Treatment authorization
	Drug screening		

BENEFITS

	Vacation/Personal/Sick Days		Pay Schedule
	Staff evaluations		Health/Medical Benefits
	Leave with/without pay		Salary
	Paid Holidays		
	Other benefits (tuition reimbursement, child care reduction, retirement, etc...)		

Revised0516

AEA



	WORK ENVIRONMENT		
	Reporting an absence policy		Housekeeping/Office Supplies
	School routine/hours		First Aid Certification
	Staff schedules		First Aid Supplies
	Naptime Policy		Opening/closing procedures
	Leaving building during work hours		Phone calls/messages
	Snacking/Drinking Policy in classrooms		Smoking Policy
	Glass containers in classrooms policy		Building safety (Lockdown)
	TOUR		TRAINING & EDUCATIONAL OPPORTUNITIES
	Tour of other sites if applicable		Staff Meetings
	Meeting with Executive Director		Library/Video materials
	Adult Restroom		Tuition Reimbursement
	Fiscal Department		In-Service Training
	Kitchen		Workshops
	Parent Bulletin Board		Safe Sleep/Shaken baby
	Supplies		
	Menu		THE AGENCY
	GENERAL DUTIES		General Purpose/Philosophy
	Attendance		Sources of Funding
	Parent Conferences		Organizational Structure
	Notes to Parents		Other programs
	Working with Special Needs Children		
	Working with other staff		WORKING WITH CHILDREN / CLASSROOM MANAGEMENT
	Equipment repair/care		Discipline Policy/Procedures
	Medication (dispensing)		Curriculum
	Accident/Incident report form		Children Entering/Leaving Building
	Children's Files (pull & explain)		Learning Through Play
	Intake Agreement		Integration
	Emergency Information / Preparedness Response		Food/Meals as Learning Experience
	Pick-up permission		
	Allergies		OTHER
	Child Information Form		Supervisory responsibilities
	Self-Evaluation		Reporting to Supervisor
			Field Trips
	CLASSROOM OBSERVERS (WHO & WHY)		Lesson Plans
	Administration		Planning Periods
	Child Care Licensing Unit		Telephone Etiquette
	Child Care Health Unit		Socialization
	CACFP Program		Parking
	Title XX		Dress Code
	United Way		
	Parents		
	High School & College students		
	Accrediting Agencies		

Date of Orientation: _____

Employee Signature: _____

Supervisor Signature: _____

Revised0516

AEA

PAYROLL SERVICE

Authorization Agreement for Automatic Deposit

Employer Name _____ Company Code _____

I hereby authorize ASAP Payroll Service, Hereinafter called Company, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository named below, hereinafter called Depository, to credit and/or debit the same to such amount.

Bank Name _____

Branch _____

City _____ State _____ Zip _____

Attach voided check

_____ Initial here if attaching deposit ticket. Deposit tickets not always accurate. If not initialed, deposit will be pre-noted. ASAP Payroll Service is not responsible for misdirected deposit from deposit ticket.

Account 1

Account Number _____

Bank Routing Number _____

Account Type ___Checking ___Saving

Amount (NP For Net Pay) _____

Account 2

Account Number _____

Bank Routing Number _____

Account Type ___Checking ___Saving

Amount (NP For Net Pay) _____

This authority is to remain in full force and effect until Company has received written notification from me of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

Name _____

Signature _____

Social Security Number _____ Date _____

Form W-4 (2019)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to *www.irs.gov/FormW4*.

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at ***www.irs.gov/W4App*** to determine your tax withholding more accurately. Consider using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at *www.irs.gov/W4App* to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at *www.irs.gov/W4App* to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. ***Head of household please note:*** Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

---

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

► Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

OMB No. 1545-0074

2019

1 Your first name and middle initial	Last name	2 Your social security number
Home address (number and street or rural route)	3 ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate. **Note:** If married filing separately, check "Married, but withhold at higher Single rate."	
City or town, state, and ZIP code	4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ► ☐	

5	Total number of allowances you're claiming (from the applicable worksheet on the following pages)	5	
6	Additional amount, if any, you want withheld from each paycheck	6	$
7	I claim exemption from withholding for 2019, and I certify that I meet **both** of the following conditions for exemption. • Last year I had a right to a refund of **all** federal income tax withheld because I had **no** tax liability, **and** • This year I expect a refund of **all** federal income tax withheld because I expect to have **no** tax liability. If you meet both conditions, write "Exempt" here . . . . . ►	7	

