

Pasquaney School District
Policy JJJ: Access to Public School Programs by Nonpublic, Charter School
and Home Educated Pupils

All pupils residing in the District, whether they are home educated, or are attending public chartered school or nonpublic schools (collectively, “non-enrolled district students”), shall have access to curricular courses and co/extra-curricular programs offered by the District in accordance with RSA 193:1-c.

A. Equal Access to District Courses and Programs.

Non-enrolled district students will have the same access as do enrolled students to the District's courses and programs. Non-enrolled district students shall not be subject to any policies, procedures or standards with respect to participation in the District's courses or programs that are more restrictive than those governing the District's enrolled students. Non-enrolled district students, however, must meet the same eligibility criteria as the District's students as described in paragraph B below.

The district allows non-enrolled district students to participate on an equal basis in courses and programs offered by the district provided they meet the eligibility requirements for participation (e.g., deadlines for registration, academic progress/performance, parental permission, third party (e.g., NHIAA) requirements, physical exams/health requirements, etc).

In the event that a course or program has reached capacity, selection between enrolled students and non-enrolled district students must be made using the same criteria, such as registration deadlines, registration dates, audition/tryout, seniority by grade, etc. If, after applying such criteria the course/program remains overenrolled, the determination should be made randomly.

B. Participation in Curricular Courses.

In order to participate in the District's curricular courses, non-enrolled district students must meet the eligibility criteria that applies to students enrolled in the school district. The building Principal will provide this eligibility criteria to parents or guardians of non-enrolled district students upon request.

Parents/guardians shall submit requests for participation in District courses in writing to the building Principal. The building Principal will verify that the eligibility standards are the same as those that apply to students enrolled in the school district.

The Principal will determine if a non-enrolled district student has satisfied eligibility criteria and prerequisites in the same manner as s/he would:

1. For determining whether a course satisfies requirements for awarding credits, and
2. for assigning to classes or grade levels and for students transferring from other schools

In making the determination, the Principal should consider home education evaluation materials (see RSA 193-A:6, III), course descriptions, syllabi, and/or any other relevant information offered by the parent/guardian of the student.

Requests for the related services including, but not limited to, physical therapy, occupational therapy, speech therapy, counseling, psychological, guidance, and/or special education services shall be referred to the Special Education Director. If a dispute arises between the parent/guardian

and the District as to the pupil's right to these services, the Special Education Director shall inform the Superintendent, who shall consult the District's attorney for a legal opinion.

C. Use of School Texts and Library Materials.

Non-enrolled district students will be permitted to use the school library, borrow school texts and borrow library materials under the same conditions and rules as pupils enrolled in the District.

D. Participation in Activities and Co/extra-curricular Programs.

Requests by non-enrolled district students for participation in District co-curricular/extra-curricular activities or programs ("activities") shall be made in writing by the parent/guardian to the building Principal. The building Principal shall ensure that there is equal treatment and opportunity of non-enrolled district students relative to their participation in District activities.

In order to participate in District activities, non-enrolled district students must:

1. Meet the eligibility criteria for participation in the activity that apply to students enrolled in the school district, with the exception of school attendance;
2. Meet any tryout criteria or their equivalent for participation in the activity that apply to students enrolled in the school district and
3. Comply with all policies, rules and regulations or their equivalent of the governing organization of the activity

Non-enrolled district students participating in district co-curricular and extra-curricular activities are subject to the same fees charged enrolled students for the activity.

E. Appeals.

Any student/parent/guardian who believes that the district's policies/regulations or the State's laws/regulations pertaining to a non-enrolled district student's access to a course or program have not been appropriately or fairly interpreted may appeal as follows:

If the original decision being appealed was made by the Principal, then the "Principal" as used in steps 1-4 shall refer to the "Superintendent", and the Superintendent's decision shall be final. Step 5 shall not apply.

1. Submit a letter to the building Principal stating the nature of the concern and requesting a hearing.
2. Within five (5) school days the Principal will convene a meeting with him/herself, the student and/or parents, the coach/advisor, and a teacher(s).
3. The student/parent will be given an opportunity to explain why they believe the student should be eligible for participation. Additionally, the student/parent may present information, documents or other material in support of their position. The Principal shall prepare minutes of the meeting.
4. The Principal will consider all information available and will make a final decision within three (3) school days following the meeting. The Principal will notify and inform the student/parents of his/her decision in writing via email. When time is of the essence, the Principal should first convey the basic conclusion as soon as practicable via telephone or email.

5. The student/parent/guardian may within 3 days of the Principal's email of the decision submit a written request for further review by the Superintendent. The written request should describe why the Principal's decision should not be upheld. The Superintendent may decide without further information to uphold the Principal's decision, or may determine a further meeting is necessary. In either event, the Superintendent's decision will be final. If the parent/guardians do not request a review by the Superintendent, then the Principal's decision will be final as of the fourth day after the Principal's written decision was transmitted to the parents/guardians.

F. Administrative Regulations or Procedures.

The Superintendent or designee may adopt such administrative regulations or procedures as s/he deems appropriate in order to implement this policy.

District Policy History:

First reading: _____

Second reading/adopted: _____

District revision history:

Pasquaney School District
Appendix JJJ-R: Access to Public School Programs by Nonpublic,
Charter School and Home Educated Pupils - Administrative Regulations

A. Participation in District Programs. Participation in District curricular courses or co/extra-curricular programming and activities by home educated, public chartered school, or nonpublic school pupils ("non-district students") is governed by Board policy JJJ.

B. Participation in Curricular Courses. The following additional criteria and conditions are established:

1. Transportation to and from school is only provided when the transportation falls within the ordinary school bus schedule or is otherwise required under state law. The Principal may make an exception to this condition based on a review of all pertinent circumstances.
2. All pupils participating in curricular courses are expected to maintain punctual attendance and complete all required coursework, homework, exams, etc., as established by the teacher or instructor for all students.
3. If the pupil is taking the course for credit or grade, such credit or grade will be granted only after the completion of the class.
4. Requests for participation that are received after class schedules have been made will be granted only if there is space available.

C. Participation in Co/Extra-Curricular Activities. Requests by non-district students for participation in co/extra-curricular activities shall be made in writing by the parent/guardian to the building. Co/extra-curricular activities include, but are not necessarily limited to field trips, excursions, athletics (including intramurals), band, chorus, clubs, organizations, school dances, and others.

The following criteria and conditions are hereby established:

1. The parent/guardian must provide prior written permission for participation.
2. The participating pupil agrees to abide by all Board policies relative to student code of conduct and eligibility.
3. Participation in the activity is developmentally appropriate for the pupil.
4. The building Principal, advisor, coach may ask the parent/guardian to chaperone an event if the same applies to parent/guardians of enrolled students.
5. Coaches, teachers and group/club supervisors may establish their own rules relative to participation, attendance, and expectations, provided such rules are not contrary to these regulations corresponding policy JJJ. Participating non-district students are expected to abide by those rules as well.
6. Home educated or other non-district school students may be required to provide proof of a recent physical examination from their physician for participation in athletic activities, consistent with other Board policies relative to athletic participation.

Pasquaney School District
Appendix JJJ-R: Access to Public School Programs by Nonpublic,
Charter School and Home Educated Pupils - Administrative Regulations

District Policy History:

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Pasquaney School District
Policy JKAA: Use of Restraints and Seclusion

- A. **Policy Statement.** This policy is designed to help ensure the safety and dignity of all students by limiting and regulating the use of restraint and seclusion only as crisis or emergency responses. Restraint and seclusion of students is prohibited in the District except as described below.
- B. **Definitions.** For the purposes of this policy,
1. **"Restraint"** means bodily physical restriction, mechanical devices, or any device that immobilizes a person or restricts the freedom of movement of the torso, head, arms, or legs. It includes mechanical restraint, physical restraint, and medication restraint used to control behavior in an emergency or any involuntary medication. It is limited to actions taken by persons who are school or facility staff members, contractors, or otherwise under the control or direction of a school or facility.
 - a. **"Medication restraint"** occurs when a child is given medication involuntarily for the purpose of immediate control of the child's behavior.
 - b. **"Mechanical restraint"** occurs when a physical device or devices are used to restrict the movement of a child or the movement or normal function of a portion of his or her body.
 - c. **"Physical restraint"** occurs when a manual method is used to restrict a child's freedom of movement or normal access to his or her body.
 - d. **"Prone restraint"** is a prohibited physical restraint technique which occurs when a child is intentionally placed face-down on the floor or another surface, and the child's physical movement is limited to keep the child in a prone position. For the purpose of this definition, physical restraint that involves the temporary controlling of an individual in a prone position while transitioning to an alternative, safer form of restraint is not considered to be a prohibited form of physical restraint.
 - e. **Exceptions to definition of restraint.** The term "restraint" DOES NOT, however, include:
 - i. Brief touching or holding to calm, comfort, encourage, or guide a child, so long as limitation of freedom of movement of the child does not occur.
 - ii. The temporary holding of the hand, wrist, arm, shoulder, or back for the purpose of inducing a child to stand, if necessary, and then walk to a safe location, so long as the child is in an upright position and moving toward a safe location.
 - iii. Physical devices, such as orthopedically prescribed appliances, surgical dressings and bandages, and supportive body bands, or other physical holding when necessary for routine physical

examinations and tests or for orthopedic, surgical, and other similar medical treatment purposes, or when used to provide support for the achievement of functional body position or proper balance or to protect a person from falling out of bed, or to permit a child to participate in activities without the risk of physical harm.

- iv. The use of seat belts, safety belts, or similar passenger restraints during the transportation of a child in a motor vehicle.
- v. The use of force by a person to defend himself or herself or a third person from what the actor reasonably believes to be the imminent use of unlawful force by a child, when the actor uses a degree of such force which he or she reasonably believes to be necessary for such purpose and the actor does not immobilize a child or restrict the freedom of movement of the torso, head, arms, or legs of any child.

