

# Villa of Hope School



VILLA *of* HOPE

YOUTH & FAMILY SERVICES

rebuild. recover. renew.

## Handbook for Families

Please Note: This handbook does not form the basis of a contractual relationship between any parties nor should it be construed as a policy & procedure manual, but is being provided for general guidance purposes only. Program offerings, practices, policies and procedures may be updated, changed, or withdrawn at any time without notice as determined by agency need and regulatory updates.

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## *“Care to Learn, Learn to Care”*

### **The Philosophy of Villa of Hope School**

*Mission:* Villa of Hope School, accredited by NYS Education Department (NYSED) provides specialized trauma-informed education to help students Rebuild relationships; Recover from trauma, mental illness, abuse and addiction; Renew a hope for the future.

*Vision:* Villa of Hope School will provide high quality, innovative educational and vocational programs to residential and community students, preparing them for college education and/or sustainable career employment in adulthood.

*Values:* **Relationships** based on **Caring, Hope** and **Respect** are the foundation of our efforts.

Villa of Hope School assists students in developing the self-regulation, communication, and independence skills necessary so that they can access education, and return to less restrictive school placements when possible, and thrive safely in their communities and homes now and in the future.

Villa of Hope School was created to honor the unique lives, interests, talents, and strengths of students with emotional disabilities. Villa of Hope School exists to foster social and emotional development, academic growth, vocational exploration, and increased personal independence for students ages 12-21 with disabilities whose needs cannot be currently met within a less restrictive environment.

Villa of Hope School uses the Sanctuary Model® of care to promote positive and sustainable change for youth and families. Understanding the impact of trauma and chronic stress is emphasized so that care, treatment and services provide safety for youth, families, staff, and the community.

Villa of Hope School honors the unique strengths, talents, and interests of those we work with. We design educational programming, field trips and community outings, clinical services, and social opportunities from a positive, strength-based perspective which ensures an environment focused on caring, hope and respect.

Villa of Hope School promotes an interdisciplinary model of service and support. Daily communication between the educational, clinical, vocational, and support staff allows an individual's daily successes and needs, emerging interests, and areas for future skill-building to be addressed by the entire team.

The Director of Education assists the educational and clinical staff with ensuring goals and progress is tracked while also ensuring parents/guardians and school districts are well-informed of educational progress and needs. Further, regular Interdisciplinary Team meetings ensure that each student's needs are routinely addressed.

Villa of Hope School believes that the regular involvement of the family in their child's life is critical for success. Villa of Hope School strives to assist families in staying connected with and being a part of their child's progress through regular and consistent Treatment Meetings every 90 days, which include the student, his or her parents or guardians, relevant community partners, and school staff.

**PROGRAM OVERVIEW:**

Villa of Hope School is a NYSED licensed private (non-public) special education school (853 school) for students with emotional disturbances. Villa of Hope School is an available option for school districts seeking an out-of-district placement. Villa of Hope School has broad expertise working with students across the entire range of emotional disabilities.

The educational program is licensed by the New York State Education Department (NYSED). The program is open to students throughout Monroe and the surrounding counties who are in need of a highly individualized special education program. Our staffing ratio is 6:1:1 and we provide related services of Speech/Language Therapy and Counseling.

For a student to be eligible for admission to Villa of Hope School they must:

- Be between the ages of 12 and 21(admission cut-off age is 18 years, 11 months)
- Be classified with an Emotional Disturbance, Other Health Impaired or Learning Disabled
- Be on a Regents track for graduation

**No parent will be charged for tuition or other services provided by the school at Villa of Hope School. The placing school district of origin is responsible for tuition.**

Students and families may choose to access other services and programs through Villa of Hope if they are interested at an additional cost sometimes covered by insurance, depending on the service.

**ADMISSION:**

Referral to Villa of Hope School can only be made by a school district CSE (Committee on Special Education).

Upon receipt of a CSE referral, Villa of Hope School will conduct a pre-screening/record review. Villa of Hope School may request additional information from the school district. Students referred to Villa of Hope School must be classified for special education (LD, ED, OHI). Students at Villa of Hope School are all pursuing the NYS Regents Diploma and may also be offered an opportunity to earn a CDOS Commencement Credential through work based learning opportunities.

Should a student advance through pre-screening/record review, Villa of Hope School will conduct the following process, if school is open and in full session (the process has been modified during the COVID 19 pandemic, please contact us for more information):

**STEP 1**    Tour

The intake coordinator or designee contacts the family to schedule a tour of the building and shares the philosophy, guidelines and general operating framework of the school.

**STEP 2**    Meet and Greet

The student and parent/guardian meets with members of the intake committee that may include a teacher, counselor, social worker, and/or the Director of Education. This is an opportunity to get to know the student and parent; and likewise get to know the staff; and ask additional questions.

**STEP 3**    The student and parent/guardian make an appointment to meet with the social worker/counselor to sign consent forms, sharing information about the program, gathering client and family history.

**STEP 4: Option for a 2 – Day Visit**

The student arranges a 2-day visit, to genuinely get a “feel” for Villa of Hope School. The family provides transportation as daily contact with parents and school staff is encouraged. This visit will be scheduled to be completed in two consecutive days. The student will receive a schedule and is expected to participate in classroom assignments and activities. At the conclusion of the visit, the student informs the team and the School administrator of their intent to pursue enrollment.

**DISCHARGE**

Villa of Hope School is a NYSED licensed private special education school (853 school). Thus, any change in placement into or out of Villa of Hope School is a decision made by the Committee on Special Education (CSE) in the district of residence of the student. Villa of Hope School abides by all due process and prior written notice rights of students/families/guardians under their referring district CSE.

Villa of Hope School is focused on assisting students in developing the academic, communication, self-regulation, and independence skills necessary to allow the student to transition back to a less restrictive placement either during their school-age eligibility (up through age 21) or upon aging-out of special education (post age 21). Therefore, Villa of Hope School hopes that it is not a long-term placement, but instead an opportunity for students to show progress towards greater independence.

Should a student be ready to successfully leave Villa of Hope School for a less restrictive placement (LRE) due to social emotional, personal skill and academic improvement, Villa of Hope School will work with the family and CSE to ensure that all parties feel confident and secure that the student is ready and that all community supports and transition supports are in place to ensure a successful move and reduce the likelihood of regression.

Should Villa of Hope School feel that a student is no longer appropriately placed at Villa of Hope School, a recommendation will be made to the Committee on Special Education (CSE). The CSE will work with the family and Villa of Hope School to investigate more appropriate placements to meet the student's needs. Only a CSE or parent/guardian can remove the child from the program.

### **SCHOOL INFORMATION:**

All classrooms at Villa of Hope School are either 6:1:1. Additionally, Villa of Hope School provides IEP related services (Speech/Language Therapy and Counseling). Students at Villa of Hope School reside in school districts in and around Monroe and surrounding counties.

