

Pinecone Preschool Employee Handbook

Pinecone Preschool Mission Statement

Our mission is to provide the families in our community with a high-quality early childhood educational program that nurtures the spiritual, social, emotional, physical, and intellectual growth through creative play and loving instruction. We are committed to caring for each child in a loving and calm atmosphere that supports the child's desire to be life-long learners.

INTRODUCTION

It is the desire of Pinecone Preschool to provide fair and equitable treatment with reasonable conditions of employment for all members of the Pinecone Preschool Team.

There are no insignificant positions at Pinecone Preschool. Each person has a place of responsibility, and each member must be accountable within their differing capacities. Employees are expected to work together in a harmonious and cooperative manner and are expected to lead by example with appropriate conduct.

"Your attitude is important in the work and goals of Pinecone Preschool. We are privileged in the role we play at forming little minds, and you are an integral part of that."

AT WILL EMPLOYMENT

This handbook is not an employment contract, nor does it create contractual obligations, implied or otherwise.

Pinecone Preschool management is comprised of the Pinecone Preschool Board of Directors. This management reserves the right to change, revise, or eliminate any of the policies or benefits described in this handbook. If changes occur, employees will be notified immediately, in writing and verbally.

Arizona is a 'right to work state' therefore Pinecone Preschool or the employee may terminate the employment relationship at any time, with or without cause or notice, or for any reason that is not expressly prohibited by law. Any oral or written representations to the contrary are invalid and should not be relied upon by any prospective or existing employee of Pinecone Preschool.

NON-DISCRIMINATION POLICY

Pinecone Preschool maintains a policy of non-discrimination with all employees and applicants. All aspects of employment with Pinecone Preschool are governed based on merit, competence, and qualifications and will not be influenced in any manner by race, ethnic background, gender, age, national origin, religion, handicap, or veteran status, disability, or political affiliation.

All decisions made with respect to recruiting, hiring, training, education, on the job treatment and promotion will be made solely based on individual qualifications related to the requirements of the position. Likewise, the administration of all other personnel matters such as compensation, benefits, transfers, and termination of employment including layoff and recall for all employees will be free from any discriminatory practices.

AFFIRMATIVE ACTION

It is the policy of Pinecone Preschool to provide equal employment and educational opportunities for all persons without regard to race, color, national origin, gender, age, veteran status, disability, or political affiliation. An integral part of this policy is to administer recruiting, hiring, working conditions, benefits and privileges of employment, compensation, training, opportunity for advancement including upgrades and promotion, transfer, and without discrimination because of race, color, national origin, religion, gender, age, veteran status, disability, or political affiliation.

AMERICANS WITH DISABILITIES ACT

The Americans with Disabilities Act (ADA) prohibits discrimination against qualified individuals with disabilities in job application procedures, hiring, firing, advancement, compensation fringe benefits, job training and other terms, conditions, and privileges of employment. A qualified employee or applicant with a disability is an individual who satisfies skill, experience, education, and other job-related requirements of the position held or desired, and who, with or without reasonable accommodation, can perform the essential functions of that position. The ADA does not alter Pinecone Preschool right to hire the best qualified applicant but does prohibit discrimination against a qualified applicant or employee because of his or her disability.

QUALIFICATIONS FOR EMPLOYMENT

Selection of new personnel or transfer and promotion are guided by provisions of the state Civil Rights Commission's Guide to Lawful and Unlawful Pre-Employment Inquiries, the Civil Rights Act, Federal and State of Arizona licensing mandates.

1. A positive attitude of cooperation with Pinecone Preschool Director and appointed leadership, co-workers, and the parents.
2. Proof of United States citizenship or registration as a legal alien in accordance with the Immigration Reform and Control of the United States of America (I-9).
3. Qualifications deemed necessary to fulfill the specific duties of the position, including experience and education requirements.
4. Employees must submit the following to prior to working:
 - a. Proof of ability to work in the US, and/or Soc. Card, Passport, and current state issued photo ID.
 - b. Personnel record; application, resume, emergency contact information.
 - c. One personal reference and one professional reference.
 - d. DES Criminal History Affidavit, Class 1 Fingerprint Clearance Card, or proof of application (Employees 18-up).
 - e. Current state issued photo ID.
 - f. Transcripts or verification of request for transcripts, diploma/GED, or degree. (Failure to provide will affect continued employment).
 - g. Current certification in infant/child/adult CPR and First Aid or must obtain within 30 days of employment.
 - h. Current inoculation record, and TB test within last year. Any additional forms or statements requested by Pinecone Preschool at the time of hire which may have been added to this list.

Application PROCEDURES

1. Initial screening of all applicants will be done by the director and will include a review of the written application and/or resume, and an employment interview.
2. Since Pinecone Preschool is "always looking for good people", applications for employment will be accepted on continuous basis and at the Pinecone Preschool Director's discretion. Applications will be submitted on a standard form. Applicants that are not hired will remain on an "open"

- applicant status for a minimum of 6 months.
3. Reference checks will be made by personal contact, telephone, or email/mail and shall be documented and made part of the applicant's file prior to an offer of employment. All such information shall be treated as confidential information. Pinecone Preschool reserves the right to confirm previous employment of each prospective employee.
 4. Applications shall remain on file for six months and be reviewed when openings occur.
 5. A job description will be given to each selected applicant and thoroughly reviewed by the applicant and interviewer for clarification.
 6. Upon employment, all new personnel will receive a copy of the Employee Handbook contained herein, and all training requirements. It is the employee's responsibility to review the policies, standards, and procedures.
 7. Clarification of all salary expectations will be made prior to the initiation of employment.

INTRODUCTORY PERIOD

All new personnel will be placed on "Introductory Period" status for no less than ninety (90) days. This period is designated as an opportunity for new employees to demonstrate that they can become familiar with and perform their duties in a satisfactory manner. At the end of the "Introductory Period," a decision will be made by the employee and the Pinecone Preschool Director as to continuance based upon attendance, tardiness, professionalism, and specific job performance, and the specific abilities of the employee in relation to the job description.

During the "Introductory Period", work performance will be informally evaluated by the Pinecone Preschool Director. A formal evaluation report will be prepared near the end of the "Introductory Period." All evaluation reports become part of the employee's permanent personnel file.

PERSONNEL RECORDS

1. The contents of an employee's personnel file are considered confidential by Pinecone Preschool. All personnel records, including employee applications, evaluation report, and correspondence relating to the employee are secured in the business office of Pinecone Preschool. We will not disclose any information from this personnel file to anyone except Pinecone Preschool (as may become necessary during normal business operations) or Government Agencies (as required by law) or subject to legal and administrative process. No other access will be granted without the employee's written permission.
2. An employee may request, in writing, to review their own personnel file. This review is to be done in the presence of the director. Employees have the right to copy any document that contains that employee's signature. Employees may not remove documents.
3. Written documentation of employee's performance will be kept on file at the administration office.

PERSONNEL INFORMATION CHANGES

All employees are required to notify the Pinecone Preschool Director of any changes in name, address, and telephone number. Notification must be made within ten (10) days. An employee must notify the Director within 48 hours of an arrest or pending legal actions.

EMPLOYEE PERSONAL ITEMS/ MATERIALS

Pinecone Preschool is not responsible for the loss, damage or theft of any personal items brought to or left at the center or on the premises regardless of the nature of those items or articles, including equipment, supplies, and/or curriculum purchased or owned by visitors, employees, clients, or customers of Pinecone Preschool. Employees are responsible for the security and care of their own materials, equipment, and personal items. Materials not marked or in some way identified as the personal property of the employee

may be assumed to be the property of Pinecone Preschool.

REIMBURSEMENT OF EMPLOYEE EXPENSES

Pinecone Preschool will reimburse employees for reasonable and legitimate job-related expenses incurred in the course of performing their required duties under the following conditions:

1. All expenses must be pre-approved by the Director
2. Expenses deemed unreasonable or excessive will not be paid or reimbursed and the employee will be personally responsible for payment.

KEY CONTROL

Employees who are issued keys are expected to keep them always secured. Keys may not be copied, loaned, or otherwise misused. All issued keys must be returned to the Director at the time of separation of employment or at any time requested to do so by a superior. Employees who "lose" their key may be required to pay the expenses of re-keying the locks and the cost of re-distributing new keys to all authorized key holders. This expense may be automatically deducted from the employee's paycheck without written approval of the employee.

COMPENSATION AND EVALUATION

Pinecone Preschool pays its employees based on wage and/or salary ranges for positions according to the following categories:

1. Leadership/ Management
2. Lead/ Head Teacher
3. Assistant Teacher
4. Substitute

EMPLOYMENT Classifications

1. Exempt employees are defined as being Professional, Administrative, or Executive in nature and a set of standards must apply. As such, exempt employees are not subject to overtime payment.
2. Full-time (31-regularly hours scheduled per week)
3. Part-Time (30 hours or less a week)

WAGES AND SALARIES

Wage is set by the Director and monitored by the designated fiscal agents. Wages are confidential and information concerning this should be treated as such.