2. **"Dangerous Restraint Technique"** are prohibited forms of restraint and/or behavior techniques that include:

- a. Prone restraint, or any other physical restraint or containment technique that:
 - i. Obstructs a child's respiratory airway or impairs the child's breathing or respiratory capacity or restricts the movement required for normal breathing;
 - ii. Places pressure or weight on, or causes the compression of, the chest, lungs, sternum, diaphragm, back, or abdomen of a child;
 - iii. Obstructs the circulation of blood;
 - iv. Involves pushing on or into the child's mouth, nose, eyes, or any part of the face or involves covering the face or body with anything, including soft objects such as pillows, blankets, or washcloths; or
 - v. Endangers a child's life or significantly exacerbates a child's medical condition.
- b. The intentional infliction of pain, including the use of pain inducement to obtain compliance.
- c. The intentional release of noxious, toxic, caustic, or otherwise unpleasant substances near a child for the purpose of controlling or modifying the behavior of or punishing the child.
- d. Any technique that unnecessarily subjects the child to ridicule, humiliation, or emotional trauma.
- e. Other forms of physical and medical restraint shall be administered in such a way so as to prevent or minimize physical harm. During the administration of restraint, the physical status of the child, including skin temperature, color, and respiration, shall be continuously monitored. The child shall be released from restraint immediately if they demonstrate signs of one or more of the

following: difficulty breathing; choking; vomiting; bleeding; fainting; unconsciousness; discoloration; swelling at points of restraint; cold extremities, or similar manifestations.

3. **"Seclusion"** means: the involuntary confinement of a child alone in any room or area from which the child is unable to exit, either due to physical manipulation by a person, a lock, or other mechanical device or barrier, or from which the child reasonably believes they are not free to leave; or, the involuntary confinement of a child to a room or area, separate from their peers, with one or more adults who are using their physical presence to prevent egress.

The term "seclusion" DOES NOT, however, include: the voluntary separation of a child from a stressful environment for the purpose of allowing the child to regain self-control, when such separation is to an area which a child is able to leave; circumstances in which there is no physical barrier, and the child is physically able to leave; or involuntary confinement of a child to a room or area with an adult who is actively engaging in a therapeutic intervention. A circumstance may be considered seclusion even if a window or other device for visual observation is present, if the other elements of this definition are satisfied.

4. **"Child"** means a person who has not reached the age of 18 years and who is not under adult criminal prosecution or sentence of actual incarceration resulting therefrom, either due to having reached the age of 17 years or due to the completion of proceedings for transfer to the adult criminal justice system under RSA 169-B:24, RSA 169-B:25, or RSA 169-B:26. "Child" also includes a person in actual attendance at a school who is less than 22 years of age and who has not received a high school diploma.

- C. **Training Required.** Under RSA 126-U:5, II, the restraint may only be used/implemented by trained school staff, while 126-U:5-a, II applies the same limitation to the use of seclusion. The Superintendent shall ensure that:

1. each school building has staff who have been appropriately trained in the proper and safe implementation of seclusion or restraint techniques;
2. each school building has staff who have been appropriately trained and are authorized to assess the mental, emotional, and physical well-being of a student relative to a period of restraint that exceeds 30 minutes in conditions described in _____, below; and
3. all employees, and other persons who are required to have criminal history background checks under Board policy GBCD receive *general training* in the requirements and prohibitions of this policy, as well as basic de-escalation procedures. Personnel who have only received such general training are not authorized to use restraint or seclusion upon any student.

Procedures for Managing the Behavior of Students. General procedures for managing student behavior are found in Board policies, District Code of Conduct, and student handbooks. Behavior of individual students may be addressed in applicable individualized educational plans, 504 plans, behavior intervention plans, or other such individualized documents. The Superintendent is authorized to establish additional procedures for managing student behavior and to implement this Policy as needed. Such procedures shall be consistent with all Board policies and all applicable laws

or regulations. The Superintendent is further authorized to establish any other procedures necessary to implement this policy and/or any other legal requirements.

D. Provisions Governing the Circumstances in Which – and Conditions by Which – Forms of Restraint May and May Not Be Used.

1. Authorized Use of Restraint.

a. General.

- i. Restraint may only be used by trained personnel using extreme caution when *all other interventions have failed or have been deemed inappropriate.*
- ii. The determination of whether the use of restraint is justified in a specific instance must be made with consideration of all relevant circumstances, including whether continued acts of violence by a child to inflict damage to property will create a substantial risk of serious bodily harm to the child or others.
- iii. Restraint may only be used to ensure the immediate physical safety of any person when there is a substantial and imminent risk of serious bodily harm to the student or others.
- iv. Restraint shall never be used either explicitly or implicitly as punishment for the behavior of a child.
- v. Restraint will not be imposed for longer than is necessary to protect the student or others from the substantial and imminent risk of serious bodily harm.
- vi. Restraint will be *discontinued immediately* if a child demonstrates signs of one or more of the following: difficulty breathing; choking; vomiting; bleeding; fainting; unconsciousness; discoloration; swelling at points of restraint; cold extremities; or similar manifestations.

- b. Restraint Periods Exceeding 15 Minutes. Pursuant to RSA 126-U:11, no period of restraint of a student may exceed 15 minutes without the approval of a supervisory employee designated by the Superintendent or Principal to provide such approval.

However, no period of restraint of a student may exceed 30 minutes unless an assessment of the mental, emotional, and physical well-being of the student is conducted by an employee trained and authorized to make such assessments.

Such assessments shall be repeated at least every 30 minutes during the period of restraint. Each such assessment shall be documented in writing and such records shall be retained as part of the Written Notification required in Section G.1.c __, below.

- 2. Prohibition of Certain Forms of Restraint.** The use of any dangerous restraint technique as defined in Section B, above, is prohibited. Additionally, medical and mechanical restraints are prohibited except that limited mechanical restraint may be

used in transportation as described in and subject to the conditions set forth in paragraph 3, of this Section.

3. **Limited Use of Mechanical Restraints During Transportation.** Pursuant to RSA 126-U6, the use of Mechanical Restraints is generally prohibited. However, RSA 126-U:12 allows the use of mechanical restraint during transportation when case-specific circumstances dictate that such methods are necessary.

Whenever a student is transported to a location outside the school, the Superintendent or designee will ensure that all reasonable and appropriate measures consistent with public safety are made to transport or escort the student in a manner which:

- a. Prevents physical and psychological trauma;
- b. Respects the privacy of the child; and
- c. Represents the least restrictive means necessary for the safety of the child.

Whenever a student is transported using mechanical restraints, the Superintendent or designee will document in writing the reasons for the use of the mechanical restraints as described in Section G.3 below.

4. **Reporting and Notification.** Any occurrence or incident or occurrence in which restraint is used shall be followed by reports and notification as described in Section G, below.

F. Use of Seclusion.

1. **Circumstances in Which - and Conditions by Which - Seclusion May and May Not Be Used.**

- a. Seclusion may only be used by personnel trained in the proper use of seclusion as provided in Section C, above.
- b. Seclusion may only be used when a student's behavior poses a substantial and imminent risk of physical harm to the student or others and may only continue until that danger has dissipated.
- c. Seclusion shall only be used after other approaches to the control of behavior have been attempted and been unsuccessful or are reasonably concluded to be unlikely to succeed based on the history of actual attempts to control the behavior of a particular child.
- d. Seclusion will not be used explicitly or implicitly as a form of punishment or discipline for the behavior of a student.
- e. Seclusion shall not be used in a manner that unnecessarily subjects the child to the risk of ridicule, humiliation, or emotional or physical harm.

2. **Conditions of Seclusion.** When seclusion is permitted under this policy,

- a. it may only be imposed in rooms which:
 - i. Are of a size which is appropriate for the chronological and developmental age, size, and behavior of the children placed in them.
 - ii. Have a ceiling height that is comparable to the ceiling height of the other rooms in the building in which they are located.
 - iii. Are equipped with heating, cooling, ventilation, and lighting systems that are comparable to the systems that are in use in the other rooms of the building in which they are located.
 - iv. Are free of any object that poses a danger to the children being placed in the rooms.
 - v. Have doors which are either not equipped with locks or are equipped with devices that automatically disengage the lock in case of an emergency. For the purposes of this subparagraph, an "emergency" includes, but is not limited to:
 - A. The need to provide direct and immediate medical attention to a child;
 - B. Fire;
 - C. The need to remove a child to a safe location during a building lockdown; or
 - D. Other critical situations that may require immediate removal of a child from seclusion to a safe location.
 - b. Each use of seclusion shall be directly and continuously visually and auditorily monitored by a person trained in the safe use of seclusion (e.g., in person, window with accommodation for sound, video with audio feed).
3. **Required Use of Co-Regulators.** When seclusion is used, the Principal, or when the Principal is not immediately available, the Principal's designee or the then supervising employee, shall designate a co-regulator to monitor the child and develop a plan to help the child manage their state of regulation and their return to a less restrictive setting. The co-regulator shall check the child at regular intervals not to exceed 30 minutes in length. The co-regulator shall be selected and designated in the following order of preference:
- a. A trusted adult selected by the child.
 - b. A clinician or counselor trained in trauma informed practices.
 - c. A staff member known to have a positive relationship with the child.
 - d. A staff member who was **NOT** involved in the incident that led to seclusion.
4. **Reporting and notification.** Any occurrence or incident in which seclusion is used shall be documented and followed with reports and notification as described in Section G, below. Multiple incidents of seclusion/restraint may be present within a

single occurrence, and should be individually described within the reports and notifications.

G. Reporting, Notification, and Record-Keeping Requirements.

1. **Restraint and Seclusion.** Whenever restraint or seclusion has been used on a child, the following shall apply:
 - a. Immediate verbal report to Principal, designee or then current supervising employee: Immediately after the occurrence of seclusion or restraint and any threat to safety is no longer imminent, the employee who uses seclusion or restraint shall provide verbal notice to the Principal, Principal's designee or other supervising employee on duty.
 - b. Initial Notification to Parent/Guardian: Upon receipt of a report of the use of seclusion or restraint, and unless prohibited by court order, the Principal, Principal's designee, or other supervising employee who received the immediate verbal report described in Paragraph G.1.a, shall make reasonable efforts to contact the child's parent or guardian as soon as is practicable, but no later than the time of the return of the child to the parent/guardian or the end of the business day, whichever is earlier. The form of notice shall be in the manner calculated to give the parent/guardian actual notice of the incident at the earliest possible time.
 - c. Written Notification to Superintendent: Within five business days of the use of seclusion or restraint, the employee who used seclusion or restraint on a child, will, with the assistance of the Principal or other employee who received the immediate verbal report (or if the employee is not available, the Principal or other recipient of the immediate report) will submit written notification on the form provided by the New Hampshire Departments of Education and Health and Human Services (the "DOE/DHHS form") to the Superintendent. In the absence of the availability of the DOE/DHHS form, the submission shall nonetheless be in writing and include all of the information required under RSA 126-U:7, II. The DOE/DHHS form or other writing used will be referred to as the Written Notification.