While driven by the Individual Education Plan (IEP) for each student, the school day reflects many more goals and opportunities than what is included in the IEP. The program stresses academics, self-regulation, skill building, communication, vocational skill development and personal independence.

#### *Academic Curriculum*

Villa of Hope School utilizes a range of published and self-developed curriculum in a combination that is most beneficial to each individual student. Each student's program is designed to meet their needs. Over the course of the student's time at the school, their program may be gradually modified and expectations raised to meet the requirements of the next less restrictive placement (LRE) and to facilitate transition out of the program.

Each student's day is a combination of academic, therapeutic, social and vocational activities. We follow NYS common-core standards, align our academics to the New York State Regents Requirements, and add supplemental standards, topics, and courses of instruction as needed to meet each child's needs.

Our curricular tools include, but are not limited to:

- Engage NY Modules
- Textbooks
- Various original literature (poems, short stories, novels, fiction and non-fiction)
- Teacher developed materials

In addition to core academics, the school offers Elective Courses (PE, health, music, art, technology, horticulture, and human ecology); Vocational Opportunities that include Work Based Learning (WBL); and Social Experiences (field trips, volunteering, annual carnival, theme parties, field days, and more). Villa of Hope School strives to provide its students with the same opportunities as any other student, modified to support their success and growth.

*Work-based Learning*

Work-based learning is also part of the programming at Villa of Hope School. Students are beginning to prepare for life beyond high school and so preparation for employment is important. To support growth, within their abilities and interests, students may participate in a number of experiences based on readiness, which may include on-site vocational learning opportunities, volunteering with community based organizations, shadowing/internships within the Villa or at area businesses, and supported and competitive employment.

*School Communication with Families*

Social Workers/Counselors maintain at least weekly contact with all families through email, phone calls, and/or communication notebooks/binders. If concerns arise with regard to a student's safety during the school day, the family will be notified that day as soon as possible, by the social worker/counselor. Additionally, regular communication is provided via 5-week reports and quarterly report cards indicating achievement in the areas of attendance, academics, transitions, counseling, and behavior. Progress reports toward IEP goals are also sent home to families on a regular schedule every 10 weeks. Face to face meetings are also an important part of communication and our opportunity to collaborate with families. The first Treatment Meeting is after a student has spent 30 days with us, then every 90 days, thereafter.

Parents/guardians may also request additional meetings/phone conferences at any time. We encourage parents to reach out directly to the staff when needed. Email is wonderful, and phone calls either before 8:30am or after 2:45pm work best. If you need to reach the classroom teacher during the school day, please contact the main office at 585-227-6920 and we will determine if the teacher can be excused from class to take the phone call. Otherwise, we would be happy to deliver a message for you.

In addition, there are annual CSE meetings to discuss the student's progress within the program. These meetings are scheduled and run by the home district with the parents and the school participating. The IEP Coordinator and CSE will convene for our residential youth as well.

*School Social-Emotional Supports*

The school utilizes a strengths-based, person-centered approach to support students. Both proactive and active strategies are utilized throughout the day to assist students in learning new coping skills and strategies, and new social skills. Villa of Hope School believes that most of the challenging behaviors seen at the school are a result of struggles to self-regulate, and use skills to cope with chronic stress, trauma and triggers throughout the day. Therefore, developing a comprehensive system of positive interventions and supports drive social-emotional learning and growth at Villa of Hope School.

To support this in the school day, there is a comprehensive school-wide multi-tiered system of support. Most students make regular progress under that system and thus do not require individual behavioral plans in the school. However, for students whose behaviors are not making sufficient progress under the school-wide plan, Villa of Hope School may develop classroom-wide, small-group or other tier two or three interventions to support the student's needs.



This tiered system is based on the MTSS/ PBIS model and has been developed specifically to support the complex needs of students at Villa of Hope School and begins with Expectation Matrix (see code in the behavioral section later in this document). Tier 1 behavioral supports are school-wide positive, proactive, and active techniques to assist the students with understanding expectations, communicating needs in a respectful manner, self-regulation, and positive decision making.

For students who require more intensive supports, a classroom-wide or small group (tier 2 and 3) strategy may be implemented. Only in the event that a student's challenging behaviors are not well supported by Tiers 1-3 will the school reach out to the school district CSE to request a formal Functional Behavior Assessment (FBA) to support the development of an individualized Behavior Intervention Plan (BIP).

Villa of Hope School **does not** use any seclusions from instruction. Additionally, aversive interventions and corporal punishment are **strictly prohibited**.

The entire school staff is trained in the Therapeutic Crisis Intervention (TCI) system of prevention techniques and intervention during a crisis. TCI focuses on topics such as, but not limited to: prevention, emotional competence, the stress model of crisis, verbal and nonverbal communication, active listening, behavior support techniques, emotional first aid and the conflict cycle.

#### *School Calendar and School Day*

The school-day program is a 40-week school year starting in September (minimum 180 days) and a six week extended school year (ESY) program in the summer months (minimum 30 days). The instructional day is a minimum of five and one-half hours, exclusive of lunch and transportation, and includes instruction and related services. Our day begins at 8:15am and dismisses at 2:45pm; 30 minutes is allotted for lunch.

#### *Relationship with the District of Residence and Transportation*

The School District of Residence for each student is responsible for conducting activities related to the Committee on Special Education (CSE). The school staff work cooperatively with each CSE with regard to tasks such as, but not limited to: implementing the IEP and updating progress toward individual student goals. The School District of Residence is responsible for maintaining official transcripts and cumulative school records for each student. The school ensures timely and accurate information is communicated to School Districts of Residence on a regular schedule. Students may participate in activities, sports teams, and clubs, etc. offered by their school district. Transportation is provided and/or arranged by the school district of residence. Students may only be transported to and from school by parents or legal guardians, or with prior written permission from a parent or legal guardian to be transported by another named person.

#### *Personal Property in School*

We encourage students not to bring personal items of value from home into the school during the day unless prior arrangements have been made with the teaching, administrative, and/or clinical staff. Students may carry one binder and a small pencil case/purse throughout the day. All bags and binders are subject to search by Villa of Hope (VOH) staff.

*Electronic Devices:*

Villa of Hope School strives to create a therapeutic environment that is beneficial for all students. Students are not allowed to carry any electronic devices. They will turn all devices in to the appropriate staff upon arrival. Staff will return all devices upon dismissal.

The use of cameras is never allowed by students for any reason.

Students may not photograph or video-record other students. Students may not post photographs, video, or other identifying information about students on the internet (including but not limited to Facebook, Twitter, or personal blogs). This is in accordance with FERPA, HIPAA, and NYSED regulations.

