

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have been educated and tested on the signs of abuse and neglect. I understand that it is my responsibility to notify the proper authorities should I suspect any type of abuse or neglect, either physical, emotional, exploitation or sexual abuse. I am also aware that I could be held criminally liable should I fail to report.

I also acknowledge that my Administrator is my abuse and neglect coordinator and is to be notified immediately should something need to be reported. If the Administrator is not available the Wellness Director will be notified.

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Signature of Acknowledgement Date