

# Jackson County Board of Developmental Disabilities

## 2025-2026 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 (included 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

Hope Haven School  
Jackson, Ohio

**EMERGENCY MEDICAL AUTHORIZATION**  
**2025-2026**

STUDENT NAME \_\_\_\_\_

PARENT OR GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

MEDICAID NUMBER (12 NUMBERS) \_\_\_\_\_

TEACHER \_\_\_\_\_

SCHOOL \_\_\_\_\_

MEDICATIONSDOSAGEFREQUENCYDIAGNOSIS/ REASON
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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

#### 2025-2026 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 2025-2026 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



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

Speech Assessment:	Done	Not Done
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### Child Has No Discernable Speech Problem

Child Has Possible Problem With:

Disorders: (Check)	Articulation	Rhythm	Voice	Language
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Speech Evaluation Recommended: Yes No

Is this child able to participate fully in the following?

Yes No

Yes      No

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:

Recommended School Management:

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

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

Address

\_\_\_\_\_

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Phone \_\_\_\_\_

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

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.

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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? \_\_\_\_\_



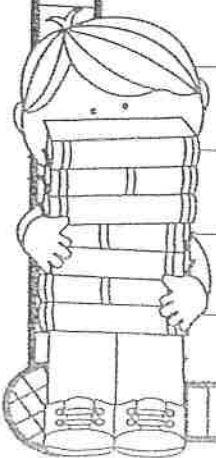
•How does your child learn best? \_\_\_\_\_

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 February 2026*

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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. 20225-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer."

### **Code of Conduct – School Food Service Personnel**

This policy establishes clear expectations for ethical, professional, and safe conduct by all individuals involved in the service, and management of school meals. The goal is to ensure integrity, fairness, and the well-being of students, staff and the community.

#### **A. Professional Behavior**

1. Treat all students, staff, and visitors with courtesy, respect, and fairness,
2. Maintain a positive and welcoming environment in all food service areas.
3. Avoid any behavior that could be perceived as discriminatory, harassing, or intimidating.

#### **B. Food safety and sanitation**

1. Follow all federal, state and local food safety regulations.
  2. Practice proper hygiene, including frequent handwashing and wearing required protective gear.
  3. Ensure food is stored and served at safe temperatures.
- C. Ethical Standards
1. Do not accept gifts, favors, or personal benefits from vendors or contractors.
  2. Avoid conflicts of interest in purchasing or contracting decisions.
  3. Use school food service funds and resources solely for authorized purposes.
- D. Financial Integrity
1. Accurately record all transactions and maintain transparent financial practices.
  2. Report any suspected theft, fraud, or misuse of resources immediately to a supervisor.
- E. Compliance with Regulations
1. Adhere to USDA, state and district guidelines for meal programs.
  2. Participate in required training on nutrition, safety and compliance.
- F. Confidentiality
1. Protect the privacy of students and families, including eligibility for free or reduced-price meals.
  2. Do not share personal or financial information without proper authorization.
- G. Accountability
1. Report violations of this policy to the Food Service Director or designated authority.
  2. Cooperate fully with audits, inspections, and investigations.

### **Acknowledgement**

All food service personnel must review this policy annually and sign an acknowledgement form confirming their understanding and commitment to these standards.

### **Wellness**

As required by law, the Jackson County Board of DD (JCBDD) establishes the following wellness policy for Hope Haven School as a part of a comprehensive wellness initiative.

The JCBDD recognizes that good nutrition and regular physical activity affect the health and well-being of Hope Haven's students. Furthermore, research suggests that there is a positive correlation between a student's health and well-being and his/her ability to learn. Moreover, schools can play an important role in the developmental process by which students establish their health and nutrition habits, and by promoting increased physical activity both in and out of school.

Schools alone, however, cannot develop in students healthy behaviors and habits with regard to eating and exercise. It will be necessary for not only the staff, but also parents and the public at large to be involved in a community-wide effort to promote, support, and model such healthy behaviors and habits.

