



# WELCOME TO FIRST ADVENTURES ACADEMY!



Welcome to the First Adventures Academy team! We are excited to have you join our team and look forward to supporting you as you begin your journey with us.

Enclosed you will find your new hire paperwork. Please complete and return all required documents as soon as possible, along with copies of your Driver's License and Social Security Card.



## EMPLOYEE INFORMATION NEEDED

### • Your 4-Digit Employee Code

You will need a 4-digit code beginning with 0. This code will be used to:

- Clock in and out
- Access the building

If you have a preferred code in mind, please send it to us so we can have it ready for your first day.

### • T-Shirt Size

We provide two staff t-shirts. Please let us know your preferred shirt size. Staff shirts should be worn with:

- Blue Jeans (no rips/tears)
- Plain black pants



## STAFF RESOURCES

Many of the resources and information you will need throughout your onboarding process can be found on our staff website:



**Website:** [firstadventureseureka.com/staff](http://firstadventureseureka.com/staff)

**Password:** faastaff



Please refer to this page frequently for important forms, training information, and staff resources.



## EMAILS YOU WILL RECEIVE

During the onboarding process, you will receive emails from:

- **Procare** – where you will access your work schedule
- **MOPD** – to create your account, apply for a membership, and complete required trainings
- **Payroll Relief** – where you will view pay stubs, tax information, and complete employee portal setup



## BEFORE YOUR FIRST DAY

The following items must be completed prior to your first day of training:

- ✓ Schedule and complete your fingerprinting appointment
- ✓ Complete and submit all enrollment paperwork
- ✓ Provide a copy of your Driver's License and Social Security Card
- ✓ Register for your MOPD account (you will receive an email with instructions) and apply for membership



## QUESTIONS & SUBMISSIONS



Please send all questions, completed documentation, your preferred 4-digit door/clock-in code (beginning with 0), and your t-shirt size to [kim@firstadventureseureka.com](mailto:kim@firstadventureseureka.com)



Completing all required onboarding items, maintaining required licensing documentation, and completing all required trainings is a condition of employment.



If you have any questions or need assistance with any of the requirements during the onboarding process, please don't hesitate to reach out. We are happy to help and want to make your transition as smooth as possible.



WE ARE EXCITED TO WELCOME YOU TO THE FIRST ADVENTURES ACADEMY TEAM  
AND CAN'T WAIT TO GET STARTED!







# Employee Handbook

Updated 2025

## Mission Statement

We believe that children thrive in an environment which values their own uniqueness, while providing support and opportunities to grow emotionally, socially and creatively. By building on each child's strengths, interests and curiosities, we guide each child to explore the world around them as well as develop new abilities and form close relationships.

This handbook is not intended to constitute a contract of employment between you and First Adventures Academy. It is not, and should not, be considered as such a contract. Your employment at First Adventures Academy is “at will” and is for no definite period. It may be terminated at any time, with or without cause, and with or without notice. This handbook supersedes and revokes all previous practices, procedures, policies and other statements of First Adventures Academy whether written or orally that modify, supplement or conflict with this handbook. First Adventures Academy reserves the right in its sole discretion, to change, amend, revoke, or add to the policies in this handbook at any time without notice. I understand that I will be informed if any changes do occur.

**\*Please initial at each topic that you have read and understand\***

## Welcome!

We are thrilled to welcome you to our team! At First Adventures Academy, every employee plays an essential role in the success of our center. As a member of our staff, you will contribute significantly to the day-to-day operations and help us achieve our goals.

Your attitude, conduct, and the quality of your work are vital to creating a positive environment. We encourage you to exceed expectations and ensure that every child is treated with respect, kindness, and care.

If you have any questions about personnel policies or need assistance, please do not hesitate to reach out to your Center Directors. Our door is always open, and we are here to support you.

Welcome aboard, and we look forward to a successful journey together!

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Employee Signature

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Date

## Center Information

First Adventures Academy is a 12-hour childcare facility. We are open from 6:00 am-6:00 pm, Monday through Friday. First Adventures Academy provides care to children ages 6 weeks to 12 years.

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## Equal Opportunity

First Adventures Academy is an Equal Opportunity Employer. We offer employment to all individuals regardless of race, religion, color, ethnicity, age, or disability.

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## Open Communication and Positive Work Environment

At First Adventures Academy, we believe that open communication and a positive work environment are essential to running a successful preschool. We encourage you to share any ideas, questions, suggestions, or concerns directly with your Center Directors.

For conflict resolution, it is important that you address issues directly with your supervisor. Gossip or unprofessional behavior within the building will not be tolerated and may result in immediate termination.

We are committed to fostering a supportive and collaborative environment. You are always encouraged to communicate openly with your Center Directors and bring any concerns directly to the office.

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## Positive Environment

At First Adventures Academy, our mission is to maintain a positive and nurturing environment for all children at all times. Children must always be treated with respect and shall never be subjected to abusive, coercive, or intimidating behavior.

### **Unacceptable Behavior**

The use of threats, intimidation tactics, or punitive discipline is strictly prohibited and may result in immediate termination. For example, it is inappropriate to use open-ended threats, such as telling a child they cannot have outside time if they do not stand in a straight line.

### **Support and Training**

We are committed to equipping our staff with the necessary support and training to handle challenging situations effectively. A member of the management team is always available to assist you with conflict resolution and to provide alternative strategies for managing unwanted behaviors.

### **Discipline Approach**

Redirection is the only acceptable method for addressing negative behavior. Time-outs and other punitive disciplinary measures are not permitted under any circumstances.

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## Curriculum

First Adventures Academy uses a professionally developed curriculum called The Creative Curriculum. The Creative Curriculum is a comprehensive curriculum for 3-to-5-year-old children which addresses the four areas of development: social/emotional, physical, cognitive and language development. It is project-based and designed to foster the development of the whole child through teacher-led small and large group activities. It is the job of each teacher in the classroom to work together to ensure that the children are actively engaged in the curriculum and that the classroom is prepared for the day's activities. The curriculum must be used in each room and is the minimum of what should be being done. All teachers are welcome to add things to the curriculum according to holidays etc.

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## Use of Company Property

First Adventures Academy will provide all employees with the supplies that are needed to perform your job. Under NO circumstances should any items be removed from the center. Inventory control requires that all worn or broken items be accounted for. **DO NOT THROW AWAY ANY ITEM WITHOUT THE PERMISSION OF THE Center Directors.** Each thing that is in your room is required to be in the room. We are happy to purchase anything for the classrooms. However, things being purchased for the classroom need to be taken care of. Should we find that something in the room has been broken or damaged due to staff negligence, that expense will be deducted from your pay.

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## Training Period

Your first ninety (90) days of employment are an introductory period. **THERE WILL BE NO HOLIDAY PAY GIVEN DURING THIS NINETY (90) DAY PERIOD AND TIME OFF REQUESTS WILL NOT BE APPROVED.** During this time, you will be provided with ongoing feedback on your performance. Employee's performances will be formally reviewed after 90 days. If there are any performance or attendance concerns during this period, a counseling session will take place between the employee and the Center Directors. During your training period we will expect that new teachers are working with senior teachers and listening to advice given. They will collaboratively evaluate whether the employment will continue. Missouri is an at-will employment state, meaning that employers can terminate an employee's employment for any reason at any time, with or without cause. Employees are also free to leave their jobs at any time of their own free will. This policy does not change an employee's at-will status.

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## Bi-Monthly Meetings

Bi-monthly one-hour meetings will be held at 6:00 PM on the first Wednesday of the designated months. Attendance at these meetings is **mandatory**, and all employees have been informed of the meeting dates in advance.

Failure to attend without prior approval will result in disciplinary action, including removal from the schedule until you meet with management.

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## Procure Reports

Daily reports must be completed using the Procure app on the classroom tablet. Use of the app on personal phones is strictly prohibited. These reports should include detailed information about the child's day, including meals, naps, activities, and care routines. The minimum requirements for daily reports are as follows:

- Meals: breakfast, lunch, and afternoon snack, including fruit and beverage.
- Nap times: approximate times the child fell asleep and woke up.
- Activities: descriptions of two activities (bullet points are not acceptable).
- Summary: three sentences about the child's day (including two positives for every negative).
- One photo of the child each day.

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## Training Requirements

It is a state requirement that all employees complete a minimum of twelve (12) clock hours annually within the field of child care, nutrition, and sanitation. These are the minimum requirements set by the state of Missouri. All clock hours will be documented and placed in the employee's permanent file. If you fail to complete these hours by December 31<sup>st</sup> each year then it will result in your employment suspension until all hours are received and verified.

Upon hire, you will receive an e-mail to register for an account with the MOPD system. You must use the link in this email to register for an account within 1 week of being hired. After creating an account, you will need to apply for a membership. This will need to be done annually. Once you have created your account and applied for a membership, you will be able to register for clock hour trainings.

**It is a state requirement that each employee have the following trainings within the first 30 days of employment:**

- First Aid & CPR Training
- ABC's of Safe Sleep
- Early Childhood Social & Emotional Health
- MO Milestones Matter
- Caring for Vulnerable Children
- CCDF Health & Safety Training

Training is free of cost and can be found on the MOPD website. You will be provided with instructions on how to complete the online training. First Aid and CPR will be paid initially by the employer. Failure to complete 90 days of employment will result in a payroll deduction of \$50 from the final paycheck to cover the cost of this training. Training must be completed within 30 days upon hire.

