Parent-Student Handbook
2026-2027

LAKEWOOD CATHOLIC ACADEMY

14808 Lake Avenue
Lakewood, OH 44107

Telephone: 216-521-0559
Facsimile: 216-521-0515
www.lakewoodcatholicacademy.com

LAKEWOOD CATHOLIC ACADEMY

Diocese of Cleveland, Ohio

Administration

President: Mr. Brian Sinchak
Principal: Ms. Brenna Warrell
Assistant Principal: Mrs. Meghann Campbell
Director of School Operations & Athletics: Mr. Michael Fletcher
Dean of International Baccalaureate Program: Mrs. Eileen McGuire
Vice President Early Childhood Learning: Mrs. Jennifer Berardinelli
Vice President of Advancement: Mr. Patrick Straffen
Director of Mission & Ministry: Mrs. Paula Fitzgerald
Business Office Manager: Mrs. Virginia Dedrick

PARENT-STUDENT HANDBOOK 2026-2027

Welcome to Lakewood Catholic Academy

Lakewood Catholic Academy is a state-accredited Catholic elementary school in the Diocese of Cleveland, serving children from 6 weeks old through grade 8. Founded in 2005, it is a joint ministry of St. Clement, St. James, St. Luke, and Transfiguration parishes. Lakewood Catholic Academy was founded, in part, in response to changing demographics in the City of Lakewood and dwindling enrollment in our parish schools. More importantly, however, it was founded as a result of the commitment of the parents and the parish communities to a strong Catholic elementary school presence in the City of Lakewood.

Our beautiful eight-acre campus located on the shores of Lake Erie is owned by the Sisters of Charity of St. Augustine whose generosity and commitment to Catholic education have made our presence at this site possible.

In addition, Centering Space, a collaborative Ministry of the Sisters of Charity of St. Augustine, is located in a century home on the Lakewood Catholic Academy campus. Designed for quiet and reflection, Centering Space provides a place for individuals and small groups to gather in an environment conducive to prayerful listening.

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Our Vision
Lakewood Catholic Academy strives to provide each member of our community with the highest quality educational experience that is rooted in the Catholic faith and the common humanity that unites us all.

Our Mission
Lakewood Catholic Academy educates tomorrow's global leaders by providing an international, concept-based curriculum expressed in contextual learning experiences. We instill in each student a lifelong commitment and ethical responsibility to the Catholic principles of peace, justice, equality, service and respect for all life.

Our Core Values and Beliefs
We believe that each child is a unique and precious gift from God who is worthy of our love and respect and is highly capable of academic growth.

We believe in a holistic, balanced approach to the child, focusing on spiritual, emotional, academic, artistic, athletic and social development in equal measure.

We believe that a respect for a diversity of cultures and a commitment to global citizenship is foundational to an international education.

We believe that it is important for the school to work in collaboration with families, the Church, and our local and global communities in order to shape the faith formation of our students.

We believe that each child is an individual, and we must educate each child in a fashion that uniquely reflects that child's particular needs and abilities.

We believe in nurturing our learners to be knowledgeable, principled, caring individuals who strive for personal and academic growth and are inspired to follow the example of Jesus Christ.

Because no handbook can be all inclusive or anticipate every situation, this clause empowers the administration of Lakewood Catholic Academy to take any measure they deem necessary to ensure the smooth operation of the school, the safety of its faculty, staff, and students, and the advancement of all aspects of the educational process as defined by its mission, accreditation, and charter. This includes taking disciplinary action for any behavior that violates the spirit and philosophy of Lakewood Catholic Academy, even though not specifically stated in this handbook. If the school should elect not to take action in a particular situation, this shall not be construed or interpreted as a waiver or preclude the school from acting in a subsequent situation of the same or similar kind.

Any aspect of this handbook is subject to change, addition, or deletion by the administration. Any section headings are for convenience of use, and shall not affect the interpretation of any provisions.

Annual Admission – Continuing Enrollment
Admission to Lakewood Catholic Academy is on an annual basis. Any student who is offered a probationary contract as part of his/her return to Lakewood Catholic Academy will not be considered as enrolled until that probationary contract or conditional acceptance has been signed by both student and parent/guardian and returned directly to the main office by the date stipulated on that document or the accompanying letter. Failure to comply will result in the withdrawal or recommendation for expulsion of that student.

Lakewood Catholic Academy admits students of any sex, race, creed, color, national and ethnic origin to all rights, privileges, programs, and activities generally accorded to students at the school.

Student Safety/Traffic Patterns

Walkers
Parents should designate the shortest and safest route for students to walk to and from school and review safety rules. Walkers must cross streets at traffic lights and crosswalks. Traffic in front of the school on Lake Avenue is particularly dangerous. No student or adult is permitted to jaywalk across Lake Avenue.

Adult guards, provided by the city of Lakewood, will be stationed at crosswalks near the school, as assigned by the Lakewood City Police Department.

Guards must be obeyed at all times. Failure to do so will be reported to the administration and to the child's parent/guardian. Disciplinary action may result. In addition, students and/or families should at no time walk up or down the LCA driveway to access or depart from campus. The steady flow of traffic on the LCA driveway makes doing so a risk for both walkers and drivers.

Bicycle Riders
Bicycle riders must enter the campus from the sidewalk on Lake Avenue and proceed to the bike racks located in the front of the school. All bike riders must walk their bikes when they are on school property. No bikes are permitted on the driveway or in the parking lot areas. Lakewood Catholic Academy is not responsible for damage to bicycles or for those lost or stolen. Motorized scooters and/or bicycles are not permitted on the LCA campus at any time.

Parent Drivers
Our parking lot is extremely busy during morning drop-off. Students being dropped off and entering the building without the assistance of a parent should be dropped off in the east lot by the greenhouse. Please leave home in plenty of time to ensure a non-hurried morning routine. Always exercise patience for the safety of our students. **Students may not be dropped off in the western lot by the main office.**

For afternoon pick-up, please pull up single file in the designated area behind the school. The students will be waiting in an assigned area until their names are called. Please place the school issued hang tag, which includes family last name, on your rearview mirror during pickup. When your vehicle has been loaded, please follow the instruction of staff members regarding exiting the campus. LCA prefers that the afternoon pick-up line be limited to students in kindergarten through fourth grade, along with their siblings. It is recommended that students in grades 5-8 are picked up in the Old Stone House lot next to the school. We understand in inclement weather it may make sense for our older students to be picked up on the back property, as well. Please be sure that your children have a clear understanding of dismissal plans prior to arriving at school.