*Illness Guidelines*

A youth complains of not feeling well on a school day...what do you do? Questions can be asked, assessments can be made, but sometimes the answer isn't "cut and dry". We know that unnecessary absence from school can be detrimental in many ways, but we also want to make the "right decision" for the youth's well-being and to minimize the risk of contagion to others.

Here are some general guidelines that should help you decide whether a youth is "too sick for school":

OTHER COMMON ILLNESSESFEVER

If a student has a temperature of 100°F or greater, he/she will not be able to attend school. The student may return to school once he/she has been afebrile for 24 continuous hours without the use of antipyretics.

COLDS/COUGHS

A student with a cold will not be able to attend school if the cold is accompanied with a temperature of 100°F or greater. If the student is too uncomfortable to function properly in school, the nurse will determine if the student is sent home..

DIARRHEA

Diarrhea will be defined as three or more loose, watery stools within 2 hours. If the student is kept from school due to diarrhea, the student may return once they are symptom free for 12 hours.

VOMITING

An illness which has caused vomiting 2 or more times during the previous 24 hours, unless the vomiting is known to be caused by a condition that is not contagious. If the student is kept back from school due to vomiting, the student may return to school once vomiting has ceased for 12 hours and the student is tolerating a regular diet.

Diagnosis	Return to School or at Practioner's Direction
Chicken Pox/Varicella	When all blisters have crusted over, usually in 10-14 days. Those with varicella infection should not have contact with individuals who may have a medical condition that weakens their immune system.
Conjunctivitis	Bacterial 24 hours after starting antibiotic treatment. Viral once tearing and discharge are gone; about one week.
Coxsackie Infection	Until symptoms have resolved.
Hand, Foot and Mouth Disease	Until symptoms have resolved.
Ear Infections	After afebrile.
E. Coli	After two stool cultures are clear of the bacteria.
Giardiasis	No swimming until 2 weeks after symptoms have resolved.
Herpes	After afebrile.
Fever Blisters/Cold Sores/Herpes Zoster/Shingles	After all blisters have crusted over. Avoid contact with pregnant women, newborns or anyone with weakened immune system.
Head Lice/Pediculosis	Youth with active lice can return to school after first treatment. Sklice requires only one treatment, and does not require the combing out of the nits, as this product kills the lice and the nits.
Impetigo	24 hours after start of antimicrobial therapy and keeping all infected areas covered.
Influenza	After afebrile for 24 hours without the use of fever reducing medicines.
Lyme Disease	No restrictions from school.
Strep Throat	24 hours after starting antibiotic treatment.
Scabies	24 hours after treatment is completed.
Meningitis	Bacterial, depends on the severity of the disease. Healthcare provider to provide specific instructions.
Mononucleosis	Returning depends on symptom relief, such as fever and weakness. No contact in sports until the healthcare provider gives permission.
MRSA	No restriction from school and keep all infected areas covered.
Pinworm	When under treatment.
Ringworm	When under treatment.
Stye	No restrictions from school. Avoid touching the affected area. Should not wear contact lenses and eye makeup until healed.
Thrush/Candidiasis	No restrictions.

*Physicals and Immunizations:*

A student's mental and physical health can impact their ability to participate fully in school. Administrators and school health personnel should have current and complete information on each student's health status, along with any specific conditions which may interfere with the student's ability to attend school and/or attend to instruction. It is particularly important for schools to have this information prior to school entrance for students with medical concerns, fragile medical conditions, or social-emotional issues that require routine or emergent care by school personnel.

Ideally, the student's primary healthcare provider (a physician, nurse practitioner or physician assistant) should perform the health examination (aka physical examination). Knowledge of the student's family and home, previous illnesses and medical history, immunization status and other background factors assist in evaluating the total health status of the student. The primary healthcare provider is also in a position to institute any necessary therapeutic measures without delay.

Education Law Article 19 and Regulations of the Commissioner of Education require physical examinations of public school students: ·Entering the school district for the first time, and in grades Pre-K or K, 1, 3, 5, 7, 9 and 11 and at any grade level by school administration, in their discretion to promote the educational interests of the student (8 NYCRR § 136.3[b]); ·to participate in strenuous physical activity, such as interscholastic athletics (8 NYCRR §135.4(c)(7)(i)(e) and 136.3(a)(8)); ·upon student's request for an employment certificate (Education Law §3217); and ·when conducting an initial evaluation or reevaluation of a student suspected of having a disability or a student with a disability (8 NYCRR §200.4[b]).

New York State Public Health Law, Section 2164 requires that schools will not permit a child to attend school unless the parent provides the school with a certificate of immunization or proof from a physician, nurse practitioner or physician's assistant that the child is in the process of receiving the required immunizations within 30 days of the start of school in September.

Your child will not be permitted to attend school without the necessary immunizations. A record of your child's immunizations from your health care provider, health department, or official copy of the immunization record from the child's previous school (a copy of the original immunization record from the healthcare provider – not a copy of the school health record) is acceptable within 14 days of the start of school in September. A NYSIIS/NYCIR record is also acceptable. The exact date each immunization was given must be included in the record.

On June 13, 2019, Governor Andrew M. Cuomo signed legislation removing non-medical exemptions from school vaccination requirements for children. The United States is currently experiencing the worst outbreak of measles in more than 25 years, with outbreaks in pockets of New York primarily driving the crisis. As a result of non-medical vaccination exemptions, many communities across New York have unacceptably low rates of vaccination, and those unvaccinated children can often attend school where they may spread the disease to other unvaccinated students, some of whom cannot receive vaccines due to medical conditions. This new law will help protect the public amid this ongoing outbreak.