The JCBDD sets the following goals in an effort to enable students to establish good health and nutrition habits:

- A. With regard to nutrition education, the JCBDD shall:
  1. Nutrition education shall be included in the Health curriculum so that instruction is sequential and standards-based and provides students with the knowledge, attitudes and skills necessary to lead healthy lives.

2. Nutrition education standards and benchmarks shall be age-appropriate and culturally relevant.

B. With regard to physical activity, the JCBDD shall:

**1. Physical Education**

a. Hope Haven School's physical education shall provide students with opportunities to learn, practice and be assessed on developmentally appropriate knowledge, attitudes and skills necessary to engage in lifelong, health-enhancing physical activity.

b. Planned instruction in physical education shall be sufficient for students to achieve a proficient level with regard to the standards and benchmarks adopted by the State.

c. The K-12 program shall include instruction in physical education as well as opportunities to participate in competitive and non-competitive team sports to encourage lifelong physical activity.

d. Planned instruction in physical education shall teach cooperation, fair play, and responsible participation.

e. Planned instruction in physical education shall meet the needs of all students, including those who are not athletically gifted.

f. Planned instruction in physical education shall be presented in an environment free of embarrassment, humiliation, shaming, taunting, bullying or harassment of any kind.

g. Planned instruction in physical education shall include cooperative as well as competitive games.

h. Planned instruction in physical education shall take into account gender and cultural differences.

i. Physical Education teachers shall remove from class participation any student who exhibits signs, symptoms, or behaviors consistent with having sustained a concussion or head injury. The Principal and/or teacher shall notify parents or guardians about the possible concussion or head injury.

j. Any student who has been removed from physical education class participation because s/he has exhibited signs, symptoms, or behaviors consistent with having sustained a concussion or head injury shall not be permitted to return to physical education class until the student's condition is assessed by a physician, and the physician gives the student written clearance that it is safe to return to class.

**2. Physical Activity**

a. Physical activity shall not be employed as a form of discipline or punishment.

b. Physical activity and movement shall be integrated, when possible, across the curricula and throughout the school day.

c. In addition to planned physical education, the school may provide age-appropriate physical activities (e.g. recess, during the school day, intramurals and clubs before and after school, and interscholastic sports) that meet the needs of all students, including males, females, students with disabilities and students with special health care needs.

d. All students in grades 7-12 shall have the opportunity to participate in interscholastic sports programs.

C. With regard to other school-based activities:

Free drinking water shall be available to students during designated meal times and may be available throughout the school day.

1. The schools shall provide at least thirty (30) minutes daily for students to eat.

2. The schools shall schedule mealtimes so there is a minimum disruption by bus schedules, recess and other special programs or events.

3. The school shall provide attractive, clean environments in which the students eat.
4. Activities, such as tutoring or club meetings, shall not be scheduled during mealtimes, unless students may eat during those meetings.
5. Students, parents and other community members shall have access to, and be encouraged to use, the school's outdoor physical activity facilities outside the normal school day.
6. The schools may provide opportunities for staff to model healthy eating habits by dining with students in the school dining areas.
7. Students are discouraged from sharing their foods or beverages with one another during meal times, given concerns about allergies and other restrictions on some students' diets.

D. With regard to nutrition promotion, the JCBDD shall:

1. encourage students to increase their consumption of healthful foods during the school day;
2. create an environment that reinforces the development of healthy eating habits, including offering the following healthy foods that comply with the USDA Dietary Guidelines for Americans and the School nutrition standards:
  - a. a variety of fresh produce to include those prepared without added fats, sugars refined sugars and sodium;
  - b. a variety of vegetables daily to include specific subgroups as defined by dark green, red/orange, legumes and starchy;
  - c. whole grain products – half of all grains need to be whole grain-rich upon initial implementation and all grains must be whole grain-rich within two (2) years of implementation;
  - d. fluid milk that is fat-free (unflavored and flavored) and low-fat (unflavored);
  - e. meals designed to meet specific calorie ranges for age/grade groups;
3. require students to select a fruit or vegetable as part of a complete reimbursable meal;
4. provide opportunities for students to develop the knowledge and skills for consuming healthful foods.