If the use of restraint on a child exceeded 30 minutes, the Written Notification shall also include information pertaining to the assessments described in Section E.1.b, above.
 - d. Written Information to Parent/Guardian: Unless prohibited by court order, within 2 business days of receipt of the Written Notification, the Superintendent/designee shall send by USPS first class mail, or transmit by electronic means, to the child's parent/guardian all of the information included in the Written Notification or the Written Notification itself.
 - e. Final Investigation and Report: The Superintendent or Superintendent's designee shall review and investigate each incident of seclusion or restraint for a determination as to whether the use complied with this policy, RSA 126-U and Ed 1201-1203. After the completion of a reasonable review/investigation, the Superintendent or her/his designee, shall follow the Written Notification with a Final Report of the incident. The Final Report should include findings and conclusions, the documentary and other physical evidence (or summary of oral evidence), and a description of actions taken in response to those findings and conclusions.

2. **Additional Reporting Required for Injury or Death of a Child Subject to Restraint or Seclusion.** In cases involving serious injury or death to a child subject to restraint or seclusion in a school, the Principal/Superintendent designee shall, in addition to the reports and notifications described above, and in accordance with the provisions of RSA 126-U:7, notify the Commissioner of the Department of Education, the New Hampshire Attorney General, and the New Hampshire Disability Rights Center using the contact information provided by the Department of Education. Such notice shall include the Official/Written Notification required in Section G.1.c, above.
3. **Additional Documentation Regarding Use of Mechanical Restraint.** Whenever a child is transported using mechanical restraints, the person(s) completing the Official Report Form/written notification described in G.1.c, above, shall include the reasons for the use of mechanical restraints. Such documentation shall be treated and retained as a notification of restraint under RSA 126-U:7
4. **Documentation for Other Intentional Physical Contact Between Employee and Student.** The following shall apply whenever there is an instance where a school employee has intentional physical contact with a student in response to a student's aggressive misconduct or disruptive behavior.
 - a. Notice to parents: the Principal, designee, or other supervising employee will make reasonable efforts to promptly notify the student's parent or guardian. *Such notification shall be made no later than the time of the return of the child to the parent/guardian or the end of the business day, whichever is earlier.* The form of notice shall be in the manner calculated to give the parent/guardian actual notice of the incident at the earliest possible time.
 - b. Physical Contact Written Description: Unless the incident is subject to the notice and reporting requirements of Section G.1 above, the Principal shall prepare a written description of the incident ("Physical Contact Written Description") of the incident within five (5) business days of the occurrence/incident. The Physical Contact Written Description will include:
 - i. The date and time of the incident.
 - ii. A brief description of the actions of the child before, during, and after the occurrence.
 - iii. The names of the persons involved in the occurrence.
 - iv. A brief description of the actions of the facility or school employees involved before, during, and after the occurrence.
 - v. A description of any injuries sustained by, and any medical care administered to, the child, employees, or others before, during, or after the incident.
5. **Circumstances when Reporting/Notification is not Required.** The notification, reporting and record keeping requirements included in this Section G are not required in the following circumstances:
 - a. When a child is escorted from an area by way of holding of the hand, wrist, arm, shoulder, or back to induce the child to walk to a safe location. If, however, the child is actively combative, assaultive, or causes self-injury

while being escorted, then the notification requirements described above are applicable.

- b. When actions are taken such as separating children from each other, inducing a child to stand, or otherwise physically preparing a child to be escorted.
- c. When the contact with the child is incidental or minor, such as for the purpose of gaining a misbehaving child's attention. However, blocking of a blow, forcible release from a grasp, or other significant and intentional physical contact with a disruptive or assaultive child shall be subject to the notification and reporting requirements described above.

6. **Retention of Records.** All reports, notifications and other records created pursuant to this Section, or Sections H, I or J, shall be retained [the term of the student's enrollment plus three years, unless:

- a. the student is or was a student with an Individualized Educational Program, in which case, the records shall be retained and destroyed in accordance with paragraph B.1 of Board policy EHB; or
- b. a longer period is required pursuant to instruction by the Department of Education or the Department of Health and Human Services

H. **Mandatory Reporting of Violations by Others.** Any school employee who has reason to believe that the action of another may constitute a violation of this policy, or the provisions of RSA 126-U, must report the suspected violation to the Principal or Superintendent in accordance with the reporting procedures of Board policy GBEAB. The conduct giving rise to the suspected violation may require reporting under Board policies JLF – Reporting Child Abuse or Neglect.

I. **Complaints of Violation of RSA 126-U.** Any individual may file a complaint with the Superintendent's office alleging a violation of this policy or RSA 126-U. The complainant should be encouraged to file the complaint in writing with the information listed in paragraph 1 below, but if declined, the Superintendent/designee should promptly prepare a written summary of the complaint with such information as could be obtained from the complainant. The complaint should be made as soon as possible after the incident. (Note that under Ed 1203.02, complaints to the New Hampshire Department of Education made more than twelve months after an incident will be dismissed by the Department.)

1. **Complaint Contents.** The written complaint or complaint summary should include:

- a. The complainant's name, unless the complainant refuses;
- b. The date or approximate date of the alleged incident;
- c. The location of the alleged incident;
- d. The name of the child or children subject to the alleged restraint or seclusion, if known;
- e. The name of the school personnel alleged to have restrained or secluded the child, if known;
- f. A description of the alleged restraint or seclusion; and
- g. The date of complaint.

2. **Investigation and Resolution of Complaint.** The complaint or grievance will be investigated by the Superintendent, or another person designated by the Superintendent. The Complainant should be contacted no later than 5 business days (excluding school year vacations) following the date of the complaint.

In most cases, investigation of the complaint should be completed within 20 days following receipt of the complaint. If the Superintendent is not personally conducting the investigation, however, the extension of time must first be approved by the Superintendent. When extra time is required, the reasons for the extension should be included in the final investigative report.

A written investigative report of the findings and conclusions (whether the complaint is founded or unfounded) should be completed within five days of completion of the investigation. In addition to findings and conclusions, the investigative report must include the documentation of the evidence (or summary of oral evidence) relied upon.

The Superintendent will contact the complainant within 5 days after the report is completed to discuss the completion of the investigation. The amount of information provided is dependent on the nature of the complainant and the legal privacy of the concerned parties. If the complainant is the parent or guardian of the child concerned, the Superintendent may allow the parent/guardian access to the written report in the same manner as any other student record.

The Superintendent shall take such actions as are appropriate in light of the investigative report, including, without limitation, any mandatory or discretionary reports to outside agencies, employee discipline, ordering further investigation, training, etc.

Any further review of the original complaint or investigative report will be in accordance with other established processes, e.g., grievance processes within applicable collective bargaining agreements

The written complaint/complaint summary, the investigative report, evidence, and other documents concerning the complaint shall be retained in accordance with Ed 1202.02(e).

- J. **Review of IEP or 504 Plan Following the Use of Restraint or Seclusion.** Pursuant to RSA 126-U:14, upon information that restraint or seclusion has been used for the first time upon a child with a disability as defined in RSA 186-C:2, I or a child who is receiving services under Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. section 701, and its implementing regulations, the school shall review the Individual Educational Program ("IEP") and/or Section 504 plan and make such adjustments as are indicated to eliminate or reduce the future use of restraint or seclusion.

If there have been multiple instances of restraint or seclusion of a child with a disability since the last IEP/504 plan review, an additional review shall occur at the request of the parent or guardian of the child.

- K. **Prohibition Against Retaliation or Harassment.** No person shall subject any individual to harassment or retaliation for filing, in good faith, a report under this policy, RSA 126-U, or Department of Education Rules Ed 1200.

- L. **Dissemination of Policy.** A copy of this policy shall be provided to the parent, guardian, or legal representative of each full or part-time student upon enrollment, and annually thereafter printed in each student handbook. Additionally, the policy will be included on each school's website and/or the online.

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Pasquaney School District
Policy JLC: Student Health Services & School Nurses

A. General Health Services: The Board may appoint one or more school nurses to carry out appropriate school health-related activities.

B. School Nurse Qualifications and Responsibilities. A school nurse shall be a registered professional nurse licensed in New Hampshire and certified by the New Hampshire Department of Education. The Board may employ or contract with a Licensed Practical Nurse (LPN) or a Licensed Nursing Assistant (LNA) to work under the direct supervision of the school Registered Nurse (RN). As provided by New Hampshire law, the school nurse is responsible for any delegation of health care tasks.

Responsibilities of the 21st century school nurse include, but are not limited to: providing direct health care to students; providing leadership, care coordination and qualitative improvement of school health services; promoting a healthy school environment and control/surveillance of infectious diseases; promoting health; serving in a leadership role for health policies and programs; and serving as a liaison between school personnel, family, community, and health care providers. Additionally, the school nurse is responsible for the oversight of other school services, including but not limited to: assessing and responding to individual student health needs through Individual Healthcare Plans, maintaining accurate health records, participating on 504 and IEP teams (as needed or required), health promotion, disease and injury prevention initiatives, student wellness, and other responsibilities and services as dictated by law or Board policy. Finally, the school nurse will assist the administration in developing/updating forms necessary and appropriate for health-related issues (e.g., emergency, individual student health needs, administration of medication, etc.).

C. Injuries, Illnesses and Medications. Emergency medical care will be provided pursuant to Board Policy EBBC/JLCE.

Any pupil who is required to take prescribed medication during the school day will do so consistent with the provisions of Department of Education Rule 311.02 and Board Policy JLCD.