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM				
TO BE COMPLETED IN ENTIRETY BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR				
<p><b>Note:</b> NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 &amp; 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).</p>				
STUDENT INFORMATION				
Name:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:	
School:		Grade:	Exam Date:	
HEALTH HISTORY				
<b>Allergies</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type		<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Anaphylaxis Care Plan Attached <input type="checkbox"/> Food <input type="checkbox"/> Insects <input type="checkbox"/> Latex <input type="checkbox"/> Medication <input type="checkbox"/> Environmental		
<b>Asthma</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type		<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Asthma Care Plan Attached <input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other : _____		
<b>Seizures</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type		<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Seizure Care Plan Attached <input type="checkbox"/> Type: _____      Date of last seizure: _____		
<b>Diabetes</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type		<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> HbA1c results: _____   Date Drawn: _____		
<b>Risk Factors for Diabetes or Pre-Diabetes:</b> Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother; and/or pre-diabetes.				
<b>BMI</b> _____ kg/m2 <b>Percentile (Weight Status Category):</b> <input type="checkbox"/> <5 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> -49 <sup>th</sup> <input type="checkbox"/> 50 <sup>th</sup> -84 <sup>th</sup> <input type="checkbox"/> 85 <sup>th</sup> -94 <sup>th</sup> <input type="checkbox"/> 95 <sup>th</sup> -98 <sup>th</sup> <input type="checkbox"/> 99 <sup>th</sup> and>				
<b>Hyperlipidemia:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <b>Hypertension:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes				
PHYSICAL EXAMINATION/ASSESSMENT				
Height:	Weight:	BP:	Pulse:	Respirations:
<b>TESTS</b>	Positive	Negative	Date	<b>Other Pertinent Medical Concerns</b>
PPD/ PRN	<input type="checkbox"/>	<input type="checkbox"/>		One Functioning: <input type="checkbox"/> Eye <input type="checkbox"/> Kidney <input type="checkbox"/> Testicle
Sickle Cell Screen/PRN	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Concussion – Last Occurrence: _____
<b>Lead Level Required Grades Pre- K &amp; K</b>			Date	<input type="checkbox"/> Mental Health: _____
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated > 10 µg/dL				<input type="checkbox"/> Other: _____
<input type="checkbox"/> System Review and Exam Entirely Normal				
Check Any Assessment Boxes <i>Outside</i> Normal Limits And Note Below Under Abnormalities				
<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities	<input type="checkbox"/> Speech
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Neck	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal
<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:   <input type="checkbox"/> Additional Information Attached			Diagnoses/Problems (list)	ICD-10 Code
			_____	_____
			_____	_____
			_____	_____

Name:			DOB:	
SCREENINGS				
Vision	Right	Left	Referral	Notes
Distance Acuity	20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Distance Acuity With Lenses	20/	20/		
Vision – Near Vision	20/	20/		
Vision – Color <input type="checkbox"/> Pass <input type="checkbox"/> Fail				
Hearing	Right dB	Left dB	Referral	
Pure Tone Screening			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Scoliosis</b> Required for boys grade 9 And girls grades 5 & 7	<b>Negative</b>	<b>Positive</b>	<b>Referral</b>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Deviation Degree:		Trunk Rotation Angle:		
Recommendations:				
RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK				
<input type="checkbox"/> Full Activity without restrictions including Physical Education and Athletics. <input type="checkbox"/> Restrictions/Adaptations Use the Interscholastic Sports Categories (below) for Restrictions or modifications <input type="checkbox"/> No Contact Sports Includes: baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling <input type="checkbox"/> No Non-Contact Sports Includes: archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, Skiing, swimming and diving, tennis, and track & field <input type="checkbox"/> Other Restrictions:				
<input type="checkbox"/> Developmental Stage for Athletic Placement Process ONLY Grades 7 & 8 to play at high school level OR Grades 9-12 to play middle school level sports Student is at Tanner Stage: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V				
<input type="checkbox"/> Accommodations: Use additional space below to explain <input type="checkbox"/> Brace*/Orthotic <input type="checkbox"/> Colostomy Appliance* <input type="checkbox"/> Hearing Aids <input type="checkbox"/> Insulin Pump/Insulin Sensor* <input type="checkbox"/> Medical/Prosthetic Device* <input type="checkbox"/> Pacemaker/Defibrillator* <input type="checkbox"/> Protective Equipment <input type="checkbox"/> Sport Safety Goggles <input type="checkbox"/> Other:				
*Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.				
Explain: _____				
MEDICATIONS				
<input type="checkbox"/> Order Form for Medication(s) Needed at School attached				
List medications taken at home:				
IMMUNIZATIONS				
<input type="checkbox"/> Record Attached <input type="checkbox"/> Reported in NYSIS Received Today: <input type="checkbox"/> Yes <input type="checkbox"/> No				
HEALTH CARE PROVIDER				
Medical Provider Signature:			Date:	
Provider Name: (please print)			Stamp:	
Provider Address:				
Phone:				
Fax:				
Please Return This Form To Your Child’s School When Entirely Completed.				

As of June 13, 2019, there is no longer a religious exemption to the requirement that children be vaccinated against measles and other diseases to attend either:

- Public, private or parochial school (for students in pre-kindergarten through 12<sup>th</sup> grade),  
or
- Child day care settings.

Pursuant to Section 2164 of the Public Health Law only physicians licensed to practice medicine in NYS may issue a medical exemption.

*Attendance:*

Regular and consistent attendance is essential in order for students to learn the skills necessary to engage appropriately in learning, counseling, related services and other supports offered throughout the school day.

The school requires students to maintain an attendance rate of at least 85%. Students who have an unacceptable rate of attendance may find themselves at risk of academic failure and may further compromise their own ability to effectively manage their mental health needs.

Excused absence is defined as an absence from all or part of the school day due to one of the school recognized reasons that include but are not limited to: illness, death in the family, religious observation, quarantine, required court appearance, military obligation, mental health, dental, or medical appointments, or other such reasons that may be approved by the administration.

Unexcused absence is defined as an absence from all or part of the school day that does not fall into the above categories or an absence for which no reason is provided.

In the event of unexcused absences, students will be expected to stay after school to make up missed work. Parents/guardians will be asked to pick the student up or arrangement with the school district may be requested.

In the event of multiple and/or excessive unexcused absences (including attendance which falls below 85%) and/or tardiness, additional supports and interventions will be discussed as a team. These interventions and supports may include:

- MTSS Tier 2 Supports
- Consultation with the school psychologist
- Seeking community support services (Care Coordination, Health Homes, SPOA)
- FACT referral
- Referral to CSE
- Referrals to Child Protective Services

## 2022-23 School Year New York State Immunization Requirements for School Entrance/Attendance<sup>1</sup>

**NOTES:**

Children in a prekindergarten setting should be age-appropriately immunized. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). Intervals between doses of vaccine should be in accordance with the ACIP-recommended immunization schedule for persons 0 through 18 years of age. Doses received before the minimum age or intervals are not valid and do not count toward the number of doses listed below. See footnotes for specific information for each vaccine. Children who are enrolling in grade-less classes should meet the immunization requirements of the grades for which they are age equivalent.

