

BUILDING BLOCKS ACADEMY

STAFF RECORD CHECKLIST

(To be placed on TOP of each folder)

- Copy of Criminal History Check – Form 2971
- Employment Date
- Age/Education Qualification
- Current Copy of CPR & First Aid Card
- Employee Contract
- Felony Statement
- Orientation Statement
- Attendance Record maintained
- Training Hours-Copy of Certificates on File
- Pre-Service Training certificate or Documentation of Previous Licensed
Childcare Employment
- Employment Affidavit
- Conflict of Interest & Procurement Policy
- Discipline & Guidance

All These Documents are contained and signed inside this staff folder

Below Requirements needed with the application

1. Copy of Social Security Cards
2. Driver's License
3. School Diploma/Certificate/Transcript

Application Form

Name: _____
Last Middle First

D.O.B. _____
Month Day Year

Address _____
Street

Country State Zip Code

Phone Number: _____

Email Address: _____

ID # _____ **SSN** _____

Status (Circle One) Married / Single

No. of Children _____

To be contacted in case of Emergency:

1. _____ **Phone #** _____

2. _____ **Phone #** _____

3. _____ **Phone #** _____

Signature

Date

Physical Record

How would you describe your general health? _____

Do you have any defects in hearing? _____ Vision? _____ Speech? _____

If yes to any above Explain: _____

Have you ever been seriously injured, if so, how?

Any previous serious illness? _____

Are there any limitations on the type of work at center? (Keep in mind that there will be lifting, bending, walking around and standing up for hours, and doing activities with children)

Date of your last physical exam: _____

Would you object to being fingerprinted? _____

You License No. _____ (A copy required)

Are you available for part time? _____

General Information

In compliance with the State of Law, no person shall be hired or retained as a staff member who has:

- a) Been convicted of a admitted to or has been the subject of substantial evidence of an act of child battering, child abuse or child molesting.
- b) Used alcohol or drugs, that its effects are apparent during working hours that children are in care, OR
- c) Has been convicted for or admitted to any felony or any offense involving moral turpitude.

I am aware that a background study will be performed before I can be hired. I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal.

In the event of my employment with Little One's Day Care I agree to comply with the rules and regulations governing my employment. In the event I should terminate my employment, I agree to file my resignation two weeks (2 weeks) prior to the date it will be effective. I understand that the first 90 days of my employment are probationary if my services have not been approved satisfactory, my employment may be discontinued on a week's notice without prejudice.

Applicant's Signature

Date

Employees Handbook

The primary goal of Better Beginnings is to innovate in responding to a changing environment by offering a nurturing and stimulating the child by developing new options for children between the ages of 6 wks-12 years in an efficient and effective manner.

The operational hours are 5:30 a.m. to 7:00 p.m. Monday – Friday.

Organizational Structure

The Administration is responsible for overall operation of the center. The whole staff will work under the supervision of them.

Job Description:

1. As a teacher you will be responsible for a certain group of children (always within the ratio provided by licensing).
2. Always Accompany children and keep in sight.
3. Children are to be kept motivated by always keeping plans ready.
4. Daily Attendance must be recorded, a list of the children you currently have under your care must be kept and updated throughout the day.
5. Always know how many children are in your care at all times. You should not have to count when asked. You must make count at least every 15 minutes, and/or when a child leaves for the day.
6. If responsible for full time children (ages before school aged) you must make sure their hands and faces are clean, shoes on at all times, clothing on straight, and changed diapers if using. You should not send a child home without checking for these things.
7. Weekly Curriculum/supplies needed to be submitted on the Tuesday of the previous week, so that it is corrected and kept ready for the beginning of the new week (view other pages for more information on Curriculum)
8. Attend Mandatory meetings once a month and Annual Clock Hour Trainings.
9. 24 hours of training to be completed in a year.
10. Follow Dress code (view page 9 for more information on Dress Code).
11. Serve children each meal during your working hours.
12. Notified Front Office Team in advance in the event of an absence. Late or fail to notify Director of absence may result in being written up, and/or terminated.
13. Classrooms are to be kept clean throughout the day, must be cleaned and trash must be taken out before breaks, throughout the day as necessary and before leaving for the day.
14. Must let Front Office Team know when running low on supplies. It is your responsibility to keep your classroom stocked at all times.
15. For children from Infants' classroom to 23 months. You must fill in the "What I did today" daily report.
16. Meal Records are to be filled in after every meal.
17. Decoration in the class should be changed every month keeping a theme in mind.
18. Kitchen and Restroom duties will be given when hired.
19. Little One's does not hire for a specific class; you may be changed to a different age group throughout your time with us.
20. If employee has a Driver's License, they will be asked to drive Daycare's Van for Field Trips, or School Transportation as well.

