

# Jackson County Board of Developmental Disabilities

## 2024--2025 ENROLLMENT FORM

Please print clearly so we can contact you as needed. Complete all applicable fields—this form aids us in providing required information to the State of Ohio.

Child's Legal Name (first, middle, last) \_\_\_\_\_

Child's SS# \_\_\_\_\_ Child is usually called \_\_\_\_\_

Address of Child \_\_\_\_\_ P.O. Box Number \_\_\_\_\_

School District of Residence \_\_\_\_\_ Gender: M F

Medicaid Number: \_\_\_\_\_

Birth Date of Child \_\_\_\_\_ Birth City/County of Child \_\_\_\_\_

Is this child Hispanic, Latino or of Spanish origin (regardless of race)? Yes No

Ethnicity/Racial group (can circle more than one) W-white M-Multiracial H-Hispanic B-black  
A-Asian P-Hawaiian or Pacific Islander I-American Indian/Alaskan

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Marital Status of Parents: ☐ Single/Unmarried ☐ Married ☐ Divorced ☐ Separated

Name of Step-parent(s)/Guardian (if applicable) \_\_\_\_\_

Home Phone \_\_\_\_\_

Parent/Guardian WORK Phone(s) Mom \_\_\_\_\_ Dad \_\_\_\_\_

Parent/Guardian CELL Phone(s) Mom \_\_\_\_\_ Dad \_\_\_\_\_

Most commonly used email address \_\_\_\_\_

Please place an X next to any of the following that pertain to your child. Please explain below.

\_\_\_\_ Allergies \_\_\_\_ Medications \_\_\_\_ Special Diets \_\_\_\_ Food Supplements \_\_\_\_ Modified Diet  
\_\_\_\_ Fluoride Supplements \_\_\_\_ Chronic Physical Problems \_\_\_\_ History of Hospitalization \_\_\_\_ Diseases

Disability: \_\_\_\_\_

Explain: \_\_\_\_\_

Please list any medications your child is currently taking (include dosage)

\_\_\_\_\_  
(If your child will need medication at school, a medication order form signed by your doctor is required)

**Please list at least two emergency contacts:**

Emergency Contact #1 \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact #3 \_\_\_\_\_ Phone \_\_\_\_\_

Name of Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Doctor's Address \_\_\_\_\_

Name of Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Address \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

**Who may pick up your child (only those listed will be allowed to take your child from the program)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

**PARENT HANDBOOK:** As the legal guardian for the above listed child, I give permission for my child to be enrolled in Hope Haven School. I understand that the discipline policy & other important information for Jackson County DD is included in the program handbook. This handbook will be given to me at my child's enrollment, and I can request a copy at any time by calling 740-286-6491.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**INITIAL BELOW FOR TRANSPORTATION AGREEMENT**

This acknowledges that Parent or Guardian has received and reviewed a copy of JCBDD Transportation Policies and Procedures.

Parent/Guardian Initial \_\_\_\_\_

**INITIAL BELOW IF PICTURE PERMISSION IS GRANTED (Optional)**

I give my permission for my child's photo or video image, and/or art work to be used in materials published by Jackson County Board of DD, and/or by its staff members or employees for submission for publication to local newspapers, social media, or for use in classroom projects. I understand that my child's name and school of attendance may be used. Also, I understand that I may revoke this permission, in writing, at anytime.

Parent/Guardian Initial \_\_\_\_\_

**INITIAL BELOW IF ROSTER PERMISSION IS GRANTED (Optional)**

I give my permission for my child's/my name, address & telephone number to be shared with school personnel and with other parents of children in his class. This information will not be provided to any entity for commercial purposes, with the exception of a list of names only provided to vendors who are approved by building principals for school photography.

Parent/Guardian Initial \_\_\_\_\_

A valid doctor's physical will be included in the enrollment packet and must be completed within the first 30 days after school starts. It also **MUST** be accompanied by a signed emergency medical form, shot record, insurance card. A copy of your child's official birth certificate is also needed. Return all forms to:

Hope Haven School  
822 Sellars Drive, PO Box 607  
Jackson, Ohio 45640  
740.286.6491

**EMERGENCY MEDICAL AUTHORIZATION****2024-2025**

STUDENT NAME

PARENT OR GUARDIAN

ADDRESS

PHONE NUMBER

MEDICAID NUMBER (12 NUMBERS)

TEACHER

SCHOOL

**MEDICATIONS****DOSAGE****FREQUENCY****DIAGNOSIS/ REASON**

List Additional Medications on the back

**PURPOSE:** To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

**PART I OR PART II MUST BE COMPLETED****Part I – To Grant Consent**

In the event reasonable attempts to contact me at (phone no.) \_\_\_\_\_ or (other parent or guardian's name) \_\_\_\_\_ at (phone no.) \_\_\_\_\_

have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by Dr.

\_\_\_\_\_/ \_\_\_\_\_ or Dr. \_\_\_\_\_/ \_\_\_\_\_  
 (preferred physician) (phone no.) (preferred dentist) (phone no.)

or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the **TRANSFER** of the child to \_\_\_\_\_/ \_\_\_\_\_ or any other hospital reasonably

\_\_\_\_\_/ \_\_\_\_\_  
 (preferred hospital) (phone no.)

accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which school personnel/physician should be alerted: \_\_\_\_\_

DATE

SIGNATURE OF PARENT OR GUARDIAN

\*\*\*\*\*

**DO NOT COMPLETE PART II IF YOU COMPLETED PART I****Part II – Refusal to Consent**

I **do not** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action: \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_ ADDRESS \_\_\_\_\_

**PLEASE RETURN THIS FORM TO THE SCHOOL**

## Jackson County Board of DD

### Hope Haven School

#### Field Trip Permission

#### 2024-2025 School Year

Permission is requested for your son/daughter to participate in all field trips during school hours arranged through the school by your child's teachers. These trips will be for the purpose of extending classroom learning through community experiences outside the classroom setting.

Permission will not be requested for each trip. A written notice will be sent home with each student to inform parents and guardians in advance of what is scheduled, where the class is going and the date the trip will take place.