Parking
The row of parking spaces directly in front of the Early Childhood Center is not intended for Lakewood Catholic Academy K-8 parents.

School Access
In an effort to ensure the safety of our students, only the northwest and northeast doors, located between the office and the chapel, may be entered from 8:00 a.m. – 3:00 p.m. Access to the school may be obtained by ringing the buzzer and identifying oneself. The school office will monitor these doors. State law requires that all visitors report to the main office. Anyone other than school personnel or students must report to the main office.

School Day

Attendance
Regular attendance is a serious parental obligation. Irregular attendance may cause the student to miss important lessons and may result in poor grades and lack of enthusiasm for school. If a student is absent from school more than twenty (20) days in a school year for reasons other than an extended illness, verified by a doctor, it will be necessary to meet with a member of the administrative team to determine if the child is prepared to move on to the next grade. For the health of the school community, we encourage children to stay home if they are ill. In order to promote this choice, LCA does not award perfect attendance.

Absences
If your child is going to be absent or tardy, please contact the main office before 8:30 a.m. by calling 216.521.0559 and selecting the Attendance Extension. You may also email the main office at

attendance@lcasaints.com, or use our mobile app, available for free on all smart phone devices. The main office must be notified every day that your child is absent. No calls or verbal reports are accepted from minors.

If a student becomes ill at school and leaves before 10:00 a.m., he/she will be considered absent for one day. A student who arrives at school after 10:00 a.m., whether because of illness or because of a medical appointment, will be considered absent for a half day.

A student who is absent for a full school day or who has left school due to illness should not attend any after school activities including, but not limited to, athletic practices and games, as well as other extracurricular functions.

If, at the discretion of the school, absences for a student becomes excessive, the family will be contacted and required to meet with members of the administrative team. A student may be asked to leave LCA or may not be permitted to return the following school year if the school believes the excessive absences are becoming a barrier to the student's learning.

Tardiness
It is important that students arrive on time for school every day. Being tardy not only disturbs the school routine, but also may negatively impact a student's ability to come to school ready to learn. Students who have not reported to their designated locations by 8:00 a.m. will be considered tardy and must report to the main office.

If, at the discretion of the school, tardiness for a student becomes excessive, the family will be contacted. Consequences may include the issuance of a detention for students in grades 4-8, or a parent meeting for students at any grade level. A student may be asked to leave LCA or may not be permitted to return the following school year if the school believes the excessive tardies are becoming a barrier to the student's learning.

Special Dismissal or Absence
If parents/guardians know in advance that the student will not attend school for a valid reason, a note or email must be sent to the school office and the student's teacher. Any written correspondence must be signed by the parent/guardian and state the date(s) and the reason for the absence.

If it is absolutely necessary for a student to leave before the end of the day, prior to leaving, the parent must contact the main office by phone, stating the reason for the early dismissal. Students should be picked up in the main office by a parent/guardian or other authorized adult. Students will only be released to an authorized adult.

Medical Appointments
Medical and dental appointments during school hours are strongly discouraged. If these are unavoidable, the parent/guardian must send notification to the school indicating the time the child will leave and whether or not the child will return to school that day. Upon returning to school, the student must report to the main office in order to receive an admit slip. If a child does not produce a written admit slip from the doctor, and arrives at school after the morning or afternoon sessions have begun, the student will be considered tardy.

Family Vacations
Family vacations should coincide with school vacation dates. In situations where absences cannot be avoided, the school office and teachers should receive written notification well in advance. Teachers may decide to give the student work to take along or have the work available when the student returns, depending on the grade level of the student and the type of work missed. In many cases, work will be given when the student returns. Students are responsible, under the supervision of their parents, for the mastery and completion of work missed during an absence. After the vacation, the student or parent should communicate with the teacher to obtain all make-up work. Teachers will assign a reasonable length of time in which assignments are to be completed. Work that is not made up will be marked as incomplete and graded accordingly.

When parents, but not the children, are out of town, the main office must be informed of the following:

1. The adult in charge of the child(ren)
2. All emergency phone numbers (including phone numbers for the parents while away)
3. Other pertinent information regarding the child(ren)

Make-Up Work/Homework Assignment Requests
If a student is absent, parents may request take-home work. To do so, please write a note or email the teacher to make plans to pick up the work. It is recommended that students who are absent check the portal or Google Classroom regularly and keep up with assignments when possible. For absences lasting five days or less, a student has one week from the day he/she returns to complete all missed work. Any work not completed within that week will be considered late and will be accepted only for partial credit (see policy about late work). For absences lasting more than five days, an appropriate due date for missed work will be determined on an individual basis. Regardless of the length of the absence, students will be expected to keep current with assignments given upon their return to class. Students are encouraged to attend office hours for assistance and to assure work is completed.

In the event that a summative assessment is administered during or immediately following a student's extended absence (more than two days), the teacher will administer the assessment within a reasonable amount of time after the student's return to school. If the absence is of a brief duration (one or two days), the student will be responsible for completing the assessment upon returning to school.

School Hours
School hours for students in grades K-8 are 8:00 a.m. - 3:00 p.m. Students should not arrive at school before 7:40 a.m. All students must be in their homerooms by 8:00 a.m. Failure to do so will result in the issuance of a tardy slip.

We understand that many parents want to be of assistance to their children as they prepare for the school day. We also recognize the need for students to develop a sense of independence and responsibility. K-8 students will be expected to enter the building and be in the classroom by 8:00 a.m. without adult assistance. At the beginning of the school year, student ambassadors will be available to assist younger students having difficulty with morning drop-off. In the event that a child significantly struggles to separate from his/her parents/guardians at drop-off, the school administration will work with the family. Parents of early childhood students are permitted in the building year-round.

Forgotten Items
One of our main goals is to help students to become responsible and to accept the consequences of their actions. Therefore, students will only be permitted to call home before 8:10 a.m. for forgotten items such as homework, projects, musical instruments, field trip permission, etc. Parents are not permitted to deliver forgotten items to a student's locker or classroom. Lunches may be dropped off in the main office, where students can pick them up at lunchtime.