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature
(This form is not valid unless you sign it.) ► **Date** ►

8 Employer's name and address (**Employer:** Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)	9 First date of employment	10 Employer identification number (EIN)

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself	A
B	Enter "1" if you will file as married filing jointly	B
C	Enter "1" if you will file as head of household	C
D	Enter "1" if: • You're single, or married filing separately, and have only one job; or • You're married filing jointly, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are $1,500 or less.	D
E	**Child tax credit.** See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than $71,201 ($103,351 if married filing jointly), enter "4" for each eligible child. • If your total income will be from $71,201 to $179,050 ($103,351 to $345,850 if married filing jointly), enter "2" for each eligible child. • If your total income will be from $179,051 to $200,000 ($345,851 to $400,000 if married filing jointly), enter "1" for each eligible child. • If your total income will be higher than $200,000 ($400,000 if married filing jointly), enter "-0-"	E
F	**Credit for other dependents.** See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than $71,201 ($103,351 if married filing jointly), enter "1" for each eligible dependent. • If your total income will be from $71,201 to $179,050 ($103,351 to $345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents). • If your total income will be higher than $179,050 ($345,850 if married filing jointly), enter "-0-"	F
G	**Other credits.** If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F	G
H	Add lines A through G and enter the total here ▶	H

For accuracy, complete all worksheets that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work,** and the combined earnings from all jobs exceed $53,000 ($24,450 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 above.

Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

1	Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details	1 $
2	Enter: $24,400 if you're married filing jointly or qualifying widow(er); $18,350 if you're head of household; $12,200 if you're single or married filing separately	2 $
3	**Subtract** line 2 from line 1. If zero or less, enter "-0-"	3 $
4	Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items)	4 $
5	**Add** lines 3 and 4 and enter the total	5 $
6	Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest)	6 $
7	**Subtract** line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses	7 $
8	**Divide** the amount on line 7 by $4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction	8
9	Enter the number from the **Personal Allowances Worksheet,** line H, above	9
10	**Add** lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the **Two-Earners/Multiple Jobs Worksheet,** also enter this total on line 1 of that worksheet on page 4. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1	10

Form WH-4
State Form 46845
(R3 / 5-15)

State of Indiana

Employee's Withholding Exemption and County Status Certificate

This form is for the employer's records. Do not send this form to the Department of Revenue.
The completed form should be returned to your employer.

Full Name _____ Social Security Number or ITIN _____

Home Address _____ City _____ State _____ Zip Code _____

Indiana County of Residence as of January 1: _____ (See Instructions)

Indiana County of Principal Employment as of January 1: _____ (See Instructions)

How to Claim Your Withholding Exemptions

1. You are entitled to one exemption. If you wish to claim the exemption, enter "1" ..... _____
   Nonresident aliens must skip lines 2 through 6. See instructions
2. If you are married and your spouse does not claim his/her exemption, you may claim it, enter "1" ..... _____
3. You are allowed one (1) exemption for each dependent. Enter number claimed ..... _____
4. Additional exemptions are allowed if: (a) you and/or your spouse are over the age of 65 and/or
   (b) if you and/or your spouse are legally blind.
   Check box(es) for additional exemptions: You are 65 or older ☐ or blind ☐ Spouse is 65 or older ☐ or blind ☐
   Enter the total number of boxes checked ..... _____
5. Add lines 1, 2, 3, and 4. Enter the total here ..... ▷ _____
6. You are entitled to claim an additional exemption for each qualifying dependent (see instructions) ..... ▷ _____
7. Enter the amount of additional state withholding (if any) you want withheld each pay period ..... $_____
8. Enter the amount of additional county withholding (if any) you want withheld each pay period ..... $_____

I hereby declare that to the best of my knowledge the above statements are true.

Signature: _____ Date: _____

Instructions for Completing Form WH-4

This form should be completed by all resident and nonresident employees having income subject to Indiana state and/or county income tax.

