

## HIGHLAND RIM HEAD START

P.O. Box 208: 3215 Hwy 149

Erin, Tennessee 37061

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By signing below, I acknowledge I have received the **Highland Rim Head Start Policies & Procedures**. Furthermore, I understand it is my responsibility to read, understand and adhere to these policies. I am aware that violation of these policies 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 the **Highland Rim Economic Corp. Personnel Policies**. Furthermore, I understand it is my responsibility to read, understand and adhere to these policies. I am aware that violation of these policies could result 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 **Chapter 1240-04-03 Licensure Rules for Child Care Centers**. Furthermore, I understand it is my responsibility to read, understand and adhere to these rules as well as Head Start Policy and Procedures which are based on Head Start Performance Standards. I am aware that violation of these rules and/or policies could result in disciplinary action including termination of my employment with Head Start.

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

\_\_\_\_\_  
Date

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By signing below, I acknowledge I have received the **Job Description** for my position for file with the Department of Human Services. Furthermore, I understand it is my responsibility to read, understand and adhere to the requirements/responsibilities of my job description.

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

\_\_\_\_\_  
Date

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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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