Communication

Good communication between the home and school is important in serving the needs of our students. We ask that parents become familiar with the following procedures and use them when communicating with the school:

Student Information Changes
Please direct any changes in student information (address, telephone number, email address, etc.) to the main office at kburke@lcasaints.com or by phone at 216-521-0559.

Telephone Calls
Every effort will be made by the administration and teachers to return calls within 24 business hours. Teachers will not accept phone calls during instructional time (8:00 a.m. – 3:00 p.m.). If the call is about an emergency situation, please indicate this to the office personnel.

Emergency Messages During School Hours
In an emergency, a message may be given to a student through the main office. Students will not be called from class to take telephone calls. Parents are not permitted to go to a child's classroom during school hours. Please discuss after-school arrangements with your child before coming to school in order to keep the number of phone messages delivered to classrooms to a minimum. In some instances, it may not be possible to notify a student of changes to his/her after-school plan.

Email
Teacher email addresses can be found on the Faculty + Staff page of the Lakewood Catholic Academy website (www.lakewoodcatholicacademy.com). Parents are asked to email for academic and business purposes only. Any information about lunches, rides home, after school plans, etc. should be communicated through the main office via telephone. Every effort will be made to answer email messages within 24 business hours.

School Phones
The office phone will be used for school business only. Students must have permission from a teacher or staff member to use the school phones.

Cell Phones & Other Devices
If a student brings a cell phone to school, it must be turned off and left with the child's homeroom teacher for the duration of the day. Cell phones may not be used in the school building from 7:40 a.m. – 3:00 p.m. Lakewood Catholic Academy assumes no responsibility for the safety/security of any cell phones brought onto school property. Unauthorized use of cell phones will result in confiscation of the cell phone and a revocation of cell phone privileges. Wearable technology, such as Meta glasses, Apple Watches, Gizmo Watches, Fitbits and any similar interactive devices, regardless of whether they have a data connection, will be treated as all other cellular devices and must be left with the child's homeroom teacher for the duration of the school day.

Cell Phone & Device Policy
Any student bringing a cellular device, including wearable technology, or similar device as noted above, onto school grounds, along with his/her guardian(s), agree to the following:

1. The faculty and staff of Lakewood Catholic Academy is not responsible, in any way, for damage to or the loss of students' cellular phones/devices.
2. All phones and devices, including but not limited to Apple Watches, Fitbits, etc. are to be given to each student's teacher upon entering homeroom and are to be **turned off** (*not placed on silent or vibrate*).
3. Phones/devices are brought to school with the understanding that they are not to be used during school hours and will not be returned to a student until dismissal, without exception, unless a student is leaving early.
4. It is not the responsibility of the homeroom teacher, nor any other staff member, to seek out a student who did not collect his/her phone/device, nor is it the right of any student to go through the property of any teacher, or expect any other staff member to do so, to retrieve his/her phone/device.

Students found to be in possession of a cellular device who are not in accordance with the aforementioned policy are subject to the following consequences:

1st Occurrence: The student's phone/device will be kept in the office and can be claimed by the student at the end of the day. The office will not track the student down - it is his/her responsibility to retrieve the phone/device. Parents will be notified.

2nd Occurrence: The student's guardian(s) must come to school to retrieve the phone/device.

3rd Occurrence: The student will serve a 30-minute detention, after which the student's guardian(s) must come to school to retrieve the phone/device.

4th Occurrence: The student will receive a one day in-school suspension, to be served immediately. The student's guardian(s) must come to school to retrieve the phone/device. After the 3rd occurrence, the student will no longer be permitted to bring a phone/device to school.

The aforementioned policy applies to all students in grades K-8.

Weekly Newsletter
The parent newsletter is distributed electronically to every family on a weekly basis. This web-based newsletter contains pertinent information regarding school activities, policies, and programs. It is important to read the newsletter each week.

Student Lunches

Dining Program
Lakewood Catholic Academy students have the option of participating in the hot lunch program provided by Lago Dining Services.

No student will be given permission to leave the building for lunch unless he/she brings in a written request from a parent/guardian. No student is permitted to leave campus prior to dismissal unless accompanied by a parent/guardian, and only after that student has been signed out in the main office.

If a student realizes that he/she is without a lunch for the day, one will be provided. That student is then responsible for reimbursement to the school office, which should be in a marked envelope to the attention of the dining hall staff.

Packed Lunches
If you pack a food item for your child that requires a fork or spoon, please also pack the proper utensil. Students should be able to eat their packed lunch as is, with no additional preparation required. Staff will be available to help students with the opening of containers, but the staff is not responsible for the heating or further preparation of any item brought from home. Microwaves are only available for students in 8th grade. As noted previously, forgotten lunches may be dropped off in the main office, where students can pick them up at lunchtime.

Please note: For the safety of all, glass containers and sharp utensils, such as knives, are not permitted in the lunchroom or anywhere on school grounds.

Curriculum
Lakewood Catholic Academy follows the curriculum requirements as determined by the Department of Education of the State of Ohio and the Office of Catholic Education in the Cleveland Catholic Diocese.

A curriculum guide for each subject is adopted by the Office of Catholic Education and approved by the Department of Education of the State of Ohio. The course of study prescribes what is to be taught, specifies subject matter objectives, establishes a scope and sequence, and provides a basis for pupil evaluation. The administration and faculty of Lakewood Catholic Academy have the responsibility to adopt, adapt, and implement the curriculum guides. These guides are available for review by request.

Academic Philosophy
We believe that in order to teach most effectively, *how* we teach is just as important as *what* we teach. Our faculty members will be trained to differentiate their classroom instruction in order to address the needs of all learners. This will be accomplished through continual assessment of the students' readiness, interests, and learning profiles. Using the results of these assessments, the teachers will modify the curriculum content, process, and product, as well as the classroom-learning environment so that each student reaches his/her maximum potential as a learner.

Faith Development
Central to our curriculum at Lakewood Catholic Academy is the religious instruction in which our students learn the truths and values of our Catholic faith. All students, regardless of religious affiliation or denomination, take religious instruction and attend all liturgies and prayer services. Students have the opportunity to help plan liturgy and to participate in various roles during Mass. Students will participate in monthly all-school liturgies, as well as liturgies held on Holy Days of Obligation. Special prayer services and individual class Masses are held throughout the year. Daily prayer and weekly Jesuit Examen are also important elements of each student's faith life at LCA. Service and social justice projects are informed by our faith, are intentionally planned and vertically aligned, and are regularly integrated into the course of the year. Students in grades K-2 also participate in Catechesis of the Good Shepherd, a Montessori-based, spiritual formation which takes place weekly in a dedicated atrium space.