Print or type your full name, Social Security number or ITIN and home address. Enter your Indiana county of residence and county of principal employment as of January 1 of the current year. If you neither lived nor worked in Indiana on January 1 of the current year, enter 'not applicable' on the line(s). If you move to (or work in) another county after January 1, your county status will not change until the next calendar tax year.

Nonresident alien limitation. A nonresident alien is allowed to claim only one exemption for withholding tax purposes. If you are a nonresident alien, enter "1" on line 1, then skip to line 7. You are considered to be a nonresident alien if you are not a citizen of the United States and do not meet the green card test and the substantial presence test (get Publication 519 from www.irs.gov for information about these tests).

All other employees should complete lines 1 through 7.

Lines 1 & 2 - You are allowed to claim one exemption for yourself and one for your spouse (if he/she does not claim the exemption for him/herself). If a parent or legal guardian claims you on their federal tax return, you may still claim an exemption for yourself for Indiana purposes. You cannot claim more than the correct number of exemptions; however, you are permitted to claim a lesser number of exemptions if you wish additional withholding to be deducted.

Line 3 - Dependent Exemptions: You are allowed one exemption for each of your dependents based on state and federal guidelines. To qualify as your dependent, a person must receive more than one-half of his/her support from you for the tax year and must have less than $1,000 gross income during the tax year (unless the person is your child and is under age 19 or under age 24 and a full-time student at least during 5 months of the tax year at a qualified educational institution).

Line 4 - Additional Exemptions. You are also allowed one exemption each for you and/or your spouse if either is 65 or older and/or blind.

Line 5 - Add the total of exemptions claimed on lines 1, 2, 3, and 4. Enter the total in the box provided.

Line 6 - Additional Dependent Exemptions. An additional exemption is allowed for certain dependent children that are included on line 3. The dependent child must be a son, stepson, daughter, stepdaughter and/or foster child.

Lines 7 & 8 - If you would like an additional amount to be withheld from your wages each pay period, enter the amount on the line provided. NOTE: An entry on this line does not obligate your employer to withhold the amount. You are still liable for any additional taxes due at the end of the tax year. If the employer does withhold the additional amount, it should be submitted along with the regular state and county tax withholding.

You may file a new Form WH-4 at any time if the number of exemptions increases. You must file a new Form WH-4 within 10 days if the number of exemptions previously claimed by you decreases for any of the following reasons:
(a) you divorce (or are legally separated from) your spouse for whom you have been claiming an exemption or your spouse claims him/herself on a separate Form WH-4;
(b) someone else takes over the support of a dependent you claim or you no longer provide more than one-half of the person's support for the tax year; or
(c) the person who you claim as an exemption will receive more than $1,000 of income during the tax year.

Penalties are imposed for willingly supplying false information or information which would reduce the withholding exemption.

Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

▶**START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Other Last Names Used *(if any)*

Address *(Street Number and Name)*	Apt. Number	City or Town	State	ZIP Code

Date of Birth *(mm/dd/yyyy)*	U.S. Social Security Number	Employee's E-mail Address	Employee's Telephone Number
	☐☐☐ - ☐☐ - ☐☐☐☐		

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 boxes):

☐ 1. A citizen of the United States

☐ 2. A noncitizen national of the United States *(See instructions)*

☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____

☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____
Some aliens may write "N/A" in the expiration date field. *(See instructions)*

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: _____
OR
2. Form I-94 Admission Number: _____
OR
3. Foreign Passport Number: _____
Country of Issuance: _____

QR Code - Section 1
Do Not Write In This Space

Signature of Employee	Today's Date *(mm/dd/yyyy)*

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator	Today's Date *(mm/dd/yyyy)*

Last Name *(Family Name)*	First Name *(Given Name)*

Address *(Street Number and Name)*	City or Town	State	ZIP Code

STOP *Employer Completes Next Page* STOP

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name *(Family Name)*	First Name *(Given Name)*	M.I.	Citizenship/Immigration Status

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date *(if any)(mm/dd/yyyy)*		Expiration Date *(if any)(mm/dd/yyyy)*		Expiration Date *(if any)(mm/dd/yyyy)*
Document Title				
Issuing Authority				
Document Number				
Expiration Date *(if any)(mm/dd/yyyy)*				
Document Title				
Issuing Authority				
Document Number				
Expiration Date *(if any)(mm/dd/yyyy)*				