21. Meet the needs of each child at any time.
22. Demonstrate affection and care for children.
23. Be consistent and orderly.
24. Use positive discipline.
25. Employee must comply with Director and Front Office Instructions and decisions.
26. Reframe from complete cell phone use no calling, no texting, no pictures unless authorized by the front office for field trips and special events.
27. Harsh humiliating or abuse language shall never be used in front of children or anyone, at any time
28. You should never slap, strike, hit, jerk, grab, bite, withhold food or punishment, wash a child's mouth with soap, isolate a child or use other form of punishment
29. Never leave children unattended, even when sleeping
30. Report signs of physical or mental abuse or neglect of a child immediately to Child abuse hotline and/or Director (View other pages more information)
31. When your shift changes, or when someone relieves you, be sure that you tell the person exactly how many children you have if there are any children out of the class. Person relieving should verify the number of children to be sure
32. Never have pencils, pens or scissors in your hands unless working sitting down at a table, including children. No one should be walking around with these items as to avoid any accidents.
33. Keep all electrical outlets covered at all times unless they are being used.
34. Understand in general you may be assigned to a particular group to work with, it may be necessary to work with another group or perform other related duties such as; working with another age group, putting down mats, supervising nap times, meal time, covering breaks, sick days or vacation days for another employee
35. You will be asked to sign a Felony / Misdemeanor Statement showing No past or current criminal problems. This must be an accurate statement; We do file a criminal record

EMPLOYEE'S INITIAL _____

Standard of Performance

Teaching to be done by using our standard curriculum, using materials which can be followed by pictures or objects. Children should be provided with experiences appropriate to their level of development. Observe a child at play time and plan age-appropriate manipulative activity. Sensory Skills should be implemented to develop age of every individual child.

Decision Making Procedures

Employee is welcome to submit his/her suggestions in the monthly meetings. They can also submit items for staff meeting agenda. If there is a conflict with another staff member or parents, employee is required to discuss problem with director, which then will be solved directly with the concern person. Employees are welcome to fill up a grievance form and leave it in the front office's mailbox.

Vacation

The employee receives 5 days of paid vacation in 1-year service or on the anniversary date of joining the company. Any unused vacation will not be carried forward into the next year. To ensure adequate staffing the administration should approve employee's vacation schedule in advance. In the event of a conflict, the employee having greater seniority will receive first choice of vacation time, because of the nature of this industry; we cannot afford shortage of staff at any given time. No vacation will be granted with a declared Holiday between; it can be used in the beginning or at the end of your vacation period. This is recommended strongly that staff should not try to keep joining vacation with a declared Holiday, if it continues, we have the sole authority to deny your vacation as well as your declared Holiday, unless is approved.

EMPLOYEE'S INITIAL _____

Benefits

The center will provide a reduced rate Childcare for the employee’s children (max. of 2 children). This comes into effect after the employee is permanent status.

Declared Holiday

Center will be closed on 8 to 9 Federal Holidays. Below is the list of paid Holidays (except for those on probation). These holidays will not be paid to those in probation (view below for more information) or those who are absent without an excuse (doctor’s note or proof of absent) the day before or after Holiday Day. Unless prior approval of Director. Effective immediately, if an Employee calls in or goes home during their shift 3 times within 90 days, you may lose 6 months of paid Holiday. You cannot use any vacation days to make up for payment.

