

**Catholic Schools**  
A Faith-Based Education  
that Lasts a Lifetime

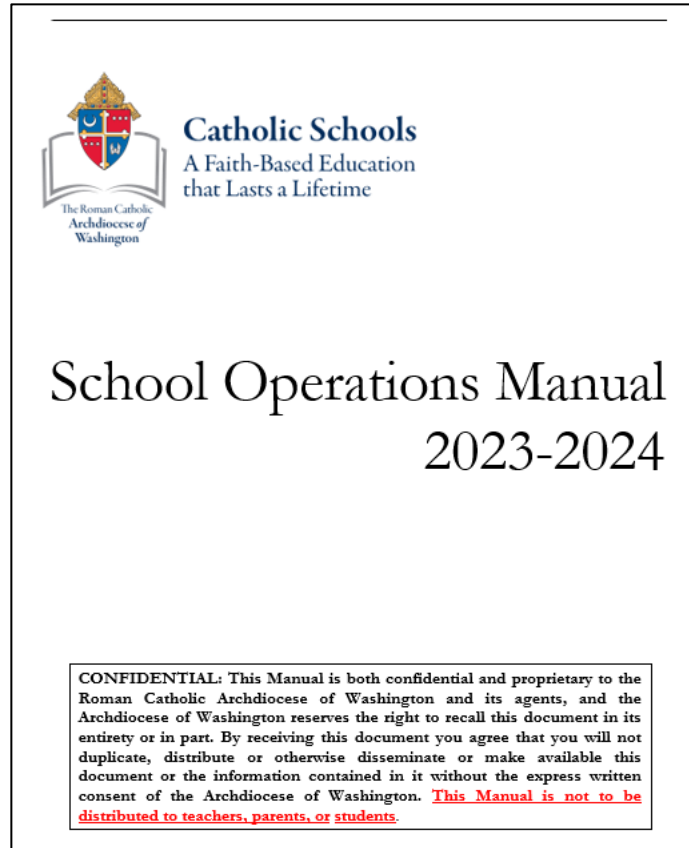
# Introduction to Operations

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New Principal Orientation

August 2023

# School Operations Manual



<b>Governance</b>	CSO
Accreditation Tasks	The purpose of the policies is to create a common and agreed upon instrument for ensuring that our schools are Catholic, academically excellent, well governed and, to the best of our ability, affordable and accessible.
Child Protection and Safe Environment Policy Compliance	<b>POLICIES FOR CATHOLIC SCHOOLS 2023</b>
Counseling Documents & Resources	The updated School Operations Manual is based on the newly revised Policies for Catholic Schools published by the Archdiocese of Washington in 2017 and provides operational procedures that must be followed in maintaining the daily operations of archdiocesan Catholic Schools. Since the first operation pertains to issues around Catholic identity, all archdiocesan and independent Catholic schools must adhere to this operational procedure. All forms within this document can also be found below in the expandable links list. Please contact Anne Dillon in the Catholic Schools Office at <a href="mailto:dillona@adv.org">dillona@adv.org</a> if you need assistance with Policies, Operations, or Forms.
Facilities	<b>SCHOOL OPERATIONS MANUAL</b>
Financial	The updated School Nurse Handbook is compiled by School Nurses in the Archdiocese of Washington in 2018. Please contact Margaret Kenney White at <a href="mailto:kenneym@adv.org">kenneym@adv.org</a> if you have questions or need assistance with the handbook.
<b>Forms, Manuals &amp; Policies</b>	<b>SCHOOL NURSE HANDBOOK</b>
Manuals & Policies	School counselors work to maximize student success, promoting access and equity for all students. As vital members of the school leadership team, school counselors create a school culture of success for all.
Forms & Letters	<b>SCHOOL COUNSELOR HANDBOOK</b>
Staff Forms & Letters	
Health	
Hiring Resources	
Job Descriptions	
Principal Cohorts	
Professional Reading and Videos	
School Safety	
Teacher Certification	
The Friday Update	