If you choose not to have your child go on any particular field trip, please inform the teacher or the school office in writing.

\_\_\_\_\_ has my permission to go on walks, field trips and to community places of interest with the teachers, aides, and children at Hope Haven School during the 2024-2025 school year.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Dear Parent/Guardian:

We are required by state law to annually receive permission for any nursing related tasks such as feeding, changing, and toileting. We also encourage our students to improve in the areas of daily living and self-help skills such as showering/bathing, dental hygiene, and grooming which may be delegated to non-nursing personnel, such as your child's teacher and teacher assistants under the supervision of the Registered Nurse. Please sign the attached statement and return to your child's teacher at Hope Haven School as soon as possible. If you have any questions, please feel free to call the JCBDD Nurse at 740-286-6491.

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Student's Name: \_\_\_\_\_

\_\_\_\_\_ Yes, I give Hope Haven staff permission to work with my child on the skills stated above.

\_\_\_\_\_ No, I do not give my consent for Hope Haven staff to work with my child on the skills stated above.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Please place the following information on the school letterhead.

## Frequently Asked Questions About Free and Reduced-Price School Meals

Dear Parent/Guardian:

Children need healthy meals to learn. Hope Haven School offers healthy meals each school day. Breakfast costs \$2.45 and lunch costs \$4.01. **Your children may qualify for free meals or for reduced-price meals.** Reduced price is \$0.39 for breakfast and \$0.40 for lunch. This packet includes an application for free or reduced-price meal benefits and detailed instructions. Below are some common questions and answers to help you with the application process.

1. **Who can receive free or reduced-price meals?** All children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP) or Ohio Works First (OWF); foster children that are under the legal responsibility of a foster care agency or court; children participating in their school's Head Start program; and children who meet the definition of homeless, runaway, or migrant are eligible for free meals. Also, your children may receive free or reduced-price meals if your household's income is within the federal income eligibility guidelines limits.

INCOME ELIGIBILITY GUIDELINES 2024-2025			
Household size	Yearly	Monthly	Weekly
1	\$27,861	\$2,322	\$536
2	37,814	3,152	728
3	47,767	3,981	919
4	57,720	4,810	1,110
5	67,673	5,640	1,302
6	77,626	6,469	1,493
7	87,579	7,299	1,685
8	97,532	8,128	1,876
Each additional Person:	9,953	830	192

2. **How do I know if my children qualify as homeless, migrant or runaway?** If members of your household lack a permanent address; are staying together in a shelter, hotel or other temporary housing arrangement; relocate on a seasonal basis or; children live with you who have chosen to leave their prior family or household then the children may qualify as homeless, migrant or runaway. If you have not been told your children will receive free meals, please call or email **Christy Byler** at [cbyler@jcbdd.org](mailto:cbyler@jcbdd.org) or 740-286-6491 to see if they qualify.
3. **Do I need to fill out an application for each child?** No. Use one free and reduced-price school meal application for all students in your household. We cannot approve an application that is not complete. Please submit all required information. **Return the completed application to Christy Byler, Hope Haven School, 740-286-6491.**
4. **Should I complete an application if I received a letter this school year saying my children are approved already for free meals?** No, but please read the letter carefully and follow the instructions. If any children in your household were missing from the eligibility notification, contact **Christy Byler, Hope Haven School, 740-286-6491** immediately.

5. **My child's application was approved last year. Do I need to complete another application?** Yes. Your child's application is valid for that school year and for the start of this school year. You are required to submit a new application unless the school told you that your child is eligible for the new school year.
6. **I receive Women, Infants and Children (WIC) benefits. Can my child(ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced-price meals. Please submit a completed application.
7. **Will the information I give be checked?** Yes, we also may ask you to send written proof.
8. **If I do not qualify now, may I apply later?** Yes. You may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.
9. **What if I disagree with the school's decision about my application?** You should talk to school officials. You also may ask for a hearing by calling or writing to the following contact person: **Christy Byler, 740-286-6491.**
10. **May I apply if someone else in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced-price meals.
11. **What if my income is not always the same?** List the amount that you normally receive. For example, if you normally make \$1,000 each month, but you missed some work last month and only made \$900, submit the report with the routine amount of \$1,000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
12. **What if some household members have no income to report?** Household members may not receive some types of income that are asked for you to report on the application or may not receive income at all. When this happens, please write a 0 in the corresponding field. However, if any income fields are left empty or blank, those also will be counted as zeroes. Please be careful when leaving income fields blank.
13. **We are in the military. Do we report our income differently?** Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it also must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment also is excluded from income.
14. **What if there is not enough space on the application for my family?** List any additional household members on a separate piece of paper and attach it to your application. Contact **Christy Byler, 740-286-6491** to receive a second application.
15. **My family needs more help. Are there other programs we might apply for?** To find out how to apply for Ohio SNAP or other assistance benefits, contact your local assistance office or call 877-852-0010.

If you have other questions or need help, call **740-286-6491**.

*Si necesita ayuda, por favor llame al teléfono: **740-286-6491**.*

*Si vous voudriez d'aide, contactez nous au numero: **740-286-6491**.*

Sincerely,  
**Christy Byler**

## INSTRUCTIONS FOR APPLYING

*A household member is any child or adult living with you.*

### IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) OR OHIO WORKS FIRST (OWF), FOLLOW THESE INSTRUCTIONS:

**Part 1:** List all household members and the school name and grade level for each child.

**Part 2:** List the 7-digit case number for any household member (including adults) receiving SNAP or OWF benefits.

**Part 3:** Skip this part.

**Part 4:** Skip this part.

**Part 5:** Sign the form. The last four digits of a Social Security Number are **not** necessary.

**Part 6:** We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

### IF NO ONE IN YOUR HOUSEHOLD RECEIVES SNAP OR OWF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, MIGRANT OR RUNAWAY, FOLLOW THESE INSTRUCTIONS:

**Part 1:** List all household members and the school name and school grade level for each child.

**Part 2:** Skip this part.

**Part 3:** If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call **Hope Haven**

**School** at [cbyler@jcbdd.org](mailto:cbyler@jcbdd.org) or 740-286-6491. If not, skip this part.

**Part 4:** Complete only if a child in your household is not eligible under Part 3. See Instruction for all other households.