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## Personal Calls and Cell Phone Use

Employees should not receive personal telephone calls or visitors unless it is an emergency. It is the employee's responsibility to discourage relatives and friends from telephoning or visiting them at work. Telephone calls are to be made on authorized breaks on a personal cell phone. **Use of cell phones while on the clock will result in an immediate write up.** Continued use of a cell phone will result in you terminating your position at First Adventures Academy. Relatives and friends who provide transportation for an employee should remain outside. **CELL PHONES ARE PROHIBITED IN THE CLASSROOM AT ALL TIMES.** If you are on your phone when working with the kids you are considered out of ratio according to the State of Missouri.

- **Apple watches** and other smart watches are considered cell phones and will not be permitted in the classroom.

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## Attendance

As a staff member at First Adventures Academy you will be expected to arrive to work before you are scheduled to start. You should be at your work area and ready to engage- in work activity by your scheduled time. First Adventures Academy is required by the State of Missouri to maintain the appropriate staff to child ratios always throughout the day. Therefore, it is imperative that all staff members show up to work when they are scheduled. Excessive absences, including sick leave, will result in disciplinary action and/or termination of your position.

All appointments, such as doctors or dentists, should be made before or after work, or on your day off. In the event that an EMERGENCY arises, and you MUST BE absent from work, you should notify First Adventures Academy at least two (2) hours before your scheduled shift begins. YOU MUST NOTIFY THE ASSISTANT DIRECTOR VIA PHONE CALL. TEXTING WILL NOT BE ACCEPTED. If you have sent a text and you have not received a response this will be considered a no call/no show and you will terminate your position immediately. If you know that you will be absent from work the evening prior, please notify the supervisor at the earliest possible time. If you are unable to find coverage for your shift then it is expected that you arrive on time for your scheduled hours.

**In the event of bad weather, you should report to work, even if you are late. In the event that the center should close we will go off of the closing of Rockwood Schools.**

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## Sick Days

After the employees 90 day probationary period all staff will receive 3 sick days. These days will not roll over and will reset after your anniversary date. Sick days can be used for any illness that prevents you from performing job duties. Sick days can be used for an employee's children being sick as well. Should the employee require more than one day off a doctor's note will be requested. Should an employee require more than 3 sick days they will be required to provide a doctor's note. After the 3rd sick day is used if you are unable to provide a doctor's note, disciplinary action and/or termination will occur. Any call outs for being sick during the employee's probationary period will also require a doctor's note and action will be taken at the discretion of the Director.

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## Time Off and Time Off Requests

At First Adventures Academy, we strive to accommodate time-off requests while maintaining adequate staffing to meet the needs of our center. Please review the following guidelines regarding time-off and Paid Time Off (PTO):

### **Time-Off Requests**

- If you need time off but cannot find coverage, you will be required to use your available PTO.
- Once your PTO is exhausted, time off will not be approved unless coverage is arranged.
- Time off during your first 90 days of employment will not be granted unless prior arrangements were made at the time of hire.

### **PTO Accrual and Usage**

- PTO hours will begin accruing **after the 90-day probationary period.**
- PTO is accrued at a rate of **1 hour per every 40 hours worked** and can be used hourly or as a full day.
  - PTO days must be used within the year and will **not roll over** into the following year. PTO will reset annually on your hire date (anniversary date).

### **Full-Time Employees**

- After 90 days: Accrue **5 days** in the first year.
- After 1 year: Accrue **7 days** per year.
- After 3 years: Accrue **10 days** per year.
- After 5 years: Accrue **15 days** per year.

### **Part-Time Employees**

- After 90 days: Accrue **3 PTO days** per year.
- After 1 year: Accrue **5 PTO days** per year.

### **Borrowing PTO**

- Employees may borrow PTO from their future accrual balance.
- If employment ends (resignation or termination) before the borrowed hours are accrued, the borrowed amount will be deducted from the final paycheck.

### **Requesting Time Off**

- Submit a **Time-Off Request Form** to the Assistant Director **at least two weeks in advance**.
- Before submitting a request, check the **Staff Time Off** calendar located in the staff room by the request forms. **Only one employee may request time off per day.**
- If a date you need is already taken, speak with the Assistant Director to explore alternative options (e.g., availability of substitutes).

By adhering to this policy, we can ensure that all staff members have fair access to time off while maintaining smooth operations at the center.

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## **Payroll**

At First Adventures Academy, we aim to ensure that payroll processes are clear and efficient. Please review the following guidelines:

- Paychecks are issued **every other Friday**.
- **Early issuance of checks** is not permitted.
- **Advances on wages** will not be provided.

### **Direct Deposit**

- Direct deposit is required for all employees unless an alternative arrangement has been discussed and approved by the Director.
- Paycheck stubs, payroll records, and tax documents can be accessed via the **Employee Portal** (website/app). Instructions for signing up will be provided via email.

## Final Paychecks

- All final paychecks will be issued as paper checks.
- Final paychecks may be picked up from the center after the employee has returned:
  - Two First Adventures Academy shirts.
  - Any other items belonging to the center.
- **Checks will not be released to relatives, friends, or other employees.** Employees must personally pick up their checks.

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## Overtime

Employees will be compensated at a rate of **one and one-half (1½) times their regular hourly rate** for any hours worked over **forty (40) hours** in a one-week period.

### Approval of Overtime

- All overtime hours must be **approved in advance** by the Center Directors.
- If you need to adjust your hours by arranging for someone to cover a shift, the changes must also be **approved by one of the Center Directors.**

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## Holiday Pay

First Adventures Academy recognizes the following holidays as **paid holidays**:

- **New Year's Day**
- **Memorial Day**
- **Independence Day**
- **Labor Day**
- **Thanksgiving Day**
- **Christmas Day**

### Unpaid Holidays

The center will be closed on the following days, but these are **not paid holidays**:

- **The day after Thanksgiving** - **Easter Holiday**
- **Christmas Eve** - **New Years Eve**

### Weekend Holidays

When a recognized holiday falls on a weekend, First Adventures Academy will designate the **Friday before** or the **Monday after** as the observed holiday. This decision will be made at the discretion of First Adventures Academy.

### Holiday Pay Eligibility

To qualify for holiday pay:

- You must work your regularly scheduled shift on the **day before** and the **day after** the holiday.
- Holiday pay will be calculated based on your **average weekly hours worked.**

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## Confidential Rate of Pay Salary

As an employee of First Adventures Academy, I understand that my rate of pay is confidential and must not be disclosed to any other employee. Sharing this information is grounds for immediate termination.

If I receive a pay increase, whether as part of a scheduled annual adjustment or a merit-based increase, I agree to keep both the increase and my new rate of pay confidential. Sharing this information with any current or former employee will result in the forfeiture of the increase and a reversion to my previous pay rate.

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## Maternity Leave

At First Adventures, we are committed to supporting our employees during major life events, including the birth of a child. The following outlines our maternity leave policy for eligible employees:

### **Eligibility:**

Employees are eligible for maternity leave benefits after completing 1 year of continuous employment with the company.

This policy applies to full-time employees only.

### **Maternity Leave Benefits:**

Eligible employees are entitled to 6 weeks of paid maternity leave.

Compensation during this leave will be at 50% of the employee's current regular pay.

Payment will be issued on the same schedule as the employee's regular payroll cycle.

### **Additional Information:**

Maternity leave may be used in conjunction with other available leave, such as accrued paid time off (PTO) or unpaid leave, in compliance with applicable laws.

Employees must provide at least 30 days' advance written notice of their intention to take maternity leave, unless circumstances prevent such notice. The notice should include the anticipated start and end dates of the leave.

The company reserves the right to request documentation, such as a medical certification, to support the leave request.

Employees returning from maternity leave will be reinstated to their previous position or an equivalent position with the same pay and benefits, as required by applicable law.

### **Compliance with Laws:**

This policy is intended to comply with applicable federal, state, and local laws governing maternity leave. If any provision of this policy conflicts with such laws, the laws will govern.

Note: This policy is subject to change at the company's discretion. Employees will be notified of any updates.

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## Health Care Policy

First Adventures Academy is committed to providing exceptional employee benefits to all staff. After completing 90 days of employment, employees may contact the designated health insurance coordinator via email to explore available benefit options.

### Eligibility and Coverage

As a full-time employee, you are eligible to enroll in Medical, Dental, and Vision insurance plans. First Adventures Academy contributes up to 60% of the monthly premium for each full-time employee. To maintain eligibility for insurance benefits, employees must work an average of 36 hours per week.

### Loss of Eligibility

If an employee fails to maintain full-time hours (36 hours per week) for two consecutive pay periods, First Adventures Academy reserves the right to deduct the full cost of the employee's medical insurance from their paycheck.

### Termination or Resignation

In the event of termination or abandonment of employment, the full premium for the current month will be deducted from the employee's final paycheck.

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## Meals and Breaks

Each staff member is entitled to a 60-minute break during an 8-hour shift. Employees must clock back in and be ready to work before their shift resumes. Breaks should be used for personal needs, such as bathroom use, personal calls, and meals. Eating meals during a scheduled shift is not permitted without prior approval from the Directors.

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## Professionalism

At First Adventures Academy, professionalism is paramount when working with children and their families. Staff are expected to treat all clients with respect and keep conversations with parents focused on their child's care. Personal discussions with parents are not permitted, and staff should never offer medical advice or attempt to resolve issues outside their scope, as this could pose a liability. If unsure how to handle a situation, refer all questions to management. The Directors are always available to address challenging conversations or situations.

Staff must remain composed and professional at all times; parents should never sense frustration or overwhelm. If assistance is needed, promptly seek help from the management team.

Additionally, classroom conversations must always be professional, appropriate, and suitable for discussion in the presence of the Directors or children.

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## Confidentiality and Non-Solicitation

All employees of First Adventures Academy are required to sign a confidentiality and non-solicitation agreement upon hire. Employees may occasionally have access to sensitive information that must remain confidential. If you are ever uncertain about this policy or its restrictions, it is your responsibility to consult the Center Directors.

