HIGHLAND RIM HEAD START

P.O. Box 208 • 3215 Hwy 149 Erin, Tennessee 37061



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. Date Staff Signature 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 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 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 By signing below, I acknowledge that I have received training on HRM-4 Standards of Conduct. I understand it is my responsibility to read, understand, and adhere to this policy. Staff Signature Date

Revised: 04/19/2023 Phone 931.289.4135 • Fax 931.289.3220 • www.highlandrim.org

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By signing below, I acknowledge that I have received Policy MSP-3 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	
Children's Services State of Te	I have received training on Child Abuse Reporting by the nessee. I am aware that violation of the reporting procedure ion of my employment with Highland Rim Head Start.	-
Staff Signature	 Date	
By signing below, I acknowledge I to read, understand and adhere to Staff Signature	ave received training on Civil Rights/HIPPA . I understand it is nese rules. Date	s my responsibility
By signing below, I acknowledge I I to understand and adhere to these	ave received training on Sexual Harassment . I understand it is ules.	s my responsibility
Staff Signature	 Date	
By signing below, I acknowledge I to understand and adhere to these	ave received training on Active Supervision . I understand it is ules.	my responsibility
Staff Signature	 Date	

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