**Part 5:** Sign the form. The last four digits of a Social Security Number are **not** necessary if you did not need to complete in part 4.

**Part 6:** We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

### IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

#### If all children in the household are foster children:

**Part 1:** List all foster children and the school name and grade level for each child. Check the box indicating the child is a foster child.

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Skip this part.

**Part 5:** Sign the form. The last four digits of a Social Security Number are **not** necessary.

**Part 6:** We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

#### If some children in the household are foster children:

**Part 1:** List all household members and the name of school and grade level for each child. For any person, including children, with no income, you must check the "No Income" box. Check the box if the child is a foster child.

**Part 2:** If the household does not have a 7-digit SNAP or OWF case number, skip this part.

**Part 3:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call **Hope Haven**

**School**, at [cbyler@jcbdd.org](mailto:cbyler@jcbdd.org) or 740-286-6491. If not, skip this part.

**Part 4:** Follow these instructions to report total household income from this month or last month.

- **Box 1—Name:** List all household members with income.
- **Box 2—Gross Income and how often it was received:** For each household member, list each type of income received for the month. Check the appropriate box to note how often the person receives the income - weekly, every other week, twice a month, or monthly. For earnings, list the gross income - not the take-home pay. Gross income is the amount earned *before* taxes and other deductions and can be found on your pay stubs. For other income, list the amount and check the box to note how often each person received assistance from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household and any other income. Do not include income from SNAP, FDPIR, WIC, federal education benefits and foster payments received by the family from the placing agency. For **ONLY** the self-employed, report income after expenses under *Earnings from Work*. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or receive combat pay, do not include these allowances as income.

**Part 5:** Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if he or she doesn't have one).

**Part 6:** We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.



**ALL OTHER HOUSEHOLDS (INCLUDING WIC HOUSEHOLDS) FOLLOW THESE INSTRUCTIONS:**

**Part 1:** List all household members and the school name and grade level for each child. For any person, including children, with no income, you must check the "No Income Box".

**Part 2:** If the household does not have a SNAP or OWF 7-digit case number, skip this part.

**Part 3:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call **Hope Haven School**, at [cbyler@jcbdd.org](mailto:cbyler@jcbdd.org) or 740-286-6491. If not, skip this part.

**Part 4:** Follow these instructions to report total household income from this month or last month.

- **Box 1 – Name:** List all household members with income.
- **Box 2 –Gross Income and how often it was received:** For each household member, list each type of income received for the month. Check the box to note how often the person receives the income—weekly, every other week, twice a month, or monthly. For earnings, be sure to list the gross income - not the take-home pay. Gross income is the amount earned *before* taxes and other deductions and can be found on pay stubs. For other income, list the amount and check the box to note how often each person received assistance from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household and any other income. Do not include income from SNAP, FDPIR, WIC, federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, report income after expenses under *Earnings from Work*. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or receive combat pay, do not include these allowances as income.

**Part 5:** An adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if he or she doesn't have one).

**Part 6:** We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

## 2024-2025 FREE AND REDUCED-PRICE SCHOOL MEALS APPLICATION

## Part 1. ALL HOUSEHOLD MEMBERS

Names of <u>all</u> household members (First, Middle Initial, Last)	Name of school and grade level for each child/or indicate "NA" if child is not in school.		Check if a foster child (legal responsibility of welfare agency or court). *If all children listed below are foster children, skip to Part 5 to sign this form.	Check if No Income
	School	Grade		
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

**Part 2. BENEFITS:** If any member of your household receives SNAP or OWF benefits, provide the name and 7-digit case number for the person who receives benefits and **skip to Part 5**. If no one receives these benefits, **skip to Part 3**.

NAME: \_\_\_\_\_ 7-DIGIT CASE NUMBER: \_\_\_\_\_

**Part 3. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Hope Haven School, at or 740-286-6491.**

Homeless ☐ Migrant ☐ Runaway ☐

**Part 4. TOTAL HOUSEHOLD GROSS INCOME (before deductions).** List all income on the same line as the person who receives it. Check the box for how often it is received. Record each income only once.

1. NAME (List all household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED														
	Earnings from work before deductions	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Public Assistance, Child Support, Alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, retirement, All other Income	Weekly	Every 2 Weeks	Twice Monthly	Monthly
(Example) Jane Smith	\$200	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)**

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will receive federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that deliberate misrepresentation of the information may cause my children to lose meal benefits and I may be subject to prosecution under state and federal statutes.

Sign here: X \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Last four digits of your Social Security Number: \_\_\_\_\_ ☐ I do not have a Social Security Number

**Part 6. Children's ethnic and racial identities.** We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Choose one ethnicity:

☐ Hispanic/Latino  
☐ Not Hispanic/Latino

Choose one or more (regardless of ethnicity):

☐ Asian
 ☐ American Indian or Alaska Native
 ☐ Black or African American  
☐ White
 ☐ Native Hawaiian or other Pacific Islander

**Do not complete this section. Intended for school use only**

Annual Income Conversion: Weekly x52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12.

Total Income: \_\_\_\_\_ Per ☐ Week ☐ Every 2 Weeks ☐ Twice per Month ☐ Monthly ☐ YearlyHousehold Size \_\_\_\_\_ Categorical Eligibility: ☐ Free ☐ Reduced ☐ Denied Reason Denied: \_\_\_\_\_

Determining/Approval Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

Confirming Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

Follow-up Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

Verification Selection, Date Notice Sent \_\_\_\_\_ Response Date \_\_\_\_\_ 2<sup>nd</sup> Notice \_\_\_\_\_ Results Sent \_\_\_\_\_

Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart.