Internal Document ONLY

# Incident Reports

<b>CONFIDENTIAL</b>	<b>SCHOOL INCIDENT REPORT</b> <small>ARCHDIOCESE OF WASHINGTON Catholic Schools</small>	<b>FORM 16</b>																								
<p style="text-align: right;">REPORT DATE: _____</p>																										
<p><b>PERSON SUBMITTING THIS REPORT:</b></p> <p>Name: _____ Title: _____</p> <p>Direct Daytime Phone: _____ Email: _____</p>																										
<p><b>SCHOOL INFORMATION</b></p> <p>School: _____ Principal: _____</p> <p>Address: _____</p> <p>School Phone (main): _____ Direct: _____ Cell: _____</p>																										
<p>Incident Date: _____ Incident Time: _____ Incident Location: _____</p>																										
<p><b>INCIDENT DESCRIPTION:</b></p> <p><small>Please be specific. Include a detailed timeline of events leading up to and during the incident; list who was involved; and what steps were taken in response to the incident. Please include any disciplinary actions taken and contact made with parents. If more space is required, please attach additional page(s).</small></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>																										
<p><b>Please indicate the appropriate internal school contacts who have been notified of this incident:</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Pastor</td> <td>Name: _____</td> <td>Date: _____</td> <td>Time: _____</td> </tr> <tr> <td><input type="checkbox"/> Assistant Principal</td> <td>Name: _____</td> <td>Date: _____</td> <td>Time: _____</td> </tr> <tr> <td><input type="checkbox"/> School Counselor</td> <td>Name: _____</td> <td>Date: _____</td> <td>Time: _____</td> </tr> <tr> <td><input type="checkbox"/> School Nurse</td> <td>Name: _____</td> <td>Date: _____</td> <td>Time: _____</td> </tr> <tr> <td><input type="checkbox"/> School Admin. Staff</td> <td>Name: _____</td> <td>Date: _____</td> <td>Time: _____</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td>Name: _____</td> <td>Date: _____</td> <td>Time: _____</td> </tr> </table>			<input type="checkbox"/> Pastor	Name: _____	Date: _____	Time: _____	<input type="checkbox"/> Assistant Principal	Name: _____	Date: _____	Time: _____	<input type="checkbox"/> School Counselor	Name: _____	Date: _____	Time: _____	<input type="checkbox"/> School Nurse	Name: _____	Date: _____	Time: _____	<input type="checkbox"/> School Admin. Staff	Name: _____	Date: _____	Time: _____	<input type="checkbox"/> Other _____	Name: _____	Date: _____	Time: _____
<input type="checkbox"/> Pastor	Name: _____	Date: _____	Time: _____																							
<input type="checkbox"/> Assistant Principal	Name: _____	Date: _____	Time: _____																							
<input type="checkbox"/> School Counselor	Name: _____	Date: _____	Time: _____																							
<input type="checkbox"/> School Nurse	Name: _____	Date: _____	Time: _____																							
<input type="checkbox"/> School Admin. Staff	Name: _____	Date: _____	Time: _____																							
<input type="checkbox"/> Other _____	Name: _____	Date: _____	Time: _____																							
<p><b>Please indicate the person within the Catholic Schools Office who has been notified:</b></p> <p><input type="checkbox"/> Catholic Schools Office Name: _____ Date: _____ Time: _____</p>																										
<p>Submit: All Incident Reports to Catholic schools office &amp; INCLUDE Catholic Mutual if there are injuries or property damage.          EMAIL all Incident Reports to: <a href="mailto:schools@adw.org">schools@adw.org</a>. If injuries/damages also send to: <a href="mailto:DCandMDreportclaim@catholicmutual.org">DCandMDreportclaim@catholicmutual.org</a></p> <p style="text-align: right;">ARCHDIOCESE OF WASHINGTON Rev. Aug. 8, 2021</p>																										

- ☐ **Internal Form** – not to shared without permission of the CSO
- ☐ **Critical Documentation** for:
  - Child Protection, Disciplinary Actions, Truancy, Threats, Corrective Personnel Actions, Accident, Emergency
- ☐ Sent to the Catholic Schools Office **within 24 hours** of the incident
  - [schools@adw.org](mailto:schools@adw.org)
- ☐ Reports of **student injury** must be sent to Catholic Mutual Group
  - [DCandMDreportclaim@catholicmutual.org](mailto:DCandMDreportclaim@catholicmutual.org)

# Fire and Evacuation Drills



**Fire and Evacuation Drill Log**  
ARCHDIOCESE OF WASHINGTON – Catholic Schools Office

FORM 2

The following log is to be used to plan for and record your school's fire evacuation and emergency preparedness drills. Principals are encouraged to conduct a variety of emergency preparedness drills such as Lockdown, Shelter-in-Place and Weather-related drills throughout the school year. A copy of the schedule and log should be readily available for inspection by fire department officials and CSO officials, in addition to being maintained on the [Assurance Database](#).

School Name: \_\_\_\_\_ Principal: \_\_\_\_\_

BE SURE TO ALSO UPLOAD FINAL DRILL LOG on [Assurance Database](#)

**Fire Evacuation Drills:** As a general rule, all Archdiocesan schools are required to conduct at least ten (10) fire evacuation drills during the school year commencing the first month of school and with one drill each succeeding month.