Staff members are prohibited from providing childcare services to families outside the facility without prior discussion and approval from the Director. A contract must be signed by both the staff member and the family before any such services are rendered. Additionally, staff providing these services—including but not limited to transportation, babysitting, nannying, or before/after care—must strictly maintain confidentiality regarding all matters related to First Adventures Academy.

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## Smoking and Vaping

At First Adventures Academy, we are committed to providing a nurturing and healthy environment for our children. As such, tobacco use is strictly prohibited in or near company buildings. Employees who wish to smoke must leave the premises entirely, including the parking lot. Additionally, proper hygiene must be practiced to eliminate any smoke odor before returning to work.

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## Supervision

At First Adventures Academy, the safety and well-being of the children in our care is our highest priority. To ensure their safety, children must be supervised at all times.

### **General Supervision Guidelines**

- Always know the exact number of children in your care and ensure all children are accounted for at all times.
- Maintain close monitoring of all activities, whether indoors or outdoors.
- Children under the age of four (4) must be supervised when using the bathroom.

### **Playground Supervision**

Playground safety is of the utmost importance. To ensure proper supervision:

- Teachers must have a clear view of all children at all times.
- **Sitting down on the playground is strictly prohibited.** Standing and active engagement are required to maintain vigilance.

### **Accountability and Discipline**

Any teacher observed sitting down on the playground will receive an immediate write-up. Repeated offenses will result in further disciplinary action, up to and including termination.

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## Closing the Center

Employees are responsible for ensuring all children are picked up before leaving the facility. If a child is not picked up at closing, the following steps must be taken:

- Attempt to contact the parents.
- If unsuccessful, call the listed emergency contacts.
- If no emergency contact can be reached, immediately notify the Owner or Center Directors.

**At no time should a staff member transport a child or leave them unattended.**

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## Fire and Safety

All employees should familiarize themselves with the Emergency Plan that is in each classroom. Staff members should also know the location of the fire extinguishers and alarms. Each employee should know his/her responsibilities when the alarm sounds. First Adventures Academy will have monthly fire and tornado drills.

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## Dress Code

As a member of the First Adventures team you are a walking billboard for our center. Please always keep that in mind inside and outside this building.

Employees must arrive to work in a shirt with the First Adventures Academy logo present on it. First Adventures Academy provides two t-shirts to each employee at no charge. If the employee would like more shirts of any kind the shirts can be brought in and the logo can be put on.

- During the winter months, you may wear a solid colored, long sleeved shirt under your t-shirt. Only sweatshirts with the First Adventures Academy logo may be worn. No coats, windbreakers, or outer jackets are to be permitted over your uniform. LOGO MUST BE SHOWING AT ALL TIMES
- Blue jeans are the only acceptable form of pants. Sweat pants, yoga pants, and colored pants are not permitted. Please refrain from wearing jeans with holes or frays in them.
- Shorts are not permitted. Capri pants or bermuda shorts are acceptable if they are below or at the knee length.
- Rubber soled shoes are to be worn always. No sandals or flip flops should be worn. Hiking boots and shoes with a high heel are not permitted.
- Hats are only permitted on spirit days or if they have the First Adventures logo on them.
- Long hair is encouraged to be pulled back and out of the face.
- Any tattoo deemed inappropriate for a family setting will be required to be covered. This will consist of any tattoos pertaining to sex, drugs, alcohol, vulgar language, or violence. This will also pertain to tattoos above the neck.
- Excessive visible piercings will not be deemed safe or appropriate. All piercings should be limited to studs.

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## Release of Children

Children may only be released to individuals listed on the “Authorized Pick-Up” list. If you cannot identify the person picking up a child, you must immediately request identification and verify their authorization on the enrollment form. **Do not release a child to anyone not on the authorized list.** If you are unsure, contact the Center Directors immediately for assistance.

Under no circumstances are First Adventures Academy employees permitted to transport a child in their personal vehicle.

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## Personal Care Guidelines

This policy has been developed to ensure that all employees understand the importance of appropriate grooming and hygiene in the workplace or when otherwise representing First Adventures Academy. The standards of grooming and hygiene outlined below set forth the *minimum requirements* to which all employees, contract workers, and temporary staff are required to adhere to. We recognize that the presentation of our employees in the workplace contributes to a professional environment and the public image that has contributed to the success of First Adventures Academy. Therefore, First Adventures Academy expects employees to be well-groomed and professional in appearance when coming to work or engaged in work-related tasks with customers, clients, and colleagues.

- *Hygiene* - Every employee is expected to practice daily hygiene and good grooming habits as set forth in further detail below.
- *Hair* - Hair should be clean, combed, and neatly trimmed or arranged. Unkempt hair is not permitted. Sideburns, mustaches, and beards should be neatly trimmed. Non-traditional hair colors are not permitted.
- *Make-Up* - Make-up must be professional and conservative.
- *Fragrance* - Recognizing that employees and visitors to the workplace may have sensitivities or allergies to fragrant products, including but not limited to perfumes, colognes, fragrant body lotions or hair products, First Adventures Academy is a fragrance-free workplace. Fragrant products that may be offensive to others should be used in moderation out of concern for others in the workplace.
- *Nails* - Hands and nails should be clean and conservatively manicured.
- *Jewelry* - Employees may wear tasteful jewelry in moderation. The size and/or number of earrings, rings, necklaces, and bracelets may be determined at the department level based on specific job functions, operational, and safety factors. Where job duties present any type of safety risk, jewelry may be prohibited or severely limited. In other areas, moderate (including size and amount) jewelry may be worn. No other visible body jewelry/body piercings may be worn while an employee is in the workplace.
- *Tattoos* - No visible tattoos or other body art (such as surgically implanted ball bearings, spikes, and the like) are permitted in the workplace. Exceptions may be made for employees who have small, non-offensive tattoos that cannot easily be covered by standard clothing (face, neck, etc.) All exceptions require the approval of First Adventures
- *Violations* - Violations of this policy will result in discipline, up to and including termination.
- *Exceptions* - Employees seeking an exception from any of the above standards should speak with their direct supervisor.

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## Employee Childcare Discounts

Employees are eligible for a 25% childcare discount on tuition for up to two (2) children per household. A third child will be charged the full tuition rate. Discounts are not available for infants and toddlers. Tuition will be deducted from the employee's paycheck biweekly.

Employees will not be charged tuition during weeks when the family is on vacation. Only one employee-discounted child is permitted per classroom, and employees must work a minimum of 25 hours per week to qualify for the discount.

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## Employee Referral Program

Rewards may be given to employees who recruit new team members to our center. The reward will vary depending on the number of team members and when they start. The staff member must be employed for ninety (90) days before a reward is given to the employee.

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## Incident/Accident Reports

At First Adventures Academy, we understand that accidents happen. It is essential to complete an accident report for every incident, regardless of severity. The report must be signed by both the parent and the Center Directors before being placed in the child's permanent file. The Center Directors must be notified **immediately** of any accident or injury, and parents must be contacted within 30 minutes of the incident.

Incident reports are equally important for documenting behavioral situations, such as altercations between children. A separate incident report should be completed for each child involved, signed by the teacher, and must not include any information about other children. Discussions with parents should only address their child. The parent and Center Directors must sign the report before it is filed in the child's permanent record.

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## Idea Incentive Awards

At First Adventures Academy, we encourage our employees to submit ideas which could increase our efficiency and productivity. Ideas can be as simple or complex as you feel necessary. All entries will be reviewed for consideration and implementation. If your idea is implemented, you will receive a \$50.00 bonus.

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## Corrective Counseling

First Adventures Academy recognizes that there may be an occasion when it is necessary to discuss a specific area of an employee's performance or conduct that does not meet the expected standards. These discussions are meant to be a helpful attempt to correct the problem. This corrective counseling method may range from a verbal discussion to written warnings. If corrective counseling proves to be ineffective then the next step could result in termination.

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## Video Surveillance Awareness Policy

I am aware that First Adventures Academy is under 24-hour video surveillance. I understand that any of my actions seen on surveillance against First Adventures Academy policy may result in disciplinary action which may include immediate termination.

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## Drug Free Workplace Policy

First Adventures Academy is committed to providing a safe work environment and to fostering the well-being and health of its employees. That commitment is jeopardized when any employee illegally uses drugs or alcohol on the job, comes to work with these substances present in his/her body, or possesses, distributes, or sells drugs in the workplace. First Adventures Academy has established the following policy about alcohol and other drugs to ensure that we can meet our obligations to our employees, children enrolled, and the public.

The following are a violation of First Adventures Academy's policy:

- For anyone to report to work or any work function (staff meetings, training, employee gatherings, etc.) under the influence of illegal drugs or alcohol, that is, with illegal drugs or alcohol in his/her body.
- For anyone to use prescription drugs illegally. However, nothing in this policy precludes the appropriate use of legally prescribed medications. Employees are responsible for notifying his/her supervisor if the prescribed medication will affect the employee's ability to perform any function of his or her job.
- For any employee to possess, sell, trade, or offer for sale illegal drugs or otherwise engage in the illegal use of drugs or alcohol on the job.

**Violations of this policy are subject to disciplinary action up to and including termination of employment. First Adventures Academy reserves the right to request a drug test at any time.**

INITIAL \_\_\_\_\_

## Workplace Harassment Policy

It is the policy of First Adventures Academy. to assure a workplace free of harassment for all employees and children. First Adventures Academy believes that all employees should feel free to work without fear of harassment or retaliation. Managers must respond immediately to all complaints of harassment. All complaints of any harassment, verbal or nonverbal, shall be handled in an expeditious manner and may be subject to an investigation. Any behavior that can be considered harassing in nature either sexually or otherwise is inappropriate and strictly prohibited.