**Privacy Act Statement: This explains how we will use the information you give us.**

The Richard B. Russell National School Lunch Act requires the information on this application. You are not required to provide information, but if information is not provided, the state agency cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Ohio Works First (OWF) case number or other identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

**INCOME ELIGIBILITY GUIDELINES 2024-2025**

Household size	Yearly	Monthly	Weekly
1	\$27,861	\$2,322	\$536
2	37,814	3,152	728
3	47,767	3,981	919
4	57,720	4,810	1,110
5	67,673	5,640	1,302
6	77,626	6,469	1,493
7	87,579	7,299	1,685
8	97,532	8,128	1,876
Each additional Person:	9,953	830	192

**USDA Nondiscrimination Statement**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online

at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

- mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
- fax:**  
(833) 256-1665 or (202) 690-7442; or
- email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

# Healthy Start & Healthy Families

Does your child qualify for the School Meals Program?  
If so, your family may qualify for free health coverage!



## Healthy Start & Healthy Families

*Healthy Start* offers free health care coverage  
for kids (birth to age 19) and pregnant women.

*Healthy Families* offers free health care coverage for the  
entire family - parents AND kids.

Healthy Start & Healthy Families Covers:

Doctor Visits  
Hospital Care  
Immunizations  
Substance Abuse

Prescriptions  
Vision Services  
Dental Care  
Mental Health

And Much More!

For more information or an application, call:

**1-800-324-8680 (a free call!)**

TDD 1-800-292-3572

Monday - Friday 7 am to 8 pm

Saturday - Sunday 12 pm to 5 pm



Your family's size and income determines if you and your family are eligible for Healthy Start or Healthy Families.  
Healthy Start & Healthy Families are Medicaid Programs administered by The Ohio Department of Job & Family Services.



Hope Haven School

822 Sellers Dr.

Jackson, OH 45640

(740) 286-6491

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Gender: \_\_\_\_\_

VS: T P R \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Allergies: Seasonal yes no

Foods yes no

Medications yes no

Please List: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medical Diagnosis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Updated Immunizations: Y/ N \_\_\_\_\_

\*Please provide a copy of immunization record with this form

Screening Tests: \_\_\_\_\_

**Vision**

Distance Acuity: R L \_\_\_\_\_

Muscle Balance: Pass Fail Not Done

Farsightedness: Pass Fail Not Done

Color: Pass Fail Not Done

Child Wears Gasses? Yes No

Tested With Glasses? Yes No

Referrals Made? Yes No

**Hearing**

Audiometric Thresholds:

R Ear: Pass Fail Not Done

L Ear: Pass Fail Not Done

Other Tests (Specify): \_\_\_\_\_

\_\_\_\_\_

Child Wears Hearing Aides? Y N

Tested With Hearing Aides? Y N

Referrals Made? Y N

**Speech/Language:**

Speech Assessment:      Done      Not Done

### Child Has No Discernable Speech Problem

Child Has Possible Problem With:

Disorders: (Check)	Articulation	Rhythm	Voice	Language
Stuttering				
Speech Sound Disorders				
Language Disorders				
Communication Disorders				

Speech Evaluation Recommended: Yes No

Is this child able to participate fully in the following?

A. Classroom and academic activities?	Yes	No
1. Attending class		
2. Studying		
3. Doing homework		
4. Reading		
5. Writing		
6. Taking tests		
7. Attending class		
8. Studying		
9. Doing homework		
10. Reading		
11. Writing		
12. Taking tests		

B. Physical education classes?                      Yes          No

C. Competitive Athletics?	Yes	No
---------------------------	-----	----

If limitations are advised, please specify:

Seizure History? Type and treatment

If this child has any physical, developmental, or behavioral problems, how can the school assist with special programs?

Physician's Assessment:

Problems:	Recommended School Management:
-----------	--------------------------------

Summary of medical data that is relevant to a diagnosis of developmental disabilities in the patient:

Physician's Name \_\_\_\_\_

Address

Phone

Physician's Signature \_\_\_\_\_

Date \_\_\_\_\_

# HOPE HAVEN SCHOOL

## ⓈⓈⓈ ONE CALL NOW ⓈⓈⓈ

One call now is our communication program to notify all parents/ guardians of snow days, snow delays, and upcoming events at hope haven school.

To be added to one call Text message, text 'Alert' to 22300. To be added to one call phone message please fill out the bottom and return to school.

-----

Staff/ student name: \_\_\_\_\_

Contact name: \_\_\_\_\_

Phone number(s) to be called: \_\_\_\_\_

Contact name: \_\_\_\_\_

Phone number(s) to be called: \_\_\_\_\_

# STUDENT INFORMATION SHEET

Dear Parents: Please complete this form as soon as possible, so that I may better reach and teach your child. Your insight is very valuable, as you know your child best!

Student's name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Student's birthday: \_\_\_\_\_

Please list any allergies or health concerns for your child: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

Parents' email: \_\_\_\_\_

Address: \_\_\_\_\_

Best number to reach you at: \_\_\_\_\_

Can I share your email/phone numbers with other parents in our class? \_\_\_\_\_

Are there any other siblings at this school? Please list their names and grades: \_\_\_\_\_

Are there any holidays your child does not celebrate? \_\_\_\_\_

What does your child like to do at home? \_\_\_\_\_

Is your child part of any extracurricular activities? \_\_\_\_\_

What is your child most interested in? \_\_\_\_\_





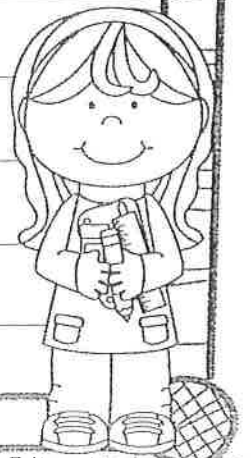
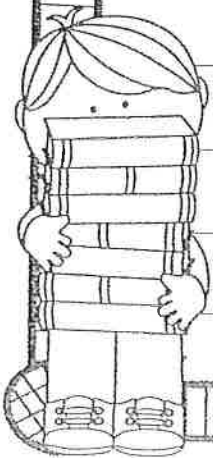
•How does your child learn best? \_\_\_\_\_

What kind of rewards/reinforcements does your child respond best to? \_\_\_\_\_

What are your main areas of concern for your child? \_\_\_\_\_

What are your goals for your child this year? \_\_\_\_\_

Is there anything else you would like me to know about your child? \_\_\_\_\_





## **Hope Haven School**

### ***Policies & Procedures/Parent Handbook***

*Revised July 2024*

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## **Mission Statement**

Hope Haven School, in partnership with its county schools, children, families, and community, strives to provide each child a superior education by providing quality instruction through individually-targeted learning experiences in a safe environment which will foster life-long learning.