Injuries and illnesses occurring during the school day are to be reported to the school nurse or the building principal. Accidents shall be reported in accordance with Board Policy EBBC. Students attending school during the extended day, night, or summer school programs, or any other time when the school nurse is not in the building, are to report all illnesses and injuries to the supervising adult. Students will not be allowed to leave school due to injury or illness without first notifying either the school nurse or principal as well as the student's parent/guardian or other person identified on the student's emergency contact form on file with the school.

District Policy History:

First reading: _____

Second reading/adopted: _____

District revision history:

Pasquaney School District
Policy JLCA: Physical Examinations of Students

A. General. Each child must have written evidence of a complete physical examination within one year preceding first entry to school. Additionally, each child shall have written evidence of a physical examination within one year before entry into seventh grade and again before entry into high school.¹

Parents of students transferring to the District must present documentation evidencing of meeting the physical examination requirement prior to or upon first entry into the District's schools. Failure to comply with this provision may result in exclusion from school for the child.

B. Conditional Enrollment. If an examination required under paragraph A above has not been performed within the preceding year, the school will accept documentation of an appointment for a physical examination within two months of enrollment, or other time deemed appropriate by the Superintendent.

C. Homeless Students and Unaccompanied Youth. Pursuant to the McKinney-Vento Act homeless students and/or unaccompanied youth, may enroll and attend school while the Homeless Liaison works with the family/student to obtain examinations or documentation of the same

D. Special Examination. – Pursuant to RSA 200:34 every child with a presenting problem and whom the school nurse, deems to require further evaluation, may be referred by the school nurse, with the consent of the principal, to the parents or guardian of said child for examination, and evaluation by an appropriate practitioner. If the parents fail or neglect to have said child so examined and fail to present the recommendations from said examiner within a reasonable period after the referral by the school, then said child may be examined by a qualified health care provider. In significant cases, the matter may be reported to DCYF

E. Religious Exemption. No medical examination shall be required of a child whose parent or guardian objects thereto in writing on the grounds such medical examination is contrary to his/her religious tenets and teachings.

F. Participation on Athletic Teams. Prior to participation on a school athletic team, students must provide written documentation that they have passed a physical. Such exam must be completed at least once every school year. This requirement does not apply to students participating in intramural athletics. At the District's sole discretion, the school may schedule physical exams with a single, qualified health care provider (i.e., physician, advanced registered nurse practitioner, or licensed physician's assistant); any student who misses the scheduled physicals must present evidence of a physical exam from a licensed health care provider.

G. Parent Notification - Certain Circumstances. Pursuant to the Protection of Pupil Rights Amendment, if the District utilizes federal money to perform physical exams or screenings on students, the District will notify parent(s) of such physical exam or screening and will allow the parent's to "opt out" their child of any non-emergency, invasive physical exam or screening required as a condition of attendance, administered by the school or its agent and scheduled by the school, and not necessary to protect the immediate health and safety of a student or of another student, except for hearing, vision, or scoliosis screenings, or any physical exam or screening permitted or required under state law.

District Policy History:

First reading: _____

Second reading/adopted: _____

District revision history:

Pasquaney School District
Policy JLCB: Immunizations of Students

A. Immunizations Required. Any child being admitted to the District must present written documentation of meeting the then current New Hampshire immunization requirements, unless exempted for medical reasons under RSA 141-C:20-c, or for religious reasons as provided in paragraph D of this policy. All immunizations must meet minimum age and interval requirements for each vaccine. A 4-day grace period is allowed; however, live attenuated vaccines (e.g., MMR, Varicella, nasal influenza vaccine, etc.) that are not administered on the same day must be administered at least 28 days apart.

The District will notify parents/guardians of immunization requirements at the earliest possible date, so that the necessary plans can be made with the healthcare provider or other medical resources to accomplish this standard prior to a child being admitted to school.

B. Conditional Enrollment. A child who has not met the immunizations requirements of paragraph A, above, may be "conditionally" enrolled and allowed to attend school when the parent/guardian provides:

1. Documentation of at least one dose for each required vaccine; AND
2. The appointment date for the next dose of required but incomplete vaccine.

The appointment date referred to in B.2, above, shall serve as the exclusion date if the child does not keep the scheduled appointment. Conditional enrollment shall not be extended to the next school year for the same dose of vaccine.

C. Homeless Students and Unaccompanied Youth. Pursuant to the McKinney-Vento Act homeless students and/or unaccompanied youth, may enroll and attend school while the Homeless Liaison works with the family/student to obtain examinations or documentation of the same.

D. Military Children and Military Connected Students. Pursuant to the Interstate Compact on Educational Opportunity for Military Children (RSA 110-D:5, III), immunization(s) (or for a series of immunizations, the initial vaccination(s)) shall be obtained within 30 days from the date of the military child/military connected student's enrollment, or within a time frame determined under the rules of the Interstate Commission.

E. Health and Religious Exemptions.

1. **Medical Exemption.** A student shall be exempted from the above immunization requirements if he/she presents written documentation in accordance with RSA 141-C:20-c, I from his/her physician that immunization will be detrimental to his/her health. An exemption under this paragraph shall apply only to the specific immunization referenced in the physician's written statement, and will continue for the greater of one year or the length of time stated in the physician's statement.

2. Religious Exemption. In accordance with RSA 141-C:20-c, II, a child will be excused from immunization for religious reasons, upon receipt of a statement, signed by the child's parent/guardian, stating that the child has not been immunized because of religious beliefs.

In the event of an outbreak, students who have been exempted from immunization requirements will be excluded from school for a period of time, to be established after consultation with the NH Dept. of Health & Human Services (NHDHHS), if such students are considered to be at risk for the disease or virus that they have not been immunized against.

F. Records. The school nurse, principal or designee trained in state immunization requirements is responsible for documenting that all students have been immunized prior to school entrance in accordance with RSA 141-C:20-a, or that one of the circumstances described in paragraphs B-D, above apply.

The Superintendent or designee shall assure that the District maintains immunization records in accordance with NHDHHS regulations.

District Policy History:

First reading: _____

Second reading/adopted: _____

District revision history:

Pasquaney School District
Policy JLCD: Administering Medication to Students

A. General Provisions for Administration of Medication.

Medication whether prescription or over-the-counter ("OTC"), shall only be administered to or taken by students during the school day in accordance with this policy, and the corresponding administrative procedures record-keeping found in JLCD-R.

This policy shall extend to any school-sponsored activity, event, or program.

Medication is to be administered by a school nurse, as defined in RSA 200:29 ("the school nurse"). The school nurse may delegate the administration of medication to others only as permitted under the New Hampshire Nurse Practice Act, and N.H. Code of Administrative Regulations Nur 404. If no such person is available, the building principal or the principal's designee is permitted to assist students in taking required medications by:

- i. making such medications available to the student as needed;
- ii. observing the student as he/she takes or does not take his/her medication; and
- iii. recording whether the student did or did not take his/her medication.

Whenever possible, medications, should not be taken during the school day. Upon receiving a request from the parent, guardian, or physician relative to a particular student's need for medication during school hours, the school nurse may contact the parent, or guardian to discuss whether the student should remain at home, or whether the medication should be taken before, during, and/or after school. The nurse may also inquire about any other medical conditions requiring medications and any special side effects, contraindications, and adverse reactions to be observed.

- a. Prescription Medication will be only be administered in school only after receiving and filing in the student's health record the following:
 - a. A written statement from the licensed prescriber conforming to the requirements of N.H. Department of Education Rule 311.02 (i)(1) (included in District procedures JLCD-R).
 - b. A written authorization from the parent/guardian as provided in N.H. Department of Education Rule 311.02 (i)(2) & (3) (included in District procedures JLCD-R).
- b. Over-the-Counter Medication may be administered to a student with previous written authorization from the parent/guardian. The school nurse may, however, require a licensed prescriber's order, or further information/direction from a licensed health care provider (i.e., physician, advanced registered nurse practitioner, licensed physician's assistant or dentist), before administering an OTC medication to a student. The authorization shall contain the same information, with the same access, as is required relative to prescription medications.

To the extent consistent with New Hampshire's Nurse Practices Act, RSA 326-B, the school nurse may at his/her discretion accept verbal instructions from a licensed health care provider relative to administration of a prescription medication, and verbal instructions from a parent/guardian with respect to an OTC medication. In both instances, the verbal instructions shall be followed by written statements as provided above.

B. Emergency Administration of Medication.

The school nurse or other properly designated personnel may administer other medications to students in emergency situations provided such personnel has all training as is required by law.

C. Field Trips and School Sponsored Activities

A single dose of medication may be transferred by the school nurse from the original container to a newly labeled container for the purposes of field trips or school sponsored activities. For trips or activities necessitating more than one dose, special arrangements for administering medication must be approved by the school nurse or, in the school nurse's absence, the Principal.

D. Other Uses/Administration Prohibited.

No person shall share or otherwise administer any prescription or over-the counter medication with any student except as provided in this policy. Notice of this prohibition will be provided in student handbooks. Students acting in violation of this prohibition will be subject to discipline consistent with applicable Board policies.

E. Delivery, Storage and Disposal of Medication.

Medications provided by the student's parent/guardian may only be delivered to the school nurse or principal/principal's designee. All such medication should be delivered in its original container. The school nurse is directed to keep such medications in a locked cabinet or refrigerator. No more than a 30-day supply will be kept and maintained by the school. The school nurse will contact the parent/guardian regarding any unused medication. Such medication shall be picked up by parent/guardian within ten days after its use is discontinued. If the parent/guardian does not pick up the medication within ten days, the school nurse may dispose of the unused medication and record as such in the student's health record file.

The school nurse may maintain a supply of asthma related rescue medication and the emergency medication epinephrine.

F. Administration and Self-Administration of Epinephrine Auto-Injectors and Inhalers.

Students may possess and self-administer an epinephrine auto-injector if the student suffers from potentially life-threatening allergies. Both the student's parent/guardian and physician must authorize such self-possession and self-administration. If a student finds it necessary to use his/her auto-injector, s/he shall immediately report to the nearest supervising adult. The school nurse or building principal may maintain at least one epinephrine auto-injector, provided by the student, in the nurse's office or other suitable location. Additionally, students may possess and self-administer a metered dose inhaler or a dry powder inhaler to alleviate or prevent asthmatic symptoms, auto-injectors for severe allergic reactions, and other injectable medications necessary to treat life-

threatening allergies. Both the student's parent/guardian and physician must authorize such self-possession and self-administration. Such authorization must include the same information required under A.1 of this policy.