Additional Information

QR Code - Sections 2 & 3
Do Not Write In This Space

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment *(mm/dd/yyyy)*: _____ ***(See instructions for exemptions)***

Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*	Title of Employer or Authorized Representative

Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name

Employer's Business or Organization Address (Street Number and Name)	City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name *(if applicable)*			B. Date of Rehire *(if applicable)*
Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Date *(mm/dd/yyyy)*

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date *(if any)* *(mm/dd/yyyy)*

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized 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	Today's Date *(mm/dd/yyyy)*	Name of Employer or Authorized Representative

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Employee Medical Emergency Information

Pride Academy

5615 W. 22nd Street Indianapolis, IN 46224 317-247-1553
6080 N. Michigan Road Indianapolis, IN 46228 317-251-1553
Alisia Jackson, Executive Director 317-373-5183

Employee Information

Name_____ Phone Number_____

Address_____

City_____ State_____ Zip Code _____

Email Address _____

Emergency Contacts

1) Name_____ Relation_____

Cell Phone_____ Alternate Phone_____

2) Name_____ Relation_____

Cell Phone_____ Alternate Phone_____

3) Name_____ Relation_____

Cell Phone_____ Alternate Phone_____

Health Insurance

Company_____ Telephone _____

Physicians Name _____ Policy #_____

Medical Conditions

_____

_____

_____

_____

Medications and Dosage

_____

_____

_____

_____

Allergies (Medical, Food, seasonal...)

_____

_____

_____

Allergy Reaction (Rash, Nausea...)

_____

_____

_____

Unlicensed Registered Child Care Ministry Substance Abuse Screening Test Consent Form

Ministry Name: Pride Academy Ministry ID#: RM00374-A RM00374 RM00753-A

Phone: 317-373-5183

Ministry Address: 511 N Michigan Rd. 545 W. 32nd St. Stc Ka

Person to be screened: _____ ☐ Self ☑ Employee or Volunteer

Indiana Code 12-17.2-5-3.5 requires that each child care ministry shall maintain and make available drug test results which do not show a presence of illegal controlled substance(s) for themselves, all individuals employed or volunteer caring for children prior to application, employment or volunteering. This shall include Amphetamines, Cocaine, Opiates, PCP and THC.

I, the undersigned, have been informed that drug test results must be maintained in the unlicensed registered child care ministry and available to the Division of Family Resources (DFR). Confidentiality of these drug testing results will be maintained by the ministry and will not be disclosed for any other purpose. The results of this drug test will be used to determine compliance with IC12-17.2-5-3.5. If drug testing results of any individual, required supplying such a test, indicate the presence of an illegal controlled substance, the registered ministry shall immediately suspend or terminate the individuals employment or volunteer service. A registered ministry that does not comply is subject to termination from participation in the Child Care Development Fund (CCDF) voucher program. I further understand that this test and any subsequent test will be conducted at the ministry's or individual's expense. An inconclusive drug test will not be considered a drug test for purposes of determining compliance with IC12-17.2-5-3.5.

I understand that if I refuse to consent to take the test and maintain the results for inspection by the DFR, that I will not be in compliance with IC12-17.2-5-3.5.

I have read and understand the Drug Testing Guidelines and consent form that have been provided to me.

I hereby: _____ Consent

_____ Refuse to Consent

to the drug test, and to providing the results to the ministry that will be maintained and available for inspection by the DFR.

Signed: _____ Date/Time _____
(Individual undergoing drug testing)

Witnessed: _____ Date/Time _____

Ministry Director: _____ Date/Time _____

(Please maintain a copy of this signed release form and drug test results in files accessible to DFR personnel)

Appendix F

Drug Testing Policy
Employee and Volunteer

I, _____ agree to and understand the following policy.

- All employees and volunteers applicants shall have a drug test prior to providing child care at the facility.
- All employees and volunteers are subject to random drug testing at any time. Refusal to submit to a random drug test will be classified as a positive drug test result.
- Any employee and volunteer suspected of being under the influence of drugs or alcohol will be immediately required to submit to a drug test and will be placed on a suspended status until the results of that drug screen are obtained.
- Any applicant with a positive drug test result will be ineligible for hire, continued employment/service.
- Any employee or volunteer with a positive drug test will be immediately terminated from their child care duties with the facility.