## **Board Information**

The Jackson County Board of DD is comprised of seven members. Five are appointed by the Jackson County Commissioners and the remaining two are appointed by the Probate Judge. Board members are represented of the geography of the county and have a variety of associations with the agency's target audiences.

## **Hope Haven Staff**

The Principal oversees the management and everyday operational functions, under the direction of the Superintendent.

Each classroom is comprised of a lead teacher, licensed by the State of Ohio, as well as a certified paraprofessional classroom aide. In addition, aide supports are assigned to classrooms as delegated by Hope Haven administration and designated home schools (Jackson City, Wellston, Oak Hill Union, and Vinton County). Employees are required to have a FBI and BCI Background check.

All teachers and aides are trained on the following:

- HIPAA
- OSHA
- Communicable Diseases
- Ohio Ethics Law Training
- Behavior Supports
- Major Unusual Incident (MUI)/ UI
- CPR/First Aid
- Emergency Fire/Explosion
- Crisis Prevention & De-Escalation
- Culture of Poverty
- Positive Intervention
- Self Determination
- Transportation Safety
- Universal Precautions
- Hazardous Communications
- Blood Borne Pathogens
- Communicable Diseases
- Child Abuse/Neglect Prevention
- Annual 14 Day Notice

## **School Goals- School Age**

Hope Haven School Classrooms are designed around the STACK or TEACH Method and Ohio Department of Education Extended Standards. The STACK (TEACH) Method uses a variety of teaching methods such as Picture Exchange Communication System (PECS), Direct Instruction and Applied Behavioral Analysis, into the program. STACK (TEACH) classrooms use both individual and group instruction to increase and generalize mastered independent skills. Strategies used in STACK (TEACH) classrooms decrease the behavioral challenges often observed when working with students with autism. Our main goal is to provide a safe, nurturing environment for your child. We strive to instill a lifelong love of learning and discovery within students by providing opportunities that promote:

- Recognition and celebration of individual strengths, weaknesses, and interests;
- Respect and acceptance of individual differences and cultural diversity;
- Social skills fostered through awareness of fellow students' feelings, abilities, and uniqueness; and
- Responsibility, confidence, and independence in all parts of an individual's daily schedule.

### **School Goals- Preschool**

On October 9, 2012, the State Board of Education adopted Ohio's Early Learning and Development Standards in all domains of school readiness to reflect the comprehensive development of children beginning at birth to kindergarten entry. The standards promote the understanding of early learning and development, provide a comprehensive and coherent set of early childhood educational expectations for children's development and learning, and guide the design and implementation of curriculum, assessment and instructional practices with young children.

### **Enrollment Procedures**

Hope Haven Classrooms consists of 1 Preschool Classroom, Kindergarten-1, Primary 2-3, Primary 3-4, Primary 5-6, Middle School, High School, in addition to a SOAR Classroom. Special needs students acquire placement through their home school district. Students become eligible for placement based on a first come, first serve basis. If enrollment is full, students will be placed on a waitlist and contacted should a position become available. Hope Haven School accepts students regardless of race, color, sex, religion, or national origin.

### **Homeless Students**

Children who meet the Federal definition of "homeless" will be provided a free and appropriate public education in the same manner as all other students. No Board policy, administrative guideline, or practice will be interpreted or applied in such a way as to inhibit the enrollment, attendance, or school success of homeless children. Students attending Hope Haven School will be referred to their district of residence for any additional services that they may require.

### **Health Examinations**

At the time of enrollment, a licensed physician must examine each child not more than 1 year prior to admission. Hemoglobin and lead results should be supplied annually as part of the physical. The physical form must be returned within 30 days of enrollment. Preschoolers are required to have a current physical and shot record on file which may not be more than one year old.

### **Attendance**

Regular school attendance is vitally important to a student's academic achievement and social/emotional development. It is our policy to call and check on a student if he/she is not present at the start of the school day. Therefore, because we are concerned for your child's safety and well-being, we ask that you notify the school by phone the morning the student is absent by **7:00 AM**, or you can leave a message on our 24-hour machine (740.286.6491).

### **School Closings/Delays**

In the event it becomes necessary to close school because of weather conditions or any other reason, official announcements are released on the radio stations – Hope Haven School Classrooms will be announced via ALL CALL (Phone Call or Text Message), as well as on the local radio stations. Please ensure the phone number on file at Hope Haven is up to date.

## Transportation and Arrival/Departure Procedures

### Transportation Policies and Procedures

Transportation to and from Hope Haven School will be provided by Jackson County Board of DD-Hope Haven School. To assure that this service is provided in an environment which is safe requires each enrollee to abide by the standards of conduct established by the Board. The enrollee and his/her family or guardian must recognize that, to maintain this safe environment, reasonable exercise of authority by program officials is necessary. Consequently, each enrollee is required to accept responsibility for his/her own conduct and in doing so accept the responsibility of the consequences of his/her choice. (Chapter 12, paragraphs (A) (1)-(G), of Section 3319.41 of the Ohio Revised Code and OAC 68-16.

A. The following rules, regulations and procedures shall be official policy of the Board and shall be enforced whenever enrollees are provided transportation for any program sanctioned activity. Certain types of enrollee conduct on a bus are prohibited as specified in Ohio Pre-Service Bus Drivers Training Manual: A copy of the policy should be presented upon enrollment and can be found at the back of this handbook.