Other emergency medications, such as insulin, may be carried and self-administered by the student only with prior approval by the school nurse and written statements from a licensed health care provider and a parent/guardian and in the same manner as described in A.1 of this Policy, and subject to other conditions as the school nurse may require.

G. Medication Records.

The school nurse is responsible for keeping accurate records regarding the administration of medication to students. Such records shall be retained as required under Board policy EHB, Data/Records Retention.

H. Implementation: Procedures and Protocols.

The Superintendent, in consultation with the school nurse(s), shall be responsible for establishing specific procedures necessary and appropriate to control (e.g., delivery, storage, authorization, record-keeping, reporting, etc.) medications in the schools. Such procedures shall be in writing, and coded as JLCD-R. The procedures should be reviewed no less than every two years.

Additionally, and pursuant to N.H. Administrative Rule Ed. 311.02(k), each school nurse shall also develop and implement building specific protocols regarding receipt and safe storage of prescription medications.

District Policy History:

First reading: _____

Second reading/adopted: _____

District revision history:

Pasquaney School District
Appendix JLCD-R: Administering Medication to Students - Procedures

These administrative procedures are intended to implement School Board policy JLCD “Administering Medication to Students”. Pursuant to that policy, any medication, whether prescription or over-the-counter (“OTC”) administered to or taken by students during the school day or school activities shall comply with School Board policy JLCD and these procedures.

A. Written Authorizations

1. Prescription medications. In order for prescription medications to be given at the school, the following shall occur:
 - a. The school nurse shall ensure that a written statement containing the following be on file in the student's health record:
 - i. The student's name;
 - ii. The name and signature of the licensed prescriber and contact numbers;
 - iii. The name, route and dosage of medication;
 - iv. Specific recommendations for administration;
 - v. The frequency and time of medication administration or assistance;
 - vi. Any special side effects, contraindications, and adverse reactions to be observed;
 - vii. The date of the order; and
 - viii. A diagnosis, if not a violation of confidentiality;
 - b. The school nurse shall ensure that there is written authorization by the parent and/or guardian that contains:
 - i. The parent and/or guardian's printed name and signature;
 - ii. A list of all medications the student is currently receiving, if not a violation of confidentiality or contrary to the request of the parent/guardian or student that such medication be documented; and
 - iii. Approval to have the school nurse administer the medication, the student to possess and self-administer and/or the principal or his designee assist the student with taking the medication; and
 - c. The school nurse shall ensure the authorization or other accessible documentation contains:
 - i. The parent and/or guardian's home and emergency phone number(s); and
 - ii. Persons to be notified in case of a medication emergency in addition to the parent or guardian and licensed prescriber.

2. Non-Prescription / Over-the-Counter Medications. Non-prescription and OTC medications shall be administered only with the written authorization of the parent and/or guardian. The authorization shall contain the same information, with the same access, as is required relative to prescription medications in paragraphs A.1.b & c, above.

To the extent consistent with the N.H. Nurse Practice Act, RSA 326-B and applicable state regulations, the school nurse may accept verbal authorization from a parent/guardian or licensed healthcare provider, to be followed with written confirmation per Board policy JLCD.

B. Delivery of Medication to School

1. A parent, guardian or a parent/guardian-designated, responsible adult shall deliver all medication to be administered by school personnel to the school nurse or other responsible person designated by the school nurse as follows:
2. The prescription medication shall be in a pharmacy or manufacturer labeled container;
3. The school nurse or other responsible person receiving the prescription medication shall document the quantity of the prescription medication delivered; and
4. The medication may be delivered by other adult(s), provided, that the nurse is notified in advance by the parent or guardian of the delivery and the quantity of prescription medication being delivered to school is specified.

C. Storage of Medication

1. All medications shall be stored in their original pharmacy or manufacturer labeled containers, and in such manner as to render them safe and prevent loss of efficacy. A single dose of medication may be transferred from this container to a newly labeled container for the purposes of field trips or school sponsored activities.
2. All medication to be administered by the school nurse shall be kept in a securely-locked cabinet which is kept locked except when opened to obtain medications. Medications requiring refrigeration shall be stored in a locked box in a refrigerator maintained at temperatures of 38 degrees to 42 degrees. Emergency medications may be secured in other locations readily accessible only to those with authorization.
3. No more than a 30-school day supply of the prescription for a student shall be stored at the school.
4. Consistent with N.H. Administrative Rule Ed. 311.02(k), each school nurse shall also develop and implement building specific protocols regarding receipt and safe storage of prescription medications.

D. Documentation & Communications Regarding Administration of Medication

1. The school nurse (or, in the school nurse's absence, the Principal/designee) will document the following information regarding medication taken by each student:
 - a. Name of medication taken/administered;
 - b. Dose and route of administration;

- c. Date and time of administration;
 - d. Signature, initials, or electronic signature/verification of adults present; and
 - e. Other noteworthy comments or information relating to significant observations relating to prescriptions, a medication's adverse reactions, beneficial effects, etc.
- 2. If student refuses to take or spills medication, or medication is lost or has run out, such shall be recorded.
 - 3. Each school nurse shall develop and maintain a paper or electronic system to document the information required in paragraphs D.1 & 2. Such system shall allow for secure communication of the information recorded in items D.1 & 2 to the child's parent/guardian and/or licensed prescriber.
 - 4. The recording system shall allow additions, but must assure that the original information cannot be deleted. Any changes must be signed by the school nurse, principal or designee.
 - 5. The system shall assure retention of records in accordance with paragraph E of these procedures.

E. Student Health Records

Physicians' written orders and the written authorization of parents or guardians should be filed with the student's cumulative health record. An appropriate summary completed at least once every school year for each medication prescribed and taken should become part of the student's health record.

Student health records shall be retained in accordance with Board policy EHB and the District's Data/Records Retention Schedule, EHB-R, or any superseding statutes or regulations. Health records concerning students who receive special education services shall be retained according to the provisions of the Data/Records Retention Schedule pertaining to special education.

District Policy History:

First reading: _____

Second reading/adopted: _____

District revision history:

Pasquaney School District
Policy JLCE: Emergency Care And First Aid (dually coded with EBBC)

All School personnel have responsibilities in connection with injuries and emergencies occurring in school and at school-sponsored events, which may be classified as follows: (1) administering first aid; (2) summoning medical assistance; (3) notifying administration; (4) notifying parents; and (5) filing accident/injury reports.

School personnel must use reasonable judgment in handling injuries and emergencies. Caution should be exercised not to minimize or maximize any injury or illness. All personnel will understand the proper steps to be taken in the event of an injury or emergency.

The Superintendent or designee will ensure that at least one other person on staff, aside from the school nurse, has current first aid and cardiopulmonary certification (CPR). If the school nurse or licensed practical nurse is not available, the person(s) who have current first aid and CPR certification is authorized to administer first aid and CPR as needed.

The school will obtain at the start of each school year emergency contact information of parents/guardians for each student and staff member.

The school physician, school nurse, or specially trained staff members shall assist in the treatment of injuries or emergency situations. Such individuals have the authority to administer oxygen in case of a medical emergency, if available and if appropriate. This authorization extends to administering oxygen to students without prior notification to parents/guardians.

The school nurse or other designated personnel may administer other medications to students in emergency situations, provided such personnel has all training as is required by law. Such medication may also be administered in emergency situations if a student's medical action plan has been filed and updated with the school district to the extent required by law.

Consistent with state law, the school nurse may maintain a supply of asthma related rescue medication and the emergency medication epinephrine. The school physician, if any, the school nurse, or specially trained staff members may also administer epinephrine to any student in case of a medical emergency, if appropriate. This authorization extends to administering epinephrine without prior notification to parents/guardians. The school nurse or other designated personnel may administer or make available to self-administer a bronchodilator, spacer, or nebulizer to a student who has been diagnosed with asthma for use in emergency or other situations as determined by the school nurse.

The district will maintain all necessary records relative to the emergency administration of medication and will file all such reports as may be required under Board policy JLCD, or applicable laws or regulations.

Accident reports must be prepared and filed consistent with Board policy EBBB.

Records related to the emergency administration of any medication under this policy shall be made

and maintained by the school nurse as provided in Board policy JLCD and District procedures JLCD-R. The school nurse will follow other first aid reporting protocols, as may be determined by other Board policy or administrative directive.

Naloxone/Narcan and Opioid Antagonists:

The Board authorizes the District to obtain, store and administer naloxone/Narcan and/or other opioid antagonists for emergency use in schools.

The school nurse or other properly trained staff member may administer such medication in emergency situations. Opioid antagonists will be available during the regularly scheduled school day. They may be available at other times at the discretion of the Superintendent.

The Superintendent is authorized to procure such medication on behalf of the District.

All such medication will be clearly marked and stored in a secure space in the school nurse's office or other appropriate location. The school nurse is responsible for storing the medication consistent with the manufacturer's instructions and Board policy JLCD and District procedures JLCD-R.

Local law enforcement and emergency medical service personnel will be notified if such medication is administered by the District.

District Policy History:

First reading: _____

Second reading/adopted: _____

District revision history:

**Pasquaney School District
Policy JLCF: Wellness**

The Board recognizes the importance of proper nutrition and developmentally appropriate physical activity as ways of promoting healthy lifestyles, minimizing childhood obesity, and preventing other diet-related chronic diseases. The Board also recognizes that health and student success are inter-related. It is, therefore, the goal of the Board that the learning environment positively influences a student's understanding, beliefs, and habits as they relate to good nutrition and physical activity.

This policy outlines the District's approach to ensuring environments and opportunities for all students to practice healthy eating and physical activity behaviors throughout the school day while minimizing commercial distractions. This policy applies to all students, staff and schools in the District.

I. DISTRICT WELLNESS COMMITTEE.

The Superintendent, in consultation with the Food Services Director, will facilitate development of updates to the District Wellness Policy, subject to School Board approval, and will oversee compliance with the policy.