- New Year Day (January 1st)
- Labor Day (The first Monday of September)
- Independence Day (July 4th)
- Thanksgiving (The Fourth Thursday of November)
- Day after Thanksgiving (The Fourth Friday of November)
- Memorial Day (The last Monday of May)
- Christmas Holiday
- Good Friday (The Friday before Easter Sunday)

Compensation

Paydays will be every other Thursday. You must clock in and out every day in order to be paid. Fail to Clock in and out for a day will result in no pay for such day. Payroll checks will be issued at the end of your shift.

EMPLOYEE’S INITIAL _____

Probation Period/Evaluation

A probation period of 90 days to be completed in which Director/Admin.Team will give the employee an evaluation indicating satisfactory progress during this time. After the 90 days have been completed successfully employee will be considered permanent. This probationary period is time to assess new employee’s physical and psychological competence in working with children.

EMPLOYEE’S INITIAL _____

Ground of Termination

Frequent absence or tardy which creates hardship to the daycare will be the cause of suspension and/or termination. Inappropriate behavior to a parent, child, or staff will once again result in suspension/termination Teaching or behavior that is not consistent to the philosophy of center will not be accepted. And **NO SHOW, NO CALL=NOJ JOB!** Teaching or behavior that is not consistent to the philosophy or policies of center will not be accepted. Employees may be suspended and/or terminated in the event of staff continue to argue and question The Director or front office decisions. A staff cannot put their hands on or throw anything to another students, parent, staff member, or front office team.

EMPLOYEE’S INITIAL _____

Acknowledgement:

I have read, understood and agreed with the contents above. I also understand that this is part of the policies and procedures stated in the Employees Handbook which I will receive after returning this contract. I pledge honestly in my work and will be loyal to the authorities

Printed Employee’s Name

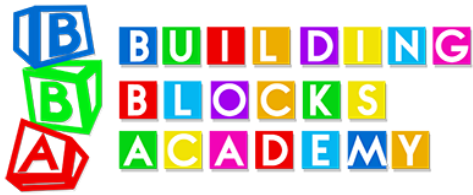
Signature

Date

Printed Director’s Name

Signature

Date



I, _____ have received, read, had the opportunity to
Full Name
ask questions about, understood and agree to the Policies and Procedures set
forth in the Employees Handbook

I understand that the in the event of me, _____ not
Full Name
complying with the Policies and Procedures it can result on
suspension/termination under Director/Owner discretion.

Printed Name

Signature

Date

BUILDING BLOCKS ACADEMY

Employment Offer

M/s _____,

This letter is to offer you a position at Little One's Day Care. The starting salary for this position will be \$_____ an hour/weekly. The first day of employment begins on the date _____ with hours between ____:____ AM to ____:____ PM Monday through Friday. Extra hours may be available on arrangement.

Benefits and job responsibilities are outline in the Employees Handbook and Job Description which you will receive at appointment.

Sign below if you have read, understood and accepted the offer of position and return it.

Sincerely,

Owner/Operator

I have read an accept the offer of a Staff Position at Building Blocks Academy's Day Care

Printed Name

Signature

Date

Child Care Center Personnel Information Record

This form simplifies maintenance of personnel records by centralizing information required by Child Care Licensing for child care centers. Providers may use their own form.

Directions: Employees fill out this form upon hire and sign it after completing all requirements. This form meets the requirements of 26 Texas Administrative Code (TAC) §746.901. Supporting forms may be found at: http://www.dfps.state.tx.us/Child_Care/Information_for_Providers/cclforms.asp#staff

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

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





Employee and Volunteer Orientation

I have been oriented in:

- An overview of the minimum standards for child care centers;
- The center's operational policies, including discipline, guidance, and the release of children;
- An overview of your policy on the prevention, recognition, and reporting of child maltreatment;
- An overview of the procedures to follow in handling emergencies, which includes sharing the emergency preparedness plan with all employees;
- The location and use of fire extinguishers and first aid equipment;
- Administering medication, if applicable;
- Preventing and responding to emergencies due to food or an allergic reaction;
- Understanding building and physical premises safety, including identification and protection from hazards that can cause bodily injury such as electric hazards, bodies of water, and vehicular traffic;
- Handling, storing, and disposing of hazardous materials including compliance with 26 TAC §746.3425; and
- Precautions in transporting children if your center transports a child whose chronological or developmental age is younger than nine years old.