- Enrollees shall be ready when the bus is scheduled to arrive
- Enrollees must wait in a location clear of traffic and away from the bus stop
- Behavior at the bus stop must not threaten life, limb or property of any individual
- Enrollees must go directly to an available or assigned seat
- Enrollees must remain seated keeping aisles and exits clear
- Enrollees must observe classroom conduct and obey the driver promptly and respectfully
- Enrollees must not use profane language
- Enrollees must refrain from eating or drinking on the bus except as required for medical reasons or approved individual behavior modifications plans
- Enrollees must not use tobacco on the bus
- When bus is on schedule, the bus shall blow the horn and not wait more than five minutes for an enrollee to appear for boarding
- When the bus is running ahead of schedule, the bus shall wait until the scheduled pick up time, if necessary, for the enrollee to appear for boarding
- Enrollees may only carry objects on the bus that can be held in their laps

B. Bus drivers shall complete all reports as required by the Board for behavior incidents.

**Arrival:** Unless your child is arriving via bus, you must sign your child in. The lead teacher, classroom aide, or aide services will be available to assist your child to the classroom.

**Departure:** When picking up your child, you must sign them out and include the requested information on the form. Any individual picking up your child must be on the authorized pick-up list. Individuals not authorized on the pick-up list will not be permitted to leave with your child under any circumstances. Individuals that are unfamiliar to the staff may be required to provide a valid ID.

### Custodial Parents

A list of authorized individuals for pick up is required to ensure student safety. In the case of custodial parents or guardians not permitting another parent to pick up a child, a copy of the custody papers must be provided for the child's permanent file. Under no circumstances will Hope Haven School be

involved in a custody agreement between parents, but will abide by the guidelines set forth by the courts.

### **Safety Policy**

In an effort to provide a safe, secure environment conducive to learning, the following general principles will be followed:

- No child will be left alone (within hearing distance) or unsupervised during inside or outside activities, unless otherwise specified in IEP.
- Upon arrival or dismissal, every child must be accompanied by a parent/guardian or authorized adult. Children cannot leave the building unless accompanied by an adult.
- All visitors must enter through the main entrance and stop at the front desk to sign in and receive a visitor's tag.
- Fire drills and tornado drills will be planned and executed by the building principal/superintendent. Emergency plans for tornadoes and fire drills are posted throughout the building.
- Parents are responsible for keeping Emergency Medical forms current. **Changes should be given to the nurse/staff in writing immediately.**
- School staff are **required by law to report any suspicions of child abuse or neglect**, and will notify Children's Services immediately of such suspicions.

### **Restraint Policy**

#### **I. Policy Rationale and Philosophy:**

Every effort should be made to prevent the use of restraint. A non-aversive effective behavioral system such as Positive Behavioral Intervention and Supports (PBIS) shall be used to create a learning environment that promotes the use of evidence-based behavioral interventions, thus enhancing academic and social behavioral outcomes for all students.

Hope Haven School believes that the school environment should be one that ensures the care, safety, and welfare of all students and staff members. Efforts to promote positive interactions and solutions to potential conflict should be exhaustive. In the event that an individual's behavior presents a threat of imminent harm to self or others the use of approved physical intervention strategies to maintain a safe environment may be used as a last resort. Jackson County Board of DD Board policy states:

#### **II. Definitions:**

##### **a. Positive Behavior Interventions and Support**

- i. A school-wide systematic approach to embed evidence-based practices and data driven decision making to improve school climate and culture in order to achieve improved academic and social outcomes, and increase learning for all students, and
- ii. Encompasses a wide range of systemic and individualized positive strategies to reinforce desired behaviors, diminish reoccurrences of challenging behaviors and teach appropriate behavior to students.

b. Physical Restraint

- i. The use of physical contact that immobilizes or reduces the ability of a student to move their arms, legs, body, or head freely. Such term does not include a physical escort, mechanical restraint, or chemical restraint.
- ii. Physical restraint may be used only when there is an immediate risk of physical harm to the student or others and no other safe and effective intervention is possible, and only in a manner that is age and developmentally appropriate.
- iii. Physical restraint does not include brief, but necessary physical contact for the following or similar purposes:
  1. To break up a fight;
  2. To knock a weapon away from a student's possession;
  3. To calm or comfort;
  4. To assist a student in completing a task/response if the student does not resist the contact;
  5. To prevent an impulsive behavior that threatens the student's immediate safety (i.e. running in front of a car).

c. Time out:

A behavioral intervention in which a student, for a limited and specified time, is separated from the class within the classroom or in a non-locked setting for the purpose of self-regulating and controlling his or her own behavior. In a timeout, the student is not physically restrained or prevented from leaving the area by physical barriers.

III. **Requirements for the use of Restraint:**

Given an immediate risk of physical harm to the student or others and no other safe and effective intervention is possible, if physical restraint is applied the staff must;

- a. Implement in a manner that is age and developmentally appropriate;
- b. Ensure safety of other students and protect the dignity and respect of the student involved. Combine use with other approaches (non-physical interventions are always preferred) that will diminish the need for physical intervention in the future;
- c. Use the least amount of force necessary, for the least amount of time necessary;
- d. be appropriately-trained;
- e. continually observe the student in restraint for indications of physical or mental distress;
- f. Contact appropriate emergency entities according to district crisis policy if at any point the staff assesses that the intervention is insufficient to maintain safety of all involved;
- g. Remove the student from physical restraint immediately when the immediate risk of physical harm to self or others has dissipated;



- i. Following the use of physical restraint, the individual should be assessed for injury or psychological distress and monitored as needed following the incident.
- h. Complete all district required reports and document staff's observations of the student.
  - i. The district Incident Report shall be completed upon occurrences of physical restraint or seclusion.
  - ii. Completion of the form must occur within (district input time frame).
  - iii. A copy must be made available to parent/guardian within 24 hours.
  - iv. Additionally, staff should attempt to contact parent/guardian during the same day of incident.
- i. De-brief, include all involved staff, student and parents; evaluate the trigger for the incident, staff response, and methods to address the student's behavioral needs;
  - i. Debrief utilizing the district's Incident Report.
  - ii. A copy of the form must be sent to building administration.
  - iii. During the debrief, if this behavior is noted as a pattern of dangerous behavior that leads to the use of restraint and/or seclusion, a Functional Behavior Assessment, and/or a Behavior Intervention Plan must be completed.