Signed _____ Date: _____

Unlicensed Registered Child Care Ministry Drug Testing Guidelines
Effective July 1, 2008

Indiana Code 12-17.2-5-3.5 requires each childcare provider to provide drug test results which do not show a presence of illegal controlled substances for themselves, all individuals in the ministry employee or volunteer caring for children on their behalf prior to registration or employment. This drug test shall test for Amphetamines, Cocaine, Opiates, PCP and THC. Each drug test shall meet the following criteria.

1. Chain of Custody shall follow guidelines, which are consistent with U.S. Department of Transportation requirements. (See specific Chain of Custody instructions listed below.)
2. Each drug screen shall be processed by a lab, which has been certified by the Substance Abuse and Mental Health Services Administration (SAMSHA, formerly NIDA).
3. Drug test results shall be reviewed by a nationally certified Medical Review Officer using positive cut-offs established by the U.S. Department of Transportation. Drug test results must include contact information for the Medical Review Officer and signature when possible.
4. Drug test results shall be faxed or mailed to the Licensee.

The following Chain of Custody shall be followed for drug testing results provided to the Family and Social Services Administration as required by Indiana Code.

- ☐ The collector shall ask the donor for photo identification.
- ☐ After verification of donor's identification, the collector will complete step one of the custody of control form provided by the laboratory.
- ☐ The collector will ask the donor to remove any unnecessary outer clothing (coat, etc.) and leave hand carried items (briefcase, etc.) outside toilet enclosure. The donor may be required to empty his/her pockets at collector's discretion.
- ☐ The collector will instruct the donor to wash and dry his/her hands.
- ☐ The collector will provide the donor a wrapped and sealed collection container and/or specimen bottle. Either the collector or the donor may open the container bottles in donor's presence.
- ☐ If the container and bottle are wrapped together, the donor should be allowed to take container and bottle into toilet enclosure. If container and bottle are wrapped separately, only the collection container should be taken into toilet enclosure. The wrapped bottle should remain outside enclosure and then opened in the donor's presence when the donor gives the filled collection container to the collector.
- ☐ The collector will accompany the donor to toilet enclosure when it is time for the donor to provide urine sample. The donor will enter toilet enclosure and shut the door, the collector remains outside the closed door.
- ☐ The donor will hand filled collection container to the collector, both the donor and the collector should maintain visual contract of the specimen until labels and seals are placed over bottle caps.
- ☐ The collector checks specimen and reading of the specimen temperature indicator within four minutes of receiving the specimen from the donor. The collector then marks the appropriate box on custody of control form.
- ☐ The collector checks specimen volume ensuring there is at least thirty milliliters of urine in a single specimen collection.
- ☐ The collector checks specimen for unusual color, odor or other physical qualities that may indicate an attempt to adulterate the specimen.
- ☐ The collector will pour at least thirty milliliters into the specimen bottle.
- ☐ The collector immediately places lid/caps on specimen bottle and then applies tamper evident labels/seals.
- ☐ The collector will write the date on label field. The donor will be asked to initial labels/seals when affixed to the bottles.
- ☐ After sealing the specimen bottle, the donor will be permitted to wash and dry his/her hands, if he/she so desires.
- ☐ The donor will be instructed to read and complete the donor certification section of the custody of control form, including signing certification statement.
- ☐ The collector will complete collector's certification section of custody of control form, including signing certification statement.
- ☐ The collector will record any remarks concerning collection process in "remarks section" of custody of control form.
- ☐ The collector will complete chain of custody block of custody of control form. At a minimum, the collector will complete: the specimen, received by, purpose of, change, date, and released by blocks of the custody of control form.
- ☐ The collector will give the donor his/her copy of custody of control form and the donor may leave collection site at completion of this step of the collection process. It is not necessary for the donor to remain at collection sight while specimen bottle and custody of control form are prepared and packaged for shipment.
- ☐ The collector will prepare the bottle and copies of the custody of control from for shipment to the laboratory. The bottles and custody of control form copies will be shipped in a padded mailer or shipping container secured with an outer seal. The collector will initial and date the seal on the shipping container.
- ☐ Finally, the collector will send the MRO copy of the form directly to the MRO addressed on the form and the employer copy to the designated representative (ministry Director).