Wages and salaries are based on the following:

1. The initial wage is negotiated when employees are hired and is based on education, experience, and evaluation.
2.
 - a. Education i.e., units earned at an accredited institution of higher education for successful completion of courses which directly relate to the field of childcare and early childhood education, training hours and/or CEUs received in the field and training in related fields. (Must be documented.)
 - b. All practical experience which directly relates to the field of childcare and early childhood education; all practical experience in related fields and/or all practical experience in other fields; that are related specifically to the position being considered.
 - c. Evaluations of the employee's performance

OVERTIME

All overtime worked by non-exempt (hours) must be pre-authorized by the director. Employees working overtime hours without prior authorization are subject to disciplinary action. Authorized overtime will be equal to 1.50 times your regular, hourly rate of pay, and will be paid for authorized hours worked more than 40 hours in each workweek. The Work Week for purposes of calculating overtime for Non-Exempt employees, the work week begins at 12:01 a.m. each Monday and ends at 12 midnight the following Sunday.

PAYROLL DEDUCTIONS

Payroll deductions will be made according to the law, employment agreement, or upon request of the employee. Deductions may include but may not be limited to the following:

1. Federal and State Income Tax
2. FICA/Social Security Tax and Medicare
3. Wage attachments made in accordance with any state or federally mandated law or request i.e., garnishments.

PAY PERIODS

The pay period makes up a 14-calendar day, which begins on a Monday and ends on a Friday. Hours of operation are Monday-Friday 6:30-5:30pm. Paydays are bi-weekly on Thursday. Failure to submit accurate timesheets can result in disciplinary action, including termination or receiving a late paycheck. Checks will be direct deposited.

PAYROLL ADVANCES

Pinecone Preschool does not issue payroll advances on prospective or actual income before the regularly scheduled paydays covering the pay period.

PERFORMANCE EVALUATIONS

Employees will be evaluated at the end of the "Introductory Period," and at least annually thereafter. They may be conducted more often at the Director's discretion. Annual reviews will take place prior to the beginning of a new school year.

All evaluations are reviewed with the employee. Performance evaluations can be given at any time throughout the school year. These evaluations will be used as a tool to help improve both our staff and school.

1. All Introductory employees will receive a review at the end of their probation period. This review will contain a recommendation to have the employee put on regular status, remain on introductory employment status, or termination. The Introductory period may be extended or re-introduced at the discretion of the Director.
2. Each staff member will receive an Annual Performance Evaluation. **Pay increases do not necessarily accompany any yearly evaluations, however in the event there are going to be pay increases they will be attached to the performance evaluation.**
3. The Director will meet with each employee, on an individual basis, to go over the review.
4. After the review has been discussed, both the Director and the employee will sign the review.
5. Employees are required to sign the written appraisal. Their signature acknowledges that the appraisal has been reviewed with them. An employee's signature on an appraisal does not indicate that they agree with the entire contents of the appraisal/evaluation.
6. Refusal to sign the review will not invalidate the review, and it will still be placed in the employee's

file. However, the act of refusal to sign a performance evaluation may result in termination and will void any raise that would have accompanied the evaluation.

7. The employee's comments will be attached to the appraisal and filed in the employee's personnel file, and it will be placed in the employee's permanent file.
8. The employee may request a copy if they so desire.

Performance Appraisals are confidential.

WORK SCHEDULE POLICY

It is vital that every employee work their scheduled hours, arrive on time, and prepared to give full attention to the children (leave outside home/school/life distractions at the door). You have chosen employment that ALWAYS demands your full attention. When an employee is distracted or not where they are supposed to be, the children's safety is at risk, thereby jeopardizing the facility and license. Please ensure you take your scheduled breaks, so you remain energized and able to be your best self. When you are your best self, it reflects onto the children and makes your choice of employment highly rewarding.

WEEKLY WORK SCHEDULE

1. The weekly schedule will be posted in advance and created by the Director. The schedule accommodates for licensing ratios, while providing consistency and stability in each room by maintaining the same regular hours. This aids in establishing a loving, safe and healthy environment for the children. Pinecone Preschool aims for teachers to work collaboratively, and cross train in each room, this makes it easier to accommodate time off requests, teachers calling out. Being flexible is a very important part of your job, this means there will be times that you will be needed to cover different classrooms.
2. The schedule will be posted by Wednesday for the following week. Overall, employees have a general idea of their normal working week, but the schedule is subject to change. It is possible that an employee could be called on to work a different schedule from time to time to accommodate other employee's pre-arranged absences or other absences. All employees are subject to the possibility of being scheduled any hours that the center is open, and we appreciate each employee's flexibility.
3. All employees are responsible for checking the schedule after it is posted to ensure that they understand their specific work schedule for the week covered.
4. Team meetings and trainings are mandatory and scheduled monthly, after the school closes.

TIMESHEETS

All employees are required by state and federal fair labor practices as well as by accurate financial procedures to maintain a time record, employees must record the time they arrive, break time exceeding 20 minutes, and departure time.

1. Timesheets remain on campus in their designated place provided.
2. It is not acceptable to clock in or out for another employee.
3. Falsifying a time record may be grounds for immediate dismissal.
4. Any missed clock in or out times must be reported to the Director or Assistant Director as soon as possible.

EMPLOYEE TIME OFF REQUESTS, SICK TIME, AND LEAVE OF ABSENCES

1. PTO – All "PRE-ARRANGED ABSENCE/PTO REQUEST FORMS" must be turned in 2 weeks prior to the beginning of the week that they will fall in. This is to give the Pinecone Preschool Director one week to plan the schedule after having received all time-off requests. More than a two-week notice would be greatly appreciated.
2. Call-in/Sick Leave- The employee must call in at least a minimum of two (2) hours prior to the

beginning of the work schedule. You are required to speak with the Director, do not leave a message on the school phone, or send a text. The Director reserves the right to request a Dr. note after a missed day. (Do not send text messages when calling off)

3. **Unexcused Absence** – Subject to specific disciplinary action.

All employees shall be granted, on an individual circumstance, absence for personal needs such as bereavement, or maternity leave. All employees will receive the following sick day compensation. For every 30 hours you work, you will accrue **1.0 hour Paid Sick Leave**, up to a maximum of 40.0 hours/years. The term 'year' means calendar year (January 1- December 31).

Sick pay does not roll over into the next year.

***No Paid sick days will be granted during the first 3 months of employment; however sick time will be accrued in those first 90 days. (As of the first day of employment)

TARDINESS

Tardiness can create chaos in the early learning environment. This is the reason that tardiness is considered equal to an unexcused absence in most cases. Employees are expected to notify the Director immediately if you will be late.

CALL OUT

Call outs can be detrimental in the operation of the preschool as it causes issues with ratios and licensing. When calling out, employees are to **CALL** Beth at (928) 225-9481 before 10 PM the night before. For opening shifts, it is required to **CALL** the office at (928) 526-0072 by 5:30 AM. Later shifts are required to call out 2 hours before their shift starts. Texting or leaving a voicemail will **NOT COUNT** as calling out and will result in a "no call, no show" this will result in a write up and the third "no call, no show" will result in **TERIMANTION**.

JOB ABANDONMENT

If you are absent from work and do not call in to report that absence for 2 consecutive workdays, we will believe you have voluntarily resigned from your job at Pinecone Preschool.

Smoking/No Smoking

It is Pinecone Preschool intent to provide a healthful, safe work environment and to follow the Smoke Free Act. Therefore, smoking is prohibited in facility, , work area. This policy applies to all employees.

Please note there are no "smoke breaks" allowed during your scheduled work hours. You, of course, may smoke prior to starting work, during a meal period, or after ending work.

HOLIDAYS

The center is closed for the following holidays: New Year's Day, Martin Luther King Day, Presidents Day, the Friday of Spring Break, Good Friday, Memorial Day, Juneteenth, 4th Of July, Labor Day, Fall Holiday, Veteran's Day, Thanksgiving Day, the day after Thanksgiving, and Christmas Day and the day after. Should a holiday fall on a weekend, an additional closure may not be necessary.

HOLIDAY PAY

Part-Time 30 hours or less will receive 4 hours of pay Full-Time 31 hours or more will receive 8 hours of pay. Staff must attend the day before and the day after the holiday to receive paid holidays. You will not receive paid holidays until you have been an employee for 6 months.

Pinecone Preschool Snow Day Policy

Pinecone Preschool will strive to provide consistent daily childcare. We follow the Flagstaff Unified School District snow day if they call a snow day or have a delayed start then we will open at 8:30 am. However, on days that are exceptionally hazardous the following options may be taken a full day closure, or we might close early. Please check our website pineconepreschool.org to find out if there is a change in schedule, check our Facebook page, or listen to KAFF (92.9 FM, 930 AM)

WORKER'S COMPENSTATION AND EMPLOYEE INCIDENT REPORTING

In the case of a job-related accident to any employee, immediate notice should be given to the Pinecone Preschool Director. Failure to do so may result in a nullification of the workers compensation benefit according to the rules of the specific workers compensation policy and the state and federal laws which govern workers compensation claims. An incident report form should be filled out and should include the nature of the injury, how it happened, the time of day, and witnesses. Pinecone Preschool maintains Worker's Compensation insurance for job-related accidents.

WORK RELATED INJURIES

1. Employees involved in a work-related injury, which is a true emergency and requires immediate treatment, will be assisted by the supervisor or someone appointed to assist in going to the nearest hospital for care or by calling 911.
2. Medical treatment for a non-emergency injury can be obtained through the suggested healthcare provider. Contact your supervisor for direction and/or assistance in finding the appropriate provider.
3. Employees injured during the performance of their duties are subject to drug testing, as established in the "Substance Use and Abuse" policy listed below.