**Dose requirements MUST be read with the footnotes of this schedule**

Vaccines	Prekindergarten (Day Care, Head Start, Nursery or Pre-k)	Kindergarten and Grades 1, 2, 3, 4 and 5	Grades 6, 7, 8, 9, 10 and 11	Grade 12
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap/Td) <sup>2</sup>	4 doses	5 doses or 4 doses If the 4th dose was received at 4 years or older or 3 doses If 7 years or older and the series was started at 1 year or older	3 doses	
Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine adolescent booster (Tdap) <sup>2</sup>	Not applicable		1 dose	
Polio vaccine (IPV/OPV) <sup>4</sup>	3 doses	4 doses or 3 doses If the 3rd dose was received at 4 years or older		
Measles, Mumps and Rubella vaccine (MMR) <sup>5</sup>	1 dose	2 doses		
Hepatitis B vaccine <sup>6</sup>	3 doses	3 doses or 2 doses of adult hepatitis B vaccine (Recombivax) for children who received the doses at least 4 months apart between the ages of 11 through 15 years		
Varicella (Chickenpox) vaccine <sup>7</sup>	1 dose	2 doses		
Meningococcal conjugate vaccine (MenACWY) <sup>8</sup>	Not applicable		Grades 7, 8, 9, 10 and 11: 1 dose	2 doses or 1 dose If the dose was received at 16 years or older
Haemophilus Influenzae type b conjugate vaccine (Hib) <sup>9</sup>	1 to 4 doses	Not applicable		
Pneumococcal Conjugate vaccine (PCV) <sup>10</sup>	1 to 4 doses	Not applicable		



1. Demonstrated serologic evidence of measles, mumps or rubella antibodies or laboratory confirmation of these diseases is acceptable proof of immunity to these diseases. Serologic tests for polio are acceptable proof of immunity only if the test was performed before September 1, 2019 and all three serotypes were positive. A positive blood test for hepatitis B surface antibody is acceptable proof of immunity to hepatitis B. Demonstrated serologic evidence of varicella antibodies, laboratory confirmation of varicella disease or diagnosis by a physician, physician assistant or nurse practitioner that a child has had varicella disease is acceptable proof of immunity to varicella.
2. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks)
  - a. Children starting the series on time should receive a 5-dose series of DTaP vaccine at 2 months, 4 months, 6 months and at 15 through 18 months and at 4 years or older. The fourth dose may be received as early as age 12 months, provided at least 6 months have elapsed since the third dose. However, the fourth dose of DTaP need not be repeated if it was administered at least 4 months after the third dose of DTaP. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
  - b. If the fourth dose of DTaP was administered at 4 years or older, and at least 6 months after dose 3, the fifth (booster) dose of DTaP vaccine is not required.
  - c. For children born before 1/1/2005, only immunity to diphtheria is required and doses of DT and Td can meet this requirement.
  - d. Children 7 years and older who are not fully immunized with the childhood DTaP vaccine series should receive Tdap vaccine as the first dose in the catch-up series; if additional doses are needed, use Td or Tdap vaccine. If the first dose was received before their first birthday, then 4 doses are required, as long as the final dose was received at 4 years or older. If the first dose was received on or after the first birthday, then 3 doses are required, as long as the final dose was received at 4 years or older.
3. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) adolescent booster vaccine. (Minimum age for grades 6, 7 and 8: 10 years; minimum age for grades 9 through 12: 7 years)
  - a. Students 11 years or older entering grades 6 through 12 are required to have one dose of Tdap.
  - b. In addition to the grade 6 through 12 requirement, Tdap may also be given as part of the catch-up series for students 7 years of age and older who are not fully immunized with the childhood DTaP series, as described above. In school year 2022-2023, only doses of Tdap given at age 10 years or older will satisfy the Tdap requirement for students in grades 6, 7 and 8; however, doses of Tdap given at age 7 years or older will satisfy the requirement for students in grades 9 through 12.
  - c. Students who are 10 years old in grade 6 and who have not yet received a Tdap vaccine are in compliance until they turn 11 years old.
4. Inactivated polio vaccine (IPV) or oral polio vaccine (OPV). (Minimum age: 6 weeks)
  - a. Children starting the series on time should receive a series of IPV at 2 months, 4 months and at 6 through 18 months, and at 4 years or older. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
  - b. For students who received their fourth dose before age 4 and prior to August 7, 2010, 4 doses separated by at least 4 weeks is sufficient.
  - c. If the third dose of polio vaccine was received at 4 years or older and at least 6 months after the previous dose, the fourth dose of polio vaccine is not required.
  - d. For children with a record of OPV, only trivalent OPV (tOPV) counts toward NYS school polio vaccine requirements. Doses of OPV given before April 1, 2016 should be counted unless specifically noted as monovalent, bivalent or as given during a poliovirus immunization campaign. Doses of OPV given on or after April 1, 2016 should not be counted.
5. Measles, mumps, and rubella (MMR) vaccine. (Minimum age: 12 months)
  - a. The first dose of MMR vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
  - b. Measles: One dose is required for prekindergarten. Two doses are required for grades kindergarten through 12.
    - c. Mumps: One dose is required for prekindergarten. Two doses are required for grades kindergarten through 12.
    - d. Rubella: At least one dose is required for all grades (prekindergarten through 12).
6. Hepatitis B vaccine
  - a. Dose 1 may be given at birth or anytime thereafter. Dose 2 must be given at least 4 weeks (28 days) after dose 1. Dose 3 must be at least 8 weeks after dose 2 AND at least 16 weeks after dose 1 AND no earlier than age 24 weeks (when 4 doses are given, substitute "dose 4" for "dose 3" in these calculations).
  - b. Two doses of adult hepatitis B vaccine (Recombivax) received at least 4 months apart at age 11 through 15 years will meet the requirement.
7. Varicella (chickenpox) vaccine. (Minimum age: 12 months)
  - a. The first dose of varicella vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
  - b. For children younger than 13 years, the recommended minimum interval between doses is 3 months (if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid); for persons 13 years and older, the minimum interval between doses is 4 weeks.
8. Meningococcal conjugate ACWY vaccine (MenACWY). (Minimum age for grades 7, 8 and 9: 10 years; minimum age for grades 10 through 12: 6 weeks)
  - a. One dose of meningococcal conjugate vaccine (Menactra, Menveo or MenQuadfi) is required for students entering grades 7, 8, 9, 10 and 11.
  - b. For students in grade 12, if the first dose of meningococcal conjugate vaccine was received at 16 years or older, the second (booster) dose is not required.
  - c. The second dose must have been received at 16 years or older. The minimum interval between doses is 8 weeks.
9. Haemophilus influenzae type b (Hib) conjugate vaccine. (Minimum age: 6 weeks)
  - a. Children starting the series on time should receive Hib vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
  - b. If 2 doses of vaccine were received before age 12 months, only 3 doses are required with dose 3 at 12 through 15 months and at least 8 weeks after dose 2.
  - c. If dose 1 was received at age 12 through 14 months, only 2 doses are required with dose 2 at least 8 weeks after dose 1.
  - d. If dose 1 was received at 15 months or older, only 1 dose is required.
  - e. Hib vaccine is not required for children 5 years or older.
10. Pneumococcal conjugate vaccine (PCV). (Minimum age: 6 weeks)
  - a. Children starting the series on time should receive PCV vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
  - b. Unvaccinated children ages 7 through 11 months are required to receive 2 doses, at least 4 weeks apart, followed by a third dose at 12 through 15 months.
  - c. Unvaccinated children ages 12 through 23 months are required to receive 2 doses of vaccine at least 8 weeks apart.
  - d. If one dose of vaccine was received at 24 months or older, no further doses are required.
  - e. PCV is not required for children 5 years or older.
  - f. For further information, refer to the PCV chart available in the School Survey Instruction Booklet at: [www.health.ny.gov/prevention/immunization/schools](http://www.health.ny.gov/prevention/immunization/schools)

For further information, contact:

New York State Department of Health  
Bureau of Immunization  
Room 649, Corning Tower ESP  
Albany, NY 12237  
(518) 473-4437

New York City Department of Health and Mental Hygiene  
Program Support Unit, Bureau of Immunization,  
42-09 28th Street, 5th floor  
Long Island City, NY 11101  
(347) 396-2433

New York State Department of Health/Bureau of Immunization  
[health.ny.gov/immunization](http://health.ny.gov/immunization)

*Dress Code:*

The staff at Villa of Hope School desires that all students develop a sense of pride in themselves. The manner in which a student dresses should reflect the thoughts and language of a self-respecting young adult and respect for others. We support students in expressing their individuality appropriately and comfortably to display a positive image.