The Superintendent shall convene a representative Wellness Committee, whose functions will include review and recommendations regarding implementation of and updates to this policy, and review specific goals for nutrition promotion, education and physical activity

The Superintendent or his/her designee shall serve as the Chairperson of the District Wellness Committee, and shall maintain an updated roster of persons serving on the Committee.

The Wellness Committee shall meet no less than three times per school year.

The District Wellness Committee should represent the school and the diversity of the community, and to the extent feasible include the Superintendent or her/his designee, the Food Services Director, physical education teachers, health education teachers, school counselors, school administrators, outside health professionals as needed, individual school building representatives.

Staff appointments to the Wellness Committee will be made by the Superintendent or designee. Remaining members, other than those who are ex officio, shall be appointed and approved by the Wellness Committee.

As a statutory committee, the Wellness Committee shall comply with the requirements of RSA 91-A regarding meetings.

II. WELLNESS POLICY IMPLEMENTATION, MONITORING, ACCOUNTABILITY AND COMMUNITY ENGAGEMENT.

A. Implementation Plan.

Conduct a school level assessment based on the Centers for Disease Control and Prevention's School Health Index, using tools available through such programs as the Alliance for a Healthier Generation [Healthy Schools Program](#), and to create an action plan and generate an annual progress report.

B. Annual Notification of Policy.

The District will annually inform families and the public of basic information about this policy, including its content, any updates to the policy, and implementation status. The District will make this information available via the district website. This information will include the contact information of the District official(s) chairing the Wellness Committee in addition to how the public can get involved with the District Wellness Committee.

C. Triennial Progress Assessments.

Every three years, the Food Services Director will assess:

- The extent to which each of the District's schools are in compliance with the wellness policy;
- The extent to which the District Wellness Policy compares to model wellness policies; and
- A description of the progress made in attaining the goals of the District's Wellness Policy.

The Wellness Committee will make recommendations to update the District Wellness Policy based on the results of the annual School Health Index and triennial assessments and/or as District priorities change; community needs change; wellness goals are met; new health science, information, and technology emerges; and new Federal or state guidance or standards are issued. The Board will review and act upon such assessments as required or as the Board deems appropriate.

D. Recordkeeping.

The Superintendent or designee will retain records related to this Policy, to include at least the following:

- The District Wellness Policy;
- The most recent assessment on the implementation of the local school wellness policy;
- Documentation on how the District Wellness Policy and Policy assessments are/were made available to the public;
- Documentation confirming annual compliance with the requirement that District Wellness Policy, including updates, and the most recent assessment on the implementation of the Policy have been made available to the public; and

- Documentation of efforts to review and update the District Wellness Policy; including who is/was involved in each update and methods the District uses to make stakeholders aware of opportunities to participate on the District Wellness Committee.

E. Community Involvement, Outreach and Communications.

The District will communicate ways in which representatives of DWC and others can participate in the wellness policy through a variety of means appropriate for that district. The District will also inform parents/guardians of the improvements that have been made to school meals and compliance with school meal standards, availability of child nutrition programs and how to apply, and a description of and compliance with Smart Snacks in School nutrition standards.

III. NUTRITION.

A. School Meals.

The school will participate in USDA child nutrition programs, including the National School Lunch Program (NSLP). The school is committed to offering school meals that:

- Are accessible to all students;
- Are appealing and attractive to children;
- Are served in clean and pleasant settings;
- Promote healthy food and beverage choices; and
- Meet or exceed current nutrition requirements established by local, state, and Federal statutes and regulations. The District offers reimbursable school meals that meet USDA nutrition standards, which may be found at:

<https://www.fns.usda.gov/school-meals/nutrition-standards-school-meals>

B. Staff Qualifications and Professional Development.

All school nutrition program directors, managers and staff will meet or exceed hiring and annual continuing education/training requirements in the USDA professional standards for school nutrition professionals, which may be found at:

<https://www.fns.usda.gov/school-meals/professional-standards>

C. Water.

To promote hydration, free, safe, unflavored drinking water will be available to all students at every school

Students shall be permitted to bring water bottles to school that:

1. Are made of material that is not easily breakable;
2. Have lids to prevent spills; and
3. Are filled exclusively with water

School Principals may discipline students for the misuse of water bottles, consistent with Board policy JICD.

B. Competitive Foods and Beverages and Marketing of Same in Schools.

“Competitive foods and beverages” (i.e., foods and beverages sold and served or marketed during the school day, but outside of the school meal programs) must meet the USDA Smart Snacks in School nutrition standards, which may be accessed at:

<https://www.fns.usda.gov/school-meals/smart-snacks-school>

These standards will apply in all locations and through all services where foods and beverages are sold, which may include, but are not limited to, à la carte options in cafeterias and vending machines.

Except as may be provided elsewhere in this Policy, any foods and beverages marketed or promoted to students on the school campus during the school day will meet or exceed the USDA Smart Snacks in School nutrition standards. Food and beverage marketing is defined as advertising and other promotions in schools, including, but is not limited to:

1. Brand names, trademarks, logos or tags, except when placed on a physically present food or beverage product or its container.
2. Displays, such as on vending machine exteriors.
3. Corporate brand, logo, name or trademark on school equipment, such as marquees, message boards, scoreboards or backboards (**note:** immediate replacement of these items are not required; however, districts will replace or update scoreboards or other durable equipment when existing contracts are up for renewal or to the extent that is financially possible over time so that items are in compliance with the marketing policy.).
4. Corporate brand, logo, name or trademark on cups used for beverage dispensing, menu boards, coolers, trash cans and other food service equipment; as well as on posters, book covers, pupil assignment books or school supplies displayed, distributed, offered or sold by the District.
5. Advertisements in school publications or school mailings.
6. Free product samples, taste tests or coupons of a product, or free samples displaying advertising of a product.

Corporate brand names, logos, and trademarks for companies that market products that comply with the USDA Smart Snacks in School nutrition standards will not be prohibited because they offer some non-compliant food or beverage items in their product line. Likewise, the marketing restrictions do not apply to clothing or other examples of expression which include brand information for non-compliant food or beverage items.

As the District, school athletic department, and parent teacher associations review existing contracts and consider new contracts, equipment and product purchasing (and replacement) decisions should reflect the applicable marketing guidelines established by the District wellness policy.

C. Celebrations and Rewards.

All foods offered during the school day on the school campus will meet or exceed the USDA Smart Snacks in School nutrition standards. Foods and beverages will not be used as a reward or withheld as punishment for any reason. The District's School Nutrition Services will make available a list of healthy party ideas to parents and teachers, including non-food celebration ideas, and a list of foods and beverages which meet Smart Snack nutrition standards.

D. Food Sale Fundraising.

Foods and beverages that meet or exceed the USDA Smart Snacks in Schools nutrition standards may be sold through fundraisers on the school campus during the school day. Fundraising groups are encouraged to choose non-food fundraisers, and to consider healthy fundraising ideas. Notwithstanding this provision, each school may allow up to nine ake sales or other fundraising food sales of non-compliant foods (i.e., that do not meet Smart Snack standards), which are no more than one day in duration each.

E. Nutrition Promotion.

The District will promote healthy food and beverage choices for all students throughout the school campus, as well as encourage participation in school meal programs. This promotion will include

1. Implementation of at least ____ or more evidence-based healthy food promotion techniques in the school meal programs using methods included in the Smarter Lunchroom Movement, which may be found at:

<https://www.smarterlunchrooms.org/scorecard-tools/smarter-lunchrooms-strategies>

2. Ensuring 100% of foods and beverages promoted to students during the school day meet the USDA Smart Snacks in School nutrition standards. Additional promotion techniques that the District and individual schools may use are available through the Smart Flood Planner of the Alliance for a Healthier Generation, available at:

<https://www.healthiergeneration.org/our-work/business-sector-engagement/improving-access-to-address-health-equity/smart-food-planner>.

F. Nutrition Education.

The District will teach, model, encourage and support healthy eating by all students.

1. Nutrition education shall be included in the health curriculum so that instruction is sequential and standards-based and provides students with the knowledge, attitudes, and skills necessary to lead healthy lives.
2. Nutrition education posters will be displayed in [each school cafeteria] [each room in which students regularly eat their lunches].
3. Consistent nutrition messages shall be disseminated throughout the school.

Schools should provide additional nutrition education that

4. Is designed to provide students with the knowledge and skills necessary to promote and protect their health;
5. To the extent practicable is integrated into other classroom instruction through subjects such as math, science, language arts, social sciences and elective subjects;
6. May include enjoyable, developmentally-appropriate, culturally-relevant and participatory activities, such as cooking demonstrations or lessons, promotions, taste-testing, farm visits and school gardens;
7. Promotes fruits, vegetables, whole-grain products, low-fat and fat-free dairy products and healthy food preparation methods;
8. Emphasizes caloric balance between food intake and energy expenditure (promotes physical activity/exercise);
9. Links with school meal programs, cafeteria nutrition promotion activities, school gardens, Farm to School programs, other school foods and nutrition-related community services;
10. Teaches media literacy with an emphasis on food and beverage marketing; and
11. Includes nutrition education training for teachers and other staff.

IV. PHYSICAL ACTIVITY.

The District will provide physical education consistent with national and state standards. Physical activity during the school day (including but not limited to recess, classroom physical activity breaks or physical education) **will not be withheld** as punishment for any reason.

Classroom Physical Activity Breaks.

In addition to any recess periods provided in the ordinary daily schedule, students will be offered **periodic opportunities** to be active or to stretch throughout the day. The district recommends teachers provide short (3-5-minute) physical activity breaks to students during and between classroom time at least three days per week. These physical activity breaks will complement, not substitute, for physical education class, recess, and class transition periods.

Before and After School Activities.

The District offers opportunities for students to participate in physical activity after school through interscholastic and intramural sports and clubs.

Walking and Biking to School.

The District will support walking or biking to school by students or faculty only if determined safe by the building principal.

V. OTHER ACTIVITIES TO PROMOTE STUDENT WELLNESS.

The District will endeavor to integrate wellness activities across the entire school setting, not just in the cafeteria or physical education and athletic facilities.