Monthly Schedule	Date Conducted	Weather Conditions	Number of Occupants	Evacuation Time	Comments, Notes
1st:					
2nd:					
3rd:					
4th:					
5th:					
6th:					
7th:					
8th:					
9th:					
10th:					
11th:					
12th:					


**Evacuation Drills:** Lockdown, Shelter-in-Place and Weather-related Drills

Date Scheduled	Date Conducted	Type of Drill	Number of Occupants	Response Time	Comments, Notes
1st:					
2nd:					
3rd:					
4th:					

ARCHDIOCESE OF WASHINGTON  
Rev. July 8, 2022

- ☐ **DC** – At least 2 fire drills within the first 2 weeks of school with 1 per month thereafter; at least 1 in the fall/1 in the spring; 1 during summer school
- ☐ **Calvert** – 1 fire drill conducted monthly
- ☐ **Charles** – 1 fire drill conducted monthly with 1 additional drill during first 2 weeks of school
- ☐ **Montgomery** – at least 10 fire drills during the year with 2 occurring during the first 30 days of school and 1 per month thereafter; 3 additional if summer school
- ☐ **Prince George's** – 1 fire drill monthly while school is in session; includes summer school
- ☐ **St. Mary's** – 10 fire drills through school year: 1 per month and 2 outside of academic school year for a total of 12 in one year's period

# Maryland Fire Drill - Assurances



MARYLAND STATE DEPARTMENT OF  
**EDUCATION**  
EQUITY AND EXCELLENCE

NONPUBLIC SCHOOLS  
**RECORD OF FIRE DRILLS**  
HOUSE BILL 1186 [Effective July 1, 2019]  
State Fire Prevention Code, Education Article §6-206

School Name: \_\_\_\_\_ School Telephone: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ Zip code: \_\_\_\_\_

The State Fire Prevention Code, established under §6-206 of the Public Safety Article, sets forth specific guidelines for fire emergency egress drills for educational facilities. Fire emergency egress drills shall be conducted according to [Code of Maryland Regulation \(COMAR\) 29.06.01](#). Specific language regarding educational programs can be found at COMAR 29.06.01.08VV(1)(b) and (2).

☐ Sprinklers Installed: Yes    No

☐ Additional County Regulations: Yes    No  
    o If yes, please describe \_\_\_\_\_

☐ Month/Day/Year Fire Drills Conducted:

o _____	o _____
o _____	o _____
o _____	o _____
o _____	o _____

**CERTIFICATION OF COMPLIANCE:**

This form must be signed by the Chief Officer of the legal authority responsible for governing and operating the school/educational program.

I hereby certify that the information provided herein is true and correct.

(Printed Name) \_\_\_\_\_ (Title) \_\_\_\_\_

(Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

**Forms to be mailed by February 1st to the address below:**  
MSDE Non-Public Schools Approval Branch  
200 West Baltimore St.  
Baltimore, MD 21201

☐ Form is uploaded to Assurances Database

☐ Superintendent signs it and sends to MSDE



# Custody Arrangements

## 3517 Custody Arrangements

Archdiocesan Catholic schools shall act upon official court orders regarding student custody issues. The schools shall abide by the provisions of the Buckley Amendment for the rights of non-custodial parents' examination and review of student records. Schools shall provide a non-custodial parent access to academic records and other school information regarding his or her child unless there is a court order to the contrary. If there are restrictions regarding access to the student or the sharing of information with the non-custodial parent, it is the custodial parent's responsibility to provide the school with a court-certified copy of the court order at the time of registration.

- ☐ Parent/guardians must provide the school with the **court order or decree** for the student's file
- ☐ Info **must be updated** upon applying for **admission, registering for the next academic year** and whenever **custody arrangement change**
- ☐ **Transportation Permission Form 12** must be updated to reflect current custody arrangements
- ☐ Parents must provide **clear instructions re: transportation**
- ☐ All transportation instructions **should be addressed in the order/agreement**; schools **will not deviate** from these custody/agreement terms



# Partnership

## 3512 Parent or Guardian Cooperation

Parents or guardians seeking admission for their child to Catholic schools shall accept the Catholic identity and philosophy of the school. As the primary educators of their children, parents or guardians shall cooperate fully with the school and all students shall participate in all required school programming (see Policy 3621).

- ☐ Parents or guardians **accept** the **Catholic Identity and philosophy** of the school when they sign the admissions application
- ☐ **Agree not to act in ways that contradict the Catholic nature of the school**, to permit the student to participate in all required school programming
  - ☐ Including instruction in the **Catholic faith and attendance at Mass**
- ☐ Agree to **cooperate fully** with the school, to act in ways that promote the best interests of the church and school, and to comply with the policies of the Archdiocese of Washington and the school



# Partnership

## 3512 Parent or Guardian Cooperation

Parents or guardians seeking admission for their child to Catholic schools shall accept the Catholic identity and philosophy of the school. As the primary educators of their children, parents or guardians shall cooperate fully with the school and all students shall participate in all required school programming (see Policy 3621).