CONTINUING EDUCATION/YEARLY TRAINING REQUIEMENTS

18 hours of continuing education is required yearly according to the state laws governing the center and the policies. Pinecone Preschool will provide trainings on site and 12 of the 18 hours must relate to your specific position (toddler, infant, pre-k). You are expected to arrange and attend additional hours to meet the requirement.

- If you are absent from when training hours are scheduled, you are responsible for obtaining the

training/hours on your own. You will not receive compensation for the training hours. Failure to attend any training that the center has paid for will require the employee to reimburse the center for all class fees.

- Upon completion of any training employees must turn a certificate of completion into the director. Employees will be compensated for trainings scheduled at the center.
- No over time will be paid for trainings or staff meetings.
- Staff meetings are required as part of your position. If you are absent the day of a staff meeting, you are required to receive an agenda and notes from the director upon your return.
- You will receive comp time or flex time for these meetings and or your hourly wage. On occasion, you will be required to attend special events for the preschool in the evening.
- Comp time or compensatory time is used in place of your hourly wage, when deemed necessary by the preschool director.

MANDATORY REPORTING OF CHILD ABUSE and Sexual Abuse

State law requires all members of childcare institutions recognize signs and symptoms of abuse and make a report to the appropriate authority all suspected cases of abuse to a child.

At Pinecone Preschool our center and staff are mandatory reporters of Child Abuse. All incidents or suspected incidents will be turned over directly to the Child Protective Services for investigation. Pinecone Preschool is not allowed to do any investigation and is required by law to report anything of a suspicious nature. It is advised that teacher's make the Director aware of any lingering bruising or other visible injuries.

If you suspect abuse/neglect, contact the Director immediately. All employees must be trained in mandatory reporting prior to being able to work singly in the classroom. The report hotline is 1-888-sos-child. Please refer to Child Abuse and Neglect handout.

CONFIDENTIALITY

According to Federal Law all children and staff information, records, and/or documentation will be held confidential as specified by the following procedures:

1. Any person or agency requesting access to or information about an individual child or staff member will be informed of this confidentiality process.
2. No information regarding Pinecone Preschool children or staff will be given out, either verbally or written, without proper notification and consent of the responsible party, (i.e. either the staff member or the respective parent or guardian).
3. The following information is to be regarded as confidential, but is not limited to name, address, telephone number, progress notes, medical records, assessments, evaluations, and hourly or salary wages.
4. All requests for information external to Pinecone Preschool will be documented by name of requester, date, time, type of information requested, reason for request, as well as the action taken.
5. Each employee's personnel file and child's case record will include copies of all consents and authorizations presented to Pinecone Preschool for release of confidential information

THE PRIVACY ACT OF 1974 states in part: No agency shall disclose any record which is contained in a system of records by any means of communication to any person, or to another agency, except pursuant to a written request by, or with the prior written consent of, the individual to whom the record pertains....⁽¹⁾
<http://www.usdoj.gov/foia/privstat.htm>

This includes gossip and other malicious ways of interacting with colleagues. Federal regulations mandate confidentiality when individuals deal with other individuals in a service organization (the Privacy Law). Disclosing any information, sharing information with others who should not be privy to that information,

talking about someone else's problems with people who cannot do anything about those problems or who have no business knowing about those problems is a violation of the federal law.

CELL PHONE POLICY



Pinecone Preschool classrooms and playgrounds are a **CELL PHONE FREE ENVIRONMENT**. It is important that children receive the full attention of staff.

- Staff are required keep personal cell phones out of sight and placed in a separate area other than your pocket.
- Personal text messaging or listening to phone messages or phone calls is **NOT** permitted while on duty with the children.
- Staff must either wait until their break or lunch or make sure the classroom is covered before stepping out of the classroom to make a call.
- Exceptions will be made in cases of personal emergencies as permitted by the Director.
- Cell Phones should not be in your hands during class time.

Please remember that the preschool has a land line, and this can be used for emergency situations.

SUBSTANCE USE AND ABUSE

Our policy is to employ a work force free from alcohol abuse or the use of illegal drugs. Any employee who violates this policy will be disciplined. This may include termination, even for a first offense.

ALCOHOL

Pinecone Preschool prohibits employees from being "under the influence" of alcohol while performing Pinecone Preschool job responsibilities. Employees may not consume alcoholic beverages or take illegal drugs on our premises. Employees may not report to work under the influence of drugs or alcohol. Such behavior poses a safety threat to the employee, other employees, and the children.

ILLEGAL DRUGS

The presence of any illegal drug in an employee, detectable by a drug-screening test, while performing Pinecone Preschool business or Pinecone Preschool property is prohibited. Pinecone Preschool reserves the right to perform random and/or scheduled drug testing, subject to privacy rights of the employee and any other legal requirements.

An illegal drug is any drug which is not legally obtainable, or which is legally obtainable but has not been legally obtained. The definition includes prescribed drugs not legally obtained and prescribed drugs not being use for prescribed purposes.

Employees convicted under any federal or state criminal drug statute, employees must notify the director within five (5) days. This will be grounds for termination.

Legal drugs include prescribed and over-the-counter drugs which have been legally obtained and used for the purpose in which they were intended. Illegal drugs include any drug which is not legally obtainable, or which is being used in a manner or purpose other than as prescribed.

FIREARMS, KNIVES AND OTHER WEAPONS

Employees are prohibited from carrying any type of weapon on Pinecone Preschool property including keeping it in a desk, file or any areas of the buildings and grounds or in their personal possession while representing Pinecone Preschool. A permit to own a firearm or any other weapon will not override this policy.

HARASSMENT

Pinecone Preschool has a zero tolerance for workplace violence, threats, and intimidating behaviors. Any behavior of violence, intimidation, or threats towards an employee by another staff or a non-employee must be reported immediately to the Pinecone Preschool Director or appointee. Violations of this policy will result in disciplinary action up to and including termination of employment.

PERSONAL CONDUCT AND TEACHING APPROACH

Due to the nature of this employment, Pinecone Preschool expects a high standard of professional conduct. You are a role model to the children and are expected to have professional mannerisms in your communication, tone, dress, and overall presentation. Children are highly attuned and sensitive your tone, mood, and non-verbal communications, for these reasons, you are expected to arrive at the center ready to be with the children. Any home/social issues should not enter the classroom. Any conflicts arising between team members should be addressed in a mature manner if this cannot occur notify the Director. Malicious rumors or gossiping about colleagues, peers, or parents is highly unprofessional and unwelcome at Pinecone Preschool, engaging in this behavior is not the example we want to provide to the children and can result in disciplinary action, including termination. Bringing outside friends, not employed by Pinecone Preschool, into the classroom is prohibited as it violates licensing standards.

Overall, please be aware that your personal conduct; the words you use, the personal story's you tell, the music you listen to are always being observed by other teachers, parents, and the students therefore must be limited to a "G-rated" standard.

DRESS CODE POLICY

All staff should appear professional in personal appearance we will only wear scrubs to work you will be provided with one pair.

Please don't wear open toed shoes.

Personal Hygiene in the Workplace

Good personal hygiene habits must be maintained. Offensive body odor and poor personal hygiene is not professionally acceptable.

Employees are to come to work prepared for the job assignments they have. Employees are expected to come to work properly clothed, groomed, and clean.

TEACHING APPROACH and CLASSROOM MANAGEMENT

- Employees/Teachers are expected to teach and approach the kids at an age-appropriate level.
- Teachers will use a calm tone, and limit raising your voice to gain control of the classroom.
- Pinecone Preschool will never accept shaming, making fun of, belittling, or sarcasm as a form of interacting with the children.
- Lesson plans will be posted a week in advance, this includes having all supplies and copies prepared prior to the week's start.

Pinecone Preschool encourages teachers to form positive relationships with parents. If parents request extra communication, please make the Director aware so that management can create a dialog with the parent(s).

- You may never post any pictures of children on your personal media websites, but Pinecone Preschool's website welcomes pictures. Please email pictures to the Pinecone Preschool email account so they can be posted on the school media pages.
- If a child is showing symptoms of illness, please alert the Director or the office person, then take the child's temperature. When taking a child's temperature, take the temperature a few times to gather an 'average' to report to the Director/Office person.

You may not send a child home sick without permission from the Director/office person.

- If a child incurs an injury while at school, the observing teacher will immediately tend to the child to calm and sooth their needs than write an "ouch report" to alert the parent of the situation that accrued with their child while in school
- Daily reports will be written to as a form of communication with the parents and provided to the family at pick up. Included within the daily report will be how the child ate and slept, bathroom use/diaper changes, listening/ behavior in the morning and after nap, supply needs and reminders.

Daily reports are not a substitute for verbal communication with the families.

Parking Lot Spaces

Please be courteous and considerate about where you park your vehicle on Pinecone Preschool Property. We want to accommodate the easiest and safest route for the parents to utilize the parking spaces nearest the walkway/stairs as they drop off students throughout the day.