Furthermore, with the objectives of enhancing student health and well-being, and reducing childhood obesity, the following guidelines are established:

A. The food service program shall comply with Federal and State regulations pertaining to the selection, preparation, consumption, and disposal of food and beverages, including but not limited to the USDA Dietary Guidelines for Americans in School nutrition standards, as well as to the fiscal management of the program.

B. The guidelines for reimbursable school meals are not less restrictive than the guidelines issues by the U.S. Department of Agriculture (USDA).

The sale of foods of minimal nutritional value in the food service area during the lunch period is prohibited.

C. The sale of foods and beverages to students that do not meet the USDA Dietary Guidelines for Americans in School nutrition standards to be consumed on the school campus during the school day is prohibited.

D. All food items and beverages for sale to students for consumption on the school campus (any area of property under the jurisdiction of the school that is accessible to students during the school day) between midnight and thirty (30) minutes after the close of the regular school day shall comply with the current USDA Dietary Guidelines for Americans School nutrition standards, including entrees in the dining area (except entrée items that were offered on the National School Lunch Program (NSLP) or School Breakfast Program (SBP) menu on the day of and the day after they are offered on the NSLP or SBP menu).

E. All foods offered on the school campus during the school day shall comply with the current USDA Dietary Guidelines for Americans, including classroom snacks.

F. All food and beverages that are provided, other than through sale, on the school campus during the school day (which may include for classroom parties and at holiday celebrations) shall comply with the current USDA Dietary Guidelines for Americans.

G. The food service program will strive to be financially self-supporting; however, if it is necessary to subsidize the operation, it will not be through the sale of foods with minimal nutritious value.

H. The food service program will provide all students affordable access to the varied and nutritious foods they need to be healthy and to learn well regardless of unpaid meal balances and without stigma.

I. The food service program shall be administered by a director who is properly qualified, certificated, licensed, or credentialed, according to current professional standards.

J. All food service personnel shall receive pre-service training in food service operations.

K. Continuing professional development shall be provided for all staff of the food service program.

The JCBDD designates the Superintendent as the individual charged with operational responsibility for measuring and evaluating Hope Haven School's implementation and progress under this policy. The Superintendent shall develop administrative guidelines necessary to implement this policy.

The Superintendent shall appoint a Wellness Committee that includes parents, students, representatives of the school food authority, educational staff, school health professionals, members of the public, and school administrators to oversee development, implementation, evaluation and periodic update of this policy. The Wellness Committee shall be an ad hoc committee with members recruited and appointed annually. School level health advisory teams may assist in the planning and implementation of these Wellness initiatives.

The Wellness Committee shall be responsible for:

- A. assessment of the current school environment;
- B. review of the JCBDD's Wellness policy;
- C. presentation of the Wellness policy to the JCBDD for approval;
- D. measurement of the implementation of the policy; and
- E. recommendation for the revision of the policy, as necessary.

Before the end of each school year, the Wellness Committee shall recommend to the Superintendent any revisions to the policy it deems necessary and/or appropriate.

The Superintendent shall report annually to the JCBDD on the Wellness Committee's progress and on its evaluation of the policy's implementation and areas for improvement and progress made in attaining the policy's goals.

The Superintendent is also responsible for informing the public, including parents, students and community members, on the content and implementation of this policy. In order to inform the public, the Superintendent shall include information in the student handbook and post the policy on the JCBDD website, including the Wellness Committee's assessment of the policy's implementation.

## **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:** Michelle Conway
- Middle School:** Beth McCarty
- High School:** Laura Ratliff
- SOAR:** Jason Williams
- SLP:** Bill Nose, Sally Mullins
- Occupational Therapy:** Tammy Frazie
- Physical Therapy:** Mr. McGraw & Kelli Farley

**Nurse:** Jennilyn Prater

**Transportation Supervisor:** Trish Bush

- Trish Bush
- 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.**