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

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

	
Employee Signature	Date Signed
	
Trainer Signature	Date Signed

Attached Documents

- Copy of photo identification
- Copy of current driver's license for persons transporting children in care N/A if not transporting children
- Form 2985, Affidavit for Applicants for Employment with a Licensed Operation or Registered Child-Care Home
- Form 7250, Staff Training Record
- Educational Documentation

Privacy Statement

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

Operational Discipline and Guidance Policy

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

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

Discipline and Guidance Policy

Discipline must be:

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

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

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

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

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

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

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

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

Signature

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

Signed by:

Role:

- Parent Caregiver/Employee Household Member (CH. 747 only)

Minimum Standards Related to Discipline

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

**Affidavit for Applicants for Employment with a Licensed
Operation or Registered Child-Care Home**

An applicant for temporary or permanent employment with a licensed child care facility, licensed child placing agency or registered child care home whose employment or potential employment with the facility, agency, or home involves direct interaction with, or the opportunity to interact and associate with, children must execute and submit the following affidavit with the application for employment:

STATE OF COUNTY OF

I swear or affirm under penalty of perjury that I do not now and I have not at any time, either as an adult or as a juvenile:

1. Been convicted of;
2. Pleaded guilty to (whether or not resulting in a conviction);
3. Pleaded nolo contendere or no contest to;
4. Admitted;
5. Had any judgment or order rendered against me (whether by default or otherwise);
6. Entered into any settlement of an action or claim of;
7. Had any license, certification, employment, or volunteer position suspended, revoked, terminated, or adversely affected because of;
8. Resigned under threat of termination of employment or volunteerism for;
9. Had a report of child abuse or neglect made and substantiated against me for; or
10. Have any pending criminal charges against me in this or any other jurisdiction for;

Any conduct, matter, or thing (irrespective of formal name thereof) constituting or involving (whether under criminal or civil law of any jurisdiction):

1. Any felony;
2. Rape or other sexual assault;
3. Physical, sexual, emotional abuse and/or neglect of a minor;
4. Incest;
5. Exploitation, including sexual, of a minor;
6. Sexual misconduct with a minor;
7. Molestation of a child;
8. Lewdness or indecent exposure;
9. Lewd and lascivious behavior;
10. Obscene or pornographic literature, photographs, or videos;
11. Assault, battery, or any violent offense involving a minor;
12. Endangerment of a child;
13. Any misdemeanor or other offense classification involving a minor or to which a minor was a witness;
14. Unfitness as a parent or custodian;
15. Removing children from a state or concealing children in violation of a court order;
16. Restrictions or limitations on contact or visitation with children or minors resulting from a court order protecting a child or minor from abuse, neglect, or exploitation; or,
17. Any type of child abduction.

Except the following (list all incidents, locations, description, and date) [if none, write "None"]:

--

Signature

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

Signature

Date Signed

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

Signature of Notary Officer:

My commission expires:

{Seal, if any, of notarial officer} _____

CHILD CARE LICENSING REQUEST FOR BACKGROUND CHECK

Purpose: This form may be used to request background checks required by Texas Administrative Code (TAC) §745.615. You can also submit background check requests through HHSC's [Child Care Provider website](#). See the chart below for instructions based on operation type for submitting background check requests.

IF	THEN
You are applying for a permit	You must send your background check request form along with your application to your local licensing office.
Your operation is a licensed child-care center, school-age program, before- or after-school program, or residential care provider	Your operation must submit background check requests via HHSC's Child Care Provider Page .
Your operation is a licensed child-care home, registered child-care home, or listed family home	Your operation may submit background check requests via HHSC's Child Care Provider page, fax the background check form to 512-339-5871, or mail the background check form to: HHSC, Centralized Background Check Unit, P.O. Box 149030, Mail Code: 121-7, Austin, TX 78714-9030.
You are an exempt operation submitting background check requests only	You may submit your background check requests to the following mailbox: CBCEXEMPTBGC@dfps.state.tx.us

Directions: Complete the following information for each person required to have a background check. Additional forms may be downloaded from the DFPS website at http://www.dfps.state.tx.us/Child_Care/Information_for_Providers/cclforms.asp.

