

NENCAP EARLY CHILDHOOD POLICY RECEIPT

I have been provided a copy of the following policies:

1. HS-P01 Protections for the Privacy of Child Records
2. HS-P02 Classroom Safety/Supervision
3. HS-P03 Positive Guidance
4. HS-P04 Health Emergency
5. HS-P05 Sick/Short Term Exclusion
6. HS-P06 Professional Development
7. HS-P07 Attendance

Please keep these policies readily available so you can gain more knowledge and understanding of these policies throughout your orientation period and throughout your employment with the agency. By signing this document you agree to abide by the policies, terms and conditions.

Employee Name (printed): _____

Employee Signature: _____ Date: _____

Original in HR file

Name of Form: NENCAP EARLY CHILDHOOD

Purpose: To provide documentation that all staff have received a copy of program policies. Staff has been encouraged to gain more knowledge and understanding of policies throughout their orientation period and employment with the agency.

Instructions: Staff will read all policies and complete the form.

Completed By: All staff

Date Due: New Hire Orientation and annually

Send To: -----

Filed At: Personnel File

Revised: 6/2017