Pinecone Staff please make every attempt to **AVOID** parking in these areas:

- Morning time (business hours) during drop off times-in front of the treed area
- Monday-in front of the Trash Bin
(Mondays weekly pick up schedule time & times will vary on this day)

Other areas to park your vehicle at Pinecone Preschool during business hours/working (director prefers):

- Parallel parking on King Street
- Parallel parking by the playground.

AZ Registry Training

Instructor: Karen Hoffman

Register at azregistry.org create a username and password to be able to access the trainings and save any progress made.

To find all the training go down to find instructors tab on the left-hand side. Click the first down box to select find by instructor's name. Enter in Karen Hoffman and all the trainings should pop up below, register for the ones listed here. All the trainings can be done at your own pace, please be sure to write down the date for when they were completed to help keep track.

After registering to access the trainings, go to the left-hand side of the azregistry and select my enrollments. Click one to work on and click on the website link to begin the training.

Training Credits:	Course Name:	Date Completed:
½ hour training credit	Responding to Severe allergic Reaction	
½ hour training credit	Diapering 101	
½ hour training credit	Handwashing in Child Care	
1 hour training credit	Sanitation Practices in Child Care	
2 hour training credit	Foundations 1 Moving Forward with Expulsion Prevention (this one with be under the find training event tab; select find by name, you will have to type in the full name)	
1 hour training credit	Resource Video Changing Diapers in Child Care (To find this one it located at the bottom of the Maricopa website) Online Education Maricopa Co https://www.maricopa.gov/1403/Online-Educationunty_AZ	

Child Care Education Institute Trainings

These trainings can be accessed through the azregistry website, on the left-hand side there is a CCEI online training, on that tab there is a link to the trainings, and it should have everything already logged into.

To find the course, click the course catalog link on the homepage and use the course IDs to find each one.

Course ID:	Course Name:	Course Hours:	Date Completed:
ADM103	Transportation And Field Trip Safety for Child Care Settings	2	
ADM107	Coping With Crises and Traumatic Events	3	
CCEI110A	Indoor Safety in Early Childhood Settings	1	
CCEI110B	Outdoors Safety in Early Childhood Settings	1	
CCEI112A	Child Abuse: Signs of Abuse and reporting Requirements for Early Childhood Professionals	1	
CCEI119	Food Allergies in the Early Care Settings	1	
HLTH102	Preventing the Spread of Bloodborne Pathogens	1	
HLTH105	Medication Administration in the Child Care Environment	3	
HLTH110	Protecting Infants: Reducing the Risk of SIDS and Shaken Baby Syndrome	2	

Employee Handbook

Before employment can begin at Pinecone Preschool you must read and sign this handbook.

I have read and agree with the ALL of the employee handbook Policies about my duties of a Pinecone Staff Member. I will maintain a high work ethic and be respectful to my fellow teachers here at Pinecone Preschool:

Employee Signature

Date

Pinecone Preschool

Job Description

Job Title: Teacher

Supervisor: Director

Pinecone Preschool Mission Statement

Our mission is to provide the families in our community with a high quality early childhood educational program that nurtures the spiritual, social, emotional, physical, and intellectual growth through creative play and loving instruction. We are committed to caring for each child in a loving and calm atmosphere that supports the child's desire to be life-long learners.

Three values that we are looking for in all our staff are as follows: Staff must be caring, dedicated, and professional in their role of a preschool teacher.

Dedication:

Above all, to be a successful preschool teacher, you should really believe in what you are doing. You should care tremendously about the progress and well-being of each child in the classroom. Teaching preschool can be tiring and stressful, but it is also incredibly rewarding in the end. A bad experience in preschool can really compromise a child's educational future, so you should always do your best to encourage children and foster their learning.

Primary Purpose: Provide a safe, nurturing environment for children that fulfills the standards of care recognized by Pinecone Preschool. Plan and implement a developmentally and age appropriate curriculum which takes in consideration the needs of the individual child and encourages the child's spiritual, social, cognitive, physical and emotional development. Maintain positive, professional relationships with parents, children, co-workers.

General Work Habits

- Ensure continuity of care by reporting to work on time and maintaining consistent attendance and following appropriate procedures for requesting time off.
- Support Pinecone Preschool's policies and philosophy to parents, co-workers and the community.
- Demonstrate flexibility with work schedules and assignments.
- Attend mandatory meetings, center events and training sessions.
- Demonstrate flexibility and openness to new ideas in child care practices.

Professionalism

- Maintain confidentiality about issues concerning faculty members, children and families or Pinecone Preschool's management. Never involve parents in center concerns.
- Continue professional growth by attending courses, workshops, asking for feedback and reading professional literature.
- Demonstrate knowledge of ages and stages of development. Understand the general areas of development for this age group.
- Receive constructive criticism with an attitude that indicates a willingness to improve. Give feedback in a respectful manner.
- Conduct yourself in a manner that is not detrimental to the children or the reputation of Pinecone Preschool.
- Greet a visitors warmly; helping them to feel welcome and valued.

Interactions with Children

- Interact frequently, affectionately and respectfully by smiling, touch and holding children. Speak in a friendly, calm, soft, courteous manner.
- Speak directly with the child at the child's level.
- Show respect for individual differences; including developmental level, learning styles, cultural differences and individual preferences. Avoid stereotyping and labeling.
- Practice positive guidance techniques as outlined in Pinecone Preschools Discipline Policy.
- Be attentive, flexible and supportive of children and their families.
- Engage and communicate with individual children during activities and routines. Use these teachable moments to extend the child's thought and understanding.
- Respect and observe the children's interests. Enhance the children's play and intervene when needed to maintain safety.
- Be available and responsive to the children's needs, interest, questions and requests.
- Model positive social skills and discourage such behavior in the children.
- Always act responsibly and attentively to avoid any injury or endangerment to the children.

Interactions with Parents

- Greet parents at drop off and pick up with a courteous, friendly and professional demeanor.
- Respond to parents' comments, needs and concerns with respect, sensitivity, interest and cooperation.
- Maintain a primary care giving relationship with families.
- Practice open and honest communication with parents; keep them informed of activities, developmental goals and issues regarding their child. Communicate verbally and in writing with parents.
- Prepare for parent teacher conferences with every family.
- Maintain confidentiality at all times; do not discuss a specific child or family in front of the children or other parents.

Interactions with Colleagues

- Maintain an attitude of cooperation and respect with everyone in the center.
- Assume a fair share of the workload. Look for ways to help others.
- Demonstrate a willingness to participate in collaboration; share ideas and materials with others.
- Be a considerate "borrower" and return items promptly and in at least the same condition as it was received.
- Practice open, honest, respectful communication to resolve conflicts.
- Go directly to the source with issues, avoid gossip.
- Show respect for individual differences; including learning styles, cultural differences, points of views and individual preferences. Avoid stereotyping and labeling.
- Provide assistance, orientation and guidance to everyone, but especially new employees or substitutes.
- Be supportive of each other; assume additional center and classroom responsibilities as needed.
- Show initiative and independence in assuming responsibility.
- Communicate effectively with everyone in the center; share concerns, challenges and successes with center administrators.

Physical Demands

- Follow state, federal and Pinecone Preschool guidelines including immunizations, and required safety and health training.
- Refrain from sleeping on the job or being under the influence of any legal or illegal substance that may impair judgment, alertness, responsiveness or your ability to do your job.
- Ensure children's safety while performing the following job functions
 - Frequently lift, move or hold children with a range of weight from 10 to 50 pounds. (may on occasion perform these tasks for a child weighing more than 50 pounds) Daily supervise and interact with a group of children outdoors for an extended period of time in various weather conditions.
 - Demonstrate a full range of motion to lift, reach, squat, climb, sit or otherwise fully participate in activities.
 - Respond immediately and appropriately to multiple or unexpected situations or emergencies.
 - Maintain physical and mental alertness and an appropriate level of energy to perform essential job requirements.

Physical Environment, Health, Safety and Nutrition

- Maintain and follow all center safety and health rules, guidelines and procedures.
- Follow all tracking and attendance procedures so you know the number of children in your group at all times.
- Maintain child staff ratios.
- Complete appropriate paperwork; attendance, ouch reports, allergy updates, etc.

- Ensure accuracy in attendance records.
- Model and encourage children to follow all health, safety and nutritional practices.
- Keep the environment and equipment safe, clean and attractive. Encourage respect for classroom materials. Notify center director in advance when supplies are needed.
- Arrange space in well-organized, clearly defined areas.
- Design an environment that responds to children's individual developmental, physical and emotional needs.
- Immediately report any safety/health related concerns to the center director.

Curriculum

- Implement a developmentally appropriate curriculum that reflects observation, assessments and interest of individual children.
- Organize a variety of appropriate materials that meet all the developmental domains, so they are accessible to children.
- Promote social literacy by acknowledging feelings with sensitivity and help children identify and understand their emotions.
- Encourage creativity.
- Share ideas in planning a daily schedule that provides a balance of activities; child/teacher directed, active/quiet, indoor/outdoor etc.
- Allow many opportunities for children to make choices; offer guidance to provide well-rounded experiences for the children.
- Maintain flexibility in scheduling to allow for children's needs and interest.
- Plan ahead and be prepared to implement planned activities on a daily basis.
- Be sensitive to transitions times; daily schedules, changes in the classroom routines, new families

Classroom Cleaning Duties

- Maintain a clean and organized classroom
- See and follow the Cleaning checklist of ALL daily responsibility
- See and follow the weekly cleaning schedule-toys, mat covers etc.