Curricular Framework in Grades K-4
Students in kindergarten through fourth grade regularly have classes in the core courses of mathematics, reading/language arts, social studies, science and theology. Reading class is structured using the Guided Reading framework. In addition, students are exposed to music, art, technology, physical education, health and foreign language instruction weekly.

Curricular Framework in the Middle Years
The middle years at LCA consist of grades five through eight, with grades six through eight experiencing the full integration into the International Baccalaureate Middle Years Program. The IB program consists of eight subject groups: language acquisition, language and literature, individuals and societies, science, mathematics, arts, physical and health education, and design. Students in grade five receive instruction in all eight IB subject groups and gradually transition to the framework and expectations of the IB Middle Years Program.

The curricular framework during the Middle Years at LCA is characterized by:

- Contextual learning experiences - topics are connected to our world
- Conceptual understanding - big, universal ideas are used as a vehicle for inquiry
- Skill building - students develop skills needed to be lifelong learners
- Service as action - students initiate, experience, and reflect upon meaningful social justice projects
- International awareness - students study a second language and reflect upon their role as citizens of the world.

The Middle Years Program adheres to policies regarding language, assessment, academic honesty, and special needs. To find out more about the Middle Years Program at LCA and to read our policies, please visit http://www.lakewoodcatholicacademy.com/academics/international-baccalaureate/

MYP Internal Complaints Procedure
We believe in the importance of working in partnership with parents to offer the best educational experience possible. We also believe in the importance of developing student agency. Therefore, our internal complaints procedure includes information pertinent to both students as well as parents.

If an individual has concerns about an LCA policy or decision involving the IB Middle Years Program or otherwise, that individual is encouraged to do the following:

If the individual is an LCA student in grades 5-8:
- Attend office hours of the teacher with whom you have a question or concern.
- For academic concerns, make an appointment with the Dean of the International Baccalaureate Program or the Principal. You can make an appointment by speaking to or emailing the administrator.
- For disciplinary concerns, contact the Assistant Principal.
- For concerns about athletics or extracurricular programming, contact the Director of School Operations & Athletics.

If the individual is a parent or guardian of an LCA student in grades K-8:

- Email the teacher with whom you have a question or concern.
- For academic concerns, contact the Dean of the International Baccalaureate Program or the Principal.
- For disciplinary concerns, contact the Assistant Principal.
- For concerns about athletics or extracurricular programming, contact the Director of School Operations & Athletics.

Appeal Review
Once a concern is addressed by at least one administrator listed above, a student or parent can request that a decision be reviewed. That review will be conducted by the school President.

Care of Books
Since books are expensive both to purchase and to maintain from year to year, parents are expected to help their children be responsible for books used throughout the year. Backpacks/book bags should be used to transport books between home and school. Students are financially responsible for the loss or damage of textbooks, novels, or any other school issued publication.

Library
All students have access to Lakewood Catholic Academy's St. Augustine Library. Students may withdraw books according to the schedule established by the librarian. The books are expected to be returned on time. If a student loses or damages a book, he/she is responsible for the replacement cost.

Inclusion
Lakewood Catholic Academy admits students of any sex, race, creed, color, national and ethnic origin to all rights, privileges, programs and activities generally afforded to students at the school.

All sixth through eighth grade students at Lakewood Catholic Academy are International Baccalaureate Middle Years Program students (IB MYP). As an IB World School, we commit to developing learners and thinkers who are prepared to contribute positively to the wider world. In order to best serve all of our learners, we will provide a continuum of services, accommodations and interventions ranging from informal to formal. These include:

Special Services
The following services are available to us through state and federally funded programs:

<u>Available through JP scholarship:</u>
Speech & Language Pathologist

<u>Not covered by JP scholarship:</u>
Math/Reading Tutors
Psychologist
School Nurse

Regularly scheduled tutoring sessions
Each teacher schedules weekly office hours whereby he/she is available for drop in tutoring. This schedule is made available to students and parents at the beginning of each school year.

Occasionally, in response to data obtained from a formative assessment, a student is required to attend tutoring sessions provided by his/her teacher during office hours. This intervention is intended to be immediate, temporary, and targeted to the learning objectives.

Reasonable Accommodations
Students with learning support requirements may benefit from reasonable accommodations to access the MYP curriculum framework, including assessments. A reasonable accommodation is an action taken to remove or decrease a disadvantage faced by students with learning support requirements. Through best practices of differentiation, teachers respond to a variety of student learning needs and interests through accommodations.

Accommodations can occur during the formative process of learning and may include small group instruction, flexible grouping, and changes in response to student input. Accommodations can also occur during the summative phase of learning by offering students options with regard to products that show evidence of learning. The accommodation is unique to a specific student and may include changes in the presentation of a test or method of response. While reasonable accommodations involve changes to specific aspects or specific criteria of the assessment, the overall learning outcome must remain the same.

Some students may require reasonable accommodations in the physical domain, such as access to an elevator or preferential seating in the classroom. Further physical adjustments will be discussed collaboratively between the pedagogical leadership team and the student's parents.

Reasonable accommodations are listed in a document, and it is the teacher's responsibility to follow individual student accommodation plans. Accommodation Plans are not covered by the JP Scholarship.

Intervention Services
Students in need of mild to moderate intervention, considered Tier 1 intervention because there is no IEP or accommodation plan, can receive small group instruction with a licensed tutor as needed to supplement classroom instruction. The goal of this type of intervention is to provide individualized instruction to help academically struggling children gain the necessary skills to meet classroom benchmarks. Some students in need of intervention services are on an accommodation plan. This plan is created cooperatively with input from classroom teachers, parents, the principal, and the school psychologist, as needed.

Intensive Remediation Services
Students formally identified in need of intensive remediation receive individual and/or small group instruction with an intervention specialist weekly. The goal of this program is to strengthen basic skills, support academic growth, and identify strategies to move towards academic independence. Individual instruction is invoiced through the JP Scholarship, while small group instruction is paid through auxiliary funding.

