1. STATEMENT OF NEED AND PURPOSE

Central Catholic High School’s (“CCHS”) mission is to educate and develop boys into men of faith, men of scholarship, and men of service. As society changes, CCHS proactively seeks to identify and address issues that may hinder or derail the healthy growth, development and maturation expected of the students during their time at CCHS. The use of illicit drugs by students is a national problem. In addition, the well-documented Opiate crisis has become a national epidemic. Students using illegal drugs pose a threat to their own health and safety, as well as the safety of other students. The most recent 2017 Pennsylvania Youth Survey (See 2017 PAYS pps. 12-17) published prior to the Effective Date of this Policy (both as hereinafter defined) shows use of marijuana and vaping among CCHS students.

With the above background in mind and after several years of analyzing the use of drug testing programs at other high schools, CCHS has decided to implement this Mandatory Random Drug Testing Policy (this “Policy”). In addition to CCHS’s drug education program, this Policy shall act as a program of deterrence and is another step to CCHS obtaining a truly drug free and safe school. The goals of this Policy are: (1) to provide for the health and safety of all students; (2) to reduce the effects of peer pressure by providing a legitimate reason for students to refuse to use illegal drugs and another reason to say NO; (3) to encourage students who test positive for drug usage to participate in drug treatment programs; (4) to prevent the use of drugs by CCHS students; and (5) partner with parents to help them raise healthy students.

This Policy is adopted as of 10 December, 2019 (the “Effective Date”) and will be first implemented in the 2020-2021 school year.

2. DEFINITIONS

Each a CCHS Official; collectively the CCHS Officials - The school officials implementing this Policy and its procedures, including, without limitation, the Principal, the Assistant Principal, The Dean of Students, the school counselor(s), the family support counselor(s) and the school psychologist(s).

Chain-of-Custody Form - A preprinted form provided by the Vendor that records all individuals who have handled the provided sample. The form is initiated by the sample collector, and the document then follows with the sample until the test results are certified by the Vendor’s representative and forwarded to the Medical Review Officer (“MRO”) for final certification.

Illicit Substance(s)/Banned Substance(s) – As of the Effective Date, shall mean Cocaine, Marijuana, Opiates, Methamphetamine, Ecstasy and PCP. CCHS reserves the right to modify this list from time to time, as reasonably determined by CCHS.

Medical Review Officer (MRO) - A licensed physician trained and certified in the process and interpretation of drug testing results.

Parent/Guardian – Individual(s) having legal custodial rights of a student.

Provider – A third-party drug counselor or organization listed on Exhibit B to this Policy, or as may be designated from time to time by CCHS.

Random Drug Testing – The unscheduled, unannounced drug testing of randomly selected students by a
process designed to ensure that selections are made in a nondiscriminatory manner. Random selection of students for testing under this Policy shall be in accordance with Sections 2B and 2C herein.

Training – Each CCHS Official will be trained on the collection of samples, use of the chain-of-custody form, confidentiality of test results and the procedures and requirements outlined in this Policy.

Vendor – The entity or company selected to perform sample analysis for the presence of Illicit Substances/Banned Substances under the drug testing and procedures implemented pursuant to and in accordance with this Policy.

3. POLICY

The entire student population will be subject to mandatory random drug testing for the presence of Illicit Substances/Banned Substances in accordance with this Policy. As of the Effective Date of this Policy, Illicit Substances/Banned Substances consist of the following: Cocaine, Marijuana, Opiates, Methamphetamine, Ecstasy and PCP. CCHS reserves the right to modify this list from time to time, as reasonably determined by CCHS.

In the event that a student has a lawful prescription for one of the aforementioned Illicit Substances, or the student is certified by a physician under Pennsylvania law for the use of medical marijuana (for one of the qualifying medical conditions permitted for the use of medical marijuana under state law), and tests positive for an Illicit Substance, then the student will not be considered to have a positive test result, provided that the MRO determines that the level of such Illicit Substance does not exceed a therapeutic level based upon the prescription or certification.

A. CONSENT

At the beginning of each school year, students and each Parent/Guardian(s) shall complete and sign the CCHS Student/Parent Handbook Memorandum of Understanding, a copy of which is attached hereto as Exhibit A (the “Memorandum of Understanding and Consent to Testing”), which has been updated as of the Effective Date to include an acknowledgement to abide and be bound by this Mandatory Random Drug Testing Policy. Each student and Parent/Guardian(s) must fully execute and return the Memorandum of Understanding to CCHS at the beginning of the school year. The failure to timely execute and return the Memorandum of Understanding will result in the student being prohibited from attending CCHS.