OPERATION INFORMATION

Operation Name:	Operation Number:	Operation Telephone Number:
Operation Address:	Operation Mailing Address:	County:

VERIFICATION SIGNATURES

I verified **(by reviewing the person's Social Security card or driver license)** that the information on this form contains no willful misrepresentation, and that the information given is true and complete to the best of my knowledge. I understand that HHSC may contact others and, at any time, seek proof of any information contained here. I understand that any willful misrepresentation or failure to provide identifying information within the stated time limit is a cause for denial of the application or revocation of my license, registration, or listing.

Printed Name of Director, Owner, or Operator:	Signature of Director, Owner, or Operator: X	Date Signed:
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INDIVIDUAL'S IDENTIFYING INFORMATION

<input type="checkbox"/> Initial	<input type="checkbox"/> 24 Month Check	<input type="checkbox"/> Fingerprint Check Required	<input type="checkbox"/> FBI Results in DPS Clearinghouse
First Name:		Middle Name:	Last Name:
List any other names the individual uses or has used in the past, including married and maiden names, below. If you do not provide every name that the individual has used, you may receive inaccurate results:			
Other First Names:		Other Middle Names:	Other Last Names:
Street Address:		City:	State: Zip Code:
County:	Telephone Number:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
List any other city in Texas where the person has been a resident and any addresses, including county, where the person has lived outside of Texas in the previous five years:			
Ethnicity (must accompany race): <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander	
Social Security Number:		Photo ID Type: <input type="checkbox"/> Driver License: Number: State: <input type="checkbox"/> State ID:	Date Hired or Used by the Operation or Agency:
Contact information is required to schedule a fingerprint appointment. You must select one of the following choices and provide either an email address or phone number for the individual. Preferred method of contact for scheduling fingerprint appointment: <input type="checkbox"/> Email: <input type="checkbox"/> Telephone Number:			
Relationship of person to requestor: <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Caregiver <input type="checkbox"/> Director <input type="checkbox"/> Foster Parent <input type="checkbox"/> Household Member <input type="checkbox"/> Licensed Administrator <input type="checkbox"/> Other Staff <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> Other:			
For foster/adoptive homes only: Relationship between child/children to be placed and the foster/adoptive parent(s) or prospective foster/adoptive parent(s) <input type="checkbox"/> Relative <input type="checkbox"/> Fictive Kin <input type="checkbox"/> Unrelated			
Will this person be paid or is this person currently paid by the operation in the role selected? <input type="checkbox"/> Yes <input type="checkbox"/> No			

The following pages are additional Individual's Identifying Information sheets for use when submitting more than one individual's background check

INDIVIDUAL'S IDENTIFYING INFORMATION

<input type="checkbox"/> Initial	<input type="checkbox"/> 24 Month Check	<input type="checkbox"/> Fingerprint Check Required	<input type="checkbox"/> FBI Results in DPS Clearinghouse
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First Name:	Middle Name:	Last Name:
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List any other names the individual uses or has used in the past, including married and maiden names, below. If you do not provide every name that the individual has used, you may receive inaccurate results:

Other First Names:	Other Middle Names:	Other Last Names:
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Street Address:	City:	State:	Zip Code:
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County:	Telephone Number: () - -	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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List any other city in Texas where the person has been a resident and any addresses, including county, where the person has lived outside of Texas in the previous five years:

Ethnicity (must accompany race): <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Race: <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian
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Social Security Number:	Photo ID Type: <input type="checkbox"/> Driver License: Number: State: <input type="checkbox"/> State ID:	Date Hired or Used by the Operation or Agency:
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Contact information is required to schedule a fingerprint appointment. You must select one of the following choices and provide either an email address or phone number for the individual.