IV. **Reporting and notification**

- a. Any incident of restraint shall be immediately reported to building administration and the parent.
- b. Any incident of restraint shall be documented in a written report that is made available to the parent within twenty-four hours and that is maintained by the school district, in the student file.
- c. The district shall annually report information regarding its use of restraint and seclusion to the Ohio Department of Education in the form and manner as prescribed by the department.

V. **Training and professional development**

- a. The district will ensure that an appropriate number of personnel in each building are trained in crisis management and de-escalation techniques.
- b. The school district will maintain written or electronic documentation on training provided and lists of participants in each training.
- c. All student personnel shall be trained annually on the requirements of this policy, Ohio Adm. Code 3301-35-15, and the district's policies and procedures regarding restraint.
- d. The district will have a plan regarding training student personnel as necessary to implement positive behavior intervention and supports on a system-wide basis.

VI. **District Monitoring**

- a. The district shall monitor the implementation of this policy and the district procedures.
- b. These policies and subsequent procedures shall be accessible on the district's website.
- c. The district shall be responsible for notifying all parents annually of its policies and procedures concerning restraint.

VII. **Complaint**

- a. The district will create a complaint procedure.
- b. Parents will present written complaints to the Superintendent of the school district to initiate a complaint investigation by the school district regarding an incident of restraint or seclusion; and
- c. The district will respond to the parent's complaint in writing within thirty (30) days of the filing of a complaint regarding an incident of restraint or seclusion.
- d. The parent of a student with a disability may choose to file a complaint with the Ohio Department of Education, Office for Exceptional Children, in accordance with the complaint procedures available concerning students with disabilities.
- e. In accordance with the consent order entered in *Doe v. State of Ohio*, complaints alleging the improper use of restraint or seclusion on a student with a disability will be investigated by the Ohio Department of Education, Office for Exceptional Children, if the complaint otherwise falls within the procedures concerning state complaints under IDEA as set forth in Ohio Adm. Code Rule 3301-51-05(K) (4)-(6).
- f. Complaints alleging injuries to a student with a disability or the use of restraints or seclusion shall not be deemed insufficient on the face of the complaint if they are framed within the context of IDEA, including:
  - i. A pattern of challenging behaviors that are related to the student's disability;
  - ii. Whether the student has had or should have had a functional behavioral assessment (FBA) and a positive behavior support plan (PBSP);
  - iii. Whether the FBA and PBSP are appropriate;
  - iv. Whether the student's behavior and interventions are addressed or should have been addressed in the IEP; and
  - v. Whether staff has been sufficiently trained in de-escalation and restraint techniques.

**Progress and Cumulative Reports**

Progress reports or grade cards will be sent to parents quarterly. Data for such reports may be collected through structured observations, checklists, parent interviews, curriculum-based assessments, and state-wide assessments.

Personal information for students and family are maintained in permanent files in the school's office. Records are accessible to the parent or legal guardian, in accordance with the law, but are guarded with the upmost confidentiality. The following records are maintained:

- 1. Personal data (name, address, sex, date and place of birth, copy of birth certificate)
- 2. Admission and withdrawal dates
- 3. General family/child data
- 4. Emergency/medical information

5. Immunization Records
6. Attendance
7. Permission for photo release
8. Request for roster information for circulation to preschool participants
9. Progress reports
10. Yearly physical and dental examinations

### **Dress/Attire**

Children should arrive at school dressed for play and appropriate for the weather. Preschool and Primary I students should have extra set of clothing clearly labeled with the child's name and stored in a gallon size Ziploc bag within the classroom. The extra clothing can be kept at the school in case of accidents which require a clothing change. Your child's teacher will send home stored clothing as seasons change to ensure appropriate dress is available throughout the year.

### **Nutrition**

We strive to provide healthy meals and snacks for your child. Breakfast and lunch are provided and arrives at Hope Haven from the Jackson City Middle School. Therefore, we follow the JMS menu (provided on a monthly basis). Free and reduced lunch forms are available in the school office and in your enrollment packet. Additionally, the Preschool and Primary I classrooms receives an afternoon snack, at no cost to families. Daily snacks are prepared on-site with the highest attention paid to cleanliness. Food will be stored in clean, airtight, clearly-labeled containers. Opened refrigerated items will be labeled and dated to reflect the date opened and placed in the refrigerator. Food preparation surfaces will be sanitized before and after food is prepared.

Children's food allergies and religious restrictions will be respected. All food allergies will be posted within the child's classroom. Staff will administer special diets with the recommendation from the child's physician and parent. This authorization form must be completed and on file at the school before any special diet will be honored. Meals and snacks will include at least two food groups and are offered on the following schedule:

"In accordance with Federal law and U.S. Dept. of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Ave., SW, Washington, D.C. 202250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer."

### **Birthday and Holiday Celebrations**

Specific celebrations are held at the discretion of the classroom teacher. Please notify the staff if celebrations present a difficulty for you or your child.

### **Rest/Nap Procedures**

In support of a child's natural rhythm, there will be a daily resting period for students in Preschool Classrooms. This rest period will range from approximately thirty (30) minutes to one hour, depending on the daily schedule and need for additional rest time. Each child will rest on a school-provided mat/cot. Children may bring a small pillow and blanket clearly labeled with their name. Napping is not required, but all children will participate in down time or a period of rest. Age-

appropriate movies, books, or music may play quietly in the background to entertain children who do not nap.

### **Guidance and Discipline Policy**

We strive to provide a safe and peaceful learning environment for all children. Each child will be respected for the unique individual he/she is. Guidance will be provided in a positive manner intended to help the child develop self-control and promote self-esteem and respect for others. Guidance and discipline will be fair, and applied in a consistent, timely manner.