We ask that parental/guardian and residential teams support our youth by clearly communicating our expectations for appropriate dress to our Villa of Hope students. If students come to school inappropriately dressed, students may borrow appropriate clothing from the program or the parent/guardian or residential staff will be contacted to bring appropriate clothing to school.

\*\*\*Building administration or those acting in the role have authority to enforce or modify these expectations as needed to ensure health and safety of staff and students attending Villa of Hope School.

The following is the standard of dress for students:

1. Underwear, including boxer and briefs should be covered.
2. Pants/shorts worn on the waist.
3. Pants/Shorts with rips/holes above the knee need appropriate undergarment worn underneath.
4. Leggings cannot be see through; if wearing leggings a shirt must be worn that is long enough to cover below the waist.
5. Hats and Beanies allowed. No Hoods allowed.
6. Shorts and/or skirts will be worn mid-thigh.
7. Footwear worn at all times; footwear covering toes and foot only, backless shoes must have a strap including crocs, heels only up to two (2 inches), slippers with rubber soles are allowed,
8. Tight, low cut and/or see through garments are not appropriate for school. Sleeveless tops are allowed as long as the strap at the shoulder is three (3) fingers wide. All shirts need to completely cover the back and midriff/stomach.
9. Clothing and accessories can be worn with appropriate and approved logos/designs.
10. Cold weather coat and/or jackets need to remain in homeroom upon arrival and can be picked up and worn at dismissal time.

*Student Discipline:*

Villa of Hope School appreciates that most students are placed in this program due to significant social emotional and/or maladaptive behaviors. Priority is given to therapeutic and positive behavioral supports. However, there are times where the specific actions of a student indicate a need for more traditional approaches to school discipline and the Director of Education or his/her designee reserves the right to discipline or otherwise suspend a student consistent with NYSED part 201 regulations on the discipline of students with disabilities. When the decision is made to suspend, a parent/guardian is notified by phone as soon as possible that same day. A letter is also sent to the parent/guardian which includes the necessary information. Students who have been suspended are given the opportunity to make up missed instruction during after school hours upon return to school after a re-entry meeting which includes parents/guardians.

**CRISIS PREVENTION AND MANAGEMENT:**

To protect the safety of students Villa of Hope School has established uniform expectations and practices regarding the use of crisis intervention techniques.

Crisis Prevention and Early Intervention Techniques are used to avoid and interrupt crisis while reducing the level of risk in the immediate situation. These techniques are used within the context of the therapeutic milieu which includes developmentally appropriate practice, caring relationships between student and staff members, a safe and nurturing environment, and an organizational culture that promotes sensitivity to and recovery from trauma.

Villa of Hope uses Cornell University's Therapeutic Crisis Intervention (TCI) system for crisis prevention and management. TCI concepts and strategies include:

- Crisis definition and theory
- The use of de-escalation techniques
- Crisis communication
- Emotional Competence and Anger Management
- Debriefing strategies
- Signs of distress and the effect on the young person
- Needs and behaviors of the population served
- Physical intervention techniques
- The legal and policy aspects of the use of restraints
- Decision making related to the use of physical interventions

Only the skills and decision making processes that are taught in TCI training may be used by staff during crisis intervention. All techniques (including decision making processes) must be applied according to the guidelines provided in the training, and according to Villa of Hope School Crisis Prevention & Management Policy.

Family Involvement is essential in the decision making, activities, and communications related to crisis prevention and management to whatever extent family members are willing and able to participate. This involvement includes the provision of information on Villa of Hope School philosophy, policies and procedures related to crisis intervention and management; notification of the use of physical interventions with their child as soon as possible but not later than 24 hours (unless contraindicated), and access to Villa of Hope School staff to discuss the incident of physical intervention as needed.

### **SOCIAL-EMOTIONAL AND BEHAVIORAL SUPPORT:**

Villa of Hope School is a strength-based, skill-building program. Teaching coping skills, self-regulation strategies and replacement behaviors are the emphasis. Villa of Hope School **does not** use seclusion from instruction. No punitive measures are utilized.

A **Multi-Tiered System of Support (MTSS)** is used to promote student success and an overall positive school climate and culture. MTSS is a layered framework of teaching and supporting positive student behavior. During the school-day, positive behavioral support starts with our Expectations Matrix made up of three core areas that are taught to students throughout the year: be safe, be respectful, be responsible.

**Tier 1 Primary Prevention or “Universal” Supports** are provided to all students. School Tier 1 supports include:

- Behavioral Expectations – “Be Safe, Be Respectful, Be Responsible” (see matrix below)
- Behavioral Lesson Plans – explicit teaching students of the Behavioral Expectations and how to be successful with them
- School Wide Acknowledgments – a system for reinforcing positive student behavior and efforts
- Mild Classroom Based Consequences – a trauma informed system for responding to student behavior which does not meet the Behavioral Expectations – the emphasis is on maintaining the student in the classroom by responding in a manner that reflects the philosophical shift from “What is wrong with you?” to the trauma informed perspective of “What happened to you?”

A comprehensive school-wide system (Tier 1) of positive behavioral supports allows for flexibility to meet each child’s unique needs without individual school behavior plans. When that proves insufficient, classroom teams may devise classroom-wide and/or small group interventions (Tier 2).

**Tier 2 Secondary Prevention Supports** are provided to students who need more support than Tier 1 provides in order to be successful with the Behavioral Expectations. The school Tier 2 supports include but are not limited to the following:

- Check In/Check Out (CICO)
- Small Groups
- Mentoring/Tutoring

**Tier 3 Tertiary Prevention Supports** are provided to individual students who need more support than Tiers 1 and 2 provide in order to be successful with the Behavioral Expectations.

These are highly individualized plans, developed collaboratively with the student and his/her parent guardian, and documented in their student record.