When a student is suspected of being in need of intensive remediation services, the parents of that student meet with a team to determine if the student should be evaluated. The team consists of the school psychologist, the classroom teacher(s), the intervention specialist, the district representative and the school principal. If the team decides to move forward with the evaluation, the student is assessed by Lakewood City School District staff members. The results of the assessments are summarized in a report that is analyzed by the team. After referencing data and observations, the team determines whether the child qualifies for an individual service plan. If the student qualifies, then the plan is written by Lakewood City Schools, and is tailored to the student's specific academic needs. This plan is reviewed and modified each year. Students are re-assessed for qualification every three years.

Jon Peterson Scholarship
Lakewood Catholic Academy is a proud provider of the Jon Peterson Scholarship. This scholarship, offered through the Ohio Department of Education and Workforce, is exclusively for any students who have an Individualized Education Plan (IEP). Students must be enrolled in LCA before submitting an application for the JP scholarship.

Grading
A report card will be issued four times during the year to inform parents of their child's progress. First, second and third quarter report cards will be posted on the PlusPortals website. Fourth quarter report cards will be mailed home within one week of the final day of classes.

Interim progress reports are sent home at mid-quarter for all students in grades K-1. Progress reports are not issued for students in grades 2-8. PlusPortals provides parents with the same information they would receive through a progress report. A mid-quarter reminder will be sent to all parents to encourage a review of their child's grades. In addition, teachers will be in contact with the parents of any student who is receiving a D or an F at the mid-quarter point.

The LCA grading scale is as follows:

GRADES K-2		GRADES 3-8			Grades K-4 Standards Based Grading
O	**90-100**	**A+**	**98-100**	**C-**	**77-78**	**3 Mastered:** Student meets or exceeds the demonstration or knowledge of target content for grade-level learning with consistent success, accuracy, and independence.
S+	**88-89**	**A**	**95-97**	**D+**	**75-76**	**2.5** No major errors or omissions regarding 2.0 content and partial knowledge of the 3.0 content.
S	**82-87**	**A-**	**93-94**	**D**	**72-74**	**2 Developing:** Student illustrates base knowledge of prerequisite content, knowledge, or skills necessary for mastery of target content.
S-	**80-81**	**B+**	**90-92**	**D-**	**70-71**	**1.5** Partial knowledge of the 2.0 content, but major errors or omissions regarding the 3.0 content.
N+	**78-79**	**B**	**87-89**	**F**	**0-69**	**1** Assistance needed to demonstrate partial understanding of a score of 2.0 or 3.0.
N	**72-77**	**B-**	**85-86**			**Blank:** Was not assessed in the grading period.
N-	**70-71**	**C+**	**82-84**		
U	**0-69**	**C**	**79-81**		

Academic Recognition

Lakewood Catholic Academy believes that students should be recognized for their academic achievements. The following criteria will be used to qualify students for High Honors, Honors and Merit in Grades 7 and 8:

High Honors: Students must maintain a minimum GPA of 3.85 and can have no quarter grade below B- in ANY class.

Honors: Students must maintain a minimum GPA of 3.60, and can have no quarter grade below C+ in ANY class.

Merit: Students must maintain a minimum GPA of 3.45.

In grades 7 and 8, quarterly GPAs are used to determine academic recognition as described above.

The following point system is used in determining a student's GPA:

A+ = 4.3	B+ = 3.3	C+ = 2.4	D+ = 1.4	F = 0.0
A = 4.0	B = 3.0	C = 2.0	D = 1.0	
A- = 3.7	B- = 2.7	C- = 1.7	D- = 0.7	

Student Evaluation
Student achievement is monitored on the basis of objectives stated in the Diocesan Curriculum and incorporated into the teacher's plan for daily instruction. Procedures for evaluating student achievement include the following: teacher's observation of student responses, directed activities, quizzes, tests, participation in discussions, experiments, projects, oral and written reports, assignments, IB rubrics, and written class work, as well as other appropriate means to measure achievement in the particular subject on a given grade level.

Homework
A reasonable amount of homework will be given daily. The assignment will be an outgrowth of class work to supplement learning, to review independently what was taught in class, and to provide opportunity to use research skills. Time allotments for homework depend upon the type of assignment and on the age and grade level of the student. No definite time limit can be determined for all, since students work at different rates of speed. Parents are asked to direct questions regarding homework content and amount to the classroom teacher.

Late Work Policy (Grades 5-8)
Students are expected to complete all assignments to the best of their ability. Assignments are intentionally designed to help students succeed. Students who fail to complete or turn in assignments risk losing credit for those assignments and are more likely to be unprepared for summative assessments. If an assignment is not submitted on time, the student will receive an "incomplete," and the assignment will be recorded as a zero. The student will have two weeks or until the end of the academic quarter, whichever comes first, to submit the assignment for partial credit. Students who struggle to complete assignments at home are strongly encouraged to attend office hours in order to receive support.

Appointments and/or Conferences
If you are concerned about your child's academic progress, please contact the teacher(s) involved. Teachers will communicate with parents through the PlusPortals website, ClassDojo, conference, telephone, email, or note. Teachers are not to be interrupted during class time. Parent meetings with teachers must be scheduled in advance, and unless agreed upon by the teacher, should not take place during morning arrival or afternoon dismissal.

Parent Teacher Conferences
Parent Teacher Conferences promote a greater understanding of the needs and growth patterns of the students, as well as strengthen home-school communications. Conference days are scheduled in advance and appear on the school calendar. All parents are expected to observe parent teacher conference dates and any special requests for meetings.

Standardized Testing
The standardized testing program is designed to provide a systematic means of assessing student mastery of basic skills and evaluating the academic programs of the school.

Students in Grades 1 - 8 are given the Measures of Academic Progress assessments three times per year. These assessments are designed to measure mastery of skills in reading and mathematics.

Students in Grades 5 and 8 are given the National Catholic Educational Association Assessment of Catechesis/Religious Education (ACRE) to assess their religious knowledge as well as their beliefs, attitudes, practices and perceptions.

Promotion and Retention
Promotion is based on the satisfactory completion of grade level work. The decision to retain a student in the current grade is based upon a consideration of the overall welfare of the student, including academic, emotional, and social factors.

If a student consistently fails to perform academically at a basic level, as measured against Lakewood Catholic Academy's curricular framework, that student will not be promoted to the next grade level. Lakewood Catholic Academy does not retain students in any grade level. If a student is not promoted, either by the school's decision or by parent choice, the student will have to withdraw and enroll in another school.