B. IDENTIFICATION NUMBERS

Within approximately two (2) weeks following commencement of each school year, and within two (2) weeks after the beginning of each additional grading period within the school year, the Vendor will be provided a list of identification numbers (the “Identification Numbers”) that have been previously assigned to each student by CCHS upon the enrollment of the student at CCHS. The Identification Numbers utilized under this Policy will be unique identification numbers that are not the students’ separately established and provided student identification numbers. From time to time, the Vendor will randomly select an appropriate number of Identification Numbers (from the full list of Identification Numbers most recently provided by CCHS) for each school week throughout the school year to meet CCHS’s annual goal for mandatory random drug testing, as to be reasonably determined by CCHS. Two (2) CCHS Officials will receive the randomly-selected Identification Numbers from the Vendor and each CCHS Official will identify and verify the student name for each selected Identification Number(s). CCHS will not be involved in the selection of the Identification Numbers by the Vendor for the mandatory random drug testing. To maintain true randomization, it is possible that the Vendor may select the same Identification Number(s) more than one time throughout any given school year. Even after a student has a positive test result, that
student’s Identification Number will remain part of the pool for potential selection by the Vendor for mandatory random drug testing.

C. OBTAINING SAMPLE; TEST

The sample collected for the mandatory random drug test shall be a hair sample that is approximately 100 milligrams made up of the first 1-½ inches from the root end, which equates to approximately 120 strands (a lock of hair). If placed in a bundle this quantity of hair resembles the circumference of a pencil; or if laid flat, would be approximately 1 centimeter in width. If the collected hair is short, additional strands of hair or a larger quantity of hair is required. If there is insufficient hair on the student’s head to collect an appropriate sample, body hair from the student’s forearm, calf or underarm may be collected in a quantity that resembles a standard cotton ball. In the event that a hair sample cannot be collected, due to a lack of hair or a medical condition (i.e., Alopecia), an alternative method of testing will be utilized (such as finger nail, blood or other CCHS-approved method).

If a student’s Identification Number is selected by the Vendor for the mandatory random drug test the student will receive a note advising the student that he is required to report to a designated private setting at CCHS, at a specific date and time. The note will not indicate that the student’s Identification Number has been selected nor will it identify the reason the student is required to report to the designated private area. The test sample will be obtained at the designated private area at the date and time indicated on the student’s note, which shall be during the school day and to the extent reasonably possible, during a non-academic time. The student’s sample will be obtained by the Dean of Students or another CCHS Official, in the presence of another CCHS Official.

Once the student sample is obtained, the sample will be placed in specific packaging provided by the Vendor and the student will sign a Chain-of-Custody Form provided by the Vendor acknowledging the same. The student will be permitted to list any prescriptions that the student is currently taking or a certification for medical marijuana, if one has been issued to the student. The CCHS Official who obtains the test sample shall sign the Chain-of-Custody Form. The test sample will be placed in the mail to the Vendor on the same day the sample is obtained. A letter will be provided to the student at the time the sample is obtained to be given to his Parent/Guardian(s) notifying him/her that the test sample was obtained. The Dean of Students will also send the Parent/Guardian(s) an email (at the email address(es) on file with CCHS) notifying him/her that a mandatory random test was administered and a hair sample obtained from the student. At that time, if the student is taking any prescription medications or has a certification for medical marijuana, the Parent/Guardian must identify this fact and provide CCHS with documentation of same.

The Parent/Guardian(s) and student will be notified by CCHS via email (at the email address(es) on file with CCHS) of a negative test result. In the instance of a positive test result, the Parent/Guardian(s) will be contacted via telephone by CCHS, and after the Parent/Guardian(s) is notified, the student will be notified of his positive test result by a CCHS Official in a private setting.

If a student refuses to have the test administered or a sample obtained, then, as a result of such refusal, the student shall be subject to dis-enrollment. CCHS Officials and the student Parent/Guardian(s) will be notified immediately of any student who refuses to have the test administered.

The cost to administer a mandatory random drug test will be paid by CCHS. As of the Effective Date of this Policy, the approximate cost of the standard mandatory random drug test equals $39.00.

A Parent/Guardian(s) may request a retest of his/her son at their own cost. Any follow-up testing (that is not random), including an appeal of a test result(s) by a student’s Parent/Guardian(s), will be paid for by the Parent/Guardian(s) at the then applicable cost. Any retest must be performed by the Vendor.
D. CONFIDENTIALITY; RECORD RETENTION RESULTS

All correspondence including but not limited to e-mails, letters, memoranda, as well as all drug test results shall be considered confidential information and will be handled by CCHS Officials confidentially. All files pertaining to drug testing will be kept confidential and separate from the student’s education records, and only school personnel with a need to know the information will have access to the information.