Wisdom is a "weightless" gift

Wisdom is a gift you give to children. They carry it with them their entire lives, and even though it weighs nothing, it transforms their lives, opening up doors of opportunity for bright futures.

Have a great day. You are a difference maker.

Pinecone Preschool

Staff Emergency Contact Information Sheet

Employee Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

First Contact:

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Second Contact:

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Emergency Information

Name of Preferred Hospital: _____

Physician's Name: _____

Insurance Information: _____

Allergies: _____

Current Medications: _____

Employee Signature: _____

Call Out / Tardiness Policy

Pinecone Preschool cannot operate effectively or efficiently unless its employees can be depended upon to show up for work on a timely and consistent basis. We depend upon each employee, and when one person is absent, a replacement must be found for the day. Thus, absenteeism has a particularly disruptive effect on both the preschool and the children. We understand that unforeseen circumstances do occasionally arise so if for any reason you will not be able to show up for your scheduled shift, and you know the night prior you must **call** Beth (928-225-9481) before 10 PM. If you do not call out the night prior, you will need to call whoever is opening (you can see this through homebase) by 5 AM for opening shifts. Later shifts must call the office phone (928-526-0072) **at least** 2 hours prior to their scheduled shift. You must speak to someone in the office. Leaving a voicemail, texting, or emailing is not an appropriate way of calling out and will be considered a "no call no show" and you will be written up. Your third no call no show **WILL** result in termination.

Being on-time to your shift is significantly important. The work schedule accommodates licensing ratios, while providing consistency for the children. Tardiness can cause chaos as children are arriving in the morning and put us out of the licensed ratios. If you are going to be more than 5 minutes late to your shift or back from your break you will need to call the preschool phone and talk to the office staff, you will need to tell them why you will be late and what time you will be arriving (texting is not an appropriate way of communication). If you do not call the office to inform us that you will be late, it will be considered "unexcused" an unexcused absence or tardiness can result in a write up.

Please sign and date below:

_____ Date: _____

Pinecone Preschool LLC

Sexual Abuse& Molestation Prevention Program

Pinecone Preschool is a safe zone for our precious children. We are 100% committed to the safety and wellbeing of the children in our care. Your complete compliance with this program is a condition of employment at Pinecone Preschool. The following procedures are in place for the protection of our students.

Employee Background Checks- Prior to the hiring of any Employee a comprehensive background check and criminal record check is conducted for all employees and volunteers.

Abuse Recognition & Reporting- Under Arizona State Law, Pinecone Preschool is a Mandatory Reporter for any sign of child abuse whether at our facility or elsewhere. Our employee training program is designed to help you recognize signs of potential abuse. Every employee is required to report any sign of possible abuse to both the director and owners, and as required, we will then work with you to report the suspected abuse to the appropriate state agency.

Employee Handbook- Our zero tolerance for sexual abuse and mandatory reporting requirement by the Arizona state law is addressed in our employee handbook and is reviewed with you at the time you are hired.

Video Surveillance- Our facility has video surveillance cameras in every room. The system is monitored by management throughout the day and copies of the videos are permanently retained by Pinecone Preschool.

Failure to report- Any employee who fails to report suspected abuse or fails in any way to comply with our sexual abuse & molestation prevention program will be subject to immediate termination.

Signature _____

AZ Registry Training

instructor: Karen Hoffman

Register at azregistry.org create a username and password to be able to access the trainings and save any progress made.

To find all the training go down to find instructors tab on the left-hand side. Click the first down box to select find by instructor's name. Enter in Karen Hoffman and all the trainings should pop up below, register for the ones listed here. All the trainings can be done at your own pace, please be sure to write down the date for when they were completed to help keep track.

After registering to access the trainings, go to the left-hand side of the azregistry and select my enrollments. Click one to work on and click on the website link to begin the training.

Training Credits:	Course Name:	Date Completed:
½ hour training credit	Responding to Severe allergic Reaction	
½ hour training credit	Diapering 101	
½ hour training credit	Handwashing in Child Care	
1 hour training credit	Sanitation Practices in Child Care	
2 hour training credit	Foundations 1 Moving Forward with Expulsion Prevention (this one will be under the find training event tab; select find by name, you will have to type in the full name)	
1 hour training credit	Resource Video Changing Diapers in Child Care (To find this one it located at the bottom of the Maricopa website) Online Education Maricopa Co https://www.maricopa.gov/1403/Online-Education unty, AZ	

Child Care Education Institute Trainings

These trainings can be accessed through the azregistry website, on the left-hand side there is a CCEI online training, on that tab there is a link to the trainings, and it should have everything already logged into.

To find the course, click the course catalog link on the homepage and use the course IDs to find each one.

Course ID:	Course Name:	Course Hours:	Date Completed:
ADM103	Transportation And Field Trip Safety for Child Care Settings	2	
ADM107	Coping With Crises and Traumatic Events	3	
CCEI110A	Indoor Safety in Early Childhood Settings	1	
CCEI110B	Outdoors Safety in Early Childhood Settings	1	
CCEI112A	Child Abuse: Signs of Abuse and reporting Requirements for Early Childhood Professionals	1	
CCEI119	Food Allergies in the Early Care Settings	1	
HLTH102	Preventing the Spread of Bloodborne Pathogens	1	
HLTH105	Medication Administration in the Child Care Environment	3	
HLTH110	Protecting Infants: Reducing the Risk of SIDS and Shaken Baby Syndrome	2	

Checklist For New Staff Members

Employee's Name _____

Date Started _____

Staff Training Requirements	Date Completed	Certified By
Roles of Teachers		
Review teacher roles and expectations		
Operations of the preschool; breaks and planning time		
Staff Responsibilities		
Employee Handbook		
Breaking and Covering teachers		
Communications		
Room Expectations		
Notebook Overview – what is in it and how it can be beneficial to you		
Ratios		
Disciplinary Actions and Developmental expectations		
Classroom set up and functionality		
Infants care and formula and breastmilk care		
Cleaning		
Location of cleaning supplies		
Three step process		
Cleaning Expectations: what products should be used for what and why		
Accidents and Blowouts		
Bathrooms and laundry		
Safety Protocols and Procedures		
Fire and emergency plans and exiting		
Child abuse or neglect detection, prevention, and reporting		

Form **W-4**Department of the Treasury
Internal Revenue Service**Employee's Withholding Certificate**

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.

OMB No. 1545-0074

2023**Step 1:
Enter
Personal
Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <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, other details, and privacy.

**Step 2:
Multiple Jobs
or Spouse
Works**

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.

Do **only one** of the following.

- (a) Reserved for future use.
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

TIP: If you have self-employment income, see page 2.

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.)

**Step 3:
Claim
Dependent
and Other
Credits**

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 \$

Multiply the number of other dependents by \$500 \$

Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here **3** \$

**Step 4
(optional):
Other
Adjustments**

(a) **Other income (not from jobs).** 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 **4(a)** \$

(b) **Deductions.** 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 **4(b)** \$

(c) **Extra withholding.** Enter any additional tax you want withheld each pay period **4(c)** \$

**Step 5:
Sign
Here**

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

**Employers
Only**

Employer's name and address

First date of
employment

Employer identification
number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

Cat. No. 10220Q

Form **W-4** (2023)

General Instructions

Section references are to the Internal Revenue Code.

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.

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 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 and you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), 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 2023 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, 2024.

Your privacy. 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).

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 income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

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.

If you (and your spouse) have a total of only two jobs, you may 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. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. 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 2023 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. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

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.

- 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 2023 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:

{	<ul style="list-style-type: none"> • \$27,700 if you're married filing jointly or a qualifying surviving spouse • \$20,800 if you're head of household • \$13,850 if you're single or married filing separately 	}
---	--	---	-----------

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 territories 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 Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870
\$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	3,200	4,070
\$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190
\$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390
\$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590
\$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610
\$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610
\$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610
\$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460
\$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330
\$150,000 - 239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$260,000 - 279,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140
\$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,870	17,870	19,740
\$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,470	15,470	17,470	19,470	21,340
\$320,000 - 364,999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640
\$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880
\$525,000 and over	3,140	6,840	10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,860	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040
\$10,000 - 19,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,760	3,960	3,970
\$20,000 - 29,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
\$30,000 - 39,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
\$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
\$60,000 - 79,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
\$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
\$100,000 - 124,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
\$125,000 - 149,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020
\$150,000 - 174,999	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
\$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
\$200,000 - 249,999	2,900	5,930	8,360	10,660	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
\$250,000 - 399,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$400,000 - 449,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$450,000 and over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,870	\$1,890	\$2,040
\$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
\$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
\$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
\$40,000 - 59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
\$60,000 - 79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
\$80,000 - 99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
\$100,000 - 124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
\$125,000 - 149,999	2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	15,190	16,190	17,270	18,530
\$150,000 - 174,999	2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
\$175,000 - 199,999	2,190	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030
\$200,000 - 249,999	2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
\$250,000 - 449,999	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230
\$450,000 and over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600

Arizona tax rates have decreased. As a result, we are revising withholding percentages and are requiring taxpayers to complete a new Form A-4 for 2023.