Third Grade Reading Guarantee
Ohio's Third Grade Reading Guarantee (TGRG) identifies students from kindergarten through grade 3 that are behind in reading.

LCA will provide help and support to make sure students are on track for reading success by the end of third grade. Ohio's Third Grade Guarantee ensures that every struggling reader gets the support he or she needs to be able to learn and achieve.

Beginning in kindergarten, students identified by Dibels or MAP scores to be behind, per the benchmark number from Department of Education and Workforce (ODEW), will receive a Reading Improvement Plan (RIMP). The plan informs parents/guardians that their child is not considered to be "on-track" and identifies what the school will do to support the student.

If a student does not pass by the end of third grade, he/she will be administered the MAP again during the summer session. If he/she still does not pass the benchmark, LCA will follow the guidance given from ODEW. LCA will inform parents of the plan after the summer administration of the MAP test.

More on the Third Grade Reading Guarantee can be found on the Ohio Department of Education and Workforce website.

Technology/Design
The goal of the Lakewood Catholic Academy Technology Curriculum is to enhance the teaching and learning process with a wide variety of media by integrating technology throughout the curriculum and extending the boundaries of the learning environment.

Students at Lakewood Catholic Academy will:

> Participate in technology/design classes and use technology as a tool in the classroom to execute projects, access information, create multimedia programs, reinforce concepts, and communicate with other persons; and understand that technology can enhance classroom learning as well as serve as a vehicle to connect to other people outside the classroom walls.

Acceptable Use Policy
The use of the available technology at Lakewood Catholic Academy is a privilege shared by all students. Guidelines have been established to ensure the proper use of the equipment and to protect the integrity of the

educational program. Failure to comply with these guidelines will result in the loss of technology privileges and other legal and/or disciplinary action. The policy for students' acceptable use of technology is included in this

handbook, and acknowledgement of receipt and understanding of this handbook indicates understanding of and agreed compliance with the student acceptable use policy.

Computers, Printers, and Related Equipment
Unsupervised use of any technology-related equipment is strictly prohibited. Use of the printers must be authorized by the teacher. Proper care of the equipment will be taken at all times. No food or beverages are permitted near the computer or on the computer tables. Fees will be charged for the repair and/or replacement of computer-related equipment damaged by a student.

Software
Alteration of Lakewood Catholic Academy's computer system and/or network in any way is strictly prohibited, including the deletion of files, programs or applications and installation of unauthorized games or other copyrighted software.

Misuse of files, data, or information is not permitted. Students are not permitted to access the files or work of other individuals without permission.

Use of the system or programs to harass any other user will not be tolerated and may result in suspension or expulsion from Lakewood Catholic Academy.

Internet Access
Access to the internet is limited to sites approved by the teacher for educational purposes only. Access of obscene, inappropriate and/or pornographic material, including the printing of such material, is strictly prohibited. Attempts to bypass the school's internet filtering system are not permitted.

Personal information, including names, addresses, and phone numbers may not be given out. Appropriate language will be used for all online communication. Chat rooms and social networking sites may never be accessed at school.

While Lakewood Catholic Academy's filtering system establishes some parameters for appropriate use of technology within our building, parents/guardians are expected to monitor their children's internet use when they are at home.

Privacy
Network storage areas, including Google Drive, will be treated like school lockers. Network administrators/teachers may review files and communications to maintain system integrity and ensure that users are using the system responsibly. Users should not expect that files stored on any server or computer will be private.

Users have no privacy right to any data received or disseminated on the network or through email and by utilizing the Lakewood Catholic Academy systems; they consent to Lakewood Catholic Academy's right to audit all email, files, and documents. If a user acts inappropriately through the communications systems, Lakewood Catholic Academy reserves the right to report such actions to any outside authorities and/or take appropriate internal disciplinary action.

Personal Responsibility and Ethical Use of Technology
If a student transmits an electronic communication that:

- threatens, harasses, defames, demeans or bullies one or more students or staff at the school; or
- harms the reputation of the school, one or more of its students, or one or more of its staff members

the student may be disciplined in accordance with the discipline policy of the school and/or with restrictions on use of the school's network. Lakewood Catholic Academy expects all students to be ethical and responsible in their electronic transmissions, regardless of whether those transmissions take place on school property or school time.

Statement on Student Use of Social Media
In compliance with the Children's Online Privacy Protection Act, social media users are expected to be at least 13-years-old, which the vast majority of LCA students are not. Even for those students who meet the minimum age requirement, social media use has been shown to have a significant and harmful impact on mental health. The Mayo Clinic (2022) noted that studies have observed links between high levels of social media use and

depression or anxiety symptoms. It is the strong recommendation of the school that social media use be limited, and that any use, regardless of a student's age, be regularly monitored at home. Lakewood Catholic Academy is not responsible for monitoring personal student social media accounts. However, if brought to the school's attention, inappropriate use of social media or any other form of digital communication, on or off campus, deemed unbecoming of a Lakewood Catholic Academy student, may necessitate a meeting with the student's parents and the school administration. Consequences may include suspension or expulsion, depending on the nature and severity of the actions in question.

Students are responsible for protecting all login information and communication devices. A student will be held accountable for all communications transmitted through his/her online accounts or through his/her communication devices.

Uniform Guidelines

All students from kindergarten through grade 8 are required to wear uniforms. Reasonable care and neatness with regard to cleanliness, dress, and appearance are required at all times. If a student is out of uniform for any valid reason, a note of explanation must be sent to the homeroom teacher.

1. Students may wear navy blue or khaki traditional style pants. Denim, joggers, linen and cargo pants may not be worn, and all pants must be worn at waist level. A belt must be worn if the pants have belt loops.
    a. Girls in grades K-4 may also wear a tunic style jumper, a V-neck pleated jumper, or a skort in the LCA uniform plaid. Uniform skirts should not be worn in grades K-4.
    b. Girls in grades 5 – 8 may also wear a pleated skirt or a skort in the LCA uniform plaid. All skirts must be of appropriate length, and be a maximum of 2" above the knee. **Girls are required to wear tights/leggings with their uniform skirt from October through April.**

2. Navy or khaki walking shorts will be permitted until October 15th and again beginning May 1st. Denim or cargo shorts, or shorts with any type of ornamentation/decoration, may not be worn. A belt must be worn if the shorts have belt loops. Girls may also wear khaki skorts that are in a uniform style and of appropriate length for school.