VI. PROFESSIONAL LEARNING.

When feasible, the District will offer annual professional learning opportunities and resources for staff to increase knowledge and skills about promoting healthy behaviors in the classroom and school (e.g., increasing the use of kinesthetic teaching approaches or incorporating nutrition lessons into math class).

District Policy History:

First reading: _____

Second reading/adopted: _____

District revision history:

Pasquaney School District
Policy JLCJ: Concussions and Head Injuries

The Pasquaney School District is committed to ensuring the safety of students while at school and when participating in any school-sponsored events. The Board is aware that head injuries, including concussions, can happen to any student, not just an athlete, and that the risk of catastrophic injuries or death is significant when a concussion or other head injury is not properly evaluated and managed.

Section A of this policy applies to all students of the District who experience or are suspected to have experienced a concussion or other traumatic brain injury, whether in school or out, while Section B pertains to student-athletes, and other students participating in school sports or other district athletic activities.

A. Provisions relating to all Students Who have Experienced a Concussion or Traumatic Brain Injury.

1. **Definitions:** For purposes of this policy, the terms below will have the ascribed meanings.

"Head injury" means injuries to the scalp, skull, or brain caused by trauma, and shall include a concussion which is the most common type of sports-related brain injury.

"Health care provider" means a person who is licensed, certified, or otherwise statutorily authorized by the state to provide medical treatment (physician, advanced registered nurse practitioner, licensed physician's assistant, or dentist).

"Student-athlete" means a student involved in any intramural sports program conducted outside the regular teaching day or competitive student sports program between schools in grades 4 through 12.

"Sports" means intramural sports programs conducted outside the regular teaching day for students in grades 4 through 12 or competitive athletic programs between schools for students in grades 4 through 12, including, without limitation, all NHIAA sanctioned activities, including cheer/dance squads, or any other district-sponsored sports or activities as determined by the board or administration.

2. **Duty to Report.** All District employees shall report any accident or incident which involves a student head injury. The report should be filed in the same manner provided under Board policy EBBB as for that of any accident requiring first aid. Additionally, Teachers should report to the school nurse (or administrator in charge if the nurse is unavailable) if the student appears to have any difficulty with academic tasks that the teacher believes may be related to concussion. The school nurse will notify the student's parents of guardians and treating health care provider.

3. Return to Learning Protocols. After a student has suffered a concussion, whether in school or not, before full resumption of academic work, the building principal or his/her designee will work with the school nurse, a student's parent/guardian, medical provider, teacher(s) and other appropriate district staff, to establish a graduated learning reentry plan. The plan will support the student's full return to academic activities, and ease the stress of making up past work while engaged in present work. The plan must include:

- Step-by-step instructions and details for students, parents/guardians and school personnel;
- Time frames for physical and cognitive rest within first few days post-injury and throughout the recovery as needed;
- Guidance on graduated return to extracurricular athletic activities and classroom studies, including classroom accommodations or modifications;
- Frequency of assessments by the school nurse, school physician if applicable, neuropsychologist or athletic trainer until full return to the classroom and extracurricular athletic activities are authorized;
- Any provisions relative to "return-to-play" for student-athletes;
- A plan for communication and coordination among school personnel and with the parents/caregivers and the student's medical provider.

Section 504 or other such accommodations or modifications when appropriate will be developed in accordance with applicable law and Board policies.

4. Concussion Awareness and Education. To the extent possible, the District will implement concussion awareness and education into physical education and/or health education curriculum.

B. Provisions relating to Students Participating in Sports and Athletic Programs.

Consistent with the National Federation of High School (NFHS) and the New Hampshire Interscholastic Athletic Association (NHIAA), the District will utilize recommended guidelines, procedures and other pertinent information to inform and educate coaches, youth athletes, and parents/guardians of the nature and risk of concussions or head injuries, including the dangers associated with continuing to play after a concussion or head injury.

1. Compliance with NHIAA Procedures and Protocols. All coaches, officials or licensed athletic trainers will comply with NHIAA recommended procedures for the management of head injuries and concussions.
2. Immediate Removal from Play and other NHIAA Protocols. Any coach, official, licensed athletic trainer, or health care provider who suspects that a student-athlete has sustained a concussion or head injury in a practice (including tryouts or trainings) or during a competition shall immediately remove the student-athlete from all physical activity.

3. "Return to Play". A student-athlete who has been removed from play shall not return to play on the same day, nor until (a) a Return to Learning Plan has been established consistent with paragraph A.3 of this policy, (b) he/she is evaluated by a health care provider and receives medical clearance and written authorization from that health care provider stating the student-athlete is symptom free and may return to play, and (c) the student-athlete's parent/guardian provides written permission for the student-athlete to return to play.

The District shall limit a student-athlete's participation as determined by the student's treating health care provider, unless, based upon the judgement of the coach or licensed athletic trainer greater limitations are appropriate.

If symptoms of a concussion recur, or if concussion signs and/or behaviors are observed at any time during the return-to-activity program, the coach must immediately remove the student-athlete from play. Depending on previous instructions, the athlete may need to be re-evaluated by the health-care provider, or may have to return to the previous step of the return-to-activity program.

4. Parent Information Sheet. On a yearly basis, the Athletic Director shall assure that a concussion and head injury information sheet is distributed to each student-athlete and the athlete's parent/guardian prior to the student-athlete's initial practice (including try-out) or competition. This information sheet may be incorporated into the parent permission sheet that allows students to participate in extracurricular athletics.
5. Coach Training. All coaches, including volunteer coaches, will complete training in head injury and concussion management as recommended and/or provided by NHIAA, New Hampshire Department of Education and/or other pertinent organizations.
6. Annual Review of NHIAA Concussion Protocols by Athletic Director. No less than annually, the Athletic Director or his/her designee shall review any changes that have been made in procedures required for concussion and head injury management or other serious injury by consulting with the NHIAA [and the District's on-call physician]. The Athletic Director shall take steps to implement the then current procedures and protocols as soon as possible.

District Policy History:

First reading: _____

Second reading/adopted: _____

District revision history:

Pasquaney School District
Policy JLCJA: Emergency Plan for Sports Related Injuries
and Additional Protocols for Athletics Participation

A. Creation of Plan. No later than August 1, 2025, the Superintendent or his/her designee [in consultation with each building Principal, the Athletic Director and school nurse, shall establish a “Sports Injury Emergency Action Plan” (at times referred to in this policy as the “Plan”) for responding to serious or potentially life-threatening injuries sustained from sports or other school sponsored athletic activities. The Sports Injury Emergency Action Plan shall:

- a. Document the proper procedures to be followed when a student sustains a serious injury or illness while participating in school sponsored sports or other athletic activity
- b. List the employees, team coaches, and licensed athletic trainers in each school who are trained in first aid or cardiopulmonary resuscitation;
- c. Identify the employees, team coaches, or licensed athletic trainers responsible for carrying out the emergency action plan;
- d. Identify the activity location, address, or venue for the purpose of directing emergency personnel;
- e. Identify the equipment and supplies and location thereof needed to respond to the emergency;
- f. Identify the location of any automated external defibrillators and personnel trained in the use of the automated external defibrillator; and
- g. Document policies related to cooling for an exertional heat stroke victim consistent with guidelines established by the American College of Sports Medicine and the National Athletic Trainers’ Association.

B. Dissemination of Sports Injury Emergency Action Plan. The Sports Injury Emergency Action Plan shall be posted within each school and disseminated to, and coordinated with, pertinent emergency medical services, fire department, and law enforcement.

C. Additional Written Protocols and Procedures Required. No later than August 1, 2022, the Building Principal or his/her designee, the Athletic Director and school nurse(s), shall develop written procedures and protocols as described below:

1. Hydration, Heat Acclimatization and Wet Globe Temperature – protocols relating to hydration, heat acclimatization and wet bulb globe temperature as established by the American College of Sports Medicine and the National Athletic Trainers’ Association;
2. Student Medical History – procedures for obtaining student-participant medical information for each student athlete prior to engaging in sports. Such information must include:
 - a. injury or illness related to or involving any head, face, or cervical spine;
 - b. cardiac injury or diagnosis;
 - c. exertional heat stroke;
 - d. sickle cell trait;
 - e. asthma;
 - f. allergies; or
 - g. diabetes.

Access, filing, and confidentiality of student-participant medical information shall be managed in accordance with the Family Educational Rights and Privacy Act (FERPA), and the Health Insurance Portability and Accountability Act (HIPAA).

3. Student Return to Play - Procedures governing a student's to return to play after a sports or illness related injury pertaining to this policy are in addition to the return to play provisions specific to head injuries set forth in Board policy JLCJ, and copies of the procedures must be maintained at the SAU office and available to the Department of Education and public upon request.

D. Annual Review and Update. The Superintendent and/or designee shall assure that the Sports Injury Emergency Action Plan, and all procedures and protocols adopted pursuant to this policy are reviewed no less than annually and updated as necessary. Copies of the updated Plan and procedures should be provided to the Board no later than the start of each school year.

E. Inclusion of Sports Injury Emergency Action Plan with Emergency Response Plan. The Sports Injury Emergency Action Plan shall be included with each school's annual Emergency Response Plan (see Board policy EBCA).

District Policy History:

First reading: _____

Second reading/adopted: _____

District revision history:

Pasquaney School District
Policy JLCK: Special Physical Health Needs of Students

The School District will meet the special physical health needs of all students, consistent with state and federal law. The school board recommends that all pupils participate in developmentally appropriate daily physical activity, exercise, or physical education as a way to minimize the health risks created by chronic inactivity, childhood obesity, and other related health problems. The School District will encourage developmentally appropriate daily physical activity, exercise, or physical education through curriculum, athletics, and other school programs.

District Policy History:

First reading: _____

Second reading/adopted: _____

District revision history:

Pasquaney School District
Policy JLDBA: Behavior Management & Intervention

It is the policy of the Board to promote good behavior in a safe and orderly environment where all students can be fully engaged in the learning process. To ensure that our students and staff are protected against disruptive behavior, the board directs the Superintendent to set forth procedures for behavior management and interventions that are designed to maintain a positive environment conducive to learning.

