



# HIGHLAND RIM HEAD START

P.O. Box 208: 3215 Hwy 149

Erin, Tennessee 37061

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By signing below, I acknowledge that I have received **Policy MSP-5 Record-Keeping Systems**. Furthermore, I understand it is my responsibility to read, understand and adhere to this policy, specifically as it pertains to **confidentiality**. I am aware that violation of this policy could result in disciplinary action including termination of my employment with Highland Rim Head Start.

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

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BY signing below, I acknowledge I have received training on **Child Abuse Reporting by the Department of Children's Services State of Tennessee**. I am aware that violation of the reporting procedures could result in disciplinary action including termination of my employment with Highland Rim Head Start.

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

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By signing below I acknowledge I have received training on **Civil Rights/HIPPA**. I understand it is my responsibility to read, understand and adhere to these rules.

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

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By signing below I acknowledge I have received training on **Sexual Harassment**. I understand it is my responsibility to understand and adhere to these rules.

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

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By signing below I acknowledge I have received training on **Active Supervision**. I understand it is my responsibility to understand and adhere to these rules.

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

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