3. Students may wear a white, burgundy, or navy long or short-sleeved polo shirt. The LCA logo is the only logo permitted. A polo shirt must be tucked in if it does not have a banded bottom. If a t-shirt is worn under the polo shirt, it must be solid white and short sleeved, with no visible logo. Girls in grades K-4 may also wear long or short-sleeved white blouses.

4. Socks must be visible and may be white, navy, burgundy, gray, black or brown. LCA spirit wear socks are also acceptable. Girls may also wear white, navy or black tights/leggings. If leggings are worn, they must be solid in color and full length. Socks must also be worn and must be high enough to cover the bottom of the leggings.

5. Students may wear dress or tennis shoes that are simple/conservative in color. High tops, and/or shoes that light up, contain a wheel, and open-toed or backless shoes (clogs, Crocs, slippers, etc.) are prohibited, along with bright, neon, camouflage, or glittery shoes. Shoes are to have non-marking soles. Students who choose to wear tennis shoes with their school uniform may wear the same shoes for PE. Students who choose to wear dress shoes will need a separate pair of shoes for PE.

6. Students may wear solid colored cardigans, pullover sweaters, or sleeveless pullover vests in navy, burgundy, or white.

7. The only hoodie permitted during the school day will be the LCA uniform hoodie. LCA hoodies purchased through athletics, full-zippered hoodies, as well as non-LCA hoodies, remain acceptable at recess as well as on dress down days.

8. LCA crewneck sweatshirts and quarter zips may be worn over the uniform shirt during the school day. Permissible sweatshirts and quarter zips are those purchased through the online LCA spirit shop (sent

via email two times per year), Schoolbelles or Lands' End, those quarter zips issued to student ambassadors, or any solid-colored burgundy or navy quarter-zip. Quarter-zips not issued through LCA are to be unadorned or may include only a small manufacturer's logo. All other sweatshirts and quarter zips, including fleece jackets or attire issued through LCA athletics, are not permitted during the school day, except at recess.

Physical Education Uniforms

On PE days, students must wear

- A white or navy LCA PE t-shirt
- Approved shorts/sweatpants (*please see below*)
- Tennis shoes
- Over the LCA PE t-shirt, students have the option of wearing an LCA crewneck sweatshirt or uniform hoodie, or an acceptable quarter zip.

*Please note that t-shirts issued through LCA Athletics or the LCA Spirit Shop are not considered PE shirts.

LCA sweatpants must be worn from October through April, while students are permitted to wear solid color LCA shorts during the months of September, May and June. The sole exception to wearing LCA PE sweatpants/shorts will be solid navy sweatpants/shorts that are unadorned, other than a small manufacturer's logo. Please note that all PE shorts must be mesh and must be of an appropriate length. 3-inch running shorts are not permitted.

All PE uniform items are available through Schoolbelles (in store), Lands' End (online - LCA's school number is 900171935), or Cleveland Printwear online or in store in Lakewood.

Dress Down Guidelines

1. Shirts must have sleeves. No tanks, spaghetti straps or midriff tops.
2. Shirt graphics must be appropriate (alcohol/drug/political references are prohibited).
3. Hats may not be worn in school, with the exception of specially themed days.
4. Shorts/skirts must be of appropriate length. Shorts may only be worn during the warm weather months of September and May/June. From October through April, students are not permitted to wear shorts over leggings.
5. Jeans, yoga pants, and leggings are permitted. Jeans with rips and tears are not permitted. If a student wears leggings, the student's shirt/top must completely cover the student's bottom/rear end. Sweatpants are permitted, but may not have anything printed on the seat of the pants. Pajama pants are not to be worn.
6. Comfortable footwear is encouraged on dress down days. Wheelies and slippers are prohibited. Crocs are permitted on dress down days, but must be worn with socks.
7. Clothes should be clean, neat, and appropriate for a Catholic school.
8. If you are unsure as to whether your planned outfit is appropriate, obtain permission from your homeroom teacher.

Hair & Accessories

Students will have simple, neat, and conservative hairstyles that are consistent with the simple, tailored appearance of our school uniform. We reserve the right to control extremes in hairstyles. Boys' hair must be trimmed above the eyebrows, ears, and collars. No unusual fads or designs may be worn including, but not limited to:

1. Bleached, dyed, highlighted or ombre hair

2. Shaved all or parts of the head (mohawks are prohibited)
3. Excessively teased hair or hair that is unkempt
4. Ponytails worn by boys
5. Accessories that may be distracting
6. Spiked hair
7. Eyebrow slits
8. Hair tinsel, shells, etc.

Make-up may not be worn in school. Students with make-up on will be sent to the office to remove it.

Students may not wear fake or acrylic nails.

No visible tattoos, piercings, jewelry, or other accessories are permitted, with the following exceptions:

1. Girls may wear one pair of small post/hoop earrings on the ear lobe only. No dangling earrings
2. Students may wear one small Catholic religious symbol on a thin chain
3. Students may wear a single watch and a single bracelet
4. Students may wear one ring

Conduct

Jesus tells us to "Love one another as I have loved you." At Lakewood Catholic Academy, we believe that Jesus' words should be reflected in the behavior of our faculty, staff, and students alike. In doing so, we help develop and draw forth the best that each individual has to offer to one another and to the LCA community.

LCA's *Saintly Seven* (listed below) provides a general set of guidelines that will ensure a pleasant and orderly environment. We hope to promote among our students a sense of responsibility for one's actions and an understanding of the element of personal choice in determining one's behavior and of the consequences of one's behavior. At all times, safety is the main priority of the school. Student conduct which in any way threatens the safety of others, through suggestion or action, will not be tolerated.

Consequences may consist of detentions and/or after school work, referral to the administration, a meeting with the parents, counseling, peer mediation, removal from extra-curricular activities and, in extreme cases, suspension or expulsion. In all grades, chronic or serious misbehavior will be communicated to a child's parent/guardian.

Lakewood Catholic Academy students serve as representatives of the school at all times. A student's behavior, on or off campus, deemed unbecoming of a Lakewood Catholic Academy student, may necessitate a meeting with the student's parents and the school administration. Consequences may include suspension or expulsion, depending on the nature and severity of the actions in question.