If, at any time, a parent or guardian is **not fully cooperating ....**

- ☐ Consult with your **pastor**
- ☐ **Inform** in writing
- ☐ Provide **warning** about the behavior
- ☐ Offer to **meet to address** the behavior

<<School Letterhead>>

7/19/2022

Dear <<Parents Name>>,

As you know, <<School Name>> is dedicated to the development of the whole child within a Catholic community of faith and academic excellence. School policies and practices are formulated to achieve this mission. Specifically <<Insert School Policy Violated>> outlined in the school handbook (page ##).

This letter is to inform you about the intervention plan that will be effective immediately. For your child(ren) to remain enrolled at <<School Name>>, you must adhere to the following:

- 1.) List Intervention Steps (Reference School Handbook if necessary).
- 2.) ...
- 3.) ...

If for any reason you deem this plan unacceptable or deviate from it, your child(ren) will be subject to a school-mandated withdraw. All future school fees and charges will be waived. Please sign and return this form acknowledging your understanding and agreement to me by tomorrow, <<Insert Date>>.

Sincerely,

Principal Name  
*Principal*

\_\_\_\_\_  
Mother Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father Signature

\_\_\_\_\_  
Date





# Partnership

## 3512 Parent or Guardian Cooperation

Parents or guardians seeking admission for their child to Catholic schools shall accept the Catholic identity and philosophy of the school. As the primary educators of their children, parents or guardians shall cooperate fully with the school and all students shall participate in all required school programming (see Policy 3621).

### If behavior continues after warning....

- ☐ In consult with your **pastor** ....
  - ☐ Consult with **Associate Superintendent (AS)** regarding a mandated withdrawal
  - ☐ **Document** on an Incident Report (Form 16)
  - ☐ **AS will review** withdrawal letter
  - ☐ Letter **cannot be sent without approval** from AS

<<School Letterhead>>

7/19/2022

Dear <<Parents Name>>,

As you know, <<School Name>> is dedicated to the development of the whole child within a Catholic community of faith and academic excellence. School policies and practices are formulated to achieve this mission. Specifically <<Insert School Policy Violated>> outlined in the school handbook (page ##).

This letter is to inform you that <<Student Name(s)>> are withdrawn from <<School Name>> effective immediately as a result of your continued violation of school policy, despite best efforts to engage in an effective intervention plan to ensure the continued enrollment of your child(ren).

On <<Date>>, you attended a conference and signed an intervention plan, which you have not fully followed:

- 1.) <<Identify and detail specific incident or failure of compliance....>>
- 2.) <<... >>

As of the date of this letter, all future school tuition, fees and charges will be waived. Your signature below indicates that you acknowledge this school-mandated withdraw for your child(ren). In accordance with the school's tuition policy and agreement, school transcripts will not be released until all outstanding debts are reconciled.