Type or print your Full Name		Your Social Security Number
Home Address – number and street or rural route		
City or Town	State	ZIP Code

Choose either box 1 or box 2:

☐ **1** Withhold from gross taxable wages at the percentage checked (check only one percentage):

☐ 0.5% ☐ 1.0% ☐ 1.5% ☐ 2.0% ☐ 2.5% ☐ 3.0% ☐ 3.5%

☐ Check this box and enter an extra amount to be withheld from each paycheck \$

--	--

☐ **2** I elect an Arizona withholding percentage of zero, and I certify that I expect to have no Arizona tax liability for the current taxable year.

I certify that I have made the election marked above.

SIGNATURE _____

DATE _____

Employee's Instructions

Arizona law requires your employer to withhold Arizona income tax from your wages for work done in Arizona. The amount withheld is applied to your Arizona income tax due when you file your tax return. The amount withheld is a percentage of your gross taxable wages from every paycheck. You may also have your employer withhold an extra amount from each paycheck. Complete this form to select a percentage and any extra amount to be withheld from each paycheck.

What are my "Gross Taxable Wages"?

For withholding purposes, your "gross taxable wages" are the wages that will generally be in box 1 of your federal Form W-2. It is your gross wages less any pretax deductions, such as your share of health insurance premiums.

New Employees

Complete this form within the first five days of your employment to select an Arizona withholding percentage. You may also have your employer withhold an extra amount from each paycheck. If you do not give this form to your employer the department requires your employer to withhold 2.0% of your gross taxable wages.

Current Employees

If you want to change your current amount withheld, you must file this form to change the Arizona withholding percentage or to change the extra amount withheld.

What Should I do With Form A-4?

Give your completed Form A-4 to your employer.

Electing a Withholding Percentage of Zero

You may elect an Arizona withholding percentage of zero if you expect to have no Arizona income tax liability for the current year. Arizona tax liability is gross tax liability less any tax credits, such as the family tax credit, school tax credits, or credits for taxes paid to other states. If you make this election, your employer will not withhold Arizona income tax from your wages for payroll periods beginning after the date you file the form. To keep this election for the next calendar year, you must give your employer an updated Form A-4. If you do not, your employer may withhold Arizona income tax from your wages and salary until you submit an updated Form A-4.

Zero withholding does not relieve you from paying Arizona income taxes that might be due at the time you file your Arizona income tax return. If you have an Arizona tax liability when you file your return or if at any time during the current year conditions change so that you expect to have a tax liability, you should promptly file a new Form A-4 and choose a withholding percentage that applies to you.

Voluntary Withholding Election by Certain Nonresident Employees

Compensation earned by nonresidents while physically working in Arizona for temporary periods is subject to Arizona income tax. However, under Arizona law, compensation paid to certain nonresident employees is not subject to Arizona income tax withholding. These nonresident employees need to review their situations and determine if they should elect to have Arizona income taxes withheld from their Arizona source compensation. Nonresident employees may request that their employer withhold Arizona income taxes by completing this form to elect Arizona income tax withholding.

Pinecone Preschool

Direct Deposit Authorization Form

Please print and complete ALL the information below.

Name: _____

Address: _____

City, State, Zip: _____

John Jones
124 Main Street
Anywhere, MA 01345

0259

123456789

9 digit
Routing
Number

1234567891011

Account
Number
(1-17 digits)

0259

Check
Number
(do not include)

Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Type of Account: Checking Savings (Circle One)

Please attach a voided check for each bank account to which funds should be deposited.

Pinecone Preschool LLC is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee Signature: _____

Date: _____

RunPayroll

Start Simple

☒ - Employee Setup

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Social Security Number: _____

Gender: ☐ Male ☐ Female Email Address: _____

Pay Info: ☐ Hourly ☐ Salary Birth Date: ____/____/____ Hire Date: ____/____/____

Employee Type: ☐ Full Time ☐ Temporary ☐ 1099 ☐ Part Time

Employee Status: ☐ Active ☐ Terminated ☐ New Hire ☐ Inactive

Benefit Tracking:

	Opening Balance	Earned Per Period	Maximum Balance
<input type="checkbox"/> Vacation	Hours	Hours	Hours
<input type="checkbox"/> Sick	Hours	Hours	Hours
<input type="checkbox"/> Personal	Hours	Hours	Hours

Department Tracking:

Code#:	%
Code#:	%
Code#:	%

Pay Type: ☐ Live Check ☐ Direct Deposit

Direct Deposit Info:

	\$ or %*	Routing Number (9 digits)	Account Number	Bank Name
Account #1				
Account #2				
Account #3				

*With fixed dollar amount or percentage, the "remainder" will be deposited into the last account entered.

Regular Pay Rate: \$_____ Per Hour/Pay Period

Overtime Rate: \$_____ Per Hour/Pay Period

Other Rate: \$_____ Per Hour/Pay Period

Federal Tax Info: Filing Status ☐ Married ☐ Single

Allowances _____ Additional Withholding Amount \$_____

State Tax Info: Income Tax Filing State _____ Unemployment Filing State _____

Filing Status ☐ Married ☐ Single ☐ Head of Household ☐ Other

Allowances _____ Additional Withholding Amount \$_____

Local Taxes: Authority Name _____ % _____ Occupational Tax _____

Deductions:

Name:	\$	Per Payroll
Name:	\$	Per Payroll
Name:	\$	Per Payroll
Name:	\$	Per Payroll

SP103102

Fax to 847-676-5136 For questions, please call 877-954-7873

PERSONNEL RECORDS

R9-5-402.A., R9-5-403

<input type="checkbox"/> 1. Employee Name: _____ Home Address: _____ Telephone #: _____	Date of Birth: _____ Position: _____ Alone <input type="checkbox"/> Supervised <input type="checkbox"/>
<input type="checkbox"/> 2. Start Date: _____	Hire Date: (if different) _____
<input type="checkbox"/> 3. End Date: _____	
<input type="checkbox"/> 4. Emergency Contact:(name) _____	Phone # _____
<input type="checkbox"/> 5. Immunization Statement: In Compliance with Arizona State Law, the undersigned does hereby testify that he/she has immunizations against measles, rubella, diphtheria, mumps and pertussis that are current. Employee Signature: _____ Date: _____	
<input type="checkbox"/> 6-7. Verification of Fingerprint Registration (see A.R.S. § 36-883.02.c, R9-5-203): <input type="checkbox"/> Original signed Criminal History Affidavit dated _____ <input type="checkbox"/> Copy of the Applicant Fingerprint Registration Application (application # _____) <input type="checkbox"/> Copy of the Fingerprint Clearance Card (expiration date _____)(# _____) <input type="checkbox"/> DPS contacted (date _____) <input type="checkbox"/> Valid <input type="checkbox"/> NOT valid	
<input type="checkbox"/> 8. Documents required by R9-5-301(F) <input type="checkbox"/> Mantoux TB Test Results (on or w/in 12 months prior to start date) _____ date of test results <input type="checkbox"/> A health care provider's signed statement that the individual is free from TB, dated w/in 6 months of start date	
<input type="checkbox"/> 9. Documents required by R9-5-401 <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> High School Diploma/GED Certificate <input type="checkbox"/> Work Experience (based on full time employment, 30+ hours/week) </div> <div> <input type="checkbox"/> saw orig. <input type="checkbox"/> by phone <input type="checkbox"/> by letter </div> <div> Verified (name) _____ by: _____ (date) _____ </div> </div>	
<input type="checkbox"/> 10. Written Documentation of Training required by R9-5-403 <input type="checkbox"/> New Staff Training within 10 calendar days of starting date (date) _____ <input type="checkbox"/> Eighteen (18) Hours of Annual In-Service Training based on starting date, including at least 6 hours in areas of child growth & development YEAR: _____ (based on start date) HOURS: _____	
<input type="checkbox"/> 11. Current License or Certification <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> AZ Driver's License (if a van driver) Expires: _____ </div> <div> <input type="checkbox"/> Food Handlers Card Expires: _____ </div> <div> <input type="checkbox"/> First Aid Certificate Expires: _____ </div> <div> <input type="checkbox"/> CPR Certificate Expires: _____ </div> </div>	
<input type="checkbox"/> 12. Good faith efforts to contact previous employers: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Contact 1 Name: _____ Date: _____ </div> <div> <input type="checkbox"/> Contact 2 Name: _____ Date: _____ </div> </div>	
<input type="checkbox"/> 13. <input type="checkbox"/> Central Registry (ADCS) check (copy of submittal, or documentation of results) <input type="checkbox"/> Central Registry (ADCS) Direct Service Position form	

RETAIN ENTIRE FILE 12 MONTHS FROM TERMINATION DATE

IMMUNIZATION VERIFICATION

In compliance with Arizona State Law, the undersigned does hereby testify that, to the best of his/her knowledge, immunizations against Measles, Rubella, Diphtheria, Mumps, and Pertussis are current.

Date of _____

Employee's Signature _____

Printed Employee's Name _____

G:/Forms/ImmunizationVerification.doc (9/10) CCL form-298

Arizona Department of Health Services BUREAU OF CHILD CARE LICENSING

EMPLOYEE'S PROFESSIONAL REFERENCE DOCUMENTATION Rules R9-3-301.A.4.b.v.iii and R9-5-402.A.12.