The following is a list of examples that are not to be inclusive and should not be viewed as the only prohibited behaviors. It is a list of examples of behavior, which are outside the appropriate and acceptable work demeanor.

**Verbal:** Suggestive language, comments, innuendoes, propositions, threats, or jokes that create an uncomfortable work environment for others. This includes slang and curse words that are gender based and may include repeated references to others as "doll, honey, baby, sugar, little girl, or boy, etc." Verbal harassment includes aggressive and abusive statements or inappropriate language intended to be harmful to another individual in the workplace. These labels may be considered demeaning and are not appropriate in a professional work environment.

**Nonverbal:** Suggestive or insulting sounds, whistling, leering, obscene gestures, sexually suggestive body gestures, catcalls, smacking, and or kissing noises. Body language indicative of a lack of respect or care for a co-worker or supervisor.

**Visual:** Sexually suggestive written documents containing explicit language or graphic descriptions, pictures, pinups, or slogans. Anatomical descriptions or descriptions of articles of clothing in document or cartoons are included. This includes text messages or other forms of written documentation which contain slander and/or suggestively abusive content toward anyone employed at Lullaby Inn.

**Physical/Sexual:** Any sexually suggestive or unwanted physical contact including touching, unwelcome hugging, kissing, pinching, brushing of the body, coerced sexual intercourse, or actual assault.

Any employee who believes they have experienced harassment in violation of this policy or who is aware of such harassment to clients or children must immediately report the prohibited conduct to a member of the management team.

INITIAL \_\_\_\_\_

## Social Media Policy

Use of social media presents certain risks and carries with it responsibilities. To assist you in making responsible decisions about your use of social media, we have established these guidelines for appropriate use of social media. This policy applies to all employees.

1. **Guidelines:** Social media can mean many things, and includes all means of communicating or posting information or content of any sort on the Internet, including to your own or someone else's web log or blog, journal or diary, personal website, social networking or affinity website, web bulletin board or chat room, whether or not associated or affiliated with the company, as well as any other form of electronic communication, including but not limited to Facebook, Twitter, Tumblr, Flickr, Instagram, etc.

You are entirely responsible for what you post online. Before creating online content, consider some of the risks and rewards that are involved. Keep in mind that any of your conduct that adversely affects your job performance, the performance of fellow employees, or otherwise adversely affects clients, customers, vendors, suppliers, or people who work on behalf of the company's legitimate business interests, may result in disciplinary action up to and including termination.

2. **Know and follow the rules:** Carefully read these guidelines of First Adventures Academy's policy and ensure your postings are consistent with these policies. Inappropriate postings that may include discriminatory remarks, harassment, and threats of violence or similar inappropriate or unlawful conduct will not be tolerated and may subject you to disciplinary action up to and including termination.

3. **Respectfulness:** You should always be courteous to fellow employees, clients, customers, vendors, and suppliers. You are more likely to resolve work problems by speaking directly with your supervisor(s) than by posting complaints on social media. Nevertheless, if you decide to post complaints or criticism, avoid using statements, photographs, video or audio that are malicious, obscene, threatening or intimidating, that disparage employees, clients, customers, vendors or suppliers, or that might constitute harassment or bullying. Examples of such conduct might include offensive posts meant to intentionally harm someone's reputation, or posts that could contribute to a hostile work environment based on race, sex, disability, religion or any other status protected by law or company policy.

4. **Honesty and accuracy:** Make sure you are always honest and accurate when posting information or news, and if you make a mistake, correct it quickly. Never post any information or rumors that you know to be false about a company, fellow employees, consultants, clients, customers, vendors, suppliers, or competitors.

5. **All content posted should be appropriate and respectful:** Maintain the confidentiality of First Adventures Academy trade secrets and confidential information. Trade secrets may include information regarding the development of systems, processes, products, knowledge and technology. Do not post internal reports, policies, procedures, or other internal business-related confidential communications. Do not create a link from your blog, website, or other social networking site to a company website without identifying yourself as a company employee.

6. **Social media at work:** Do not use social media while at work or on First Adventures Academy equipment, unless it is work-related and authorized. Do not use your company email to register on blogs, social networks, or other forms of social media.

**7. Personal opinions only:** Do not represent yourself as a spokesperson for First Adventures Academy. If the company is a subject of the content you are creating, be clear and open about the fact that you are an employee and clarify that your views do not represent those of the company, fellow associates, members, customers, suppliers, or people working on behalf of the company. If you do publish a blog or post online related to the work you do or subjects associated with the company, clarify that you are not speaking on behalf of the company.

**8. No retaliation:** First Adventures Academy prohibits taking adverse action against any employee for reporting a possible deviation from this policy or for cooperating in an investigation. Any employee who retaliates against another employee for reporting a possible deviation from this policy or for cooperating in an investigation will be subject to disciplinary action, up to and including termination.

**9. Professional Relationships with clients:** Employees of First Adventures Academy are prohibited from engaging in personal relationships with clients and their families. This includes, but is not limited to, adding clients/families to Facebook, Twitter, Tumblr, Flickr, Instagram, etc. Social media provides the employee with the opportunity to express their personal opinions and views. These views are not to be associated with the views of the company and may be interpreted as such by clients/parents. First Adventures Academy strives to maintain a professional relationship with clients and the community.

**10. Photography in the workplace:** Photographs are not to be taken of the children or their families for any personal use. Photographs are only to be taken on an authorized camera that is provided by the center and are to be used for portfolios and other activities designated by the Center Directors. Photographs are not to be taken on cell phones or personal cameras.

**11. Online Reviews/Comments:** Employees at First Adventures Academy are prohibited from writing any negative online reviews on any social media site. This also includes any online search engines (google, yelp, bing, etc.) This policy also prevents families and friends of employees at First Adventures Academy from writing negative reviews. Reviews or comments posted that portray First Adventures Academy, the management team, its employees, or any facet of the company in a negative way are a direct violation of this policy.

By signing below, I understand that this social media policy is a legally binding contract and may be legally enforced if I am found to have violated any of the terms outlined within it.

**INITIAL** \_\_\_\_\_

## Termination and Premium Pay Policy

As an employee of First Adventures Academy, I understand that my resignation from this place of employment is voluntary and that I am required to provide my manager with a minimum of a two-week notice. This notice must be given in writing to the Center Directors . The Center Directors do have the right to accept two weeks notice effective immediately should it be determined that is what is in the best interest of the center as a whole. I recognize that I am still obligated to work each of the scheduled days during the two-week period. This is to ensure that I am allowing enough time for the children to adjust to the change and for them to become acclimated to the new teacher. I understand that if I am to leave this company without fulfilling the required two-week notice, First Adventures Academy will be obligated to pay me the state minimum wage of \$13.75 per hour. If the company terminates my position, I recognize that I will also receive the minimum wage of \$13.75 per hour.

I understand that if I am no longer employed at First Adventures Academy, either voluntarily or involuntarily, that I am not allowed back into the facility for any reason without permission from the Center Directors I also understand that I am to pick up my last paycheck in person and return two t-shirts that were provided to me upon hire. If I do not fulfill a two week notice I understand that I am not eligible for rehire.

**Certain behavior will not be tolerated and could result in immediate termination. This behavior includes, but is not limited to**

- Mistreatment of a child
- Leaving a child unattended
- Theft or misuse of property
- Leaving the building while working a scheduled shift
- Sleeping while on duty
- Reporting to work under the influence of alcohol or drugs or consuming such items while at work.

**This is not an inclusive list. This is a list of what our company views to be the most important.**  
I have read, understand, and agree to the above stated policy regarding termination of employment.

**INITIAL \_\_\_\_\_**



Upon your completed review of this handbook, please sign the statement below. It must be returned to your Center Directors before you begin your employment at First Adventures Academy. This employee handbook was prepared so that you would understand the policies and procedures at First Adventures Academy.

I \_\_\_\_\_, have been given a copy of the First Adventures Academy Employee handbook upon my hire. I have read this manual and understand the policies that are contained within. I understand that as an employee of First Adventures Academy non-compliance with these policies may result in my position terminated.

I acknowledge and understand that this handbook is not intended to cover every situation that may arise during my employment. It is simply a general guide to the goals, policies, and practices of First Adventures Academy. By my signature below, I acknowledge and agree to comply with the information provided in the Employee Handbook provided to me by the Center Directors

---

Employee Signature

---

Date

---

Supervisor Signature

---

Date





## Instructions to Complete Online Training

**Name:** \_\_\_\_\_ **MOPID:** \_\_\_\_\_

It is a state requirement that each employee have the following trainings complete within the first 30 days of employment. You will receive an e-mail from DESE to register for the MOPD system. Once you have created an account, you will be able to register for trainings.

Be sure to follow the instructions at the beginning of the training and are using an approved browser and correct internet settings. At the end of your training, input your name and MOPD number when prompted.

The Conscious Discipline training can be found at the link below (not on the MOPD website). Follow the link below to create an account on the Conscious Discipline website to complete "Conscious Discipline Building Resilient Schools and Homes".

