ABC Quality

Discipline and Maltreatment Policy

Staff Agreement: Staff renew their agreement to follow the Discipline and Maltreatment policy annually. This form should be signed annually by each staff member employed at the program.

As an employee of _____, I agree with the following statements.

- ✓ I will not use any form of corporal punishment against children. I understand this includes any children related to me.
- ✓ I will not use any form of maltreatment against children. I understand this includes any children related to me.

I have read, understand, and agree to abide to the Discipline and Maltreatment policy.

Print First/ Last Name of Employee:	
Signature of Employee:	Date:

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