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**Cell Phone Policy**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that the Education Explorer's Cell Phone Policy is limited to work related communication or personal emergencies only. I have been informed in writing and verbally in regards to the policy and agree to obey it as a staff member. I understand that breaking this policy will result in disciplinary action that could include termination of my position with Education Explorers Learning Center Inc.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Education Explorers Learning Center Inc. Clerical Confidentiality Agreement**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to keep all clerical work confidential. I understand that any information received, reviewed, or discovered is to only be discussed with the owner, Ashley Miskowiec. I understand that if this agreement is not kept that I am subject to immediate termination.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Key Code Agreement**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to not share the key code to Education Explorers Learning Center Inc. with any other party. It will only be used when approved by the director, Ashley Miskowiec.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Photo Policy Agreement**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to not take pictures, snapchats, or share photos on social media at Education Explorers Learning Center Inc. without permission from the management team. Photos taken of children at Education Explorers are for educational purpose or to share with permission on the Education Explorers web pages.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Absence / Tardiness/Illness Agreement**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to follow Education Explorers policy regarding absences/ tardiness/illness. If I am unable to report or will be late to shift I understand that I am required to call a member of the management team as soon as possible. Texting is not permitted. Excessive absences or tardiness may result in termination of position. I will not report to shift if I am ill to remain compliant with the illness policy. Doctor’s notes may be requested by the management team if not provided initially by the staff member.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Discipline Policy: “Think Time Outs”**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to follow the Education Explorers policy for discipline.

3-006.20B Child behavior that cannot be disciplined: Children must not be disciplined for*:*toileting accidents and refusal to eat or take medications

*3-006.20C Use of Time Out: Separation from the group, if used, must be brief and appropriate for the child’s age. The time out period must:*

1. Take place within a safe, lighted, and well-ventilated area;
2. Occur within direct vision of staff; and
3. Not exceed more than one minute for each year of the child’s age. If the time a child spends in time out is extended their must be a behavior management plan developed and monitored by a licensed professional

**Education Explorers Plan of Action: “Think -Time Outs”**

1. Get down to child’s level and discuss the negative choice, and how to prevent this choice from being made in the future
2. Discuss the positive outcome from the learning experience
3. Have the child communicate their action plan and apology to director and other parties involved
4. Write an incident report
5. Communicate to parents and director
6. Follow up if necessary

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**