**You must complete all 5 online trainings listed below within your first 30 days.**

1 CCDF Health & Safety Training Online

2 ABC's of Safe Sleep

3 Missouri Milestones Matter

4 Caring for Vulnerable Children

5 Conscious Discipline Building Resilient Schools and Homes

<https://consciousdiscipline.com/my-account/join-team/144fed5ea79369bb4b60cd3e3f149a33/>

**MUST BE COMPLETED BY:** \_\_\_\_\_



# CREATE MOPD ACCOUNT AND APPLY FOR MEMBERSHIP

**Missouri EDUCATION**

Welcome, Kimberly!  
MOPD ID #813400  
Primary phone number (314) 780-2779 / Primary Language English  
Email kscholbe@gmail.com

[Edit Profile Information](#)

**MY MEMBERSHIPS**

Registry Profile Membership Member  
Expires 06/30/2025

[Manage Memberships](#)

[Apply for Membership](#)

**Employment**

Primary Employer  
FIRST ADVENTURES LLC

Title  
Lead  
Educator/Teacher/Facilitator/Practitioner

[View All Employment](#)

Last Updated 07/11/2023

**Education**

Highest Level of Education  
High School Diploma/GED

[View All Education](#)

**Professional Memberships and Contributions**

[View All](#)

# COMPLETING TRAININGS

Missouri EDUCATION

Kimberly Smith My Cart(0)

**Manage Memberships**

Apply for Membership

Title Lead  
Educator/Teacher/Facilitator/Practitioner

View All Employment View All Education View All

Last Updated 07/11/2023

**Upcoming Training Events**

Training Hours 3.00  
Time Frame Current Calendar Year

You are not scheduled for any training events.

View All My Training Search for Training

Missouri EDUCATION

Kimberly Smith My Cart(0)

## Training Information


Return to My Profile


Click the 'Edit Training' button to request approval for training hours found Outside the PD System.

#813400  
Kimberly Smith




### Training


Edit Training

Clicking  will open the E-Learning classroom.

Please click the  to complete the Trainer Training Evaluation Tool for the applicable training event.

Show E-Learning events only

**Status Legend**  
● Evaluation Complete    Evaluation Available    Evaluation Closed    Not Eligible

Event ID	Title	Completed	Credit	Type	Hours	Level	Verified	Evaluation
168945	<a href="#">ABCs of Safe Sleep: How to Reduce the Risk of Sleep-Related Infant Deaths</a>			Infant	1.00	Clock Hour	REGISTERED	
174495	<a href="#">Address Your Stress</a>	01/11/2024		Business	3.00	Clock Hour	VERIFIED	
174496	<a href="#">Admin 101</a>	12/15/2023		Business	2.00	Clock Hour	VERIFIED	



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 FAMILY CARE SAFETY REGISTRY  
**WORKER REGISTRATION**

FCSR USE ONLY

Register online at [www.health.mo.gov/safety/fcsr](http://www.health.mo.gov/safety/fcsr) OR mail this form, copy of Social Security card, and payment to Missouri Dept. of Health and Senior Services, Fee Receipts, PO Box 570, Jefferson City, MO 65102. Register only once!

**REGISTRATION TYPE (Check all that apply. Complete column on right only if Long Term Care/Personal Care selected from left.)**

- Adoptive Parent  
Agency Name: \_\_\_\_\_
- Child Care
- Missouri Foster Parent/Family Member of Foster Parent  
Children's Division County Office: \_\_\_\_\_
- Hospital
- Long Term Care/Personal Care (Please choose subcategory at right ▶ .)
- Mental Health/Psychiatric Hospital
- Voluntary (Select voluntary if no other registration type applies.)

**Long Term Care / Personal Care Subcategories (Complete if LTC/PC selected at left.)**

- Adult Day Care
- Assisted Living Facility
- Hospice
- Hospital LTAC/Swing Bed
- Mental Health – Residential Facility/ICF
- Nursing Facility/Skilled Nursing
- Personal Care – Home Health
- Personal Care – In-Home Services
- Personal Care – Consumer Directed  
Services/Center for Independent Living
- Personal Care – HCY/PDW/DDD/Other

A one-time registration fee of **\$15.00** applies to all categories except Missouri Foster Parents, who must list the Missouri Children's Division county office.

Have you or an immediate family member ever served in the U.S. Armed Forces?  Yes  No  
 If Yes, would you like information about military-related services in Missouri?  Yes  No

**SOCIAL SECURITY NUMBER (Mail copy of card with form.)**

— —

**PERSONAL INFORMATION (Provide all names you have used, starting with most recent. Include legal names and nicknames.)**

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX (JR., SR., II, III)
BIRTH NAME (LIST FULL NAME)		PRIOR NAMES USED (IF APPLICABLE, LIST FIRST AND LAST NAMES.)	DATE OF BIRTH (MM-DD-YYYY)
			GENDER <input type="checkbox"/> M <input type="checkbox"/> F

**CONTACT INFORMATION**

MAILING ADDRESS (ENTER YOUR STREET ADDRESS OR POST OFFICE BOX. THIS ADDRESS MUST BE DIFFERENT FROM EMPLOYER ADDRESS.)

CITY	STATE	ZIP CODE	COUNTY
TELEPHONE	EMAIL ADDRESS (REQUIRED)	COUNTRY (COMPLETE ONLY IF OUTSIDE U.S.)	

**EMPLOYER ASSOCIATED WITH THIS REGISTRATION (Complete either left or right column, not both.)**

<input checked="" type="checkbox"/> My current/potential child care, long term care or mental health care employer is:			<input type="checkbox"/> No Employer, because I am a(n):		
EMPLOYER NAME First Adventures Academy			<input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Foster Parent/Family Member <input type="checkbox"/> Home Child Care Provider <input type="checkbox"/> Private Pay/Private Duty <input type="checkbox"/> Student <input type="checkbox"/> Volunteer <input type="checkbox"/> Other (Explain: _____)		
EMPLOYER ADDRESS 600 Top Notch Ln					
EMPLOYER CITY Eureka	STATE MO	ZIP 63025			
EMPLOYER TELEPHONE (636) 587-6023	EMPLOYER CONTACT NAME Beth Boedeker	EMPLOYER CONTACT TITLE Owner/Director			

**REGISTRATION AGREEMENT**

The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant my permission for the Missouri Department of Health and Senior Services (DHSS) to obtain any and all background information authorized by law to process this request. Furthermore, I authorize the DHSS to release the fact that I am a registrant in the Family Care Safety Registry (FCSR) and any related background information to the requester of the FCSR for employment purposes only, as provided in §210.921, subsection 1, subdivisions (1) and (2), RSMo. For purposes of the FCSR, "employment purposes" includes direct employer/employee relationships, prospective employer/employee relationships, and screening and interviewing of persons or facilities by those persons contemplating the placement of an individual in a child care, elder care or personal care setting. I understand that if I dispute the information contained in the FCSR I have the right to appeal the accuracy of the transfer of information to the FCSR within thirty (30) days of receiving the results of the background screening.

**NOTICE:** The FCSR may choose to deposit the check enclosed electronically as an ACH debit entry to my designated bank account. I understand that my signature below authorizes my financial institution to deduct this payment from my account. In the event that DHSS or its subcontractor is unable to secure funds from my account or I provide insufficient or inaccurate information regarding my account, my obligation to the DHSS will remain unpaid and further collection action may be taken by the DHSS or its subcontractor, including, but not limited to, returned check fees.

SIGNATURE OF APPLICANT	DATE OF SIGNATURE (MUST BE WITHIN SIX MONTHS OF SUBMISSION.)
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## WHAT IS THE FAMILY CARE SAFETY REGISTRY?

The Family Care Safety Registry (FCSR), administered by the Missouri Department of Health and Senior Services (DHSS), provides families and employers with a method to obtain background screening information. The Registry, through various state agencies, offers several resources to screen child care, long term care and mental health workers:

- State criminal history and sex offender registry records maintained by the Missouri State Highway Patrol
- Child abuse/neglect records maintained by the Missouri Department of Social Services
- The Employee Disqualification List maintained by the Missouri Department of Health and Senior Services
- The Employee Disqualification Registry maintained by the Missouri Department of Mental Health
- Child care facility licensing records maintained by the Missouri Department of Elementary and Secondary Education
- Foster parent records maintained by the Missouri Department of Social Services

## WHO HAS TO REGISTER?

Any person hired on or after January 1, 2001, as a child care worker or elder care worker, hired on or after January 1, 2002, as a personal care worker, or hired on or after January 1, 2009, as a mental health worker, as provided in §210.906, RSMo, is required to make application for registration in the Family Care Safety Registry within fifteen (15) days of the beginning of employment. **Such person who fails to submit a completed registration form to the DHSS without good cause, as determined by the department, is guilty of a class B misdemeanor.** Employees and volunteers from non-state and/or federally regulated entities are NOT REQUIRED to register with the FCSR.

## HOW DO I COMPLETE THE REGISTRATION FORM?

Registration Type – Check at least one box from the left column for type of registration that best describes your worker category. If no other type applies, select “Voluntary.” (A “voluntary registrant” is a person who is not mandated to register with the Family Care Safety Registry pursuant to §210.900 et seq., RSMo.) If you checked Long Term Care / Personal Care, please also make one or more selections from the column on the right for subcategory.

Social Security Number – You must provide your Social Security number pursuant to 19CSR 30-80.030(1). This identifying information, including Social Security number, will be used for internal identification purposes and to conduct background screenings for the resource information listed in paragraph one above.

Personal Information – List your current Last Name, First Name, Middle Name, and any suffix associated with your last name. List any other names by which you may have been known, including maiden names, past married names, and nicknames (attach additional sheets if needed). For identification purposes, list your gender and date of birth.

Contact Information – List your address, city, state, ZIP code, and county. Include your telephone number and email address. We will use this information to notify you of registration results and any background screenings conducted. Email notifications will be encrypted for improved security. To reduce postage costs, the Registry may contact you to request a personal email address if one is not provided.

Employer Associated with this Registration - If you are currently employed by or are seeking employment with a child care or long term care provider, please list the facility name, address, telephone number, and contact person. If registration is not for employment purposes, make a selection from column on right. The employer entered in this section will not receive a copy of the registration notification. **Employers eligible to use the Registry for caregiver screenings must make a separate request for your background information.**

Registration Agreement – Sign and date the registration form. Your signature will authorize the Family Care Safety Registry to conduct the background screening outlined in §210.903.2, RSMo and to provide the information to requesters for employment purposes, as provided in §210.921.1, RSMo.