Revised 05/25/08

APPENDIX H

Tobacco and Substance Policy
Child Care Development Fund

I, _____, have been informed that my participation in the Child Care Development Fund Voucher
(Directors Name)

Program requires me to provide assurance that I will not allow anyone to participate in the following acts during the hours in which I provide child care.

- I will not use tobacco anywhere in the child care facility (including outdoor play areas) during child care hours.
- I will not allow any staff member or guest to use tobacco anywhere in the child care facility (including outdoor play areas) during child care hours.
- I will not use alcohol anywhere in the child care facility (including outdoor play areas) during child care hours.
- I will not allow any guest to use alcohol anywhere in the child care facility (including outdoor play areas) during child care hours.
- I will not use any substance labeled harmful or fatal if swallowed or inhaled in a manner other than its intended purpose in the child care facility (including outdoor play areas) during child care hours.
- I will not allow any guest to use any substance labeled harmful or fatal if swallowed or inhaled in a manner other than its intended purpose in the child care facility (including outdoor play areas) during child care hours.
- I will not use or have possession of any illegal substance on the premises of the child care facility.
- I will not allow any guest to use or possess any illegal substance on the premises of the child care facility.

I understand by my signature below that my failure to comply with the above statements may result in the Ministry's inability to participate in the Child Care Development Fund Program.

Signature _____ Date _____

Paths To Quality
"Planning Time – Commitment"

I, _____, am committing to 1 (one) hour planning time during naptime each day which will promote excellence in education.

Teacher commitment is a key factor influencing the teaching-learning process.

_____
Teacher Name

_____
Date

Any one occurrence of the following behaviors conducted on Pride Academy premises or off-site where employee is representing Pride Academy may result in immediate termination of employment:

1. Administering of any type of physical, verbal, sexual or emotional abuse/punishment to a child;
2. Leaving children unsupervised by allowing children in your direct care to be out of your sight and/or hearing distance according to Indiana Licensed Child Care Guidelines or by placing a classroom out of ratio by leaving the classroom for any amount of time or through the utilization of personal communication devices (cell phones, lap tops, computer, etc.);
3. Taking children to any unauthorized area which is restricted for staff use only or is not conducive to children health/safety;
4. Cell phones and/or personal items are not allowed in the classroom at any time.
5. Leaving work without permission for any reason when you were counted in ratio for the supervision of children is considered job abandonment and child neglect which will be reported to Child Protection Services.

Please sign and date below confirming your understanding and agreement of Pride Academy policy as stated above.

Printed Name _____ Date _____ Signature _____

Pride Academy

DRESS CODE POLICY

Employees are expected to present themselves as professionals at all times. This includes appropriate dress. Therefore, the following clothing is **NOT ACCEPTABLE** during working scheduled work hours:

- Bare feet
- Exposed undergarments
- Observable lack of undergarments and exposed undergarments
- Clothing that is ripped or torn, excessively stained and/or has observable bleach spots

- Employees are expected to attend work well groomed and presentable- combed hair, respectful body odor, clean shaven, clean clothes and shoes.
- Employees of Pride Academy will be required to wear the following uniform:
  - SHIRT CHOICES:
    - Pride Academy logo t-shirts and/or polo shirts.
    - No patches, holes, dingy or bleach stains/spots
    - **Administration and Directors** can wear business casual clothing or center uniform as stated within this document.
  - PANTS, SHORTS, CAPRI , SKIRT OR SCRUBS CHOICES:
    - Solid colored pants in either beige, khaki or black (Capri, skorts and skirts are acceptable)
    - Cannot expose undergarments or private body areas
    - Scrubs may be worn in the classrooms.
    - ABSOLUTELY NO BLUE JEANS
- Noncompliance Consequences
  - Dress code violations affect attendance because employee are not able to work if employee is not following the dress code and thus will be classified as Dress Code Violation. Failure to comply with the dress code policy without proper authorization from the Executive Director may result in any of the following:
    - 1st Occurrence: employee will receive a written reprimand and will be sent home unpaid for the remainder of work day;
    - 2nd Occurrence: apply consequences for 1st Occurrence and unpaid suspension of employment for one additional day;
    - 3rd Occurrence: apply consequences of 1st occurrence and un-paid suspension of employment for 3 days
    - Any additional occurrences of dress code violation will result in employee being terminated without further notice.