Sincerely,

Principal Name  
Principal

Mother Signature

Date

Father Signature

Date

# Student Threats

## ☐ All threats are taken seriously...

### **3570 Archdiocesan School Discipline**

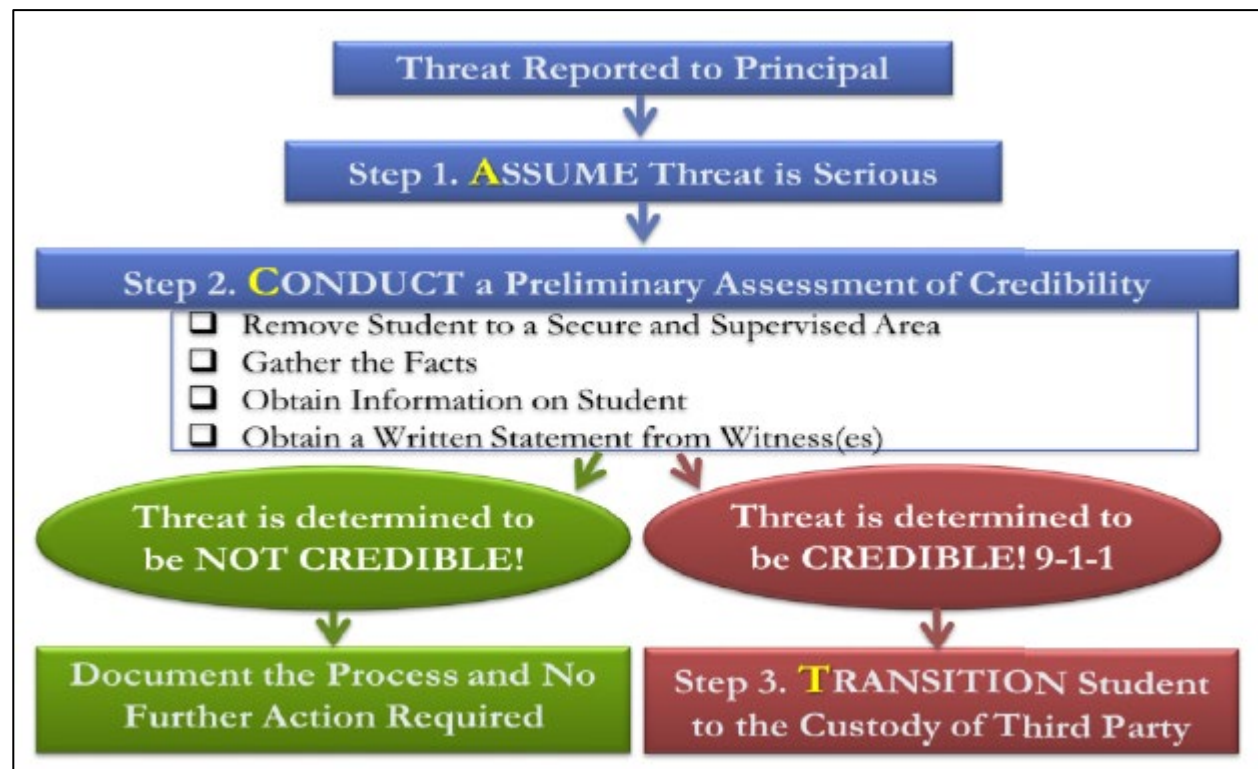
Behavior expectations and responsibilities of students and families shall be clearly defined and communicated in Archdiocesan schools' parent/student handbooks. Each school shall be responsible for developing and implementing codes for behavior and discipline that serve the best interests of students and the school community. Corporal punishment shall not be permitted under any circumstances. Archdiocesan Catholic schools shall abide by all disciplinary procedures and guidelines provided by the Catholic Schools Office.

### **3540 Archdiocesan School Safety**

All Archdiocesan schools shall maintain safe and orderly environments in accordance with the procedures and guidelines provided by the Catholic Schools Office.

# Student Threats

## Threat Assessment



# Student Threats

## Response

### Response to Threats to Commit an Act of Violence **against Oneself**

- ☐ In the event that a student expresses an intent or desire to harm him or herself:
  - **Do not leave the student alone or isolated.**
  - **Ensure that the child is always supervised by an adult.**
- ☐ **Immediately contact the student's parents and the Catholic Schools Office for guidance.**

# Student Threats against Oneself

**LETTER A**

<<School Letterhead>>

<<Date>>

Dear Parent/Guardian of <<Student's Name>>,

As I have discussed with you today, I am concerned about your child, <<Student's Name>>. His/Her behavior today, which included <<List Specific Threatening Behavior>>, has been perceived to be threatening to himself/herself and others in the school community. At this time, <<School's Name>> must temporarily removal your child out of school. For the safety of your child and the entire school community, the following actions are required prior to considering your child's returning to school:

1. By <<Insert Date within 3 Days>>, your child has a formal psychological assessment pertaining to threatening behavior against self or other and socio-emotional behaviors, with specific attention given to <<Describe Threat>>. Prior to any possible re-entry into <<School Name>>, you must have documentation from a licensed mental health professional, like a psychiatrist or psychologist, stating that your child is not a harm or threat to him/herself or others.
2. By <<Insert Date within 3 Days>>, you as the parent/guardian must consent for the disclosure of counseling services and school behavioral records solely for your child, and appropriate documentation of such consent is rendered on file with <<School Name>> and the mental health professional (see attachment for the [Form 19](#)). This documentation permits the appropriate school administrators to share the information with your child's mental health provider, like a psychologist or psychiatrist. Please consult with your insurance for providers and coverage counseling services.

As you know this situation is serious, and it is imperative that you support your child by following the recommendations as outlined in this letter. Overall, this issue deals with both the personal safety and mental health of your child and the entire school community.

I will be back in touch with you soon to schedule a follow-up meeting to discuss your child's future enrollment at <<School's Name>>.