Employee: _____ Position: _____

Start Date: _____

Good faith effort checks of at least two previous employers.

Reference Name _____
Telephone _____
Title/Position _____
Date of Contact _____
Comments _____

Reference Name _____
Telephone _____
Title/Position _____
Date of Contact _____
Comments _____

**ARIZONA DEPARTMENT OF CHILD SAFETY
DIRECT SERVICE CENTRAL REGISTRY CLEARANCE FORM**

Applicant/Employee: You are being provided this form because you have applied for a position that requires a search of the Arizona Department of Child Safety's (DCS) Child Abuse and Neglect Records (CPS/CR) required by Arizona State law. Your information, upon submission by your employer, will be searched through the DCS Central Registry for Employment. All information on the form must be typed or printed. Any form missing information or containing information which is not legible will be returned to the requesting agency.

Employers: Return the completed form via secured email to DESCANRegistryChecks@azdcs.gov within five (5) business days of hire. For the email subject line, please type your DES Division, the last name, and the first name of the person the search is conducted for.

Example: DDD Jones, Jane. One email per form. This form must be retained as confidential in the employee's file, and it is subject to audit.

Check Applicable DES Division ☐ DDD ☐ DAAS ☐ DCAD ☒ CCA ☐ DERS

NAME OF REQUESTING AGENCY
Pinecone Preschool LLC

REQUESTING AGENCY EMAIL ADDRESS (For return of results)
pineconeflagstaff@gmail.com

AGENCY MAILING ADDRESS (No., Street, City, State, ZIP Code)
2901 N King St Flagstaff, AZ 86004

APPLICANT/EMPLOYEE'S NAME (Last, First, M.I.)

SOC. SEC. NO. (000-00-0000)

DATE OF BIRTH (mm/dd/yyyy)

OTHER NAMES USED (Including nicknames and maiden names)

APPLICANT/EMPLOYEE'S ADDRESS (No., Street, Apt No., City, State, ZIP Code)

☐ New Hire ☐ Rehire ☐ Volunteer ☐ Renewal

APPLICANT/EMPLOYEE EMAIL

POSITION

CONTRACT/EXTENTION NUMBER

DATE EMPLOYED

EDUCATION

EXPERIENCE

Are you currently the subject of an investigation of child abuse or neglect in Arizona, or another state or jurisdiction? ☐ Yes ☐ No

Have you ever been the subject of an investigation of child abuse or neglect in Arizona, or another state or jurisdiction that resulted in a substantiated (determined to have occurred) finding? ☐ Yes ☐ No

If Yes: • What was the allegation(s)?

• When was the investigation(s) conducted?

• Where was the investigation(s) conducted?

If you wish to provide additional information please use reverse side.

STATEMENT OF CERTIFICATION BY APPLICANT/EMPLOYEE

By signing this form, I allow the Department of Child Safety to report final findings of any DCS child abuse investigation and the status of my Level 1 Fingerprint Clearance Card to the agency listed above. I attest under penalty of perjury, that the information provided is true, correct, and complete to the best of my knowledge and belief. I further understand the provision of false information or intentional misrepresentation of information on this form may result in disciplinary action.

APPLICANT/EMPLOYEE'S SIGNATURE*

DATE

*Pen or Digital signatures are accepted

FOR DCS USE ONLY

Date Received

CPS/CR Substantiated Reports

Date Checked

☐ No ☐ Yes

☐ Disqualifying ☐ Non-Disqualifying

Report No.

Code

NAME/SIGNATURE OF PERSON COMPLETING SEARCH

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact 602-255-2801; TTY/TDD Services: 7-1-1. • Disponible en español en línea o en la oficina local.

Arizona Department of Health Services
Bureau of Child Care Licensing
CRIMINAL HISTORY AFFIDAVIT

Complete this form immediately upon beginning employment, and at the time of reapplication for a Fingerprint Clearance Card.
(All requested information is required.)

Applicant's Name (First, Middle, Last)	Social Security Number
Applicant's Address (#, Street, City, State, Zip)	Birth date
Facility Name	
Facility Address (#, Street, City, State, Zip)	OR CDC/SGH #

Pursuant to A.R.S. § 36-883.02(H), for purposes of this section, "child care personnel" means any employee or volunteer working at a child care facility.
Pursuant to A.R.S. § 36-897.03(I), for purposes of this section, "child care personnel" means all employees of and persons who are eighteen years of age or older and who reside in a child care group home that is certified by the department.

Pursuant to A.R.S. § 36-883.02(C) and 36-897.03(B), child care personnel shall certify on forms that are provided by the department that:

I have read and am willing to attest to the following in regards to the offenses listed in A.R.S. § 41-1758.07(B) for centers, (B) and (C) for Group Homes, which can be found at <http://www.azleg.gov/ArizonaRevisedStatutes.asp?Title=41>:

1. Are you awaiting trial on or have you ever been convicted of or admitted in open court or pursuant to a plea agreement committing any of the offenses listed in A.R.S. § 41-1758.07(B) for centers, (B) or (C) for Group Homes, in this state or similar offenses in another state or jurisdiction? ☐ YES ☐ NO

2. Are you a parent or guardian of a child adjudicated to be a dependent child as defined in A.R.S. § 8-201? ☐ YES ☐ NO

3. Have you been denied or had a certificate revoked to operate a child care group home or a license to operate a child care facility in this or any other state, or have you been denied or had a certificate revoked to work in a child care facility or a child care group home?
☐ YES ☐ NO

Have you been denied a certificate to operate a child care group home or a license to operate a child care facility for the care of children in this state or another state, or had a license to operate a child care facility or a certificate to operate a child care group home revoked for reasons that relate to the endangerment of the health and safety of children?
☐ YES ☐ NO

ALL QUESTIONS MUST BE COMPLETED. Pursuant to A.R.S. § 36-883.02(E), and A.R.S. § 36-897.03(E), the forms are confidential.

Pursuant to A.R.S. § 36-883.02(F), a child care facility shall not allow a person to be employed or volunteer in the facility in any capacity if the person has been denied a fingerprint clearance card pursuant to section 41-1758.07 or has not received an interim approval from the Board of Fingerprinting pursuant to A.R.S. § 41-619.55(I).

Good cause exceptions; revocation

I. Pending the outcome of a good cause exception determination, the board or its hearing officer may issue interim approval in accordance with board rule to continue working to a good cause exception applicant.

Pursuant to A.R.S. § 36-897.03(F), a person who is awaiting trial on or who has been convicted of or who has admitted in open court or pursuant to a plea agreement to committing a criminal offense listed in Section 41-1758.07, subsection B, paragraph 2 or 3 of this section is **prohibited from being employed in any capacity in a child care group home.**

Pursuant to A.R.S. § 36-897.03(G), a person who is awaiting trial on or who has been convicted of or who has admitted in open court or pursuant to a plea agreement to committing a criminal offense listed in Section 41-1758.07, subsection C shall not work in a child care group home without direct visual supervision unless the person has applied for and received the required fingerprint clearance card pursuant to §41-1758 and is registered as child care personnel. **A person who is subject to this subsection shall not be employed in any capacity in a child care group home if that person is denied the required fingerprint clearance card.**

Pursuant to A.R.S. § 36-883.02(G) and A.R.S. § 36-897.03(H), the employer shall notify the Department of Public Safety if the employer receives credible evidence that any child care personnel either:

1. Is arrested for or charged with an offense listed in A.R.S. § 41-1758.07(B).
2. Falsified information on the form required by subsection C for Centers, B for Group Homes, of this section.

I hereby certify under penalty of perjury that the answers given above are true and correct to the best of my knowledge and belief.

Applicant's Signature _____ Date _____

B. A person who is subject to registration as a sex offender in this state or any other jurisdiction or who is awaiting trial on or who has been convicted of committing or attempting, soliciting, facilitating or conspiring to commit one or more of the following offenses in this state or the same or similar offenses in another state or jurisdiction is precluded from receiving a level I fingerprint clearance card:

1. Sexual abuse of a vulnerable adult.
2. Incest.
3. Homicide, including first or second degree murder, manslaughter and negligent homicide.
4. Sexual assault.
5. Sexual exploitation of a minor.
6. Sexual exploitation of a vulnerable adult.
7. Commercial sexual exploitation of a minor.
8. Commercial sexual exploitation of a vulnerable adult.
9. Child sex trafficking as prescribed in section 13-3212.
10. Child abuse.
11. Felony child neglect.
12. Abuse of a vulnerable adult.
13. Sexual conduct with a minor.
14. Molestation of a child.
15. Molestation of a vulnerable adult.
16. Dangerous crimes against children as defined in section 13-705.
17. Exploitation of minors involving drug offenses.
18. Taking a child for the purpose of prostitution as prescribed in section 13-3206.
19. Neglect or abuse of a vulnerable adult.
20. Sex trafficking.
21. Sexual abuse.
22. Production, publication, sale, possession and presentation of obscene items as prescribed in section 13-3502.
23. Furnishing harmful items to minors as prescribed in section 13-3506.
24. Furnishing harmful items to minors by internet activity as prescribed in section 13-3506.01.
25. Obscene or indecent telephone communications to minors for commercial purposes as prescribed in section 13-3512.
26. Luring a minor for sexual exploitation.
27. Enticement of persons for purposes of prostitution.
28. Procurement by false pretenses of person for purposes of prostitution.
29. Procuring or placing persons in a house of prostitution.
30. Receiving earnings of a prostitute.
31. Causing one's spouse to become a prostitute.
32. Detention of persons in a house of prostitution for debt.
33. Keeping or residing in a house of prostitution or employment in prostitution.
34. Pandering.
35. Transporting persons for the purpose of prostitution, polygamy and concubinage.
36. Portraying adult as a minor as prescribed in section 13-3555.
37. Admitting minors to public displays of sexual conduct as prescribed in section 13-3558.
38. Any felony offense involving contributing to the delinquency of a minor.
39. Unlawful sale or purchase of children.
40. Child bigamy.
41. Any felony offense involving domestic violence as defined in section 13-3601 except for a felony offense only involving criminal damage in an amount of more than two hundred fifty dollars but less than one thousand dollars if the offense was committed before the effective date of this section.
42. Any felony offense in violation of Title 13, Chapter 12 if committed within five years before the date of applying for a level I fingerprint clearance card.
43. Felony drug or alcohol related offenses if committed within five years before the date of applying for a level I fingerprint clearance card.
44. Felony indecent exposure.
45. Felony public sexual indecency.
46. Terrorism.
47. Any offense involving a violent crime as defined in section 13-901.03.
48. Trafficking of persons for forced labor or services.