## WHERE DO I SEND MY REGISTRATION FORM?

Send your completed registration form and photocopy of Social Security card and required fee to the **Missouri Department of Health and Senior Services, ATTN: Fee Receipts, P.O. Box 570, Jefferson City, MO 65102.** If you have questions, please call the Registry using the toll-free telephone number, **866-422-6872.**

## WHEN WILL I KNOW THE RESULTS OF MY BACKGROUND SCREENING?

After the background screening has been completed, you will be notified in writing of the results that will be recorded in the Family Care Safety Registry. You will also be notified in writing each time background screening information is provided. The notification will contain the name and address of the person who made the request and the background information disclosed. The person making the request will be informed that information will be released for employment purposes only, pursuant to §210.921.1, RSMo. Any person using Registry information for any other purpose is guilty of a class B misdemeanor. In addition, state agencies can request information for licensure or regulatory purposes. Prior to disclosing information, the Registry obtains the name and address of the requester, and determines that the request is for employment or regulatory purposes. To ensure you receive these notifications, it will be important for you to notify the Family Care Safety Registry when you have a change in your contact information. Notify the Family Care Safety Registry of changes in personal or contact information using the toll-free telephone number, 866-422-6872, by email to [fcsr@health.mo.gov](mailto:fcsr@health.mo.gov), or by mail to FCSR, PO Box 570, Jefferson City, MO 65102.

## WHAT IF I DON'T AGREE WITH THE RESULTS OF MY BACKGROUND SCREENING?

As provided in §210.912, RSMo, you have the right to appeal the information transferred to the Family Care Safety Registry. Your right to appeal is limited to the accuracy of the transfer of information from the state agency that maintains the background information and does not include a right to appeal the accuracy of the substance of the information transferred. An appeal must be filed in writing to the Office of the Director, Missouri Department of Health and Senior Services, P.O. Box 570, Jefferson City, MO, 65102, within 30 days of receiving the results of the background screening determination. An administrative appeal shall be set within 30 days of the filing of the appeal and a decision shall be made within 60 days. This right to appeal is in addition to any other appeal rights granted by state law.

## WHAT INFORMATION WILL BE DISCLOSED BY THE FAMILY CARE SAFETY REGISTRY?

Disclosure of background information on a person registered in the Family Care Safety Registry will be limited. If the person is registered, the Registry worker will disclose whether the person's name is listed in any of the background checks pursuant to §210.903, subsection 2, RSMo, and if so, which one(s). Specific information will be disclosed by the Registry pursuant to §210.921, subsection 1, subdivision (2).



## Employee Emergency Form

### Personal Contact Info:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Emergency Contact Info:

(1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

(1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Medical Contact Info:

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**I have voluntarily provided the above contact information and authorize First Adventures Academy to contact any of the above on my behalf in the event of an emergency.**

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

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





**MEDICAL EXAMINATION REPORT FOR CAREGIVERS AND STAFF**

**INSTRUCTIONS**

This form is to be completed by the child care provider and a licensed physician.  
Once complete, it should be kept on file at the child care facility for review during inspections.

The reason for this medical examination is that the patient may:

- Have contact with children (infant through school-age) in care away from their own homes.
- Be responsible for children’s physical care and social development during day and/or nighttime hours.
- Need to lift children.

**IDENTIFYING INFORMATION (TO BE COMPLETED BY PATIENT)**

NAME	BIRTHDATE
ADDRESS (STREET, CITY, STATE, ZIP CODE)	TELEPHONE NUMBER

NAME AND ADDRESS OF CHILD CARE FACILITY WHERE EMPLOYED  
 First Adventures Academy  
 600 Top Notch Ln  
 Eureka, MO 63025

If you or a member of your immediate family ever served in the U.S. Armed Forces, [click here for more information about military-related services in Missouri](#) or visit [www.dese.mo.gov/veterans-services](http://www.dese.mo.gov/veterans-services).

**MEDICAL REPORT (TO BE COMPLETED BY A LICENSED PHYSICIAN, ADVANCE PRACTICE NURSE, REGISTERED PROFESSIONAL NURSE, OR REGISTERED NURSE WHO IS UNDER THE SUPERVISION OF A LICENSED PHYSICIAN.)**

<b>PHYSICAL EXAMINATION</b>	On the date of _____, I examined this patient. I certify that to the best of my knowledge, this patient is in good physical and emotional health and free of contagious disease. <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>TB CLEARANCE</b>	Check one of the following: <input type="checkbox"/> TB Risk Assessment form attached <input type="checkbox"/> Negative Tuberculin Skin Test attached <input type="checkbox"/> A chest x-ray or appropriate written follow-up of a previous examination that indicates the individual is free of contagion dated _____.
<b>LIMITATIONS</b>	Unless noted in the remarks below, the above dated physical examination indicates this patient has no physical or mental conditions that might endanger the health of children or might prevent the patient from providing adequate care of children.
<b>RESTRICTIONS</b>	Unless noted in the remarks below the above dated physical examination indicates this patient has no restrictions — e.g., cannot lift children who weigh more than 20 pounds, etc.

**REMARKS**

**SIGNATURES**

SIGNATURE OF PHYSICIAN OR REGISTERED NURSE UNDER SUPERVISION OF A PHYSICIAN	DATE	PHYSICIAN’S OR NURSE’S NAME (PLEASE PRINT)
---	------	--

NAME AND ADDRESS OF CLINIC, GROUP PRACTICE, OTHER (PLEASE USE STAMP, IF AVAILABLE)	IF NURSE IS SUPERVISED BY PHYSICIAN, INDICATE PHYSICIAN’S NAME. (PLEASE PRINT)
	TELEPHONE NUMBER

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, gender identity, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title VII/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email [civilrights@dese.mo.gov](mailto:civilrights@dese.mo.gov).





Missouri Department of Health and Senior Services  
Bureau of Communicable Disease Control and Prevention  
**Tuberculosis (TB) Risk Assessment Form**

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**A. Please answer the following questions (Sections A & B to be completed by Patient):**

- Have you ever had a positive Mantoux tuberculin skin test (TST)?  Yes  No
- Have you ever been vaccinated with BCG?  Yes  No
- Have you ever had a positive Interferon Gamma Release Assay (IGRA) test?  Yes  No
- Have you ever been diagnosed with or treated for TB Disease?  Yes  No

**B. TB Risk Assessment**

- Have you ever had close contact with anyone who was sick with tuberculosis?  Yes  No
- Have you ever traveled to one or more of the countries listed below? **If yes, please CHECK the countries.**  Yes  No
- Were you born in one of the countries listed below? **If yes, please list the country:** \_\_\_\_\_  Yes  No
- What year did you arrive in the United States? \_\_\_\_\_

Afghanistan	Cape Verde	Gabon	Kuwait	Myanmar	St. Vincent & The Grenadines	Tokelau
Algeria	Central African Rep.	Gambia	Kyrgyzstan	Namibia	Sao Tome & Principe	Tonga
Angola	Chad	Georgia	Lao PDR	Nauru	Saudi Arabia	Trinidad & Tobago
Anguilla	Chile	Ghana	Latvia	Nepal	Senegal	Tunisia
Argentina	China	Greenland	Lesotho	Nicaragua	Serbia	Turkey
Armenia	Colombia	Guatemala	Liberia	Niger	Seychelles Sierra Leone	Turkmenistan
Azerbaijan	Comoros	Guinea	Libyan Arab Jamihirya	Nigeria	Singapore	Turks & Caicos Islands
Bahrain	Congo	Guinea-Bissau	Lithuania	Niue	Solomon Islands	Tuvalu
Bangladesh	Congo DR	Guam	Macedonia-TFYR	Northern Mariana Islands	Somalia	Uganda
Belarus	Cote d'Ivoire	Guyana	Madagascar	Pakistan	South Africa	Ukraine
Belize	Croatia	Haiti	Malawi	Palau	Sri Lanka	Uruguay
Benin	Djibouti	Honduras	Malaysia	Panama	Sudan	Uzbekistan
Bhutan	Dominica	Hungary	Maldives	Papua New Guinea	Sudan - South	Venezuela
Bolivia	Dominican Republic	India	Mali	Paraguay	Suriname	Viet Nam
Bosnia & Herzegovina	Ecuador	Indonesia	Marshall Islands	Peru	Syrian Arab Republic	Wallis & Futuna
Botswana	Egypt	Iran	Mauritania	Philippines	Swaziland	Islands
Brazil	El Salvador	Iraq	Mauritius	Poland	Tajikistan	Yemen
Brunei Darussalam	Equatorial Guinea	Japan	Mexico	Portugal	Tanzania-UR	Zambia
Bulgaria	Eritrea	Kazakhstan	Micronesia	Qatar	Thailand	Zimbabwe
Burkina Faso	Estonia	Kenya	Moldova-Rep.	Romania	Timor-Leste	
Burundi	Ethiopia	Kiribati	Mongolia	Russian Federation	Togo	
Cambodia	Fiji	Korea-DPR	Morocco	Rwanda		
Cameroon	French Polynesia	Korea-Republic	Mozambique			

Source: World Health Organization Global Tuberculosis Control, WHO Report 2013, Countries with Tuberculosis incidence rates of > 20 cases per 100,000 population. For future updates, refer to <http://www.who.int/topics/tuberculosis/en/>.