Sincerely,

**FORM 19**

**AUTHORIZATION FOR RELEASE OF INFORMATION**  
ARCHDIOCESE OF WASHINGTON – Catholic Schools

Student's Name: \_\_\_\_\_ Sex: ☐ Male ☐ Female Birth Date: \_\_\_\_\_  
Print Student's Legal Name mm/dd/yyyy

Parent/Guardian Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: ( ) - - Work Phone: ( ) - - Ext. \_\_\_\_\_

**Release of Student Information**

I, \_\_\_\_\_, hereby AUTHORIZE \_\_\_\_\_  
Parent/Guardian's Full Name School Name

to disclose/receive \_\_\_\_\_'s identifiable information as described below  
Print Student's Legal Name

The following information may be ☐ shared with the entity below ☐ received from the entity below

☐ ALL personally identifiable data on file OR The following records ONLY: (please check ✓ all that apply)

<input type="checkbox"/> Assessments/Evaluations	<input type="checkbox"/> Medical Information
<input type="checkbox"/> Behavioral Records/Plans	<input type="checkbox"/> Counseling Records
<input type="checkbox"/> Academic Records	<input type="checkbox"/> Recommendations
<input type="checkbox"/> Other (specify): _____	

Reason for the release of information...  
☐ To aid in making present and future educational decisions (includes transferring schools):  
☐ Other (please specify): \_\_\_\_\_

I AUTHORIZE the release of the aforementioned information (existing in the school's records at the date listed immediately below), regarding my child to:

School/Agency/Institution: \_\_\_\_\_  
Print Name of School/Agency/Institution to Where the Student's Information Will Be Used or Disclosed

Contact Person: \_\_\_\_\_ Phone No. ( ) - - Ext. \_\_\_\_\_  
Print Name of Contact Person at the School/Agency/Institution

School/Agency Address: \_\_\_\_\_

Duration for Disclosure: From: \_\_\_\_\_ Until: \_\_\_\_\_  
Specify Date Specify Date

# Student Threats

## Response

### Response to Threats to Commit an Act of Violence **against Others**

1. Notify **law enforcement** immediately (911)
2. Notify the **Catholic Schools Office** for guidance
3. In **consult with CSO**, notify **parents/community** as necessary
4. Complete School Incident Report (**Form 16**)
5. **Do not leave student alone**; adult supervision required
6. Seek **guidance from CSO** regarding initial meeting with parent

# Student Threats

## Response

### Response to Threats to Commit an Act of Violence **against Others**

#### 7. Assess student's behavior, have **parent pick up** student

- Provide **letter** that student will be out of school until further notice
- **Share information with parent**, severity of threat, and violation of school policy
- Student is not allowed on campus until further notice; **inform faculty/staff**

#### 8. In **consult with CSO**, determine if school community must be notified (approved letter)

#### LETTER A

<<School Letterhead>>

<<Date>>

Dear Parent/Guardian of <<Student's Name>>,

As I have discussed with you today, I am concerned about your child, <<Student's Name>>. His/Her behavior today, which included <<List Specific Threatening Behavior>>, has been perceived to be threatening to himself/herself and others in the school community. At this time, <<School's Name>> must temporarily removal your child out of school. For the safety of your child and the entire school community, the following actions are required prior to considering your child's returning to school:

1. By <<Insert Date within 3 Days>>, your child has a formal psychological assessment pertaining to threatening behavior against self or other and socio-emotional behaviors, with specific attention given to <<Describe Threat>>. Prior to any possible re-entry into <<School Name>>, you must have documentation from a licensed mental health professional, like a psychiatrist or psychologist, stating that your child is not a harm or threat to him/herself or others.
2. By <<Insert Date within 3 Days>>, you as the parent/guardian must consent for the disclosure of counseling services and school behavioral records solely for your child, and appropriate documentation of such consent is rendered on file with <<School Name>> and the mental health professional (see attachment for the [Form 19](#)). This documentation permits the appropriate school administrators to share the information with your child's mental health provider, like a psychologist or psychiatrist. Please consult with your insurance for providers and coverage counseling services.

As you know this situation is serious, and it is imperative that you support your child by following the recommendations as outlined in this letter. Overall, this issue deals with both the personal safety and mental health of your child and the entire school community.

I will be back in touch with you soon to schedule a follow-up meeting to discuss your child's future enrollment at <<School's Name>>.

Sincerely,




# Student Threats

## Response

9. Have parents sign **Form 19** – Authorization to Release Information

10. After law enforcement's investigation, principal and CSO will discuss student's **enrollment status and conditions** if the student to remains at school