Preferred method of contact for scheduling fingerprint appointment:

Email:

Telephone Number:

Relationship of person to requestor:

<input type="checkbox"/> Adoptive Parent	<input type="checkbox"/> Caregiver	<input type="checkbox"/> Director	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Household Member	<input type="checkbox"/> Licensed Administrator
<input type="checkbox"/> Other Staff	<input type="checkbox"/> Staff	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Other:		

For foster/adoptive homes only: Relationship between child/children to be placed and the foster/adoptive parent(s) or prospective foster/adoptive parent(s)

Relative Fictive Kin Unrelated

Will this person be paid or is this person currently paid by the operation in the role selected? Yes No

INDIVIDUAL'S IDENTIFYING INFORMATION

<input type="checkbox"/> Initial	<input type="checkbox"/> 24 Month Check	<input type="checkbox"/> Fingerprint Check Required	<input type="checkbox"/> FBI Results in DPS Clearinghouse
----------------------------------	---	---	---

First Name:	Middle Name:	Last Name:
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List any other names the individual uses or has used in the past, including married and maiden names, below. If you do not provide every name that the individual has used, you may receive inaccurate results:

Other First Names:	Other Middle Names:	Other Last Names:
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Street Address:	City:	State:	Zip Code:
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County:	Telephone Number:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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List any other city in Texas where the person has been a resident and any addresses, including county, where the person has lived outside of Texas in the previous five years:

Ethnicity (must accompany race): <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander
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Social Security Number:	Photo ID Type: <input type="checkbox"/> Driver License: Number: State: <input type="checkbox"/> State ID:	Date Hired or Used by the Operation or Agency:
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Contact information is required to schedule a fingerprint appointment. You must select one of the following choices and provide either an email address or phone number for the individual.
Preferred method of contact for scheduling fingerprint appointment:
 Email:
 Telephone Number:

Relationship of person to requestor:					
<input type="checkbox"/> Adoptive Parent	<input type="checkbox"/> Caregiver	<input type="checkbox"/> Director	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Household Member	<input type="checkbox"/> Licensed Administrator
<input type="checkbox"/> Other Staff	<input type="checkbox"/> Staff	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Other:		

For foster/adoptive homes only: Relationship between child/children to be placed and the foster/adoptive parent(s) or prospective foster/adoptive parent(s)
 Relative Fictive Kin Unrelated

Will this person be paid or is this person currently paid by the operation in the role selected? Yes No

GENERAL PROCUREMENT PROCEDURE POLICY

GENERAL PROVISIONS:

When purchasing services, supplies or other property with an aggregate cost under \$50,000 in a fiscal year, Building Block League City Inc DbA Building Block Academy will use the small purchase procedures according to CACFP Handbook section 7200 Procurement. Formal bid procedures will be followed if procurement aggregate value exceeds \$50,000. The \$50,000 aggregate limit applies to:

- Single items (for Example rent, milk, meat Etc...)
- Any items of the same general type of product (office supplies, etc...)
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The procurement code of conduct will provide for fair and equitable treatment of all persons or firms involved in purchasing by this organization and assure that supplies, services, and construction are procured efficiently, effectively, and at the most favorable prices, all factors considered, available to the agency. Our intent is to promote fair competitive in contracting, provide safeguard for maintaining a procurement system of quality and integrity and assure that purchases are in full compliance with applicable local, state and federal standards.

ETHICS IN PUBLIC CONTRACTING

CONFLICT OF INTEREST

No officer, agent, consultant, contractor, volunteer, or other consultant, or other employee of Building Block League City Inc DbA Building Block Academy may engage in any activity which causes or could cause a conflict of interest in the operation of the CACFP, including but not limited to:

- Renting or leasing from a firm which any officer, agent, consultant or employee (or relative) has an interest and this related party transaction has not been fully disclosed,
- Soliciting or accepting gratuities, favors, or anything of monetary value from contractors, potential contractors, providers or other subcontractors,
- Soliciting donations or fees from the contractor's sites,
- Asking the contractor's sites to engage in any kind of business on the organization's behalf

Organization Name: _____

Authorized Representative: _____

Title: _____

Signature:  _____ Date: _____