	INSTRUCTIONAL AREAS	TRANSITIONS	SUPPORTS	HYGIENE	LUNCH
<b>BE SAFE</b>	<ol style="list-style-type: none"> <li>Carefully use school supplies.</li> <li>Separate yourself from peer conflicts. Report any problems to an adult.</li> <li>Use appropriate language, tones, and gestures.</li> </ol>	<ol style="list-style-type: none"> <li>Maintain personal space and distance; keep hands and feet to yourself.</li> </ol>	<ol style="list-style-type: none"> <li>Communicate your needs to a staff.</li> <li>Patiently wait for your needs to be addressed where you're supposed to be.</li> </ol>	<ol style="list-style-type: none"> <li>One at a time in bathroom with permission.</li> <li>Report bathroom concerns to staff.</li> <li>Social distance 6 ft. apart</li> <li>Wear masks as instructed</li> </ol>	<ol style="list-style-type: none"> <li>Be mindful of allergies.</li> <li>Maintain personal space.</li> <li>Wash hands before and after.</li> </ol>
<b>BE RESPONSIBLE</b>	<ol style="list-style-type: none"> <li>Attend all classes regularly.</li> <li>Listen to directions and instruction.</li> <li>Try to do your best.</li> <li>Actively participate; Be prepared to do your work.</li> </ol>	<ol style="list-style-type: none"> <li>Stay with your staff when asked.</li> <li>Go straight to your destination and back.</li> <li>Clean up after yourself before the next task or class.</li> </ol>	<ol style="list-style-type: none"> <li>Ask for and accept help.</li> <li>Be open to reasonable choices and problem solving.</li> <li>Pause and think before reacting.</li> <li>Exercise ability to recognize personal triggers and stressors.</li> </ol>	<ol style="list-style-type: none"> <li>Be aware of and practice cleanliness</li> <li>Use the nearest bathroom</li> <li>Leave all items in the classroom, including writing utensils</li> </ol>	<ol style="list-style-type: none"> <li>Obtain permission to visit other classes</li> <li>Only eat food that is designated for you</li> </ol>
<b>BE RESPECTFUL</b>	<ol style="list-style-type: none"> <li>Show tolerance for others' abilities, needs, and opinions</li> <li>Display active listening skills</li> <li>Keep conversation related to the academic task and use positive language</li> <li>Maintain boundaries regarding personal privacy.</li> </ol>	<ol style="list-style-type: none"> <li>Use conversational voice and tone</li> <li>Walk quietly and calmly to destination</li> <li>Respond in a timely manner to staff requests.</li> </ol>	<ol style="list-style-type: none"> <li>Communicate in a clear manner, use words and tone that can be understood by others</li> <li>Be open to exploring different options.</li> </ol>	<ol style="list-style-type: none"> <li>Throw garbage out in the trash can.</li> <li>Ask and wait for a staff response</li> <li>Use kind words when reminding someone about social distancing.</li> </ol>	<ol style="list-style-type: none"> <li>Engage in appropriate and supportive conversations</li> <li>Pick up after yourself</li> </ol>

Only after all these interventions have been exhausted is a Behavior Intervention Plan (BIP) developed for the student (Tier 3). The process of creating a BIP begins with requesting consent to conduct a Functional Behavior Assessment (FBA) through the CSE and includes all procedural safeguards and prior written notice (provided by the district). Once the FBA is conducted a BIP may be created and implemented in the school day and quarterly reports provided to the district and family aligned with quarterly school progress reporting. Most students at Villa of Hope School are sufficiently served by the comprehensive school-wide support system and do not require an individual Behavior Intervention Plan.

MTSS relies on components of systems, practices, and data to achieve positive outcomes for students, staff, and the school overall. It includes Positive Behavior Interventions and Supports (PBIS) but also provides a broader framework that can be applied beyond student behavior and school climate and culture to include academic and trauma-informed supports as well. This focus on alignment of interventions helps the school to streamline efforts and work effectively and efficiently toward student and program goals.

The school-wide expectations will be introduced and taught to all students at the beginning of each school year. It will also be reviewed and/or retaught after school breaks, when expectations

are not being followed, on a regular basis as part of classroom management, or whenever deemed necessary.

### **THERAPUTIC USE OF TIME OUT:**

Time-Out for Villa of Hope School is a therapeutic intervention technique and space for a student to safely de-escalate, regain control and prepare to meet expectations to return to his or her educational program. The goal of “time-out” is to interrupt an unacceptable behavior by removing the student from the situation where the misbehavior is occurring. The Villa of Hope School uses a strength-based approach when working with students to support students. Therefore, Time Out is intended to be an intervention to be used only after all proactive/active interventions and strategies have been exhausted

Time outs may also be used in unanticipated situations that pose immediate concern for the physical safety of a student or others. As defined by the Commissioner’s Regulation Section 200.22 (d)(4), a time out is to be used in conjunction with a student’s IEP and behavioral intervention plan (BIP) specifying that using a time out would support the student to regain self-control or to remove a student from a potentially dangerous situation. The Villa of Hope School will work in collaboration with parent(s) to inform them of the use of Time Out rooms and include them in the development of their child’s Behavior Intervention Plan. Parent(s) will be provided a copy of the Time Out Policy.

After a Time Out is used, a Life Space Interview (LSI) will be facilitated with the student to support growth and skill development by a certified TCI School staff. See Policy on the use of therapeutic time out for further details.

Parents will be notified by the Director of Education via phone and/or letter regarding Time Out behaviors during the school day. The staff will be documenting Time Out and behavioral patterns that could result in a FBA/BIP added to the IEP through CSE.

### **Additional Preventative and Behavior Support Information:**

Students at the school develop a personal Sanctuary Self-Care Plan while they are here. A Self-Care Plan is a proactive commitment to oneself to maintain physical, psychological, social, and personal moral health. Writing it down and revisiting the plan regularly helps to keep a person on track to make healthy choices.

- A physical self-care plan might include things such as:
  - Getting physical activity
  - Eating healthy foods
  - Getting adequate sleep
- A psychological self-care plan might include things like:
  - Keep good boundaries with yourself and others
  - Get to know your triggers
  - Work in therapy on healing
  - Acknowledge the positive things about yourself
- A social self-care plan might include things such as:
  - Identify your social supports and resources and plan how to use them

- Surround yourself with positive peers
- Look for support from friends and family
- A moral self-care plan might include things like:
  - Come to know what you value and what has meaning to you
  - Do and say things that match your values
  - Develop the courage to speak out about unfairness
  - Contribute to creating non-violence in whatever ways you can
- Students also engage in creating a Sanctuary Safety Plan. A Safety Plan is a list of simple activities that a person can choose when feeling overwhelmed so that the person can avoid engaging in the unsafe, out-of-control, or toxic behavior. Experience with trauma survivors over the years has shown that focusing on safety as an ongoing concern is vital. Survivors often have trouble identifying what is safe behavior and their deficits in anticipating future events may lead them to have difficulty in anticipating the consequences of unsafe behavior. In the Sanctuary Model when the word “safety” is used, it is in reference to four all-encompassing domains of safety: physical, psychological, social, and moral. Safety Planning requires attending to all four domains simultaneously and coming up with a plan for avoiding danger.
- Home safety plan: If a student has a history of suicidal ideation, suicide attempts, gestures or self-injurious behavior or if such events occur during the time the student is attending the school, their social worker will engage them along with their parents in creating a home safety plan. The goal of the home safety plan is to minimize potential risk of harm. The safety plan will include action steps for parents to take and a list of the student's warning signs, copings skills, and supports and identified people they can ask for help when in crisis. The safety plan will also include phone numbers to access support after school hours or on weekends or holidays.
- In a crisis situation at school, where all available supports at Villa of Hope School have been exhausted, and the team cannot protect the safety of the student or others, Villa of Hope School reserves the right to contact 911 for a Mental Hygiene Arrest – this is a non-criminal medical transport to a local emergency department for evaluation.

### **CLINICAL SERVICES, MEDICAL CARE, and NUTRITION:**

Clinical services are provided by a multi-disciplinary treatment team which includes the school psychologist, nursing, and social work. Additional therapies including speech and language therapy, and counseling are provided as per each student’s IEP. Clinicians work closely with the educational staff to provide integrated care. Students are able to keep existing relationships with outside providers. The parent/guardian will need to sign consents for treatment and to exchange information with the pediatrician and other outside service providers.

#### *Psychiatric Care*

Students enrolled at the school have the option to continue services with their primary therapist, psychiatrist or have those services through our VOH Mental Health Clinic on campus.

#### *Medication Administration*

The full-time school nurse provides all medication administration during the school day. The nurse also provides general nursing services for students during the school day.

**MEDICATIONS:**

- Parents and guardians are required to provide needed medication to the school in an original container with clear orders for administration from a licensed prescriber.

**CONSENTS:**

- The family will be provided information and informed medication consents to review and approve for all medications administered at Villa of Hope School.

**REFILLS:**

- It is imperative that parents/guardians notify the school nurse at least one week in advance for prescription refills so there is no lapse in doses. Prescriptions will be sent electronically to the pharmacy of your choice.

*Nutrition*

Students are offered free breakfast daily at Villa of Hope School. If qualified, students may participate in the Free/Reduced Lunch Program, per NYSED guidelines. Otherwise school lunches may be purchased for \$3.00 a day. The school lunches are catered by our Villa of Hope Chefs. Menus are provided monthly to students and families. Students are also welcome to bring lunch from home. A nutritionist/dietician is available for consultation with the school students on an as needed basis.

*Additional information about clinical services at Villa of Hope School*

- Students need to maintain vaccinations and immunizations in accordance with State Education Department regulations.
- After school hours and on weekends a social worker can be reached by calling the after-hours nurse at 585-747-2660 or ext. 120.
- The school staff will honor parental requests for dietary restriction with a prescription from a physician; staff may seek dietary recommendations from the Primary Care Physician for a student who needs additional support, if such recommendation is not already in place.

**PROGRAM WIDE INFORMATION:***Privacy and Confidentiality*

Villa of Hope School takes the privacy and confidentiality of students and their families very seriously. We do not give out information about anyone in Villa of Hope Schools programs to anyone without a legal right to this information without prior written consent from the parents/guardians. We also ask that students and their families help protect the privacy of all students at Villa of Hope School by avoiding giving out the names or other identifying details and refrain from taking photographs of other students in the program. With the rise of social media, it is imperative that families do not publish the photographs or names of other students in the program. With explicit written consent only, may student likenesses through photos or videos, be shared with the public.

Under current FERPA and HIPAA laws, we cannot send protected health information about a student in an unencrypted email. Fax, phone call, and physical mail are available communication methods for family correspondence of protected health information.



*Anti-Bullying Policy:*

Villa of Hope School is committed to maintaining a safe and civil educational environment for all students, free from bullying and harassment. The term “bullying” means a single significant incident or a pattern of incidents involving written, verbal, or electronic communication, or a physical act or gesture, or any combination thereof, directed at another child that:

- Physically harms a child or damages their property;
- Causes emotional distress to a child;
- Interferes with a child’s educational opportunities;
- Creates a hostile educational environment; or
- Substantially disrupts the orderly operation of Villa of Hope School.

The term “cyber bullying” means bullying undertaken through the use of an electronic device and is included in this policy.

Staff members shall use appropriate behavioral intervention strategies with any student who commits an act of bullying, or to prevent such acts, or who falsely accuses another of the same.

Villa of Hope School also follows the Dignity for All Student’s Act (DASA) and reports acts of bullying to the relevant school district in order for the district’s Dignity Act compliance officer to report such bullying to the state per DASA requirements.

*The Justice Center:*

The Justice Center has oversight of Villa of Hope School for any allegations of staff or institutional abuse or neglect and for significant harmful peer-to-peer interactions. Any mandated reporter or concerned party should contact The Justice Center at 1-855-373-2122.

**WEAPONS, TOBACCO, ALCOHOL and DRUGS:****THE SCHOOL IS A WEAPON, TOBACCO, ALCOHOL AND DRUG FREE ZONE.**

Weapons of any kind are not allowed in the program or anywhere on campus. This includes firearms, mace, knives, or any other item that may be perceived as a weapon. Objects in the environment that are used as a weapon will be treated as weapons for disciplinary purposes.

The use or possession of tobacco, alcohol, illegal drugs, unlabeled medications, and drinks of unclear or unknown origin are not allowed in the program. Any prescription or over-the-counter medication must be dispensed by a trained staff or under that staff’s supervision. Medication may not remain in the student’s possession.

- Parents, staff, and children may not smoke anywhere on campus.
- See Code of Conduct for disciplinary actions related to contraband.

**GRIEVANCE PROCEDURE:**

We hope you will be pleased with the education and treatment your child receives at Villa of Hope School. However,

The following is the procedure to voice a concern (grievance) about your child's program:

- 1) If you have a question about your child's individual program or program guidelines, we encourage you to address your question directly to their care givers including, but not limited to, the classroom teacher, social worker, counselor, medical staff, or the Director of Education, as appropriate.
- 2) If, after discussion with the appropriate party providing care, you are still not satisfied you can request further clarification from the Chief Compliance Officer, whose contact information is provided at the beginning of this manual.
- 3) Placement at Villa of Hope School is an educational placement made by your local school district. You may at any time contact your CSE chair to address your concerns or inquire about alternate placement opportunities.
- 4) Additionally, there is a series of policies and procedures for issuing a formal appeal to the state regulatory bodies responsible for oversight of this program. These policies and procedures will be made available upon request.