The Dress Code Policy is effective immediately or on upon signing this document.

_____ _____

Employee Signature **Date**

Pride Academy

EMPLOYEE ABSENCES

Supervisors are responsible for monitoring any employee absences that occur without the requested two week notification, as well as implementing any necessary disciplinary action. The following guidelines will be utilized to monitor absences and implement disciplinary action on a fiscal calendar year basis, from August 1 through July 31.

Number of Absences	Action
3	Verbal Warning
4	1 Day Suspension
5	2 Day Suspension
6	Written Reprimand & 3-day Suspension
7	Termination

Nothing herein prohibits a supervisor from using progressive discipline with an employee for failing to call or notify his/her supervisor in advance of an absence. In addition progressive discipline policies will be used to long-standing repetitive pattern abuses of the attendance procedure and work rules. Employees absent two (2) consecutive scheduled workdays without proper notification shall be considered as having resigned their positions.

CLOCKING IN AND OUT

It is your responsibility to clock in at the correct time of entry and departure at Pride Academy. Any failure to clock in or out properly may result in a delay in payment of wages and possible termination.

TARDINESS

Tardiness is defined as any punch-in or report for work later than an employee's scheduled time. A grace period is granted to those that are three (3) minutes late to work or less. Such grace periods will be limited to five (5) periods in any six (6) calendar months. In certain instances, such as traffic accidents or flat tires, no disciplinary action will be taken. Verifiable evidence must be provided in these instances within 48 hours of the tardy. The following guidelines will be utilized to monitor tardiness and implement disciplinary action on a fiscal calendar year basis, from August 1 through July 31.

Number of Occurrences	Action
2	Counseling
3	Written Reprimand
4	Written Reprimand & 3-day Suspension
5	Recommendation for Termination

_____ _____

Employee Signature Date

Employee Acknowledgement Form

I have received and read the Pride Academy Employee Policy and Procedures Handbook. I expect to be guided by the rules and policies contained therein. I further understand and agree that my employment with Pride Academy is at will and may be terminated by the Director of Pride Academy at any time for any reason or without reason. I understand that nothing in the Personnel Policies and Procedures handbook or in any oral statement or representation by any employee or representative of Pride Academy shall be deemed to create a contract of employment or any other modification of the at-will employment relationship. I also understand that any or all of the provisions contained in the Employee Policy and Procedures Handbook may be modified, amended, or eliminated by Pride Academy at any time with or without notice.

_____

Employee Name & Signature

_____

Date _____

Pride Academy

July 30, 2019

Dear Pride Academy Staff,

Since IACCRR is phasing out we will be utilizing the I LEAD site to complete the required trainings. The following steps must be completed in order to gain access to the website:

1. Please go to the following website https://secure.in.gov/apps/fssa/childcare/portal/home
2. Click Log-in on the upper right hand corner of the page.
3. Then it will direct you to the Welcome to FSSA page. At the bottom on the screen click on the "Don't have an account? Sign up now".
4. The screen will direct you to another page. Go to STEP 1 first and enter your email to receive a verification code. Once the verification code is sent, enter the verification code in the space provided.
5. Once the verification has been entered then you will be able to set up your password, first and last name, and number.
6. It will direct you to a page that says Sign- In. You will enter your email and password.
7. A page will display "Childcare I-LEAD Home/ Dashboard" and under that will be a green display link that says "Start Your Indiana Learning Path". Click on the link and it will take you to the course work page.

How to access the trainings:

1. Scroll down to the training that is needed.
2. Click on the button that says "Register"
3. The page will take you to a description of the course.
4. Look on the left hand side of your page and there should be the name of your course in blue.
5. Click on the link and it will take you to the class.

How to access your certificates:

1. Once you have completed and pass the course. Go to the tab that says "Reports".
2. Click on the icon that looks like a printer to display your certificate.
3. Print out the certificate.