- Have you ever had an abnormal chest x-ray suggestive of TB?  Yes  No  No Response
- Are you HIV positive?  Yes  No  No Response
- Are you an organ transplant recipient or donor?  Yes  No  No Response
- Are you immunosuppressed (taking an equivalent of > 15 mg/day of prednisone for ≥1 month, or currently taking prescription arthritis medication)?  Yes  No  No Response
- Are you a resident, employee, or volunteer in a high-risk congregate setting (e.g., correctional facilities, nursing homes, homeless shelters, hospitals, and other health care facilities)?  Yes  No  No Response
- Do you have any medical conditions such as diabetes, silicosis, head, neck, or lung cancer, hematologic or reticuloendothelial disease such as Hodgkin's disease or leukemia, end stage renal disease, intestinal bypass or gastrectomy, chronic malabsorption syndrome, low body weight (i.e., 10% or more below ideal)?  Yes  No  No Response
- Do you have a cough lasting 3 weeks or longer, chest pain, weakness or fatigue, weight loss, chills, fever and/or night sweats?  Yes  No  No Response
- Are you coughing up blood or phlegm?  Yes  No  No Response

**I hereby certify** that this application contains no misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Patient Signature (Required)

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



Missouri Department of Health and Senior Services  
 Bureau of Communicable Disease Control and Prevention  
**Tuberculosis (TB) Risk Assessment Form**

**C. Medical Evaluation (Section C to be completed by Health Care Provider – if needed)**

**Health Care Provider: If the answer to any of the TB Risk Assessment questions in Section B is YES or NO RESPONSE, proceed with additional medical evaluation as appropriate. Additional evaluation may include one or more of the following: TST, IGRA, sign and symptom review, chest x-ray, or sputum collection. If the patient is immunosuppressed and no previous TB test is documented, an IGRA is recommended.**

- Tuberculin Skin Test (TST)** - Please provide a 2-step TST for those at high risk that have no documentation of a previous TST: Administer 1st step TST today and read in 48-72 hrs, if the 1st step TST is positive, document the results in millimeters (mm) of induration and follow the evaluation steps for a positive TST. If the 1st step TST is negative document the results in mm of induration. Results of mm of induration, transverse diameter; if no induration write "0" mm. The TST interpretation\* should be based on mm of induration as well as risk factors. Place a 2-step TST in one to three weeks after the first TST was read and recorded. The 2-step should be read in 48-72 hrs and then follow the documentation procedures as outlined above .

<b>Date Given:</b> _____	<b>Date Read:</b> _____
<b>Result:</b> _____ mm of Induration	<b>*Interpretation:</b> Positive____ Negative____
<b>Date Given:</b> _____	<b>Date Read:</b> _____
<b>Result:</b> _____ mm of Induration	<b>*Interpretation:</b> Positive____ Negative____

**\*TST Interpretation Guidelines (Please check all that apply).**

- |   |   |
|---|---|
| <p><b>&gt;5 mm is Positive:</b> <input type="checkbox"/> Recent close contacts of an individual with infectious TB</p> <p><input type="checkbox"/> Persons with fibrotic changes on a prior chest x-ray consistent with past TB disease</p> <p><input type="checkbox"/> Organ transplant recipients</p> <p><input type="checkbox"/> Immunosuppressed persons: taking <math>\geq 15</math> mg/d of prednisone for <math>\geq 1</math> month; taking a TNF-<math>\alpha</math> antagonist</p> <p><input type="checkbox"/> Persons with HIV/AIDS</p> | <p><b>&gt; 10 mm is Positive:</b> <input type="checkbox"/> Persons born in a high prevalence country or who resided in one for a significant amount of time</p> <p><input type="checkbox"/> History of illicit drug use</p> <p><input type="checkbox"/> Mycobacteriology laboratory personnel</p> <p><input type="checkbox"/> History of resident, worker or volunteer in high-risk congregate settings</p> <p><input type="checkbox"/> Persons with the following clinical conditions: silicosis, diabetes mellitus, chronic renal failure, leukemias and lymphomas, head, neck or lung cancer, low body weight (&gt;10% below ideal), gastrectomy or intestinal bypass, chronic malabsorption syndromes</p> <p><input type="checkbox"/> Children &lt; 4 years of age</p> <p><input type="checkbox"/> Children and adolescents exposed to adults in high-risk categories</p> |
|---|---|
- >15 mm is Positive:**  Persons with no known risk factors for TB disease

- Interferon Gamma Release Assay (Please check the IGRA that is used)**

QFT-G  QFT-GIT  **Date Obtained:** \_\_\_\_\_

**Result:**  Responsive (TB Infection Likely)  Nonresponsive (TB Infection Unlikely)  Indeterminate

T- Spot  **Date Obtained:** \_\_\_\_\_

**Result:**  Negative  Positive  Borderline/Equivocal

Other: \_\_\_\_\_ **Date Obtained:** \_\_\_\_\_ **Result:** \_\_\_\_\_

- Chest X-ray: (Required if TST or IGRA is positive)**

**Date of Chest X-ray:** \_\_\_\_\_ **Result:**  Normal  Abnormal

**Abnormal Chest X-ray Interpretation:** \_\_\_\_\_

- Sputum Collection: If the patient has a positive TST or IGRA and a productive cough > 3weeks, with or without hemoptysis, please collect three (3) consecutive sputum, one early morning and all must be at least eight (8) hours apart with a minimum of 2 milliliters of specimen per tube.**

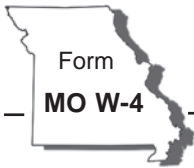
<b>1. Date Obtained</b> _____	<b>Smear Result:</b> _____	<b>Culture Result:</b> _____	<b>2. Date Obtained:</b> _____	<b>Smear Result:</b> _____	<b>Culture Result:</b> _____
<b>3. Date Obtained:</b> _____	<b>Smear Result:</b> _____	<b>Culture Result:</b> _____			

An isolate on any positive mycobacterium cultures should be sent to the Missouri State Public Health Laboratory.  
**I have reviewed the above information with the patient and deemed:**  **No Further Evaluation Needed**  **Further Evaluation is Needed**

\_\_\_\_\_  
 Health Care Provider Signature (Required)

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

All positive TST, IGRA, chest x-ray, smear and culture results suggestive of tuberculosis disease or latent tuberculosis infection should be reported to the Missouri Department of Health and Senior Services (fax number: 573-526-0235) or your local public health agency using this form. If you have any questions, please contact the Bureau of Communicable Disease Control and Prevention at 573-751-6113.



MISSOURI DEPARTMENT OF  
**REVENUE**  
**Employee's Withholding Certificate**

This certificate is for income tax withholding and child support enforcement purposes only. Type or print.

<b>Employee</b>	Full Name		Social Security Number			
	Home Address (Number and Street or Rural Route)		City or Town		State	ZIP Code
	1. Filing Status: Check the appropriate filing status below. <input type="checkbox"/> Single or Married Spouse Works or Married Filing Separate <input type="checkbox"/> Married (Spouse does not work) <input type="checkbox"/> Head of Household					
	2. Additional withholding: If you expect to have a balance due (as a result of interest income, dividends, income from a part-time job, etc.) on your tax return, you may request your employer to withhold an additional amount of tax from each pay period. To calculate the amount needed, divide the amount of the expected tax by the number of pay periods in a year. Enter the additional amount to be withheld each pay period on line 2.....					2
3. Reduced withholding: If you expect to receive a refund (as a result of itemized deductions, modifications or tax credits) on your tax return, you may direct your employer to only withhold the amount indicated on line 3. Your employer will not use the standard calculations for withholding. If you designate an amount that is too low, it could result in you being under withheld. To calculate the amount needed, divide the amount of your expected tax by the number of pay periods in a year. Enter the amount to be withheld instead of the standard calculation. If no amount is indicated on line 3, the standard calculations will be used.....					3	
4. Exempt Status: Select the appropriate reason you are claiming an exemption from withholding below and indicate EXEMPT on line 4. ....					4	
<input type="checkbox"/> I am exempt because I had a right to a refund of all Missouri income tax withheld last year and expect to have no tax liability this year. A new MO W-4 must be completed annually if you wish to continue the exemption.						
<input type="checkbox"/> I am exempt because I meet the conditions set forth under the Servicemember Civil Relief Act, as amended by the Military Spouses Residency Relief Act and have no Missouri tax liability.						
<input type="checkbox"/> I am exempt because my income is earned as a member of any active duty component of the Armed Forces of the United States and I am eligible for the military income deduction.						

<b>Signature</b>	Under penalties of perjury, I certify that the information provided on this form is true and accurate.	
	Employee's Signature (Form is not valid unless you sign it)	Date (MM/DD/YYYY) ____ / ____ / ____

<b>Employer</b>	Employer's Name		Employer's Address			
	City		State		ZIP Code	
	Date Services for Pay First Performed by Employee (MM/DD/YYYY) ____ / ____ / ____		Federal Employer I.D. Number		Missouri Tax Identification Number	

**Notice to Employer:**

Within 20 days of hiring a new employee, a copy of the Employee's Withholding Certificate (Form MO W-4) must be submitted by one of the following methods:

- **Email:** withholding@dor.mo.gov
- **Fax:** 877-573-6172
- **Mail to:** Missouri Department of Revenue  
P.O. BOX 3340  
Jefferson City, MO 65105-3340

Please visit [dss.mo.gov/child-support/employers/new-hire-reporting.htm](http://dss.mo.gov/child-support/employers/new-hire-reporting.htm) for additional information regarding new hire reporting.

**Notice to Employee:**

Return completed form to your Employer. Consider completing a new Form MO W-4 each year and when your personal or financial situation changes. Visit our online withholding calculator [mytax.mo.gov/rptp/portal/home/withholding-calculator](http://mytax.mo.gov/rptp/portal/home/withholding-calculator).