Student conduct that disrupts class work, involves disorder, or invades the rights of others will not be tolerated and may be cause for suspension or other disciplinary action.

The administration of disciplinary action will focus both on consequences and on changing or managing inappropriate behavior.

It is important that there be careful evaluation of the individual situation so that the school's response to the student is appropriate.

If the student has an Individualized Education Program (IEP), the process will follow federal and state laws governing special education.

All available resources should be utilized, including preventive and responsive interventions to support students' needs. These interventions should include psychological, curricular, and behavioral services, which should take place within classrooms, schools, and alternative settings. Exclusion from the classroom should be the disciplinary action of last resort.

The Superintendent or designee will also ensure that classroom behavior management skills are addressed through professional development, and that there is an adequate system of recordkeeping regarding disciplinary infractions and interventions.

The use of corporal punishment is prohibited in District schools.

This policy will be reviewed on an ongoing basis in accordance with the Board's policy review process.

District Policy History:

First reading: _____

Second reading/adopted: _____

District revision history:

Pasquaney School District
Policy JLDBB: Suicide Prevention and Response Plan

The School Board is committed to protecting the health, safety and welfare of its students and school community. This policy supports federal, state and local efforts to provide education on youth suicide awareness and prevention; to establish methods of prevention, intervention, and response to suicide or suicide attempt ("postvention"); and to promote access to suicide awareness, prevention and postvention resources.

A. District Suicide Prevention Plan and Biennial Review. The District shall maintain a coordinated written District Suicide Prevention Plan (the "Plan") to include guidelines, protocols and procedures with the objectives of prevention, risk assessment, intervention and response to youth suicides and suicide attempts.

1. Specific Requirements for Plan Terms: The District Suicide Prevention Plan shall include terms relating to:
 - a. Suicide prevention (risk factors, warning signs, protective factors, referrals);
 - b. Response to in-or-out-of-school student suicides or suicide attempts (postvention, suicide contagion);
 - c. Student education regarding safe and healthy choices, coping strategies, recognition of risk factors and warning signs of mental disorders and suicide; and help seeking strategies;
 - d. Training of staff, and contracted personnel on the issues of youth suicide risk factors, warning signs, protective factors, response procedures, referrals, post-intervention and resources available within the school and community;
 - e. Confidentiality considerations;
 - f. Designation of any personnel, in addition to the District Suicide Prevention Coordinator, to act as points of contact when students are believed to be at an elevated risk of suicide;
 - g. Information regarding state and community resources for referral, crisis intervention, and other related information;
 - h. Dissemination of the Plan or information about the Plan to students, parents, faculty, staff, and school volunteers;
 - i. Promotion of cooperative efforts between the District and its schools and community suicide prevention program personnel;
 - j. Such include such other provisions deemed appropriate to meet the objectives of this Policy (e.g., student handbook language, reporting processes, "postvention" strategies, memorial parameters, etc.).

2. Biennial Review: No less than once every two years, the Superintendent, in consultation with the Building Suicide Prevention Liaisons and with input and evidence from community health or suicide prevention organizations, and District health and guidance personnel, shall update the District Suicide Prevention Plan, and present the same to the Board for review. Such Plan updates shall be submitted to the Board in time for appropriate budget consideration.

B. Suicide Prevention Coordinator and Liaisons.

1. Building Suicide Prevention Coordinator. who, under the direction of the Superintendent shall be responsible for:
 - a. developing and maintaining cooperative relationships with and coordination efforts between the District and community suicide prevention programs and personnel;
 - b. annual updating of (i) State and community crisis or intervention referral intervention information, and (ii) names and contact information of Building Suicide Prevention Liaisons, for inclusion in student handbooks and on the District's website;
 - c. developing - or assisting individual teachers with the development of age appropriate student educational programming, such that all students receive information in the importance of safe and healthy choices and coping strategies, recognizing risk factors and warning signs of mental disorders and suicide in oneself and others, and providing help-seeking strategies for oneself or others, including how to engage school resources and refer friends for help;
 - d. developing or assisting in the development of the annual staff training required under Section C of this policy;
 - e. Such other duties as referenced in this Policy or as assigned by the Superintendent.
 - f. In his/her absence, the building Principal, shall be designated as the Building Suicide Prevention Liaison, and shall serve as the in-building point-of-contact person when a student is believed to be at an elevated risk for suicide. Employees who have reason to believe a student is at risk of suicide, or is exhibiting risk factors for suicide, shall report that information to the Building Liaison, who shall, immediately or as soon as possible, establish and implement a response plan.

C. Annual Staff Training. The Superintendent shall assure that beginning with the 2020-21 school year, all school building faculty and staff, volunteers, and any other personnel who have regular contact with students, including contracted personnel or third-party employees, receive at least two hours of training in suicide awareness and prevention. Such training may include such matters as youth suicide risk factors, warning signs, protective factors, intervention, response procedures, referrals, and postvention and local resources.

D. Dissemination. Student handbooks and the District's website will be updated each year with the contact information for the Building Suicide Prevention Liaisons, State and community crisis or intervention referral intervention resources. The District Suicide Prevention Plan will be made available on the District's, and each school's respective websites.

E. Student Identification Cards. The 988 Suicide and Crisis Lifeline shall be labeled on student identification cards for grades 6-12 and read: "**Suicide and Crisis Lifeline: Call 988**". Prior to the start of each school year, the Superintendent shall certify that the contact information for the 988 Suicide and Crisis Lifeline is accurate and up to date. Beginning August 13, 2024, RSA 193-K:1 requires that all new or replacement student identification cards for grades 6-12 shall also include the telephone number for the National Alliance for Eating Disorders - **866-662-1235**.

District Policy History:

First reading: _____

Second reading/adopted: _____

District revision history:

**Pasquaney School District
Policy JLF: Reporting Child Abuse or Neglect**

A. Statutorily Mandated Reporting – All Persons.

Under New Hampshire law (RSA 169-C:29), every person who has “reason to suspect” that a child has been abused or neglected is required to report that suspicion to DCYF (Division of Children, Youth and Families of the New Hampshire Department of Health and Human Services) or directly to the police. Under RSA 169-C:30, the initial report “shall be made immediately via telephone or otherwise.”

The requirement to report is not dependent on whether there is proof of the abuse or neglect, nor is it dependent upon whether the information suggests the abuse or neglect is continuing or happened in the past. Any doubt regarding whether to report should be resolved in favor of reporting. Failure to report may be subject to criminal prosecution, while a report made in good faith is entitled to both civil and criminal immunity. Additionally, a “credential holder”, as defined in New Hampshire Department of Education Rule 501.02(h), who fails to report suspected abuse or neglect risk having action taken by the New Hampshire Department of Education against his/her credential. See N.H. Code of Conduct for Educators, Ed. 510.05 (e).

The report should contain:

- a. the name and address of the child suspected of being abused or neglected,
- b. the person responsible for the child's welfare,
- c. the specific information indicating neglect/abuse or the nature and extent of the child's injuries (including any evidence of previous injuries),
- d. the identity of the person or persons suspected of being responsible for such neglect or abuse; and
- e. any other information that might be helpful in establishing neglect or abuse.

To report child abuse or neglect to **DCYF**, call **24/7 (800) 894-5533** (in-state) or **(603) 271-6562**. **In cases of current emergency or imminent danger, call 911.**

B. Additional provisions relating to school employees, volunteers and contracted service providers.

Each school employee, designated volunteer or contracted service provider having reason to suspect that a child is being or has been abused or neglected must also immediately report his/her suspicions to the building Principal or other building supervisor. This initial report may be made orally, but must be supplemented with a written report as soon as practicable after the initial report, but in no event longer than one calendar day.

Pasquaney School District
Policy KB: Title I Family and Community Engagement

The School Board endorses the family and community engagement goals of The Every Student Succeeds Act and encourages regular collaboration between family members, community members, and school leadership. The education of children is viewed as a cooperative effort among the parents, school and community, other family members involved in supporting the child's development and education.

Pursuant to federal law, the District will develop jointly with distribute to parents of children participating in the Title I program a written family and community engagement policy.

The goal of this policy is to:

1. Honor and recognize families' funds of knowledge,
2. Connect family engagement to student learning,
3. Create welcoming, inviting cultures, and
4. Develop the capacity of families to negotiate the roles of supporters, advocates, and collaborators.

The District will implement at least one annual meeting that is available to all families of students attending Title I schools and/or for families that include a student who receives Title I services (Targeted Schools). These meeting will provide parents and family members opportunities to participate in the design, development, operation and evaluation of the program for the next school year. Additional meetings may be held at the will of the Superintendent. These meetings will be used to:

1. Involve parents in the joint development of the Title I program plan, the process of reviewing the implementation of the plan, and suggesting overall school improvements goals.
2. Provide the coordination, technical assistance and other support necessary to assist participating schools in planning and implementing effective family and community engagement activities to improve student academic achievement and school performance.
3. Build the schools' and parents' capacity for strong family and community engagement.
4. Coordinate and integrate Title I family and community engagement strategies with those of other educational programs.
5. Conduct, with the involvement of families, an annual evaluation of the content of the family engagement policy and its effectiveness in improving the academic quality of the schools served. This will include identifying barriers to greater participation by parents in activities authorized by law, particularly by parents who are economically disadvantaged, have disabilities, have limited English proficiency, have limited literacy, or are of any racial or

ethnic minority background. The district will use the findings of such evaluation to design strategies for more effective parental involvement and to revise, if necessary, the parental involvement policies.

6. Involve families in the activities of the schools served.

Title I funding, if sufficient, may be used to facilitate parent attendance at meetings through payment of transportation, childcare costs, food for the event, and academic based supplies and activities during the event. In targeted assistance programs, the families of children identified to participate in Title I programs will receive from the school Principal and/or Title I staff an explanation of the reasons supporting each child's selection for the program, a set of objectives to be addressed, and a description of the services to be provided. Opportunities will be provided for the parents to meet with the classroom and Title I teachers to discuss their child's progress. Parents will also receive guidance as to how they can assist in the education of their children at home.

District Policy History:

First reading: _____

Second reading/adopted: _____

District revision history: