

EMPLOYEE PERSONNEL POLICY DECLARATION

I, _____, acknowledge receiving a copy of my current job description and a copy of the agency personnel policies and other related policies which include the following:

- I. D & M, Inc. Employee Handbook which includes:
 - 1. Mandatory reporting: abuse and neglect guidelines, reporting unusual incidents and any other reporting required by law;
 - 2. Resident care related prohibited practices;
 - 3. Confidentiality requirements
 - 4. Training requirements;
 - 5. Resident Rights; and
 - 6. Process for reviewing the stature and administrative rules.
- II. D & M, Inc. Code of Ethics and sign off
- III. D & M, Inc. Benefit Summary
- IV. Job Description of the position for which I have been hired
- V. Motor Vehicle Criteria
- VI. Corporate Compliance Plan

I have read the Personnel Policies of D & M, Inc. including the disciplinary guidelines.

I have reviewed the administrative rules and understand my responsibilities in regard to personal care, supervision and protection

I have had an opportunity to have my questions, about the information cited above, answered.

I declare that I clearly understand and agree to abide by all parts of the policies, guidelines and standards outlined by the Company, State and Guardians.

I agree to return to D & M, Inc. any facility key, cellular phones, pagers and any other D & M, Inc. property in my possession upon termination of my employment by either myself or my employer.

Employee Signature

Date

Supervisor Signature

Date