Child guidance and management techniques will be constructive and developmentally appropriate and may include redirection, separation from problem situations, talking with the child about the situation, and praise for appropriate behavior. If such techniques are not effective, the child may be asked to take a "break" from the task at hand. Breaks will last only a few minutes in duration. If the child's behavior continues to be disruptive to the learning environment or poses a safety risk to his/herself or others, the parents/guardians will be contacted.

The Ohio Department of Education requires these rules to be in place in all programs (OAC 3301-37-10). The actual methods of discipline shall apply to all persons on the premises and shall be restricted as follows:

1. There shall be no cruel, harsh, corporal punishment or any unusual punishments such as, but not limited to punching, pinching, shaking, spanking or biting.
2. No discipline shall be delegated to any other child.
3. No physical restraints shall be used to confine a child by any means other than holding a child for a short period of time, such as in a protective hug, so the child may regain control.
4. No child shall be placed in a locked room or confined in an enclosed area such as a closet, a box or a similar cubicle.
5. No child shall be subjected to profane language, threats, and derogatory remarks about the child or the child's family or other verbal abuse.
6. Discipline shall not be imposed on a child for failure to eat, failure to sleep or for toileting accidents.
7. Techniques of discipline shall not humiliate, shame, or frighten a child.
8. Discipline shall not include withholding food, rest or toilet use.
9. Separation, when used as discipline shall be brief in duration and appropriate to the child's age and developmental ability and the child shall be within sight and hearing of a staff member in a safe, lighted and well-ventilated space.
10. The center shall not abuse or neglect children and shall protect children from abuse and neglect while in attendance in the preschool program.

### **Parent/Teacher Conferences**

Parents and teachers are encouraged to communicate through a variety of methods. Teacher communications will be sent home with students via letters to the parents/guardians, but phone calls before or after school are encouraged should any problems arise with your child. Traveling notebooks will be utilized (as needed) to foster written communication and documentation of student needs and successes. Additionally, a minimum of two parent/teacher conferences will be scheduled throughout the year.

## **Parent Roster**

Administrative Code 5101:2-12 states that Child Care Programs must maintain a parent roster, which includes the name, address, and telephone numbers of families enrolled. If you do not want your information on this, please indicate on your forms that this information should not be included on the roster. Rosters are updated as needed and available upon request.

## **Student Illness and Communicable Diseases**

Our staff is trained in recognizing the signs and symptoms of illness and communicable diseases. They have also been trained in proper hand washing procedures and disinfecting in an effort to stop the spread of disease among staff and students. If a student becomes ill while attending the program, parents or guardians will be contacted. In addition, your child will be offered a cot within the nurse's station to lie down.

The Ohio Department of Health has issued a chart listing all of the communicable diseases, signs and symptoms, methods of spreading, and other important information. This chart is posted in the preschool classroom and the nurse's station. In the event of a communicable disease, parents or guardians or an emergency contact will be notified to alert them that their child has been exposed. If your child has been exposed to a communicable disease outside of the program, please notify your child's teacher immediately. This is to protect your child as well as other children in our care.

A child will be sent home if he/she shows evidence of any of the following symptoms:

- Fever – a temperature over 100.0F; student should remain home for 24 hours after the temperature drops below 100.0F
- Diarrhea – more than one loose, runny stool in a 24 hour period
- Upset stomach – vomiting
- Earache – and *any* drainage from the ears
- Eye infections – pink eye or sty (redness, drainage, pain)
- Rash – undetermined nature
- "Runny Nose" – greenish/yellow drainage, severe chest congestion, severe cough
- Exposure to someone else with a communicable disease (measles, chicken pox, etc.)
- Head or body lice, until all nits are removed (must be checked by nurse upon arrival back at school or written approval from Health Department)

If you should observe any such symptoms at home, please do not send your child to school. If your child becomes ill at school, the nurse or other staff member will call you to pick them up. Please try to furnish a phone number that we can use to contact you or another family member designated by you on the enrollment form.

## **Medications**

Medications will not be distributed to students unless ordered from a Physician. Medicines distributed at school require a signed "Medication Order" from a Physician. Licensed staff nurses or delegated staff will administer those medications.

## **Concerns and Complaints**

Parents are encouraged to first address the teacher regarding problems, questions or concerns related to the program. If this does not achieve results or a parent/guardian prefers to contact administrative staff, specific department contact information is provided below.

Copies of the annual on-site compliance report that verifies compliance with all Ohio Department of Education requirements for licensing is posted in the classroom and office for inspection. If a parent/guardian has the need to report a suspected violation or file a complaint related to the *Rules for Preschool Programs, Chapter 3301-52 or 3301-59*, calls can be directed to the Ohio Department of Education at (614) 466-0224 or the Office of Early Learning and School Readiness.

Hours of Operation: 6:30 am – 4:00 pm

## **Jackson County Board of Developmental Disabilities- Hope Haven School Staff**

**Superintendent:** Nick Elliott

**Principal:** Mrs. Christy Byler

**Teachers:**     **Preschool:** Annette Miller  
                  **Kindergarten-1:** Sami Queen  
                  **Primary 2-3:** Shannon French  
                  **Primary 3-4:** Stephanie McKinniss  
                  **Primary 5-6:** Beth McCarty  
                  **Middle School:** Jason Williams  
                  **High School:** Laura Ratliff  
                  **SOAR:** Michelle Conway  
                  **SLP:** Bill Nose, Sally Mullins  
                  **Occupational Therapy:** Tammy Frazie, Jeana Haislop  
                  **Physical Therapy:** Mr. McGraw & Kelli Farley

**Nurse:** Tamie Welch

**Transportation Supervisor:** Trish Bush

- Trish Bush
- Brady Reynolds
- Debbie Stapleton
- Dewey McDaniel

**Custodian and Maintenance:** Terry Herdman

## **Parental Recognition of Receipt and Agreement**

The signature on the back of the enrollment form indicates that I have received, read and agree to adhere to the policies outlined in the Parent Handbook.

**Hope Haven School and Preschool  
Parent Handbook**

My signature below indicates that I have received, read and agree with the policies outlined in the Jackson County Board of DD / Hope Haven School Parent Handbook.

Parent/Guardian's Name (please print) \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please return the signed form.**