The result(s) of any mandatory random drug test(s) conducted under this Policy will not be documented in a student’s academic transcript. Dis-enrollment due to a student’s refusal to provide a sample or be tested under this Policy, or as a result of a student’s failure to comply with an Action Plan developed under this Policy, will be reflected on as the reason for dis-enrollment in the student’s academic transcript, unless the student withdraws prior to dis-enrollment. Any and all drug test(s) result shall be destroyed by CCHS, unless otherwise required by applicable law, one (1) calendar year after the actual or expected graduation year of the student (even if the student transfers, is expelled, withdraws or is dis-enrolled from CCHS).

Information regarding the results of a student’s drug test(s) will not be disclosed to authorities, except as required by applicable law, or in accordance with a valid subpoena or other legal process.

E. POSITIVE TEST RESULTS AND CONSEQUENCES

If a student has a positive test result(s) for one or more Illicit Substances/Banned Substances, the Parent/Guardian shall select a third-party drug counselor or organization from the list attached as Exhibit B or as otherwise designated by CCHS from time to time (“Provider”). In the event that the Parent/Guardian does not select a Provider within five (5) days of notification by CCHS of a positive test, CCHS shall initiate the referral of the student to a Provider on Exhibit B to this Policy, or as may be designated from time to time by CCHS. The cost of evaluation, counseling or other services included in the Plan of Action will be at the expense of the Parent/Guardian(s) of the student. The Provider will develop a plan of action/treatment program (“Plan of Action”). The CCHS Official will act as the liaison with the student, Parent/Guardian(s) and Provider. The CCHS Official will contact the Parent/Guardian(s) and the student to arrange a meeting to review the Plan of Action. As this Policy is intended to be developmental in nature, the Plan of Action created by the Provider will be individualized for each student to address the student’s needs and to provide the support and necessary resources to the student, to assist in abstinence and recovery. Since disciplinary action is not the intent of this Policy, disciplinary action, as outlined below, is reserved for those situations where the student is non-compliant with the Plan of Action and/or has a repeat positive test result.

If a student has positive test result(s) to a mandatory random drug test during an academic school year, the following requirements and consequences shall apply:

As a result of a First Positive Test from a Mandatory Random Drug Test:

- Parent/Guardian shall select a Provider from the list on Exhibit B to this Policy, or as may be designated from time to time by CCHS. In the event that the Parent/Guardian does not select a Provider within five (5) days of notification by CCHS of a positive test, CCHS shall initiate the referral of the student to a Provider on Exhibit B to this Policy, or as may be designated from time to time by CCHS. The cost of evaluation, counseling or other services included in the Plan of Action will be at the expense of the Parent/Guardian(s) of the student.
- Requirement that the student and the Parent/Guardian(s): (i) execute the Plan of Action, (ii) comply with the Plan of Action, (iii) actively participate in the counseling required by the Plan
of Action, and (iv) agree to further counseling as deemed reasonably necessary by the Provider.

- Consent by the student and Parent/Guardian(s) to the exchange of information between the Provider and CCHS to, among other matters, keep CCHS diligently informed of the student and Parent/Guardian(s) compliance with the Plan of Action.
- Failure to comply with the Plan of Action and required counseling may result in disciplinary action by CCHS.
- Required follow-up drug testing of the student within ninety (90) days from the date of the positive test.

**As a result of a Second Positive Test (Random or Non-random):**

- Parent/Guardian shall select a Provider from the list on Exhibit B to this Policy, or as may be designated from time to time by CCHS. In the event that the Parent/Guardian does not select a Provider within five (5) days of notification by CCHS of a positive test, CCHS shall initiate the referral of the student to a Provider on Exhibit B to this Policy, or as may be designated from time to time by CCHS. The cost of evaluation, counseling or other services included in the Plan of Action will be at the expense of the Parent/Guardian(s) of the student.
- Requirement that the student and Parent/Guardian(s): (i) execute the Plan of Action, (ii) comply with the Plan of Action, (iii) actively participate in the counseling with Provider required by the Plan of Action, and (iv) agree to further counseling as deemed reasonably necessary by Provider.
- Consent by the student and Parent/Guardian(s) to the exchange of information between Provider and CCHS to among other matters, keep CCHS diligently informed of the student and Parent/Guardian(s) compliance with the Plan of Action.
- Loss of student parking privileges for a period equal to thirty (30) calendar days.
- Loss of participation in any and all student extracurricular activities for a period equal to thirty (30) calendar days.
- Failure to comply with the Plan of Action and required counseling may result in further disciplinary action by CCHS.
- Required follow-up testing of the student within ninety (90) days from the date of the positive test.