FORM 19	
 <b>AUTHORIZATION FOR RELEASE OF INFORMATION</b> ARCHDIOCESE OF WASHINGTON – Catholic Schools	
Student's Name: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Birth Date: _____
<small>Print Student's Legal Name</small>	
Parent/Guardian Name: _____	
Home Address: _____	
Home Phone: ( ) - -	Work Phone: ( ) - - Ext. _____
<b>Release of Student Information</b>	
I, _____, hereby AUTHORIZE _____ <small>Parent/Guardian's Full Name School Name</small>	
to disclose/receive _____'s identifiable information as described below <small>Print Student's Legal Name</small>	
The following information may be <input type="checkbox"/> shared with the entity below <input type="checkbox"/> received from the entity below	
<input type="checkbox"/> ALL personally identifiable data on file OR The following records ONLY: (please check ✓ all that apply)	
<input type="checkbox"/> Assessments/Evaluations	<input type="checkbox"/> Medical Information
<input type="checkbox"/> Behavioral Records/Plans	<input type="checkbox"/> Counseling Records
<input type="checkbox"/> Academic Records	<input type="checkbox"/> Recommendations
<input type="checkbox"/> Other (specify): _____	
Reason for the release of information...	
<input type="checkbox"/> To aid in making present and future educational decisions (includes transferring schools): <input type="checkbox"/> Other (please specify): _____	
I AUTHORIZE the release of the aforementioned information (existing in the school's records at the date listed immediately below), regarding my child to:	
School/Agency/Institution: _____	<small>Print Name of School/Agency/Institution to Where the Student's Information Will Be Used or Disclosed</small>
Contact Person: _____	Phone No. ( ) - - Ext. _____
<small>Print Name of Contact Person at the School/Agency/Institution</small>	
School/Agency Address: _____	
Duration for Disclosure: From: _____	Until: _____
<small>Specify Date Specify Date</small>	



# Student Threats

## Re-Entry

- ❑ Purpose is to make sure all parties have **mutual understanding** of conditions for the student's continuing enrollment at the school
- ❑ Parents & student must understand that the threatening behavior **violates school policy** which is quoted from the school's handbook and **agree to continue to follow the policies** of the school
- ❑ **Agree to counseling** outside of school and/or other conditions
- ❑ Student on **probationary status**
- ❑ **Letter B** must be approved by CSO

<<School Letterhead>> <span style="float: right; background-color: yellow; padding: 2px 5px;"><b>LETTER B</b></span>
<div style="text-align: center; margin-bottom: 20px;">             &lt;&lt;Date&gt;&gt; </div> <p>Dear Parent/Guardian of &lt;&lt;Student's Name&gt;&gt;,</p> <p>The intention of this letter is to notify you that your child's, &lt;&lt;Student's Name&gt;&gt;, enrollment at &lt;&lt;School's Name&gt;&gt; is on Probationary Status for the remainder of the academic year. This probationary status is a result of your child's threatening behaviors against self or others on &lt;&lt;List Specific Date&gt;&gt;, which violated the school's policy and resulted in your child's temporary removal from school. During this time of temporary removal, your child was to be evaluated by a licensed mental health professional clearing him/her as a harm to self and/or others.</p> <p>Prior to your child's return to school, a reentry meeting was held on &lt;&lt;List Specific Date&gt;&gt;. During this meeting you understood that your child's threatening behavior violates school policy, agreed to continue counseling support beyond the school environment, signed the Authorization Release of Student Information (<a href="#">Form 19</a>), and informed of the probationary status of your child's conditional enrollment.</p> <p>I am hopeful that with your support and all the caring professionals here at [School Name] that your child will successfully complete the school year.</p> <p>Sincerely,</p> <div style="text-align: center;">             [Signed] Principal         </div> <hr style="border: 0.5px solid black; margin: 10px 0;"/> <p>I, understand the conditions for my child to re-enter and continue enrollment at &lt;&lt;School Name&gt;&gt;.</p> <p>Name of Parent/Guardian: _____</p> <p>Signature of Parent/Guardian: _____</p>



# School Discipline

## 3570 Archdiocesan School Discipline

Behavior expectations and responsibilities of students and families shall be clearly defined and communicated in Archdiocesan schools' parent/student handbooks. Each school shall be responsible for developing and implementing codes for behavior and discipline that serve the best interests of students and the school community. Corporal punishment shall not be permitted under any circumstances. Archdiocesan Catholic schools shall abide by all disciplinary procedures and guidelines provided by the Catholic Schools Office.

- ☐ Behavior expectations and responsibilities must be **clearly defined and communicated** in the parent/school handbook.
- ☐ Subject to **disciplinary action on and off school property, over any communicative forums**
  - ☐ Including Internet, phones, electronic devices, or media
- ☐ All disciplinary actions must be appropriately **documented at the school level**
  - ☐ At a minimum, include all individuals involved and interviewed, time/date, location, description of incident, and outcomes of disciplinary decisions
- ☐ When **suspension or expulsion** are employed follow procedures in Section 14 of Ops Manual



# School Discipline

## 3570 Archdiocesan School Discipline

Behavior expectations and responsibilities of students and families shall be clearly defined and communicated in Archdiocesan schools' parent/student handbooks. Each school shall be responsible for developing and implementing codes for behavior and discipline that serve the best interests of students and the school community. Corporal punishment shall not be permitted under any circumstances. Archdiocesan Catholic schools shall abide by all disciplinary procedures and guidelines provided by the Catholic Schools Office.