TRAINING TITLE	CREDIT HOURS
Attachment Relationships	1
Breathe Easy: Asthma Information for Early Educators Modules 1 and 2	1
Challenging Behavior: Reveal the Meaning	1
Child Abuse and Neglect Detection and Prevention - Online 2018 - 2019	1
Child Assessment	1
Determining and Developing Relationships with Referral Partners	1
Exploring Primary Caregiving and Continuity of Care of Group Care Settings	1
Family Leadership Training - Module 1: Defining Parent Leadership	1
Family Leadership Training - Module 2: Critical Elements of Collaboration	1
Family Leadership Training - Module 3: Building blocks of Effective Meetings	1
Family Leadership Training - Module 4: A Framework for Advocacy	1
Fathers in Child Care	0.5
First Steps Exit Skills Checklist Module	1
First Steps Home Visiting Series Webinar 1: Addressing the Opioid Crisis as an Early Interventionist	1
First Steps Home Visiting Series Webinar 2: Autism	1
First Steps Home Visiting Series: Webinar 3: Indiana Funding Maze and Community Resources	1
First Steps Home Visiting Webinar 4: Care coordination with DCS/Foster Care	1
First Steps National Webinar: Dr. Robin McWilliams	1
First Steps National Webinar: Emerging Issues In Early Intervention	1
First Steps: Breaking the Iron Cage of Poverty: An Insider Perspective	1

First Steps: Introduction for Providers to the New Family Assessment Tool	1
First Steps: The Role of Family Assessment in Family Centered Home Visiting	1
Helping Parents Develop Skills that Support Social and Emotional Development of Babies and Toddlers	1
How to Implement Authentic Assessment in Early Childhood Settings	1
How Trauma Affects Adults and Parenting Behaviors: Part 1	1
How Trauma Affects Adults and Parenting Behaviors: Part 2	1
Indiana Early Childhood Family Engagement Toolkit Module	3
Indiana's Early Learning Development Framework: Approaches to Play and Learning	1
Indiana's Early Learning Development Framework: Social Emotional	1
Indiana's Introduction to the Early Childhood and Out of School Learning Profession - Module 1 - Child Development	2
Indiana's Introduction to the Early Childhood and Out of School Learning Profession - Module 2 - Health	4
Indiana's Introduction to the Early Childhood and Out of School Learning Profession - Module 3 - Safety	4
Indiana's Introduction to the Early Childhood and Out of School Learning Profession - Module 4 - Child Development (School Age)	2
Infant Mental Health: Basic Concepts and Background	1
Introduction to the NEW Indiana Early Learning FOUNDATIONS	1
Introduction to Trauma and Toxic Stress: Effects in Early Childhood	1
Learning Environment	1
Let's Get the Lead Out!	1
Let's Talk About Mealtime (*Face to Face)*	2
Navigating the ISTAR-KR online system	0.5
Orientation I Online	1
Orientation II - A requirement for family child care providers to become licensed (*Face to Face)*	3
Preparing for Emergency & Disaster in the Child Care Setting	1
Preventing Expulsion 1: The Teaching Pyramid	1

Preventing Expulsion 2: Nurturing Relationships	1
Preventing Expulsion 3: Supportive Classrooms	1
Preventing Expulsion 4: Understanding Behavior	1
Preventing Expulsion 5: Describing Behavior	1
Preventing Expulsion 6: Working with Families	1
Promoting Children's Success: Building Relationships and Creating Supportive Environments - Preschool	2
Refresher Workshop for Safe Sleeping Practices	1
Safe Sleeping Practices and Reducing the Risk of SIDS in Child Care (*Face To Face)*	2.5
Serving Families and Children Experiencing Homelessness	1
Social Emotional Development within the context of Relationships - Infant and Toddler	2
Strengthening Your Skills in Infant and Early Childhood Mental Health	1
Teaching with Intention	1
The Juggling Act: Schedules, Routines, and Transitions	1
Universal Precautions (*Live Webinar*)	1
Using Interpersonal Methods: Relationship-Based Approach, Parallel Process, and Professional Use of Self	1
Using Screening Tools and Methods with Families Exposed to Trauma: Part 1	1
Using Screening Tools and Methods with Families Exposed to Trauma: Part 2	1
What Do You Charge? Rate Considerations, Sliding Fee Schedules, Scholarships, and Discounts	1
Why We Access Young Children	0.5
Working with Difficult Populations in Difficult Situations (*Face To Face*)	2

TOTAL TRAINING HOURS **80**