C. A person who is awaiting trial on or who has been convicted of committing or attempting, soliciting, facilitating or conspiring to commit one or more of the following offenses in this state or the same or similar offenses in another state or jurisdiction is precluded from receiving a level I fingerprint clearance card, except that the person may petition the board of fingerprinting for a good cause exception pursuant to section 41-619.55:

1. Any misdemeanor offense in violation of Title 13, chapter 12.
2. Misdemeanor indecent exposure.
3. Misdemeanor public sexual indecency.
4. Aggravated criminal damage.
5. Theft.
6. Theft by extortion.
7. Shoplifting.
8. Forgery.
9. Criminal possession of a forgery device.
10. Obtaining a signature by deception.
11. Criminal impersonation.
12. Theft of a credit card or obtaining a credit card by fraudulent means.
13. Receipt of anything of value obtained by fraudulent use of a credit card.
14. Forgery of a credit card.
15. Fraudulent use of a credit card.
16. Possession of any machinery, plate or other contrivance or incomplete credit card.
17. False statement as to financial condition or identity to obtain a credit card.
18. Fraud by persons authorized to provide goods or services.
19. Credit card transaction record theft.
20. Misconduct involving weapons.
21. Misconduct involving explosives.
22. Depositing explosives.
23. Misconduct involving simulated explosive devices.
24. Concealed weapon violation.
25. Misdemeanor possession and misdemeanor sale of peyote.
26. Felony possession and felony sale of peyote if committed more than five years before the date of applying for a level I fingerprint clearance card.
27. Misdemeanor possession and misdemeanor sale of a vapor-releasing substance containing a toxic substance.
28. Felony possession and felony sale of a vapor-releasing substance containing a toxic substance if committed more than five years before the date of applying for a level I fingerprint clearance card.
29. Misdemeanor sale of precursor chemicals.
30. Felony sale of precursor chemicals if committed more than five years before the date of applying for a level I fingerprint clearance card.
31. Misdemeanor possession, misdemeanor use or misdemeanor sale of marijuana, dangerous drugs or narcotic drugs.
32. Felony possession, felony use or felony sale of marijuana, dangerous drugs or narcotic drugs if committed more than five years before the date of applying for a level I fingerprint clearance card.
33. Misdemeanor manufacture or misdemeanor distribution of an imitation controlled substance.
34. Felony manufacture or felony distribution of an imitation controlled substance if committed more than five years before the date of applying for a level I fingerprint clearance card.
35. Misdemeanor manufacture of misdemeanor distribution of an imitation prescription-only drug.
36. Felony manufacture or felony distribution of an imitation prescription-only drug if committed more than five years before the date of applying for a level I fingerprint clearance card.
37. Misdemeanor manufacture or misdemeanor distribution of an imitation over-the-counter drug.
38. Felony manufacture or felony distribution of an imitation over-the-counter drug if committed more than five years before the date of applying for a level I fingerprint clearance card.
39. Misdemeanor possession or misdemeanor possession with intent to use an imitation controlled substance.
40. Felony possession or felony possession with intent to use an imitation controlled substance if committed more than five years before the date of applying for a level I fingerprint clearance card.
41. Misdemeanor possession or misdemeanor possession with intent to use an imitation prescription-only drug.
42. Felony possession or felony possession with intent to use an imitation prescription-only drug if committed more than five years before the date of applying for a level I fingerprint clearance card.
43. Misdemeanor possession or misdemeanor possession with intent to use an imitation over-the-counter drug.
44. Felony possession or felony possession with intent to use an imitation over-the-counter drug if committed more than five years before the date of applying for a level I fingerprint clearance card.
45. Misdemeanor manufacture of certain substances and drugs by certain means.
46. Felony manufacture of certain substances and drugs by certain means if committed more than five years before the date of applying for a level I fingerprint clearance card.
47. Adding poison or other harmful substance to food, drink or medicine.
48. A criminal offense involving criminal trespass under Title 13, Chapter 15.
49. A criminal offense involving burglary under Title 13, Chapter 15.
50. A criminal offense under Title 13, Chapter 23, except terrorism.
51. Misdemeanor offenses involving child neglect.
52. Misdemeanor offenses involving contributing to the delinquency of a minor.
53. Misdemeanor offenses involving domestic violence as defined in section 13-3601.
54. Felony offenses involving domestic violence if the offense only involved criminal damage in an amount of more than two hundred fifty dollars but less than one thousand dollars and the offense was committed before the effective date of the section.
55. Arson.
56. Felony offenses involving sale, distribution or transportation of, offer to sell, transport or distribute or conspiracy to sell, transport or distribute marijuana, dangerous drugs or narcotic drugs if committed more than five years before the date of applying for a level I fingerprint clearance card.
57. Criminal damage.
58. Misappropriation of charter school monies as prescribed in section 13-1818.
59. Taking identity of another person or entity.
60. Aggravated taking identity of another person or entity.
61. Trafficking in the identity of another person or entity.
62. Cruelty to animals.
63. Prostitution, as prescribed in section 13-3214.
64. Sale or distribution of material harmful to minors through vending machines as prescribed in section 13-3513.
65. Welfare fraud.
66. Any felony offense in violation of Title 13, Chapter 12 if committed more than five years before the date of applying for a level I fingerprint clearance card.
67. Kidnapping.
68. Robbery, aggravated robbery or armed robbery.



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

▶ **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):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 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)
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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



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

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
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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		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

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)
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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
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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
		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:		
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		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 the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Dear Staff,

We will be implementing a change to the bonus incentive starting January 1st, 2023. In order to earn the \$50 bi-weekly bonus, you will have to be on time to work each morning, have no call outs, and have no write-ups. This incentive will begin once you have completed all of your trainings. If you have approved time off, you will still be able to earn your bonus for that pay period. Your bonus will be applied to your paycheck at the end of the pay period. Remember, this incentive plan can be stopped at any time and if that is to happen we will make sure to give you guys notice. Thank you for being a part of our Pinecone Family!

Getting to know staff:

Full name (including middle initial):

Birthday (year not necessary!):

My Favorite Flower:

My Favorite Coffee Shop is:

My Coffee Order is or tea:

My Favorite Cold Drink:

My Favorite Casual Restaurant:

My Favorite Date Night Restaurant:

My Favorite Mani / Pedi Spot:

My Favorite Place to Pamper Myself:

In my free time, I like to...

My Favorite Place for School Supplies:

My Favorite Sweet Treat:

My Favorite School Day Snack:

My Favorite Clothing Store:

My Favorite Kind of Salad:

My Favorite Kind of Sandwich:

My Favorite Color:

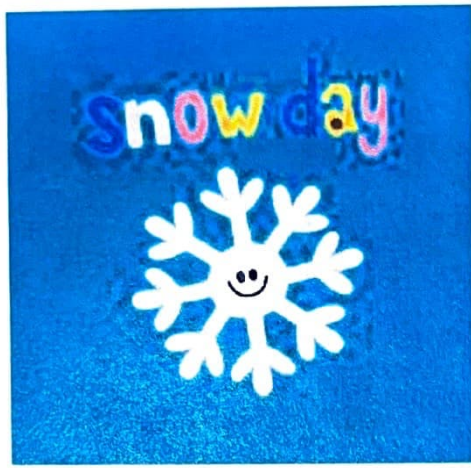
My Favorite Types of Gift Cards:

Classroom Supply Wish List:

Please let me know anything else that you would like to share about yourself:

Any dislikes you would like to share:

Thank you! We look forward to a wonderful year! Thanks for being a part of my team!



Snow Days - Snow Day Policy

Pinecone Preschool will strive to provide consistent daily childcare. If Flagstaff Unified School District (FUSD) calls a snow day or a delay we will open at 8:30 am. On days when the weather is extremely hazardous the following options may occur, a full day closure or an early close time.

We will be switching to using the remind app for updates on schedule changes instead of facebook posts and KAFF radio. To sign up please text @9fdc47 to the number 81010 or use the link rmd.at/9fdc47