**Items to Remember:**

- Employees must complete a new form if their filing status changes or to adjust the amount of withholding.
- If you are claiming an "Exempt" status due to the Military Spouses Residency Relief Act you must provide one of the following to your employer: Leave and Earnings Statement of the non-resident military servicemember, Form W-2 issued to the nonresident military servicemember, a military identification card, or specific military orders received by the servicemember. You must also provide verification of residency such as a copy of your state income tax return filed in your state of residence, a property tax receipt from the state of residence, a current drivers license, vehicle registration or voter ID card. For additional assistance in regard to Military, visit the department's website [dor.mo.gov/military/](http://dor.mo.gov/military/).
- Additional information can be found at [mo.gov/business/withhold/](http://mo.gov/business/withhold/).

**Mail to:** Taxation Division  
P.O. Box 3340  
Jefferson City, MO 65105-3340  
**Phone:** (573) 522-0967  
**Fax:** 877-573-6172

**Ever served on active duty in the United States Armed Forces?**

If yes, visit [dor.mo.gov/military/](http://dor.mo.gov/military/) to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at [veteranbenefits.mo.gov/state-benefits/](http://veteranbenefits.mo.gov/state-benefits/).

# 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.

# 2024

<b>Step 1:</b> <b>Enter Personal Information</b>	(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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <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, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**Step 2:** 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.

**Multiple Jobs or Spouse Works** Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(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

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

<b>Step 3:</b> <b>Claim Dependent and Other Credits</b>	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 . . . . .	<b>3</b>	\$ _____
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$ _____
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$ _____

**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**

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

## 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](http://www.irs.gov/FormW4).

### Purpose of Form

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

**Exemption from withholding.** You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 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 2024 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, 2025.

**Your privacy.** Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

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

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

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

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

## Specific Instructions

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

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

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

Instead, 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 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 2024 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; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
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
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
c Add the amounts from lines 2a and 2b and enter the result on line 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.
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)

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



- 1 Enter an estimate of your 2024 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
2 Enter: { \$29,200 if you're married filing jointly or a qualifying surviving spouse; \$21,900 if you're head of household; \$14,600 if you're single or married filing separately }
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-"
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
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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.



# Employment Eligibility Verification

## Department of Homeland Security

### U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
OMB No.1615-0047  
Expires 07/31/2026

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**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 (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number
<p><b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b></p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<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 (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2.</b> and <b>3.</b> above) authorized to work until (exp. date, if any)						
If you check <b>Item Number 4.</b> , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

**If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.**

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p><b>Additional Information</b></p>    <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

<p><b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.</p>		First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative
		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code

**For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.**

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

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

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

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
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the individual's status or parole 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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	OR	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security               <p style="margin-left: 20px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4</b>, document, not a List C document.</p> </li> </ol>
<p><b>Acceptable Receipts</b></p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



# Supplement A, Preparer and/or Translator Certification for Section 1

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

USCIS  
Form I-9  
Supplement A  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name ( <i>Family Name</i> ) from <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
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**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

**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		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**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		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**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		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**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		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code



# Supplement B, Reverification and Rehire (formerly Section 3)

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

USCIS  
Form I-9  
Supplement B  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name ( <i>Family Name</i> ) from Section 1.	First Name ( <i>Given Name</i> ) from Section 1.	Middle initial (if any) from Section 1.
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**Instructions:** This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	Middle Initial

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )
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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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )
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Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
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Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	Middle Initial

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )
----------------	--------------------------	--

**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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )
---	--	------------------------------------

Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
--	---

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	Middle Initial

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )
----------------	--------------------------	--

**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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )
---	--	------------------------------------

Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
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**EMPLOYEE DIRECT DEPOSIT ENROLLMENT FORM**

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To enroll in Direct Deposit, simply fill out this form. Attach a voided check for each checking account - *(NOT a deposit slip)*.

If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your savings account. It isn't always the same as the number on the savings deposit slip. This will help ensure that you are paid correctly.

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**Important: Please Read & Sign Before Completing and Submitting.**

I hereby authorize Avail Accounting & Tax, Inc. to deposit any amounts owed me, as instructed by my employer, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form, and attached cancelled check(s) or deposit slip(s). Further, I authorize Bank to accept and to credit any credit entries indicated by Avail Accounting & Tax, Inc. to my account. In the event that Avail Accounting & Tax, Inc. deposits funds erroneously into my account, I authorize Avail Accounting & Tax, Inc. to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Avail Accounting & Tax, Inc. and Bank have received written notice from me of its termination in such time and in such manner as to afford Avail Accounting & Tax, Inc. and Bank to reasonable opportunity to act on it.

Financial Institution Name: \_\_\_\_\_

**Please check one**

Routing # \_\_\_\_\_ Account#: \_\_\_\_\_  Checking or  Savings

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

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

Employee E-mail: \_\_\_\_\_ Date: \_\_\_\_\_

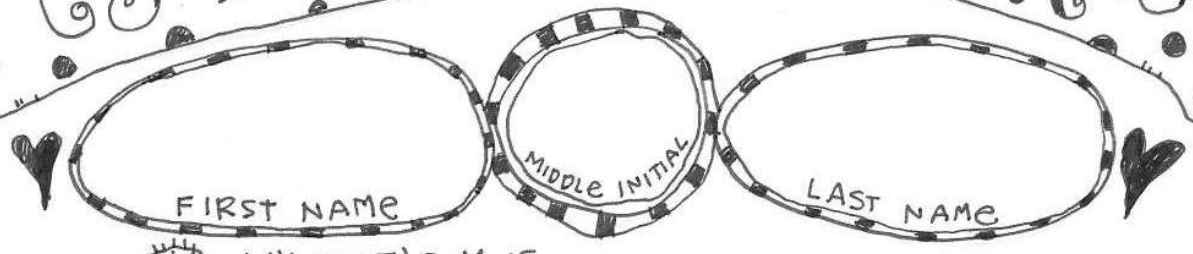
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**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM**



THESE ARE A FEW OF

# My Favorite Things



 MY BIRTHDAY IS \_\_\_\_\_

## My ABSOLUTE FAVORITES!



PLACES TO EAT OUT \_\_\_\_\_

PLACES TO SHOP \_\_\_\_\_

FOOD \_\_\_\_\_ 

FRUIT \_\_\_\_\_ 

CANDY \_\_\_\_\_ 

SNACKS \_\_\_\_\_ 

COOKIES \_\_\_\_\_ 

CAKE \_\_\_\_\_ 

COFFEE DRINK \_\_\_\_\_ 

COLD DRINK \_\_\_\_\_ 

SCENT \_\_\_\_\_ 

FLOWER \_\_\_\_\_ 

COLOR \_\_\_\_\_ 


SPORTS TEAM \_\_\_\_\_ 


WAY TO RELAX \_\_\_\_\_


## Hey, Did you know?

★ I HAVE THESE KIDS: \_\_\_\_\_

 \_\_\_\_\_ 

★ THESE ARE MY PETS: 

 \_\_\_\_\_

 ★ I'M ALLERGIC TO: \_\_\_\_\_

## FUN FACT ABOUT ME

## Wish List

## ★ FOR FUN in my spare time, I love to:

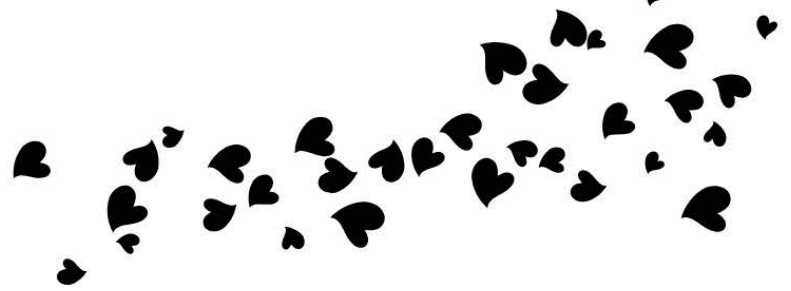
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

★ WHICH IS YOUR FAVORITE? ★  
CIRCLE THE WINNER!

CAKE OR COOKIES? SWEET OR SALTY?  
COFFEE OR SODA?

STAY HOME OR TRAVEL? BOOKS OR MOVIES?

# WHAT IS YOUR LOVE LANGUAGE?



We appreciate all that you do, and we want to show our gratitude in a way that truly resonates with you! Please take a few moments to complete this short quiz so that we can better understand how you feel most valued!

## 1 When someone wants to show appreciation for me I prefer:

- A) Heartfelt note or kind words
- B) A small, thoughtful gift
- C) Someone offering to help lighten my workload when I am overwhelmed
- D) A fun team activity or celebration
- E) A simple hug, high five, or pat on the back

## 2 The best way to brighten my day at work is:

- a) Hearing words of encouragement or praise
- b) Receiving a little treat or a surprise gift
- c) Having someone step in when I am overwhelmed.
- D) Spending quality time with my team outside of work
- E) Feeling appreciated with a hug, highfive, or handshake

## 3 If a coworker wanted to make me feel appreciated, I'd love them to:

- a) Tell me I'm doing a great job
- b) Coffee or small token of appreciation
- c) Offer to handle a task for me when I am busy
- D) Plan a fun team lunch or outing
- E) Give me a hug or pat on the back

## 4 My Favorite type of recognition is:

- a) Verbal Praise
- b) Gift Card
- c) Having extra support when needed
- D) Team building or social gathering
- E) Personal handshake or warm gesture of thanks

## 5 If my boss wanted to show appreciation, I'd love for them to:

- A) Personally tell me how much they appreciate my work
- b) Leave a small thoughtful gift for me
- C) Help out during a busy time of day for extra support
- D) Plan a special event just for the team
- E) Show physical appreciation with a high five or friendly hug

NAME: \_\_\_\_\_