**As a result of a Third Positive Test (Random or Non-random):**

- Student is subject to the Discipline Review Process in accordance with and pursuant to the Student/Parent Handbook.
- In accordance with the Student/Parent Handbook, the student may be suspended from CCHS for a period of time (not to exceed ten (10) days) while the Discipline Review Board determines what disciplinary measures should be taken, including, the possibility of expulsion.

4. **OTHER POLICIES**

This Policy and mandatory random drug testing by CCHS will be implemented in conjunction with CCHS and Diocesan existing drug and alcohol policies and procedures as outlined in the Student/Parents Handbook.

Nothing herein is intended to limit CCHS’s right to test students for drug or alcohol based upon a reasonable suspicion that a student is currently under the influence of drugs or alcohol. Students in possession of drugs or drug paraphernalia will be subject to discipline in accordance with and pursuant to the Student/Parent Handbook.
5. AMENDMENTS

CCHS reserves the right to amend, revise, replace or discontinue this Policy at its sole discretion.
As a parent/guardian of a student at Central Catholic High School, I understand, affirm, and support the following:

(1) The primary purpose of a Catholic school education is to form students in the values of Jesus Christ and the teaching of the Catholic Church.

(2) Catholic schools are distinctive religious education institutions operated as programs of the Catholic Church; they are not private schools but are administered and supported by the sponsoring parish(es) and the diocese.

(3) Attending a Catholic school is a privilege, not a right.

(4) While academic excellence and involvement in extracurricular activity (i.e. sports, clubs, etc.) are important, fidelity to the Catholic identity of the school is the fundamental priority.

(5) The school and its Administration have the responsibility to ensure that Catholic values and moral integrity permeate every facet of the school’s life and activity.

(6) In all questions of faith, morals, faith teaching, and Church law, the final determination rests with the diocesan bishop.

As a man of faith and a member of the Central Catholic Community, I pledge to uphold the highest standard of integrity and honor in all academic endeavors. I will not lie, cheat, steal, deceive, or plagiarize. I agree with all the standards set forth in the Central Catholic High School Honor Code.

As a parent desiring to enroll my child in a Catholic school, I accept this Memorandum of Understanding. I pledge support for the Catholic identity and mission of this school, and by enrolling my child, I commit myself to uphold all the principles and policies that govern a Catholic school including the Mandatory Random Drug Testing Policy.

Student and Parent/Guardian accept and agree to each of the following:

I have read the entire contents of the 2020-2021 Student/Parent Handbook and accept the policies, regulations, directives, and procedures contained in the Student/Parent Handbook. _____ Student _______Parent/Guardian

I have also read in its entirety the Mandatory Random Drug Testing Policy, and acknowledge and agree to the following:

- I hereby CONSENT to allow CCHS and/or its authorized Vendor to take a sample of my hair (or conduct an alternative method of obtaining a sample where necessary) and submit it for a Mandatory Random drug test in accordance with the Mandatory Random Drug Testing Policy. _____ Student _______Parent/Guardian
- I FURTHER CONSENT to allow the laboratory testing service (Vendor) to make the results of such test available to the CCHS Officials designated to receive such information. _____ Student _______Parent/Guardian
- I FURTHER CONSENT to the release of the test results to my child who was tested or my Parents/Guardians when I am tested. _____ Student _______Parent/Guardian
• I FURTHER CONSENT to the disclosure of the test results to a Provider for development of a Plan of Action (counseling and treatment) under the Mandatory Random Drug Testing Policy.
  _____ Student _______Parent/Guardian

• I FURTHER CONSENT to the disclosure of information by the Provider to CCHS and the Student and/or Parent/Guardian to confirm compliance with any Plan of Action or to facilitate treatment or counseling under the Mandatory Random Drug Testing Policy.
  _____ Student _______Parent/Guardian

• I AGREE to execute any additional permission/consent form(s) that may be required by any Vendor or Provider or by CCHS under the Mandatory Random Drug Testing Policy.
  _____ Student _______Parent/Guardian

• I AGREE to abide by the Student/Parent Handbook and the Mandatory Random Drug Testing Policy.
  _____ Student _______Parent/Guardian

• I UNDERSTAND AND AGREE that each of the following: refusal to undergo testing, failure to provide a sample, or failure to abide by the terms and conditions of the Plan of Action under the Mandatory Random Drug Testing Policy, are independent grounds for my dis-enrollment from CCHS.
  _____ Student _______Parent/Guardian

☐ By checking this box, I choose to have basic demographic information, including name, address, phone number, and email address withheld from the Central Catholic Student Directory.

Accepted and agreed to comply with and be bound by the above terms and conditions.

Parent/Guardian __________________________
  Print Name __________________________
  Signature __________________________

Parent/Guardian __________________________
  Print Name __________________________
  Signature __________________________

Student __________________________
  Print Name __________________________
  Signature __________________________

Student Homeroom: ________________