Northwest Wyoming Board of Cooperative Educational Services

Big Horn Basin Children's Center

Admission Packet 2018-2019

P. O. Box 112
250 E. Arapahoe
Thermopolis, Wyoming 82443

307-864-2171/2100

Forms to be signed and returned prior to Admission

New Student Enrollment Forms Needed

NW BOCES / Big Horn Basin Children's Center

Student Name:_____ DOB:_____ School Year: _____

Please remit the following items, as they are mandatory for admittance to NW BOCES. The enclosed Admissions Packet is to be filled out and all appropriate forms signed.

Forms to be provided by Parent/Agency

_____ Individual Education Program (IEP)

_____ 3-Year Evaluation

_____ Immunization Record

_____ Psychological Evaluations

_____ Transcripts/Last Report Card

_____ Current Grade Level _____

_____ Birth Certificate (copy only)

_____ Social Security Card (copy only)

_____ Title 19/Ins. (Copy of card and/or no.) #_____

_____ Court Order (unless district placed)

_____ Discipline Reports/Records

_____ WISER ID #_____

Forms (to be filled out by Parent/Agency)

_____ Student Information Form

_____ Student Inventory

_____ Admission Application/Consent and Authorization

_____ Special Treatment Intervention

_____ Permission Form for pictures, activities, contests, etc.

_____ Social/Sexual Program Permission

_____ Psychological Evaluation Permission

_____ Religious Attendance Permission

_____ Computer Use Policy

_____ Home Language Survey/English Language Learner

_____ Haircut Permission

_____ Camera/Recording Notification

_____ Climbing Wall Permission

_____ Notice of Destruction of Sped. Files

NWBOCES Medical Forms (to be filled out by Parent/Agency)

_____ Health & Safety Documentation

_____ Student Nursing Release

_____ Consent for Administration of OTC Meds

_____ Psychotropic Medication Permission/ Medications List

_____ Special Meals

_____ 1 month of any prescriptions in RX bottles

_____ 1 month written prescription for any controlled meds

NWBOCES Forms (to be filled out by student and staff after admission)

_____ Student Orientation Rights

_____ School & Cottage Rules

_____ Student Handbook Info.

_____ Referral

_____ Student Intake

_____ Treatment Plan

ED Front of Binder

Revised July 2017

Student Information

Student's Name: _____ School Year:_____

Address: _____

City: _____ State _____ Zip _____

Home Phone: _____ Student's SS #_____

Birthdate: _____ Birthplace: _____

Gender: ___ male ___ female Religion (optional): _____

Ethnicity: _____

Household Members (Names and Relationship, Age of Children)

_____

_____

_____

Father's Name (Stepfather or Guardian): _____

Address: _____

Occupation: _____ *Employer:* _____

Home Phone: _____ *Work Phone:* _____ *Cell Phone:* _____

Mother's Name (Stepmother or Guardian): _____

Address: _____

Occupation: _____ *Employer:* _____

Home Phone: _____ *Work Phone:* _____ *Cell Phone:* _____

Preference for receiving weekly, monthly, & quarterly reports on your child (check one):

_____*e-mail* _____*regular mail* *e-mail address:*_____

Person to notify in case of emergency, other than parent. MUST HAVE 2 PHONE NUMBERS AVAILABLE.

1. Name: _____ Relationship: _____
   Address: _____ Phone: _____ Phone: _____
2. Name: _____ Relationship: _____
   Address: _____ Phone: _____ Phone: _____

Family Physician (home): _____ Phone: _____

Insurance:_____ Policy Number: _____
(A copy of the insurance card is required)
Title XIX:_____ Medicare: _____

Referring Agency:_____ Contact Person:_____ Phone:_____

Court District:_____Judge: _____

Guardian Ad Litem/Attorney:_____ Phone: _____

Schoo lDistrict: _____Contac tPerson: _____ Phone: _____

Current grade: _____

Operations (and dates): _____

Diseases (and dates):_____

Healh Problems:_____

Bleeding or Clotting Problems: _____

Please write any special instructions about your child you think we should know:

_____

_____

_____

Emergency Medical Attention:

In the event that emergency medical, dental, and/or psychological care is deemed necessary by the Big Horn Basin Children's Center staff, I hereby give my permission to the Big Horn Basin Children's Center staff to seek and carry out appropriate actions.

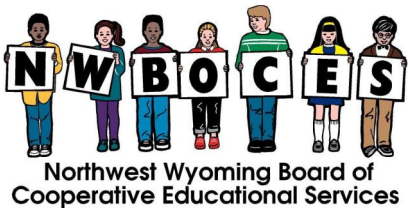
I understand that I will be notified should such an event occur and be notified of action taken or to be taken.

I understand that Big Horn Basin Children's Center, its agents and employees shall not be liable in the event an accident should occur in connection with any activities.

_____

Parent/Guardian Signature

40b.



ADMISSION APPLICATION
CONSENT AND AUTHORIZATION

The undersigned authorize placement of _____ at Big Horn Basin
(Child's Name)
Children's Center and consent to the following conditions:

1. Provide assessment and/or treatment for psychiatric, psychological, emotional, social/sexual program, and behavioral methodologies, which are normal and customary practice.
2. Allow student to participate in online educational programs and activities following compliance with Children's Online Privacy Protection Act (COPPA).
3. Allow physical intervention and/or placement in a seclusion room when used in accord with Big Horn Basin Children's Center's policies and procedures for crisis intervention to prevent harm to student or others.
4. Allow a physical examination upon admission and medical care by a local physician, periodic blood work, emergency care, and other curative or preventive procedures.
5. Allow Big Horn Basin Children's Center to authorize emergency medical services.
6. Transport the resident within the state or across state lines for program and/or other treatment purposes.
7. Allow the resident to be recorded/filmed for the purpose of internal security, staff training and resident treatment ONLY.
8. Consent to NWBOCES to submit medical claims for court ordered youth for psychological counseling and evaluation, occupational therapy, physical therapy, and speech language therapy per the student's IEP goals.

Signature Instructions:

1. *If placement is by a social agency or Court Order, a representative from the agency that has legal custody must sign below.*
2. *If the placement is through a school district, parent or legal guardian AND a representative from school district must sign.*

I hereby attest that I am the parent/legal guardian/official representative of the student and possess full/legal rights to sign the above Consent and Authorization.

Signature _____ Title/relationship: _____ Date: _____

Name of Agency (If applicable): _____

Signature _____ Title/relationship: _____ Date: _____

Name of Agency (If applicable): _____

ED #11
Revised 7/1/16

40a.

Northwest Wyoming Board of Cooperative Educational Services

Northwest Wyoming Board of Cooperative Educational Services

Big Horn Basin Children's Center

STUDENT : _____

SPECIAL TREATMENT INTERVENTION (STI)

The Big Horn Basin Children's Center recognizes the importance and the responsibility for providing a therapeutic and safe environment for all children. Students will sometimes engage in behavior that places themselves and others in a situation that threatens their safety. Eminent threats or attempts to hurt themselves, threats or attempts to hurt others, and intense behavior that incite others to engage in threatening unsafe behavior may require physical intervention by the staff.

A STI may be necessary to place the child in a physical hold until they are able to manage their behavior. If unsuccessful, it also may be necessary to place the child away from other students in a safe room where they are isolated until they have better management of their behavior. It may be necessary to lock the safe room to maintain this isolation.

Students are encouraged to utilize a quiet area or room on a voluntary basis to assist with regaining self-control as a preventative measure. If the student is unwilling to take this responsibility, it may be necessary for staff to intervene.

When a STI is necessary, the use and procedures are closely monitored and reviewed.

If the child requires more than 45 minutes to regain self-control, a treatment team member is required to be called. If the child has been isolated in a safe room, every effort is made to help the child end the need for the isolation and rejoin the community as soon as there is no longer imminent danger to self or others. All staff are extensively trained in the use of de-escalation techniques and the administering of holds that have a minimum risk of hurting the child.

Every effort will be made to prevent physical or psychological injury to the child in the event that a STI is required. The safety of the child and others are of primary importance. Past abuse and physical limitations are considered to ensure minimum risk for physical or psychological trauma.

The parent/legal guardian will be notified of the time, reason, and outcome in a timely manner when a restraint and/or seclusion placement is initiated. Whenever prudent, family members may be involved in helping to reduce or eliminate the need for STI procedures.

I have been informed of the philosophy and use of STIs by the Big Horn Basin Children's Center and concur with the interventions when required under the circumstances stated above.

_____	_____	_____
Parent/Legal Guardian (please print)	**Signature**	**Date**

ED #11
Revised 10/09

STUDENT INVENTORY

Student Name: _____ Date: _____
The following items are requested for each student when enrolled in the NW BOCES ED Program:

CLOTHING

5 prs. jeans	2 prs. shoes	1 heavy coat
5 prs. shorts	1 pr. slippers	1 pr. snow boots
5 T-shirts	1 bathrobe	1 winter hat
3 sweatshirts	3 prs. pajamas	1 light jacket
3 sweatpants	10 prs. socks	
2 athletic shorts	1 belt	
7 underpants/underwear	1 swim suit	
1 dress outfit	1 pr. gloves	4 bras (girls)
1 dress shirt	1 pr. snow pants	

These items may not have drug/alcohol/sexual/violence/death/skulls/snake connotations (this includes day students). Clothing must be machine washable and dryer safe. All items need to be labeled with the child's name/initials. Clothing to meet the needs of the season.

PERSONAL HYGIENE

2 toothbrushes	1 bottle shampoo	2 combs
1 tube toothpaste	1 bottle conditioner	1 hair brush
1 deodorant	1 styling product	2 pkg sanitary pads(girls)

Parents/guardians will be requested to supply these items and re-stock as needed. You may bring in items on visits. Please do not leave/bring money for your child.

OPTIONAL ITEMS

1 hair dryer	1 pillow	Radio/CD player
1 favorite stuffed animal	1 blanket	
Family photos	3 favorite toys (valued at $20 or less)	

Please Do Not Send the following items:

Knives, scissors, tools, and other sharp objects
Alcohol and alcohol containing products, e.g. mouthwash, body sprays, cologne, aftershave
Any over the counter or prescription medications which should be given to a staff person

Drug paraphernalia	Aerosols sprays of any kind
Nail polish, remover, files, or clippers	Tobacco products/paraphernalia
Butane lighters or other flammable objects	Pornographic materials

Tapes, CDs, or videos with inappropriate language/content (E, G, & PG ratings only)
No Cowboy Boots allowed until Level 3 and 4
No Muscle Shirts or Spaghetti Straps (this includes day students also)

Please do not send more items than are listed due to limited space and program restrictions. If there are more items than requested or if any items are found to be inappropriate, they will be returned home. Inventories will be updated on a monthly basis. Thank you again for your cooperation. **ED #1**
Revised 7/2018

BIG HORN BASIN CHILDREN'S CENTER PERMISSION FORMS

STUDENT'S NAME: _____ DATE: _____



PICTURES & INFORMATION: I hereby give permission to NWBOCES to use pictures/video and any accompanying audio of me and/or my child recorded by NWBOCES to be used with educational, training, or promotional materials and publications..
Yes _____ No _____



ACTIVITIES: I give my permission for my child to attend school sanctioned activities whether in Thermopolis or elsewhere; to go on any field trips planned by his/her teacher or the cottage staff; to be involved in any extracurricular activities such as attending local concerts, basketball games, parties, movies, swimming, leisurely walking, etc. during the school year. Yes _____ No _____
List any activity you do not give permission to participate in:

_____



CONTESTS: I give my permission for my child to enter contests which are approved by BHBCC.
Yes _____ No _____



TELEPHONE PRIVILEGES: As privileges are earned, my child has my permission to make long distance calls and charge them to my home phone, or by a phone card provided by the parent/guardian.
Yes _____ No _____ and to receive telephone calls. Yes _____ No _____

Calls to:		Calls from:	
Name	**Relationship**	**Name**	**Relationship**



VISITATION PRIVILEGES: Please write the names of persons who may visit your child at the cottage or school.

Name	Relationship



CORRESPONDENCE FROM/TO: Please write the names of persons who may receive/send correspondence from/to your child at the cottage or school.

Correspondence to:		Correspondece from:	
Name	**Relationship**	**Name**	**Relationship**

_____ _____

Date ***Parent/Guardian Signature***

ED #11
Revised 5/2/17

ENGLISH LANGUAGE LEARNER

Policy:

Northwest Wyoming Board of Cooperative Educational Services recognizes the special requirements of students who do not have the English language as their primary language. All English Language Learners will acquire sufficient competency in areas of listening, speaking, reading and writing of English to facilitate their success in grade-level appropriate classes and according to their Individualized Educational Program.

Procedure:

NW BOCES will provide a differentiated curriculum for English Language Learners appropriate to their Individualized Educational Program. Students will be integrated into NW BOCES programs in a manner that facilitates their language needs and leads to the fulfillment of their Individualized Education goals.

NW BOCES will identify English Language Learner students upon enrollment and continuing through grade 12, using multiple sources of data and information.

NW BOCES will continue to research and implement best practices in English Language Learners involved in special education programs. This research will be used to implement and support instructional strategies.

English Language Learner students' progress will be monitored and re-evaluated on an annual basis and as part of their annual review of their Individualized Education Program.

NW BOCES will provide time, support, and staff development in the field of English Language Learner instruction to personnel. Personnel with specific education and/or skill will be assigned to support English Language Learners as appropriate.

As part of their therapeutic plan, English Language Learners will receive educational, social, and emotional support from appropriately trained staff.

Northwest Wyoming Board of
Cooperative Educational Services
Thermopolis, Wyoming

Parent/Guardian Home Language Survey

Student Name: _____ **Age:** _____

School: _____ **Grade:** _____

Relationship of Person Completing Survey: ☐ **Mother** ☐ **Father** ☐ **Guardian**

Circle the correct response for each of the following questions concerning your child.

1. What language did the child learn when he/she first began to talk?	**English**	**Other (specify)_____**
2. What language does the family speak in the home most of the time?	**English**	**Other (specify)_____**
3. What language does the mother speak to her child most of the time?	**English**	**Other (specify)_____**
4. What language does the father speak to his child most of the time?	**English**	**Other (specify)_____**
5. What language does the child speak to his/her mother most of the time?	**English**	**Other (specify)_____**
6. What language does the child speak to his/her father most of the time?	**English**	**Other (specify)_____**
7. What language does your child speak to his/her brothers and sisters most of the time?	**English**	**Other (specify)_____**
8. What language does your child speak to his/her friends most of the time?	**English**	**Other (specify)_____**

_____ _____

Signature of person completing survey **Date**

ED #11

Northwest Wyoming Board of
Cooperative Educational Services

HAIRCUT PERMISSION

I give permission for _____
to receive periodic haircuts while in residence at NW BOCES.

- NW BOCES Staff Person – free; a buzz/crew cut for boys
- Local Licensed Cosmetologist (payment must be made in advance)
- Haircuts only by Parent/Guardian

_____ _____

Signature Date

ED #11

+35.

Big Horn Basin Children's Center
Attendance at Religious Services
Permission Form

I, _____, desire to have my child, _____ _____, attend religious services at _____ church, Thermopolis, Wyoming.

I understand that all the following rules apply:

1. I must identify a contact person/s at the church and communicate the name/s and telephone number to the NW BOCES Administrative Director.
2. I must arrange with church personnel for my child's supervision and transportation from the NW BOCES Cottage to the service and return. I will communicate this information to the NW BOCES Administrative Director.
3. NW BOCES Cottage staff will not be available to accompany my child to the service.
4. My child will earn this outing consistent with privileges identified on the Behavioral Level System.
5. If earned, a maximum of one religious outing per week will be allowed at Level 2 & 3 with Level 4 outings individualized.
6. My child may lose this privilege based on inappropriate behavior while on the religious outing at the cottage or in the classroom.
7. The NW BOCES is relieved of all liability for the safety of my child during transportation to and from the service and supervision during the service.

_____ _____
Parent/s Signature Date

Contact person (name) _____
(phone no.) _____

Person to provide:
Transportation (name) _____
(phone no.) _____

Supervision (name) _____
(phone no.) _____

This form must be completed and on file at the NW BOCES prior to the child being allowed to attend services.

ED #11

Northwest Wyoming Board of Cooperative Educational Services

Notification of Recording/Filming Audio & Visual

NW BOCES/ Big Horn Basin Children's Center notification to staff, parents, students, and visitors regarding installation of surveillance cameras at each of the NW BOCES facilities:

Please be aware that when you are at NW BOCES facilities there will be visual and audio recordings occurring except in the bedrooms and bathrooms. Please be aware that communications in any other area of the facility may be recorded.

The recordings will be used for internal security, staff training, and resident treatment program planning purposes.

I hereby attest that I have been notified that the installation of this recording/video equipment is intended to be permanent and that this may be the only notice I will receive. I understand the purpose for the installation and acknowledge that I have been given notice thereof.

For (student's initials):_____

Signature _____ Title/relationship: _____ Date: _____

Name of Agency (If applicable): _____

If signing as a parent/guardian/DFS caseworker, I am also signing on behalf of _____,child/student.

ED #11
1/2015

Northwest Wyoming Board of Cooperative Educational Services

CLIMBING WALL NOTIFICATION LETTER/PERMISSION TO PARTICIPATE

Dear Parents/Guardians,

Beginning when the signed Permission to Participate letter is received, your child has the opportunity to participate in a climbing wall unit as a part of our physical education program.

We are using a traverse climbing wall to host many exciting activities. At its highest point, the wall measures eight/ten feet and is approximately 12 feet long. Participants climb horizontally (traverse) across the wall and their feet should never be higher than three/three-and-a-half feet off the ground. Your child will be informed of safety rules and will climb under the careful supervision of an adult instructor at all times.

Indoor rock climbing is one of the fastest growing activities today. It simultaneously develops coordination, strength, flexibility and cardiovascular fitness. Additionally, important life skills like problem-solving, goal-setting, perseverance, inner confidence and patience will be learned in this unit.

In order for your child to participate in our climbing wall unit, we must have a signed permission slip. Should you have any questions regarding this exciting educational opportunity, please do not hesitate to call NW BOCES at 307-864-2171.

Sincerely,

Carolyn Conner
Administrative Director, NW BOCES

PERMISSION TO PARTICIPATE

_____(student name) has my permission to participate in the climbing wall unit at NW BOCES. I understand that this activity involves some risk of injury and I will stress the importance of following the class safety rules when we discuss this activity at home.

_____ _____
(Signature of parent/guardian) (Date)

ED #11

37.

Social/Sexual Program
Permission Form
School Year _____

We are seeking your permission to include your child, _____, in a Social/Sexual Program specifically designed for students with disabilities. Each child involved will work one-on-one with the teacher and will be included in small group discussion on appropriate living behaviors.

If you have any questions about the curriculum, please feel free to call us at 307-864-2171 and we can discuss the program in detail.

We would like your signature of approval of _____ being included in this program. Your child will not be included until we have your permission. If you do not give permission we will assume you will take care of this area of education. If we become aware of areas of concern, we will pass these concerns on to you.

I, _____ give my permission for my child, _____ to participate in a Social/Sexual Education Program especially designed for students with disabilities.

_____
Date Signed

38. Permission for Psychiatric Evaluation
and
Follow-up (If applicable)

School Year _____

As the guardian of _____, I hereby give permission for him/her to be evaluated by the consulting psychiatrist who visits NW BOCES on an as needed basis, for purposes of medication evaluation and consultation. I further give permission for periodic follow-up visits and blood-test workups as deemed necessary by the psychiatrist. I realize I am responsible for paying for all visits and medications unless otherwise specified.

Signature of Guardian: _____
Date: _____

Northwest Wyoming Board of Cooperative Educational Services

Acknowledgement of Receipt and Consent to Comply With Electronic Devices Policies and Guidelines 4021; 4021a-R to 4021e-R; and 4022

The undersigned acknowledges having received a copy of Board Policies and Procedures 4021; 4021a-R to 4021e-R; and 4022 and states that he/she has read and understands the policy regulation and agrees to comply therewith. The undersigned does further acknowledge that there is no expectation of privacy as to the computer information stored on the computer utilized by the undersigned and the undersigned does consent to allow his/her supervisor and other persons designated by the Administrative Director to have access to all information stored on the computer or any disk.

Date: _____ _____
Parent/Guardian

_____
Student

Policy 4022-R

Adopted 7-24-13

Computer Security

Access to computer data stored within all computer systems may need to be carefully monitored for security purposes.

Disposal of reports and/or other information after it is no longer being used or when the information has been removed to a central back-up system shall be done with the consent and knowledge and in accordance with any procedure established by the supervisor responsible for the department utilizing the information

The Administrative Director and/or designated members of the administrative staff shall have responsibility for determining who will have on-line access to information and who will have access to information stored on the computers personally utilized by individual staff members.

To the extent passwords are issued to individual users, such passwords are not to be recorded in any location accessible to any other staff or students except such administrative staff as are responsible for issuing the passwords and/or their specific designee.

No user shall be permitted to utilize the computer for any illegal, inappropriate, or offensive purpose. Any employee who becomes aware that this policy is being violated shall immediately notify his/her supervisor of the violation.

Information other than general educational/program information intended to be available for all staff should be carefully secured by all staff members working with the information in order to avoid divulging confidential information to students or other staff except as may be appropriate and on a need-to-know basis. Access to and maintenance of data should be strictly limited. Accessing data for which there is no need to know is forbidden. Disclosure of information should not occur either by intent or inadvertence except as is necessary to carry out the staff member's assigned duties. All confidential and secure information should be safeguarded to the extent possible. If it is copied onto disks, the disks and/or other backup information should be secured in a locked location so that they cannot be accessed by persons who are not intended to have the information.

Computer-generated reports or displays are not to be released outside of NW BOCES except as provided for in NW BOCES policies, regulations or procedures or by approval of the Administrative Director and/or his/her designee.

All computers utilized within NW BOCES shall be utilized solely for educational/program purposes unless specific consent is otherwise given by the Administrative Director or his/her designee. No employee working for NW BOCES shall have any expectation of privacy regarding the information stored on the computer utilized by the employee. In order for the employee to utilize the computer for educational/program purposes, the employee must consent to allowing his/her supervisor, as well as other persons the supervisor and/or Administrative Director may designate to access the information stored on the employee's computer and/or any other floppy drives or backup system.

Adopted 7-24-13

Northwest Wyoming BOCES
Big Horn Basin Children's Center
250 E. Arapahoe PO Box 112
Thermopolis, Wyoming 82443
(307) 864-2171

NOTICE OF DESTRUCTION OF SPECIAL EDUCATION RECORDS

Student Name:_____ Student ID Number:_____

Northwest Wyoming shall destroy records of students with disabilities when personally identifiable information collected or maintained is no longer needed to provide educational services to the student.

Each student's records will be maintained for the longest period of time that any portion of that record is required by the state to be maintained. If NW BOCES determines that a specific file needs to be permanently maintained, that file may be sent to the State Archives or microfilmed and destroyed.

A parent/guardian or student who has reached the age of majority and is otherwise competent, may request a copy of the records at any time prior to the destruction of the records.

This shall serve as notice of the intent to destroy records to the parent/guardian or student having reached the age of majority. Notice of intent to destroy records will also be placed in the local newspaper prior to the destruction of records.

This notification of destruction of records was given to parent/guardian or student having reached the age of majority.

Signature:_____
Parent/Guardian or Student having reached the age of majority

Date:_____

ED #3

Northwest Wyoming Board of Cooperative Educational Services

HEALTH AND SAFETY DOCUMENTATION

Please fill out the following questionnaire and return to NWBOCES before your child/student is admitted: If information can be found in reports received by NWBOCES simply reference those reports.

Student: _____

1. Allergies – (what reactions he/she has) including food and medications and the environment:

2. Medications – (medication names, dosage, and why he/she is taking them):

3. Immunization history: please include form

4. Hospitalizations: (when and why)

5. Medical diagnoses:

6. Medical problems that run in the family:

7. Complications of pregnancy, if applicable:

8. Special dietary needs: (we don't allow caffeine products except for Special occasions)

9. Illnesses:

10. Injuries:

11. Dental and eye –
    A. Dental: Dental problems and when was last appointment
    B. Eye: Does he/or she wear glasses and when was his/her last appointment?

12. Mental health issues:

13. Emotional problems:

14. Ongoing medical care needs:

15. History of aggressive or violent behavior: (describe please)

16. Substance abuse history:

17. Sexual history or behavior patterns that may place the child or other children at risk:

18. Known or suspected suicide or self-injury attempts or gestures:

19. Emotional history which may indicate a predisposition for self injury or suicide:

20. History of fire setting:

21. Homicidal thinking:

22. Animal cruelty or mutilation:

_____ _____

Parent/Guardian Date

Red Rock Family Practice, P.C.

Patient Registration Form

Primary Care Dr: _____

PATIENT INFORMATION

Patient Full Name _____

Date of Birth ____/____/____ Social Security Number ____-____-____

Sex: Male / Female Ethnicity: Hispanic / Non-Hispanic Race _____ Primary Language _____

Marital Status: Single / Separated / Married / Widowed / Divorced

Mailing and Street Address _____

City _____ State _____ Zip Code _____

Home Phone ( ) _____ Cell Phone ( ) _____ Work Phone ( ) _____

May we send you a text message? Yes/No

Employer _____ Address _____

Email Address _____ Pharmacy Vicklunds Pharmacy

RESPONSIBLE PARTY INFORMATION *(Person responsible for bill – Not insurance)*

- Same as above, otherwise, please fill out below:

Responsible Party's Full Name _____

Date of Birth ____/____/____ Social Security Number ____-____-____

Sex: Male / Female Marital Status: Single / Separated / Married / Widowed / Divorced

Mailing and Street Address _____

City _____ State _____ Zip Code _____

Home Phone ( ) _____ Cell Phone ( ) _____ Work Phone ( ) _____

INSURANCE INFORMATION

Please Note: We will file your insurance as a courtesy if we have current and necessary information. All charges incurred are your responsibility regardless of insurance coverage.

- Card scanned to chart, otherwise, please fill out below:

Primary Insurance Carrier _____

Policy Number _____ Group Number _____

Secondary Insurance Carrier _____

Policy Number _____ Group Number _____

Worker's Compensation Number *(if applicable)* _____

Employer's Telephone Number ( ) _____ Date of Injury ____/____/____

EMERGENCY CONTACTS

In Case of Emergency Notify _____

Relationship _____ Phone Number _____

Address _____

SOMEONE NOT LIVING IN HOUSEHOLD _____

Relationship _____ Phone Number _____

Address _____

OVER PLEASE →

Red Rock Family Practice, P.C.

120 North C Avenue
Thermopolis, WY 82443
Phone (307) 864-5534
Fax (307) 864-5226

1125 Charles Avenue
Worland, WY 82401
Phone (307) 347-2449
Fax (307) 347-6187

Travis Bomengen, MD
Joy Magruder, MD
Kevin Mahoney, MD
Colleen Hanson, PA-C
Kurt Pettipiece, MD
Keristyn Carrell, FNP-C
Jason Weyer, DO

AUTHORIZATION TO DISCUSS YOUR HEALTH INFORMATION

Please assist us in managing your health information. You may wish to discuss your medical condition or bill with a relative or friend. In order to protect the privacy of your health information, we cannot do this without your permission.

Please check and specify with whom we may discuss your health information:

- ☐ Your spouse, specify name: _____
- ☐ Your mother, specify name: _____
- ☐ Your father, specify name: _____
- ☐ Your child, specify name: _____
- ☐ A step-parent, specify name: _____
- ☐ A friend, specify name: _____
- ☑ Other, specify name and relation: NW BOCES

Patient Name (please print): _____

Patient Signature: _____

Parent or Legal Guardian Name (please print): _____

Parent or Legal Guardian Signature: _____

Date: _____/_____/_____

This authorization will remain in effect unless revoked in writing.

CONTINUED NEXT PAGE →

Northwest Wyoming Board of
Cooperative Educational Services

TO: Parents and Guardians
FROM: Dawn Davis, RN
RE: STUDENT NURSING RELEASE

It is mutually agreed by the Central Wyoming College Nursing Program and the Northwest Community College Nursing Program and NW BOCES that clinical experience will be provided at the NW BOCES for nursing students in the colleges' nursing programs.

Nursing students will be given information on the rules of confidentiality, bloodborne pathogens, universal precautions, seizure precautions, CPR, medications, behavior management and crisis intervention strategies.

I hereby give / do not give (please circle one) my permission for my child,

_____**, to participate in this**
(Student's name)
program and that treatment and medical records may be viewed by assigned nursing students.

_____ _____
Parent/Guardian signature **Date**

***Only for students in Treatment Program**

MD #3
1/31/14

CONSENT FOR ADMINISTRATION OF OVER THE COUNTER MEDICINES

In an effort to meet your child's needs, a limited number of over the counter remedies are available for common complaints. These medicines are dispensed under the direction of a registered nurse.

As parent/legal guardian of NW BOCES Student _____, I hereby grant permission for the administration of the following over the counter medications if needed for minor symptoms:

_____ Acetaminophen (Tylenol)

_____ Ibuprofen (Advil/Motrin)

_____ Dimetapp (decongestant)

_____ Sudafed (decongestant)

_____ Diphenhydramine (Benadryl)

_____ Dramamine (anti-nausea)

_____ Robitussin DM (cough med)

_____ Cortisporin Cream (for rash, skin irritation)

_____ Bacitracin Ointment (antibacterial ointment for minor wounds)

_____ Chloraseptic Spray (sore throat treatment)

_____ Tums (antacid)

_____ Pepto-bismol (stomach upset)

_____ Pepcid (acid indigestion)

_____ Throat lozenges

_____ Blistex (lip ointment)

_____ Oragel (mouth pain)

_____ Normal Saline Spray (nose)

These do not replace medical care. For any persistent symptoms or serious injuries, your child will receive professional medical care, with your consent.

Name
(Printed) _____ *Relationship* _____
Parent/Guardian

Signature _____ *Date* _____
Parent/Guardian

Name
(Printed) _____ *Date* _____
Physician

Signature _____
Physician

MD #3

41.

Big Horn Basin Children's Center
P.O. Box 112
Thermopolis, WY 82443
864-2171

NAME: _____ DATE: _____

DRUG, DOSAGE, TIME	REASON ORDERED	HOW LONG ON MEDICATION	PRESCRIBING PHYSICIAN

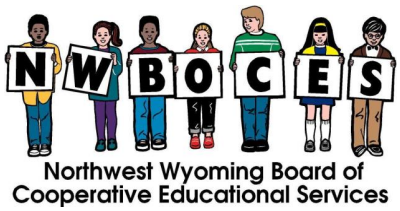
THE ABOVE MEDICATIONS WERE ORDERED BEFORE _____
WAS ADMITTED TO NW BOCES

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

PHYSICIAN'S SIGNATURE: _____

DATE: _____



42.

Section 504 of the Rehabilitation Act of 1973 assures students access to school meal service, even if special meals are needed because of the disability.

If special meals are needed and requested, certification from a medical doctor must (1) verify that special meals are needed because of the disability, and (2) prescribe the alternate foods and forms needed, *specify any foods that are to be omitted.*

Completion of the following, by a student's doctor, will provide the necessary certification:

Name of student for whom special meals are requested: _____

Foods Prescribed	Form Allowed *(e.g., fresh, baked, ground, blended, etc.)*
Meat and Meat Alternates	
Milk and Milk Products	
Bread/Cereal	
Fruits and Vegetables	

Any instructions: _____

_____

_____

Are there any particular foods that should be omitted from the diet? _____

_____

The substitute for this would be: _____

_____

_____ _____
Physician's Signature *Date*

_____ _____
Parent's Signature *Date*

39.

CONSENT TO TREAT WITH PSYCHOACTIVE MEDICATION

	Y/N
1. The explanation was given in simple, non-technical language and included all checked items.	
2. The patient (or guardian/parent) is competent to provide informed consent.	
3. The nature of his/her mental/physical disorder or change in status was explained.	
4. The expected beneficial effects on his/her condition as a result of treatment with or change in medication(s) were explained.	
5. The probable health and mental consequences of not taking medication, including the occurrence, increase or recurrence of symptoms of mental disorder were explained.	
6. A detailed explanation was given regarding the existence of generally accepted alternative forms of treatment, if any, that could reasonably be expected to achieve some benefits of the medication(s) and why the physician recommends this medication.	
7. Expected method of medication administration and expected duration of treatment were described.	
8. It was explained that side effects of varying degrees of severity are a risk of all medications, and an explanation was provided concerning relevant side effects, including: A. Frequently occurring side effects. B. Side effects to which the individual may be predisposed. C. With neuroleptic (antipsychotic) medication, the nature of tardive dystkinesia risk factors.	
9. Opportunity was given to object, respond or ask questions.	

 I have read this form and hereby consent to treatment with the medications recommended. I understand that I may withdraw consent at any time.

 I specifically refuse consent for recommended treatment, though the expected benefit has been explained to me.

Parent/Guardian Signature: _____

MD#3

43. STUDENT ORIENTATION/RIGHTS

There is a Secluded Timeout Room that will be used for your safety in a crisis situation. There is a calm-down Safe Room which we hope you will use if needed. You will receive an orientation to this room by staff. Usually, if you are having a problem, and become upset, you will be asked to take a sitting time out, or a standing time out. If you cannot calm down, or if you become a danger to yourself or to other people, you may be directed to go to the environmental time out area to calm down. We hope you will make a good decision, and walk in on your own. After you are calm, you will be asked to problem-solve. Then you can return to your regular activities.

You have many rights and responsibilities as a student at BHBCC.

Some of your rights include:

1. You have the right to maintain contact with your guardian through mail and telephone.
2. You have the right to be treated with respect.
3. You have the right to participate in I.E.P. and other planning meetings.
4. You have the right to look at your records, as long as you are accompanied by your therapist.
5. You have the right to file a student grievance.
6. You have the right to wear your own clothing and to keep personal possessions, at the appropriate level unless the articles may be used to endanger yourself or others, and to keep and be allowed to spend your own money.
7. You have the right to be free from physical restraints and isolation except for emergency situations or when isolation or restraint is a part of a treatment program.
8. You have the right to be free from unnecessary to excessive medication.
9. You have the right to seek family planning services.
10. You have the right to be informed orally and in writing of the above rights at the time of admission.
11. You have the right to the legal system, legal counsel, and spiritual access.

Some of your responsibilities include:

1. You have the responsibility to attend school and complete all assignments.
2. You have the responsibility to attend therapy sessions: individual, group, family, social skills training, etc.
3. You have the responsibility to be safe.
4. You will be expected to take responsibility for your actions.
5. You have the responsibility to treat others with respect.

If you should come to BHBCC, this letter will be part of your orientation. You will be asked to read it and sign it within 48 hours of admission to BHBCC.

I have read (or have had read to me) this orientation information within 48 hours of admission to BHBCC, and I have received orientation to the sequence of time out options.

Student Signature _____ Date_____

Witness Signature _____ Date _____

64a.

School & Cottage Rules

1. Listen and Learn

2. Follow Directions

3. Make Good Choices

4. Learn From Mistakes

5. Show Respect of Self and Others

_____ _____

Signature **Date**

_____ _____

Witness Signature **Date**

ED #11

TREATMENT PLAN & DISCHARGE PLAN
NW BOCES – Thermopolis, WY

Name _____ DOB _____ IEP Meeting Date _____ Reviewed _____

1. Client will be admitted to NW BOCES in the school and/or residential program through district or court ordered placement.
2. NW BOCES will provide close observation, an individualized education plan, and safety precautions.
3. Client will attend scheduled classes as identified in the IEP and following the NW BOCES school calendar.
4. Client will have a psychiatric evaluation for diagnosis and psychiatric monitoring as recommended.
5. Client will follow the psychopharmacological interventions recommended.
6. Client will have an annual physical and eye exam, and a dental check up every 6 months while attending NW BOCES.
7. Client will attend psychological counseling, family therapy/training, recreational therapy, and social skills as recommended by the IEP team.
8. Treatment of the client's Mental Health diagnosis of: _____ will be addressed through counseling, the treatment program, family counseling, and other interventions as identified by the treatment team.

9. Daily Behavior Rating Data (DBR) Four Main Goals & Individual Treatment Plan Goals

   A. Limits, Feelings, Getting Along, & Trust Data is included on quarterly graph reports

   B. _____

   C. _____

   D. _____

   E. _____

10. Client will follow the NW BOCES behavioral management program through the transition phase of Level IV.

11. Client transition will be according to the NW BOCES level system with IEP team and MDT team member's participation.

12. Parent/ Guardian:
    a) Parent/foster parent/legal guardian will participate in family counseling/training as offered as part of NW BOCES treatment-program;
    b) Parent/foster parent/legal guardian will call and visit on a regular basis as scheduled.

13. IEP Meetings will be held at least annually with parent/legal guardian/foster parent, referring agency and NW BOCES staff participating to coordinate services.

14. MDT Meetings will be held as scheduled by the DFS case manager.

15. **DISCHARGE PLANNING** by parent/legal guardian/foster parent and referring agency will include but not be limited to providing appropriate continuity of care and promote success for the client after successfully completing the program. Please note this is a dynamic timetable which is subject to the client's individual achievement.

    A. Level I = _____

    B. Level II three consecutive weeks of 80% weekly average @ school & cottages (earliest achievement date)_____

    C. Level III three consecutive weeks of 90% weekly average @ school & cottages (earliest achievement date)_____

    D. Level IV four Consecutive weeks of 95% weekly average @ school & cottage (earliest achievement date)_____

    E. Discharge after 6-8 weeks of maintaining Level 4 status (earliest achievement date)_____

16. Exit reports and recommendations will be completed within 30 days of discharge. Reports to include:
    a) Services received while at NW BOCES;
    b) Goal progress during placement;
    c) Where student is discharged to;
    d) Service recommendations and follow-up services as part of the after-care program.
    e) In the case of an emergency/unplanned discharge, reports regarding circumstance and action taken.
17. Transition components following discharge to include:

    A. Resides_____
    Responsible/determining party_____

    B. Education_____
    Responsible/determining party_____

    C. Medical care through_____
    Responsible/determining party_____

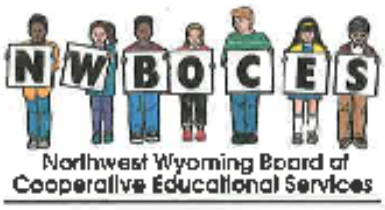
    D. Psychiatrist_____
    Responsible/determining party_____
    E. Couseling_____
    Responsible/determining party _____

_____ _____
Student Signature *Date*

_____ _____
Parent/Guardian Signature *Date*

_____ _____
Staff Signature *Date*

Informational Documents



Introduction

Big Horn Basin Children's Center (BHBCC) is a residential school and treatment facility operated by Northwest Wyoming Board of Cooperative Educational Services. Programs have served youth since 1970. The current school operates programs for youth with emotional disabilities/behavior disorders. The school and residential cottages are located within Hot Springs State Park in Thermopolis, Wyoming, a town of approximately four thousand inhabitants. Referrals and services are provided for youth statewide and from out of state when the needs of the student match the program offerings.

The program for youth with emotional disabilities/behavior disorders is for elementary school youth ages five to fourteen (K-8). Students are referred for services by their local school district or by the Department of Family Services through a court order.

NW BOCES has been North Central/AdvancEd Accredited since 1991 and certified as a residential treatment facility since 1998.

Programs are offered for youth with a history of the following: behavioral & emotional problems, post traumatic stress disorders, reactive attachment disorder, bi-polar, mood disorders, personality disorders, aggressive violent outbursts, aggressive behavior, physical abuse, sexual abuse, parental neglect, self-esteem issues, self-harm, depression, suicide, runaway issues, impulsivity, ADD, ADHD, anxiety disorder, impulse control dysfunction, obsessive compulsive disorder, poor social skills, peer relationship issues, excessive fear, anger, mistrust, confusion, fire setting, property destruction, autism, and other various mental health needs.

Services include: educational; residential; behavioral management; therapeutic (counseling/psychological, psychiatric, speech therapy, occupational therapy, physical therapy, social skills training, recreational therapy, family therapy); health and physical education, parent training, community integration; prevocational; dietary; nursing care; medication management, and transition services.

Member Districts include: Big Horn #1, Big Horn #2, Big Horn #3, Big Horn #4, Converse #1, Fremont #1, Fremont #6, Fremont #14, Fremont #21, Fremont #24, Fremont #25, Fremont #38, Hot Springs #1, Park #1, Park #6, Park #16, Washakie #1, & Washakie #2. Non-member district/DFS student placements in the past year include: Natrona #1; Sheridan #2; Carbon #1; and Sweetwater #1.

Northwest Wyoming BOCES

Admission Criteria

The following are general admission criteria:

- **Youth who are ages 5-14.**
- **Youth who are emotionally disturbed, and who are diagnosed to have a serious mental disorder, as defined by DSM-IV**
- **Less intensive treatment services have been tried and have not met the youth's needs**
- **Symptom's of the youth's emotional disturbance require 24-hour supervision and treatment**
- **The prognosis for treatment at this level of care can reasonably be expected to improve the youth's condition or prevent further regression**
- **Youth with special education or general education needs (low or high cognitive abilities) and have an IEP or district is considering the need of an IEP for the student**
- **Youth with related services needs such as occupational, physical, speech, and/or medical therapy**
- **Youth working at elementary and middle school grade levels**
- **Child in need of supervision, pre-delinquent, & delinquent**

NW BOCES will generally not admit the following youth:

- **Youth who are currently extremely assaultive or destructive**
- **Youth who are actively suicidal, psychotic or with other acute psychiatric or medical problems which require acute hospitalization**
- **Youth who are chemically addicted and requiring acute hospitalization for detoxification**
- **Youth who are pregnant or who have special medical needs which cannot be adequately served in our treatment environment.**
- **Youth who have eating disorders unless they have already gone through specific treatment for those needs**
- **Youth of High School age who are working toward a diploma. We are not an accredited High School.**

Specific disorders of youth currently served are:

ADD/ADHD	**impulsivity/ anxiety disorders**
obsessive compulsive disorder	**oppositional defiant disorder**
victims of abuse/neglect	**sexually inappropriate actions**
post traumatic stress disorder	**reactive attachment disorder**
learning disabilities	**multi disabled**

Autism, Asperger's, autism spectrum disorders

traumatic brain injury	**emotionally disturbed**

various health needs including eating syndromes

bi-polar	**mood disorders**
personality disorders	**aggression**
low self-esteem	**poor social skills**

excessive fears, anger, mistrust, confusion

fire setters	**depressive disorder**
disruptive behavior disorder	**seizures**

borderline/mild mental retardation

sexual abuse victims

Northwest Wyoming Board of
Cooperative Educational Services

Dear Parents/Guardian,

NW BOCES qualifies for Title I funding. To receive this funding it is required that certain teachers and paraprofessionals meet requirements that qualify them as "highly qualified". Special education and related services must be delivered to students by highly qualified personnel.

This public notice is verification that our school met the requirements.

- All teachers are highly qualified.
- All paraeducators are highly qualified
- All related service providers meet the state's certification, licensing or registration requirements.

Copies of this verification are maintained at the NW BOCES school office and upon request will be made available.

Sincerely,

Carolyn Conner

Carolyn Conner
Administrative Director

Included in admission package for all parents

Revised 5-10-2018



Big Horn Basin Children's Center (BHBCC)
P. O. Box 112 250 E. Arapahoe Thermopolis, WY **82443**
307-864-2171 1-800-928-2171 307-864-9463 Fax
nwboces@rtconnect.net www.nwboces.com

HISTORY: non-profit, established in 19070; AdvancED/NCA school accreditation; Department of Family Services Residential Treatment Facility; funding is fee for service-based

FACILITIES: school sits on approximately 5 acres in beautiful Hot Spring State Park, three well maintained residential cottages with views of the Big Horn River

MISSION: The NW BOCES is a community and state resource providing educational and service programs that assist individuals to maximize their potential.

SERVICE AREA: School districts & court ordered placements from throughout the state of Wyoming

REPRESENTATION: NWBOCES 18 member board are elected school board members of and are appointed by their local districts

SERVICES: educational, therapeutic, and residential programs to promote learning and growth and to improve the quality of life for youth with disabilities

MOST COMMON REASONS FOR PLACEMENT: severe emotional disturbances; aggressive/violent behaviors; family/school/community problems; abuse; less intensive treatment services have been unsuccessful

BEHAVIOR PROGRAM COMPONENTS: increase self-control and cooperation; adaptive interventions for co-existing conditions such as: ADHD, ODD, OCD, PTSB, Anxiety Disorders, victims of abuse, Asperger's/Autism Spectrum, aggression, excessive fears, anger, poor social skills, lack of trust; daily living skills; positive reinforcement through a response cost system; progress monitoring

ASSESSMENT COMPONENTS: milieu therapy; comprehensive medical family, recreation therapy, behavioral and life skills assessments; medication review; psychiatric evaluation; academic testing; psychological testing; nutritional reviews

ADMITTANCE: individualized treatment plan in the least restrictive environment, 24-hour supervision, continuum of care

THERAPIES: neuropsychiatric and cognitive behavioral approach; family therapy; comprehensive educational services; recreational therapy; social skills; daily living skills; pet therapy; counseling; medication management as necessary

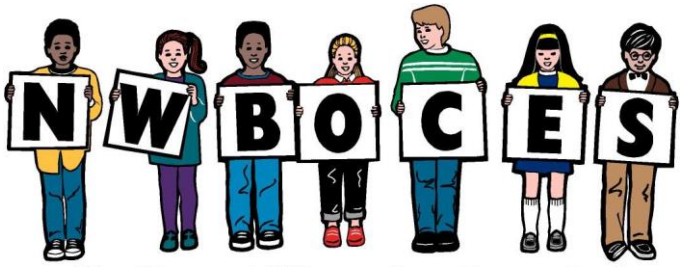
COOPERATION: systematic communication with families, placement agencies, school districts, MDT Teams, and IEP teams

THERAPEUTIC OUTCOME DATA: 84% of youth who completed the treatment program have successfully integrated in the home community and have had no further residential treatment placements

TRANSITION COMPONENTS: planning for post-program life begins upon entry to the facility; aftercare services and consultations are offered

OUR STAFF: PTSB certified staff include special education & regular education teachers, APE/health teacher, behavior specialist, registered nurse, school social worker, administrative director; residential supervisor; licensed practical nurse; psychologist; contracted/consultant psychiatric nurse practitioner, speech therapist, occupational therapist, physical therapist, and pharmacist; highly qualified paraeducator; highly trained residential staff. Direct care staff are certified in MANDT, First Aide, and CPR. Continued staff training is mandatory. Very low staff turnover.

NW BOCES ensures high quality therapeutic treatment, promotes safety of residents, invests in retention of skilled staff, and is committed to attainment of desired outcomes. Updated/Reviewed: 7/17/2017



Northwest Wyoming Board of Cooperative Educational Services

The Northwest Wyoming Board of Cooperative Educational Services (NW BOCES) is a non-profit organization established in 1970 to serve the needs of the seventeen member districts.

A primary service through the years has been the operation of Big Horn Basin Children's Center. BHBCC provides educational, residential, nursing, and therapeutic (counseling, psychological, psychiatric, speech, occupational, physical, and recreational) services for youth with emotional, cognitive, and multiple disabilities. Currently Big Horn Basin Children's Center is providing programs for students from throughout the state of Wyoming. The programs are offered for students ages 5-14 with behavioral and emotional disabilities.

NW BOCES contact information:

P.O. Box 112
250 E. Arapahoe in Hot Springs State Park
Thermopolis, Wyoming

1-800-928-2171

web address: http://www.nwboces.com

E-mail : nwboces@rtconnect.net

Revised 6/2012

FACT SHEET

Dear Parents,

The following are answers to some questions you may have about your child's placement at NW BOCES/Big Horn Basin Children's Center:



1. ***Is there a specific day and time to telephone my child?***

   We encourage parents to set a day(s) of the week and time(s) that is convenient for them as well as working with your child's school and residential schedules.

2. ***Is there an 800 number for parents to use to:***

   a. Call my child? Yes, at the school but not at the residences. The number is 1-307-864-2171. School hours are 8AM-3PM. The school office is open 7AM-5PM.

   b. Call the facility? Yes, again at the school but not at the residences. The residential numbers are:
      Cottage A – 307-864-2966
      Cottage B – 307-864-5767
      Residential Supervisor, Matt Ivie, 307-921-0012 Monday through Friday 1p-8p

3. ***Can my child call me whenever he/she wishes?***

   The number of calls home per week is dependent upon the student's status. Telephone privileges are listed in the Parent Handbook. Students are not allowed to call home unless the parent also gives permission.

   All telephone calls are supervised by a staff person for therapeutic reasons. Staff have a call guide to assist students in communicating with family members. Calls are monitored to help the student and child have a conversation, provide support for the child and the parent, and to answer or find answers to questions parents may have.

4. ***Is there a contact person for me to call to obtain information about my child? What number should I use?***

   Parents are encouraged to call Carolyn (Administrative Director) or Matt (Residential Supervisor) to arrange visits with your child. Concerns, the status of your child, and program questions should be addressed to Carolyn. You may also contact your child's teacher (Leigh, Shawna), Dawn (Nurse), or you may email.

   School 1- 307-864-2171
   Carolyn Conner, Administrative Director
   Dawn Davis, Nurse Supervisor
   Shawna Bradshaw & Leigh Anna Dobbins Classroom Teachers
   Brian Hopkinson Adaptive Physical Education, Health, & Recreational Therapy

   E-mail: nwboces@rtconnect.net

5. ***What should I send with my child in the way of clothing and supplies? Are there any restrictions with regard to amount or type of personal belongings?***



A suggested inventory list is included in the admission packet. This includes type and amount of clothing as well as suggestions for limiting of personal items. Should you have further questions about this please feel free to call.

Students should be neat, clean, and modestly dressed at school, residence, and off campus activities.

Similar guidelines of public school clothing for students apply. The staff retain the authority for the final decision of what is not appropriate.



6. ***How many children will be living at the facility with my child?***

The number of youth at NW BOCES ranges from 10-18. Usually there are no more than six students per classroom. Each residence houses six students with each having their own bedroom and bathroom facilities at this time. The school and cottage have an entry and exit egress door lock system for the safety of the students. The cottages also have a camera system to audio and video record staff and students in all areas except for bedrooms and bathrooms.

7. ***Do the residents live in a dorm? Cottages? Cabins?***

The NW BOCES residences are called "cottages". The facilities are very nice with 3 bedrooms and 3 bathrooms on each side of the cottage, a living room on each side and a central kitchen and dining room area. The space is open, colorful and nicely furnished.

8. ***What type of recreation will be available to my child?***

There are many opportunities for recreational activities on campus, in the Thermopolis community, and for out of town field trips. All activities/outings are based upon the child's status. The local school district and community are wonderful in including our youth in local events. Some of our students' favorite activities are: swimming in the hot mineral pools, miniature golf, the dinosaur museum, eating at local restaurants, visiting the Safari Club, playing in the State Park, picnics, hiking, and participating with the local youth recreational leagues.

9. ***Am I allowed to visit my child? Is there a special day of the week and/or time?***

You may visit your child on a scheduled basis, which is dependent on the child's status, individual circumstances, and court orders. We encourage the parents to participate in the program and visits are a part of this. Visits are planned in advance for the needs of the family as well as the educational, assessment, and treatment program schedules. Family training opportunities are included with visits and special family group sessions are scheduled routinely.

10. ***Will my child be allowed to come home for visits?***

This is also an area that is dependent upon the child's status. Visits home will begin with day passes and then advance to longer visits as a part of the transition home plan.

11. Will my child attend public school? If not, where will he/she go to school?

Generally our students do not attend public school. Once their behaviors are appropriate for public school they are transitioning home. However, we have had situations of need for the child to attend a public school system and Hot Springs County School District works very positively with us.



12. What address shall I use to send my child mail?

The mailing address is: NW BOCES, PO Box 112, Thermopolis, WY 82443
For letters or packages sent via US Postal Service
The physical address for packages is: NW BOCES, 250 E. Arapahoe, Thermopolis, WY 82443
For packages sent via UPS or FedEx

13. Will facility personnel read my letters and/or open packages?

A specific staff person reads all incoming student mail and inventories packages received by students. If gifts are sent, please do not send them wrapped, as they will be unwrapped for inventory. Please include gift wrap in the package and a staff member will wrap the gift(s) for you.
Please do not send monetary gifts, such as checks, cash, or money orders.

14. Are there limits as to what I can send my child (i.e. treats, gifts)?



We encourage parents to write frequently. Of course packages and gifts are important for the youth as well. They truly look forward to having mail. Please refer to the inventory list or call staff regarding any specifications in this area. The students are generally not allowed chocolate or other sweets. We ask that you not send expensive gifts or gifts that could be used as weapons. Your presence is more valuable than presents.

15. What type of meals will my student have?

NW BOCES follows the school nutrition guidelines**.** Students are provided three nutritious meals daily as well as a morning, afternoon, and evening snack.

16. Will my child be given stamps to send letters to me?

NW BOCES will provide all postage necessary for mailing letters and special items made for parents.

17. ***What do the various abbreviations mean?***

DBR---Daily Behavior Rating
STO---Sitting Time Out
ETO---Environmental Time Out
R---Restraint
SW---Safety Watch
TI---Teaching Interaction

18. What are the basic behavior modification techniques?

Positive reinforcement, choices, token economy system, and motivators/incentives, and natural consequences. Punishment is not allowed at NW BOCES

19. How will I receive updates?

Weekly psychological reports
Monthly staffing reports
Monthly Treatment Plan and Discharge Plan
IEP progress reports and report cards 5 times per year
Calls, emails, and meetings as requested
MDT meetings as scheduled
IEP meetings at least annually

A.

ED PROGRAM FAMILY VISIT GUIDELINES

Philosophy: When a child is enrolled in the NW BOCES Residential Program, the orientation period is critical for learning the program and building trust. Scheduling and limiting family contact, particularly at Pre-Level and Level I, not only assists in focusing on learning the program and trust building; it also helps the child to work through separation issues. Excessive phone calls may increase homesickness and cause behavioral issues, depending on the child. Preventing behavioral issues following family contact sets the child and family up for success when they are together. When parents are supportive of NW BOCES, the child is more willing to learn and trust the staff and program. Scheduled and monitored phone calls and visits continue as the child progresses through the level/step system to assist the child in conversational skills and to assist the family in following the NW BOCES program when needed. NW BOCES staff are provided for support and assistance in helping the parents learn the program components that will be useful when their child transitions home. Therefore, keep in mind staff availability is important when scheduling calls and visits. Consideration of DFS recommendations (for court ordered youth) is required with individual children at times, as well as, the child's age and family situation. Positive interactions and positive behaviors are the desired outcome.

1. Family members must call the Administrative Director @ 864-2171 or the Residential Supervisor, 864-4274 to arrange visits. Visits cannot be guaranteed if not @ least three days in advance.

2. The family must indicate who is coming as space limitations may be a factor, as well as privacy issues of other students. No more than two visitors are recommended.

3. Length of visits are determined by the team on an individual basis, regardless of level/step status. For example, when a family travels a significant distance to visit for a weekend, they may be allotted three one-hour visits--one hour Sat. afternoon, one hour Saturday evening and one hour Sunday morning.
    a. Visits for students placed for assessments will be individualized.
    b. Level I two times per month.
    c. Level II visits are weekly.
    d. Level III visits are individualized.
    e. Level IV visits are individualized.
    f. Pre-Level I one time per month.

4. NW BOCES staff are not responsible for babysitting siblings. Parents are responsible for siblings of students. It is recommended siblings be encouraged to follow school and cottage rules for safety of those we serve.

5. Student must be accompanied by a staff member on all campus and off-campus outings until the transition phase of Level III/color Green. The role of the staff person is to model the behavior management techniques implemented in the program. This provides consistency, security and training for both the student and family.

   Students may only go on prearranged and earned outings planned one week in advance.

6. Phone calls: All calls will be monitored with a speaker phone

Pre-Level I & I	One time per week up to 15 min.
Level II	One time per week up to 15 min. from parent/guardian and one time per week up to 15 min. from approved relative.
Level III	Receive and make up to 30 min. calls as approved by staff.
Level IV	Individualized. (Phone cards are suggested for Lev. III & IV & Step Green.)

- ❖ Individualized plans as therapeutically beneficial for students placed for treatment or assessment.

Northwest Wyoming Board of Cooperative Educational Services

Parent Visits & Responsibilities of the Parent

1. Unless contraindicated, parents are encouraged to actively participate in program with weekly calls, bi-monthly visits and attendance at parent trainings. Parent/family involvement is directly related to student success.

2. Due to confidentiality we cannot discuss the other students' programs or other personal information with you. Please understand when staff explains that they cannot discuss an area with you. We may also need to ask you to leave the classroom area or main cottage area if your visit seems to be distracting another child or if a behavioral or other problem is occurring. Your visit with your child may then be moved to a more private area.

3. We encourage all parents to visit according to the schedule which was included in your information packet. Your visits will optimize programming for your child. The sharing of information back and forth between staff and parents is very beneficial. The staff may ask you to interact and participate in classroom activities/lessons for the day.

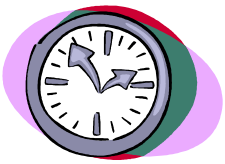
4. Visits to the school or cottage are to be scheduled in advance. This allows for staff, counselors, and/or therapists to be available for your visit. Scheduling in advance will give the family information relative to the schedule for that particular day and whether it would be an optimal time to visit. Visits are to be scheduled through the Administrative Director or Residential Supervisor.

5. Visits are supervised when a student is on Level I, II, and III/Steps Red, Yellow, and Blue until they progress to the unsupervised phase of the transition plan. The supervision of visits occurs to set the student and family up for success. The staff person is present to support the child and the parent. Staff will model the program for the parent allowing the parent to take the primary role unless staff assistance is needed in order to follow the NW BOCES rules.

6. The family or guardian should indicate who is coming with them. For any students who are court ordered DFS will provide NW BOCES with an approved visitor list. For district placed students this will be provided by the parent/guardian. Space limitations in the classroom as well as privacy issues for other students restrict actual classroom visits. Arrangements will be made for the visit to occur in

Big Horn Basin Children's Center

Daily School Schedule



7:30am –8:00am
Life Skills Training

8:00am – 11:30am
Academics/Individual & Group Instruction/ Therapies/Social Skills/Physical Education

11:30am – 12 noon
Peer Relationships/Behavior Management, Physical Activities, Social Skills

12 noon – 12:30pm
Health and Nutrition, Manners, Mealtime Conversation, Social Skills

12:30pm – 1:30pm
Academics/Individual & Group Instruction/ Therapies/Social Skills/Health/Art/Music

1:30pm – 2:30pm Monday-Friday
Recreational Therapy

2:30pm – 3:00pm
Token Checkbooks/Token Spending/ Time & Leisure Skills Training

Effective 7/1/2016

23a. Level System

Definition: There are five levels included in the NW BOCES ED Program: Pre-level, Level 1, Level II, Level III, and Level IV. The students all begin their orientation to the program on Level I and work through the levels at their own pace based upon their behavior. The student makes choices resulting in natural/logical consequences. The requirements and benefits of being promoted to the next level are clearly posted. The possibility of a level demotion as a result of inappropriate behavior is also well-defined and frequently reviewed. Each level is thoroughly described in the following outlines.

23a. Assessment Program

Definition: There are four steps included in the NW BOCES Assessment Program: Red, Yellow, Blue, and Green. The students begin their orientation at the Yellow Entry Step and advance through the steps at their own pace based upon their behavior. The student makes choices resulting in natural/logical consequences. The restrictions and privileges for each color step is clearly outlined (see 23b1-2). The student may move up and down the color steps as determined by behavior and frequent team reviews.

Philosophy: A structured level/step system provides the student with a plan and guidelines to work their way towards transitioning to their home school district. The purpose of the level system is to aid students in becoming personally responsible for their behavior and to eventually build the intrinsic value of positive choices. The shorter step system implemented during the assessment program is a visual aid to assist the student, family, and involved agencies in understanding the requirements and privileges.

Northwest Wyoming Board of Cooperative Educational Services

Transition Home Visit Information for Students in the Treatment Program

Home visits occur after a student has maintained Level 3 for at least 3 consecutive weeks. Visits begin with a 2-3 hour day visit with NW BOCES staff supervision.

Several day visits occur first with staff supervision then without staff supervision and generally with some increase in the amount of time of the day visit.

The next step of the transition is an overnight visit on Level 4. This progress to a weekend with maintenance of Level 4.

The NW BOCES team works with the family and the local school district to determine individual transition time frames to the local district. Our team desires to have NW BOCES staff tour and visit the local district, then a tour and visit of the local district with the student, and for district personnel to tour and visit NW BOCES.

With each step of the transition the student needs to continue to maintain Level 3 and 4 scores. The 24 hours prior to a scheduled visit are critical as the student needs to have no safety watch incidents and an average score of 80% or higher both at the residence and at school.

All visits will be scheduled for the therapeutic benefit of the individual child.

Please call Carolyn if you have any questions regarding this information.

24. NW BOCES ED Program Level System

Pre-Level I: Trust of Behaviors	Level I: Trust of Environment	Level II: Trust of Care	Level III: Trust of Control	Level IV: Trust of Self
➢ Demoted by team consensus only ➢ Consistent danger to self and others ➢ Lacks basic understanding of program ➢ Full Restriction ➢ Trust Building ➢ DBR weekly average of 70% for 1 week and written plan for promotion ➢ DBR and Token Systems ➢ T-shirts, sweatpants or shorts and slippers. ➢ Daily Room Searches	➢ Entrance Level ➢ 3-week orientation ➢ Signed student statement ➢ DBR and Token Systems ➢ On-campus activities only ➢ Full staff supervision ➢ Shoes and coats left at door ➢ Limited personal clothing and belongings ➢ Daily Room Searches	➢ DBR weekly average of 80% at school and cottage for 2 consecutive weeks required (3 weeks first time) ➢ Increased privileges ➢ DBR and Token Systems ➢ On and off-campus activities ➢ No major infractions ➢ Full staff supervision ➢ Increased personal belongings ➢ Weekly Room Searches	➢ DBR weekly average of 90% at school and cottage for 3 consecutive weeks required ➢ Student may negotiate DBR scores ➢ Begin self - monitoring training ➢ No major infractions and maintain 90% weekly average ➢ DBR and Token Systems ➢ Limited unsupervised activities ➢ Increased privileges and independence	➢ DBR weekly average of 95-100% at school and cottage for 4 consecutive weeks ➢ Transition Phase ➢ Self-monitoring ➢ DBR and Token Systems phased out ➢ Maintain 95-100% weekly scores based on self monitoring and staff charting (DBR's) ➢ Increased privileges and unsupervised activities ➢ Inventory taken after home visits

22a. DAILY BEHAVIOR RATING SYSTEM BEHAVIORAL DEFINITIONS

LMT Limits: ADHERING TO LIMITS: Refers to the child's ability and willingness to live within the limits set by BHBCC as well as their ability and willingness to accept the care and control offered by BHBCC staff with a cooperative attitude.

On task is defined as the child working on instructional activities at assigned desk or work area or working in groups as exhibited by reading, writing, discussing the subject material, or work activity. Doing chores and working on homework and cottage activities is also being on task.

Following directions is defined as complying with a request and reading directions carefully on assigned tasks.

In area/In seat is the child sitting in a chair with his buttocks touching the seat and his feet on the floor. However, some students may require adaptations in the classroom, such as, standing instead of sitting at a desk. The child must also stay in designated areas at school, at the cottage and outings.

Task completion is achieved when a child has finished an assigned task or chore within an allotted period of time.

FEEL Feelings: EXPRESSION OF FEELINGS: Refers to the child's ability and willingness to express their needs and feelings in a non-offensive and non-aggressive manner. For example: using "I" messages.

Appropriate Verbal Language is any verbal interaction in a normal tone that is clearly understood and using socially acceptable language. Lying or ignoring a request for an answer is considered inappropriate language.

Appropriate Body Language is any non-aggressive, socially acceptable stance, physical gesture or facial gesture.

Listening/Quiet includes paying attention in groups, raising hands to speak, and not making distracting or inappropriate noises such as burping or whistling, etc.

GETTING ALONG: GETTING ALONG WITH OTHERS: The child's ability and willingness to have interaction with those around in a manner which shows respect for their rights, privileges and needs, as well as their own.

Peer interaction involves appropriate and socially acceptable behavior toward others. The child is not allowed to fight, call names, touch, or tattle.

Group interaction occurs in the classroom, at recess, in the lunch room and the cottage. The child must be considerate to others during learning and social activities. Appropriate participation is also required.

TRUST: TRUST OF SELF: Refers to the child's ability and willingness to see himself/herself as a worthwhile individual who has the right to be respected and valued. The child's ability and willingness to set their own goals and work toward them without prompting are aspects of self-trust.

Property care ranges from the minor charge of handing in a sloppy paper to throwing books all over the classroom. A child must respect his own property as well as that of others and the school's and cottage's property.

Appropriate behavior is often individualized for each child. If a child talks baby talk, that is inappropriate for him; and if a child is withdrawn, joining a group would be considered an appropriate behavior for that child. In general, when a child avoids fighting, participates in groups and behaves in socially acceptable ways, he or she is exhibiting appropriate behavior.

Good Choices are positive choices made by the child regarding anger management, following rules, ignoring inappropriate behavior, etc.

GOAL: WEEKLY GOAL: Specific IEP objectives are rated on the basis of the youth's effort to accomplish the objective on a daily basis.

Target Behaviors are chosen weekly based on the individual needs of the students.

You Earn Tokens For:

Following Directions
Following School & Cottage Rules
Finishing Work
Making Good Choices
Getting Along With Others
Being Safe
Behaving Appropriately
Taking Care of Property
Showing Respect
Staying in Control

You Owe Tokens For:

Hurting Others
Destroying Property
Not Following Directions
Using Inappropriate Language
Behaving Inappropriately

** You can buy things from the Token Menu everyday

** You can spend tokens for weekly activities with an 80% weekly average on your DBR sheets.

** You can save your tokens for special Field Trips!



(TO BE POSTED)

3/2010

TIMEOUT PROCEDURE

A.) 1st Cue: **Verbal** (Calm and neutral voice tone, facial expression and body language)

"_____, you need to _____"
Student Direction

2nd Cue: **Proximity** (approach student closer in nonthreatening stance, repeat direction using same words, voice tone, facial expression and body language)

"_____, you need to _____"
Student Direction

3rd Cue: **Physical Prompt** (nonthreatening touch of student's hand, shoulder, etc. Repeat direction using same words, voice tone and facial expression)

"_____, you need to _____"
Student Direction

B.) If student does not respond appropriately to staff requests, the student takes a sitting timeout. Calmly and clearly give the direction with neutral body language:

"_____, you need to take a sitting timeout _____."
Student location

Do not attempt to reason with the student. Ignore negative behavior.

C.) If student is unable to take a sitting timeout appropriately, staff requests that the student take a standing timeout. Calmly and clearly give the direction, also using neutral body language:

"_____, you need to take a standing timeout _____."
Student location

Staff continues ignoring without verbal attention.

D.) If student is unable to take a standing timeout appropriately, staff requests that the student take an environmental timeout (ETO) in the safe room or another location isolated from the other students. Calmly and clearly give the direction with neutral body language:

"_____, you need to take an ETO _____."
Student location

Staff continues ignoring without verbal attention.

E.) If student becomes extremely disruptive, but not harmful during the first 3 steps (A, B & C), they may be directed immediately to an ETO using a calm voice and neutral facial expression and nonthreatening body language.

"_____, you need to take an ETO _____."
Student location

Staff continues ignoring without verbal attention.

F.) If student becomes extremely disruptive and harmful to himself or others at any time during steps A-E, they may be escorted immediately to the Seclusion Room. Tell them where they are going in a calm voice and neutral facial expression and nonthreatening body language.

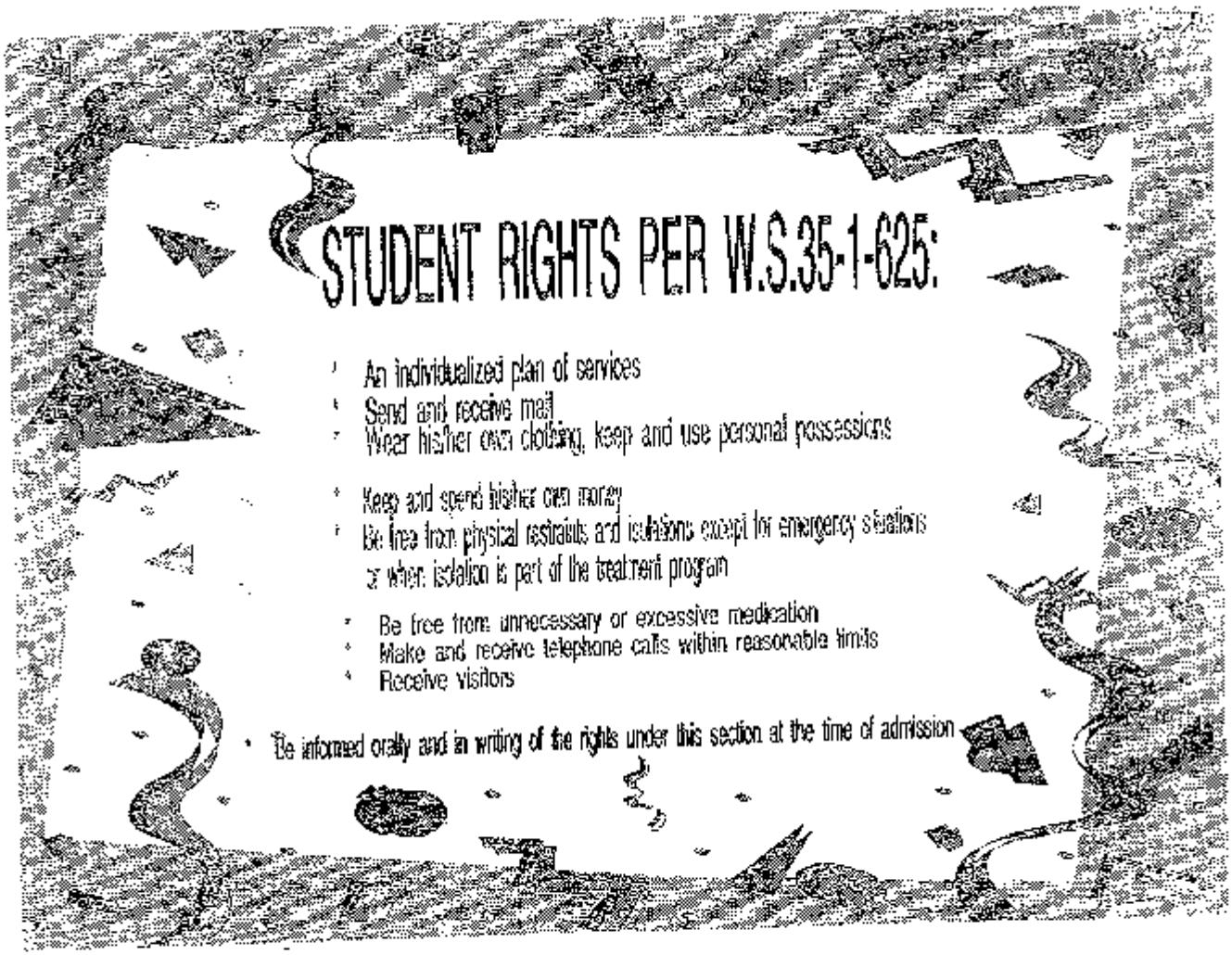
"_____, you need to go to the Seclusion Room to be safe."
Student

Staff continuously observes, giving the student as little attention as possible. Periodic verbal cues may be given.

"_____, you need to sit quietly against the back wall for 5 min. before
Student opening the door."

(See Seclusion Room Procedure)

NOTE: Staff must remain neutral verbally and physically at all times. Conversations between staff and attempted with students are detrimental to the behavior management program. Individual reactions often occur under stressful conditions, such as, laughing or raised voices. It is important to practice neutral behavior to avoid such reactions that may cause a student's


STUDENT RIGHTS PER W.S.35-1-625:
An individualized plan of services
Send and receive mail
Wear his/her own clothing, keep and use personal possessions
Keep and spend his/her own money
Be free from physical restraints and isolations except for emergency situations or when isolation is part of the treatment program
Be free from unnecessary or excessive medication
Make and receive telephone calls within reasonable limits
Receive visitors
Be informed orally and in writing of the rights under this section at the time of admission

MEMBER COUNTIES
Big Horn • Carbon • Fremont
Hot Springs • Park • Washakie

Northwest Wyoming Board of Cooperative Educational Services
Big Horn Basin Children's Center
Box 112 • 250 E. Arapahoe • Thermopolis, Wyoming 82443
307 864-2171 • 307-864-9463 FAX • e-mail: nwboces@tcomnet.net

Dear Client/Parent/Guardian,

Healthcare providers have always protected the confidentiality of health information by refusing to reveal you/your child's information. Today, state and federal laws also attempt to ensure the confidentiality of this sensitive information. The federal government published regulations designed to protect the privacy of your health information. This "privacy rule" protects health information that is maintained by physicians, hospitals, other health care providers and health plans. Health care providers had to comply with the privacy rule's standards for protecting the confidentiality of your health information by April 14, 2003.

This regulation protects virtually all patients, regardless of where they live or where they receive their health care. Every time you see a physician/health care provider, are admitted to the hospital, fill a prescription, or send a claim to a health plan, your physician, the hospital, or other health care provider will need to consider the privacy rule. All health information including paper and electronic records, oral communication, and other electronic formats (such as e-mail) are protected by the privacy rule.

The privacy rule also provides you certain rights, such as the right to have access to your medical records. However, there are exceptions. These are not absolute. We also take precaution at NW BOCES to safeguard your health information such as training our employees and employing computer security measures. Please feel free to ask the Administrative Director/NW BOCES Privacy Officer about exercising your rights or how your health information is protected at NW BOCES.

The Notice of Privacy Practices attached to this letter explains our privacy practices. It contains very important information about how confidential information is handled at NW BOCES. It also describes how you can exercise your rights with regard to protected health information.

Please let us know if you have any questions about our Notice of Privacy Practices. You may contact our Privacy Officer at 307-864 2171.

Sincerely,

Carolyn Conner NW BOCES Administrative Director/Privacy Officer

Policy: Chapter 9

HIPAA Policy

Northwest Wyoming Board of Cooperative Educational Services

Effective Date: December 17, 2010

NOTICE OF PRIVACY PRACTICES FOR INDIVIDUALS SERVED

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY!

We are required to provide you with this *Notice of Privacy Practices* and to explain our legal duties under the federal Health Insurance Portability and Accountability Act (HIPAA).

We are required by law to maintain the privacy of medical information about you. We call this information "protected health information" or PHI. We are required to give you notice of our privacy practices about your protected health information and required to follow the terms of the notice currently in effect.

This Notice of Privacy Practices will tell you how we may use or disclose information about you. Not all situations will be described.

In the future we may change the Notice of Privacy Practices. Any changes will apply to information we already have and any information we receive in the future. A copy of the new notice will be posted at each Northwest Wyoming Board of Cooperative Educational Services facility and provided to individuals as required by law. You may request a copy of the current notice at any time by contacting NW BOCES.

WE MAY USE AND DISCLOSE PHI ABOUT YOU WITHOUT YOUR AUTHORIZATION

For Treatment:

We may use or disclose PHI about you with health care providers who are involved in your health care. For example, information may be shared to create and carry out a plan for your treatment.

For Payment:

We may use or disclose PHI about you to get payment or to pay for health care services you receive. For example, we may provide PHI to bill your health plan for health care provided to you.

For Health Care Operations:

We may use or disclose PHI information about you in order to manage our programs and activities. For example, we may use PHI about you to review the quality of services you receive.

OTHER WAYS WE MIGHT USE OR DISCLOSE PHI ABOUT YOU WITHOUT YOUR AUTHORIZATION

Appointments and Other Health Information:

We may send you reminders for medical care or checkups. We may send you information about health services that may be of interest to you.

For Health Oversight Activities:

We may use or disclose PHI about you to inspect or investigate health care providers.

As Required By Law and For Law Enforcement:

We will use and disclose PHI about you when required or permitted by federal or state law or by a court order.

For Abuse Reports and Investigations:

We are required by law to report any allegations of child abuse or neglect.

For Government Programs:

We may use or disclose PHI about you for public benefits under other government programs. For example, we may disclose information for determination of Supplemental Security Income (SSI) benefits.

To Avoid Harm:

We may disclose PHI about you to law enforcement in order to avoid a serious threat to the health and safety of a person or the public.

For Research:

We may use PHI about you for studies and to develop reports. These reports do not identify specific people.

WE MAY USE AND DISCLOSE PHI ABOUT YOU WITHOUT YOUR AUTHORIZATION UNLESS YOU OBJECT

Disclosure:

We may disclose PHI about you to your guardian, interdisciplinary team members, or other persons who are involved in your medical care.

OTHER USES AND DISCLOSURES REQUIRE YOUR WRITTEN AUTHORIZATION

For Other Situations:

We will ask for your written authorization before using or disclosing PHI about you. You may cancel this authorization at any time in writing, or by other appropriate means of communication if necessary. We cannot take back any uses or disclosures already made with your authorization.

Other Laws Protect PHI:

Many of our programs have other laws for the use and disclosure of PHI about you. For example, you must give your written authorization for us to use and disclose chemical dependency treatment records.

YOUR PHI PRIVACY RIGHTS

Right to See and Get Copies of Your PHI:

In most cases, you have the right to look at or get copies of your PHI. You must make the request in writing. You may be charged a fee for the cost of copying and mailing the PHI to you.

Right to Request to Correct or Update Your PHI:

You may ask us to change or add missing PHI if you think there is a mistake. You must make the request in writing and provide a reason for your request. However, there are conditions under which we may deny this request.

Right to Get a List of Disclosures:

You have the right to ask us for a list of disclosures made after April 14, 2003 and up to six years prior to the date you made the request. You must make the request in writing. This list will not include the times that PHI about you was disclosed for treatment, payment, or health care operations. This list will not include PHI about you provided directly to you or your family, or PHI that you authorized.

Right to Request Limits on Uses or Disclosures of Your PHI:

You have the right to ask us to limit how PHI about you is used or disclosed. You must make the request in writing and tell us what PHI you want to limit and to whom you want the limits to apply. We are not required to agree to the restriction. You can request that the restrictions be terminated in writing or verbally.

Right to Revoke Permission:

If you are asked to sign an authorization to use or disclose PHI about you, you can cancel that authorization at any time. You must make the request in writing. This will not affect PHI that has already been shared.

Right to Choose How We Communicate With You:

You have the right to ask us to share your PHI with you in a certain way or in a certain place. For example, you may ask us to send PHI about you to your work address instead of your home address. You must make this request in writing. You do not have to explain the basis for your request.

Right to File a Complaint:

You have the right to file a complaint if you do not agree with how we have used or disclosed PHI about you.

Right to Get a Paper Copy of this Notice:

You have the right to ask for a paper copy of this notice at any time.

CONTACT US TO REVIEW, CORRECT, OR LIMIT YOUR PHI

You may contact us to:

1. Ask to look at or copy your PHI.
2. Ask to limit how PHI about you is used or disclosed.
3. Ask to cancel your authorization.
4. Ask to correct or change PHI about you.
5. Ask for a list of disclosures of your PHI.

We may deny your request to look at, copy, or change your PHI. If we do deny your request, we will send you a letter that tells you why your request is being denied and how you can ask for a review of the denial. You will also receive information about how to file a complaint.

HOW TO CONTACT US

Northwest Wyoming BOCES

250 E. Arapahoe

Thermopolis, Wyoming 82443

Big Horn Children's Center

Carolyn Conner, Administrative Director

307-864-2171

nwboces@rtconnect.net

HOW TO FILE A COMPLAINT OR REPORT A PROBLEM

You may contact those listed above if you want to file a complaint or to report a problem with how we have used or disclosed your PHI. **Your services will not be affected by any complaints you make.** We cannot retaliate against you for filing a complaint, cooperating in an investigation, or refusing to agree to something that you believe to be unlawful.

You may also file a complaint with the US Department of Health and Human Services, Office of Civil Rights by contacting:

Region VIII, Office of Civil Rights

Department of Health and Human Services

1961 Stout Street - Room 1185 FOB

Denver, CO 80294-3538

Voice Phone: (303)844-2024

TDD: (303) 844-3439

Fax: (303) 844-2025

Date Adopted: December 17, 2010

Date(s) Revised:

Legal Reference(s): Health Insurance Portability and Accountability Act of 1996.

Cross Reference(s):

May 17, 2011

Dear Parent/Guardian, Staff:

The Asbestos Hazard Emergency Response Act of 1986 (AHERA) was enacted by Congress. AHERA was enacted to determine the extent of and develop solutions for any problems schools may have with asbestos.

To give you some background, asbestos was used as a building material for many years. It is a naturally occurring mineral that is mined primarily in Canada, South Africa, and the U.S.S.R. Asbestos properties made it an ideal building material for insulating, sound absorption, decorative plasters, fireproofing, and a variety of miscellaneous uses. There have been over 3,000 different products made using asbestos materials. EPA began action to limit uses of asbestos products in 1973 and most uses of asbestos products as building materials were banned in 1978.

NW BOCES is concerned about the health and safety of our students, staff, and visitors in our facility. The AHERA law requires that schools have periodic surveillance inspections performed once every 6 months by the School Asbestos Program Manager, and once every 3 years by an accredited individual to ensure that any asbestos in the school is kept in good condition.

NW BOCES recently had our facility inspected by an accredited asbestos inspector as required by AHERA. The inspector located, sampled, and rated the condition and hazard potential of all material in our facility suspected of containing asbestos. An asbestos management plan has been developed.

The asbestos management plan for our facility includes: this notification letter, education and training of our employees, and a set of plans and procedures designed to minimize the disturbance of the asbestos containing materials, and plans for our regular surveillance of the asbestos-containing materials.

A copy of the asbestos management plan is available for your inspection as scheduled with NW BOCES Maintenance Supervisor during regular office hours. The Asbestos Program Manager and all inquiries regarding the plan should be directed to him at 307-864-2171, Tony Larson, Maintenance Supervisor.

NW BOCES has begun implementing the asbestos management plan. It is our intent to comply with federal, state, and local regulations in this area. We plan on taking whatever steps are necessary to insure our students and employees have a healthy, safe environment in which to learn and work.

Sincerely,

Carolyn Conner
Administrative Director