## SUSPENSION

### In-School

- ☐ Document facts, investigate, rationale for decision
- ☐ Inform parents (written communication)
- ☐ Hold conference, if necessary

### Out-of-School

- ☐ Document on Form 16 (facts, investigation, rationale, attach supporting documents)
- ☐ Inform parents (written communication)
- ☐ Hold conference prior to return

## REMOVAL FROM SCHOOL

### Determine Opportunity to Withdrawal with Pastor

- ☐ Document on Form 16
  - ☐ Include facts, investigation, signed witness statements, other disciplinary info, supporting documents, rationale
- ☐ Need AS approval before speaking with parent
- ☐ Convene conference

### Expulsion (consult with pastor & Superintendent)

- ☐ Handbook must clearly state grounds for expulsion
- ☐ Document on Form 16 (see above)
- ☐ Need AS approval before speaking with parent
- ☐ Convene conference

# Lines of Communication

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## **2500 LINES OF COMMUNICATION**

Archdiocesan Catholic schools communities, with regard to all school-related matters, shall communicate within a prescribed sequence, based on levels of responsibility consistent with canon law and in accordance with the principle of subsidiarity:

1. Student/parent;
2. Teacher;
3. Chief administrator of the school;
4. Pastor or appointed canonical leader;
5. Catholic Schools Office;
6. Superintendent;
7. Secretary for Education.

For CSO and Superintendent – in writing to [schools@adw.org](mailto:schools@adw.org)



# Child Protection Reporting

## 3542 Child Abuse and Protection

All Archdiocesan schools shall adhere to the Archdiocese of Washington Child Protection Policy and the procedures and guidelines from the Catholic Schools Office and the Office of Child Protection Services.

- ☐ In event of **suspected child abuse**, chief administrators, all ADW school staff and volunteers shall follow the ADW Child Protection Policy (CPP)
- ☐ DC/Maryland – teachers, school officials, and child care workers are considered **mandated reporters**.
  - DC Code §4-1321.02; COMAR §5-704; CPP 5.1



# Child Protection Reporting

## 3542 Child Abuse and Protection

All Archdiocesan schools shall adhere to the Archdiocese of Washington Child Protection Policy and the procedures and guidelines from the Catholic Schools Office and the Office of Child Protection Services.

- ☐ **Any archdiocesan personnel**, including those who do not work or volunteer with children, who has reason to believe or suspects that any child has been victim of physical abuse, sexual abuse, or neglect must report to civil authorities.
- ☐ **Form 16** must be completed and well-documented.
- ☐ **Only the agency conducting the investigation** shall notify the child's parent/guardian of the interview or investigation.



# ADW Support

ARCHDIOCESAN EXECUTIVE SUPPORT (EST) General Emergency & School-related Incidents		
<b>Superintendent of Schools</b> Ms. Kelly Branaman Office: (301) 853-5348 Cell: (202) 549-3412 <a href="mailto:branamank@adw.org">branamank@adw.org</a>	<b>Associate Superintendent</b> Mr. Chris Buchleitner Office: (301) 853-5353 Cell: (301) 533-6071 <a href="mailto:buchleitnerc@adw.org">buchleitnerc@adw.org</a>	<b>Assistant Superintendent</b> Mrs. Anne Dillon Office: (301) 853-4569 Cell: (301) 221-5488 <a href="mailto:dillona@adw.org">dillona@adw.org</a>
<b>President of CCA</b> Dr. Camille Brown Privette Office: (301) 853-5358 <a href="mailto:Camille.privette@catholicacademies.org">Camille.privette@catholicacademies.org</a>	<b>General Counsel</b> Christopher Anzidei, Esq. Office: (301) 853-5342 <a href="mailto:anzideic@adw.org">anzideic@adw.org</a>	<b>Secretary of Communications</b> Paula Gwynn Grant Office: (301) 853-5372 Cell: (202) 579-1537 <a href="mailto:grantp@adw.org">grantp@adw.org</a>
<b>Executive Director of Child Protection and Safe Environment</b> Courtney Chase Office: (301) 853-5302 Cell: (202) 255-8514 <a href="mailto:chasec@adw.org">chasec@adw.org</a>		<b>Director of Real Estate</b> Ms. Michelle Shelton Office: (301) 853-4522 Cell: (301) 980 4293 <a href="mailto:sheltonm@adw.org">sheltonm@adw.org</a>

# Where will I find forms and documents?

A QUICK LOOK AT  
THE PRINCIPAL  
PORTAL



# Questions

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