SLANT (being an engaged student in the classroom)

Sit up
Lean In
Active Listening
Nod
Track

Attitude of gratitude

Say thank you when offered something
Be humble when recognized
Understand needs vs. wants

Impress them from "hello"

Greet guests with a firm handshake and introduction

Make eye contact in ALL conversations
Be an ambassador of LCA at all times

Notice others
Use respectful behavior and language to acknowledge the presence of God in all people
Celebrate the success of others
Recognize those in need
Be attentive to those around you

Timely transitions
Move with a purpose
Be organized

Leave it cleaner than you found it
Classrooms, halls, and common areas
God's green earth

Your appearance matters
Follow the dress code
Refrain from gum chewing

Should a student violate the Saintly Seven, the following procedure will be followed:

1. Student will receive a verbal warning from the teacher.
2. If the behavior continues, the student will earn a write-up, and his/her name will be added to an internal excel spreadsheet, monitored by the Assistant Principal.
3. If the student earns two (2) or more write-ups within a week's time (7 consecutive days), the student will serve a 30-minute detention. Parents/guardians will be notified of the detention via email.
4. If a student earns an excessive number of detentions, as determined by the administration, the student will receive a more severe consequence. The consequence could range from a day of independent study to an out of school suspension. This will also be communicated to the parents/guardians by the Administration.

More severe consequences may be given for conduct that is prohibited at LCA, whether it happens in-person or online. Examples of prohibited misconduct include, but are not limited to:

- Physical or aggressive behavior
- Threats, taunts or intimidation of a person or group
- Offensive or inappropriate jokes, drawings, stories, or objects meant to demean an individual or group.
- Bullying/harassment
- Lying, cheating, or stealing
- Continuous disruptive behavior
- Disrespectful behavior or language toward any LCA staff member
- Conduct unbecoming of an LCA student

Prohibited Items
The following items may not be brought to school: real or toy knives, real or toy guns, sharp objects, matches/lighters or any item perceived as a weapon or intended to cause harm. Electronic devices (cell phones, Apple/smart watches, Meta glasses, e-readers, iPads, video games, etc.) may not be used during the school day. The administration reserves the right to make changes to this list at any time.

Bullying
We recognize that attitudes and practices can contribute to bullying and result in lower levels of confidence and self-esteem, as well as lack of achievement. The purpose of this policy is, therefore, to promote a consistent approach to bullying and to create a climate in which all types of bullying are unacceptable.

The APA Dictionary of Psychology (2022) defines bullying as, "persistent threatening and aggressive physical behavior or verbal abuse directed toward other people, especially those who are younger, smaller, weaker, or in some other situation of relative disadvantage. Cyberbullying is verbally threatening or harassing behavior conducted through such electronic technology as cell phones, e-mail, and text messaging." Such conduct is disruptive to the educational process, and does not provide an environment conducive to student learning and integrating the values of their Catholic faith into their daily lives.

Students who engage in any type of bullying are subject to disciplinary action, up to and including suspension or expulsion.

Students who believe they are victims of bullying shall report the matter to their homeroom teacher. If further action is needed, the matter will be referred to the school administration. If the incident results in a child's suspension or expulsion, it shall become a part of that child's permanent record.

1. The complaint of bullying shall be as specific as possible regarding details (dates, times, location, frequency, etc.)

2. Written notations for the specified allegations shall be made during the investigation of the complaint.

3. Information acquired during the investigation shall include names of witnesses, dates, times, and the specific charge of bullying. All parties involved in the incident shall be heard.

4. If information acquired during the investigation substantiates the allegation of bullying, the parent(s) of both the victim and the perpetrator shall be notified.

5. The need for confidentiality shall be stressed.

6. No reprisals shall be tolerated against complainant(s), witness(es), or individual(s) involved in the investigation.

7. The school administration shall make a determination regarding any disciplinary action. Notice shall be made to the parties regarding the disposition consistent with the mandates of the Family Educational Rights and Privacy Act.

Search and Seizure
All property of the school, including students' desks and lockers, as well as their contents, may be searched or inspected at any time without notice. School personnel have an unrestricted right to search all items brought onto school property, including but not limited to, backpacks, bags, and any device, such as cell phones, iPads, computers, etc.

The search of a student's person or personal property is permissible when there is any suspicion that the student may be carrying contraband. Contraband, for purposes here, shall be defined as any weapon, illegal

drug, drug paraphernalia, vape pens, and any other item, the possession of which is prohibited by law or by school policy.

Student Threats
At the recommendation of the Diocesan Legal Office, Lakewood Catholic Academy has adopted the following Student Threats policy:

1. Any and all student threats to inflict any harm to self or others will be taken seriously. Students giving some indication that they "would kill," "could kill," "want others dead," etc. will be dealt with immediately.

2. Whoever hears the threats should report them to the school administration.

3. The parent/guardian of the student who has made the threat shall be notified immediately.

4. The student shall remain under supervision until the parents arrive.

5. Any adult or the parent/guardian of any students who have been verbally mentioned as potential victims or listed in writing as potential victims shall be notified immediately. If desired, the school shall secure counseling for students involved after obtaining parental permission.

Additional Steps May Include:

1. Student suspension
2. Requirement of psychiatric evaluation before returning to school
3. Police may be contacted

Parents should seriously discuss the above policy with their child(ren). It is important for them to know that threatening language, even if used "lightly," may put them in a very serious situation.

Clinic

The role of the school nurse is to provide first aid for minor injuries and illnesses, to administer medications, and to notify parents if the symptoms appear serious. The nurse also conducts examinations in the areas of vision, hearing, and scoliosis detection. Parents are notified of the screening results when follow-up care is needed.

Lakewood Catholic Academy furnishes an Emergency Authorization Form that directs the school's course of action in each individual case. It is essential that the parent/guardian notify the school of changes in phone number, address, or employment throughout the school year so this data is always current, especially in the event of an emergency.

Clinic Hours
The Clinic is staffed by a qualified school nurse from 8:30 a.m. - 2:30 p.m. every day.

Health Forms and Immunizations for Grades K - 8.

We are committed to the health and safety of our entire school community. The following immunization policy reflects both **Ohio state law requirements** and the Church's call to promote the common good.

1. State-Required Immunizations
In accordance with the **Ohio Revised Code** and Ohio Department of Health regulations, all students attending school must provide written proof of age-appropriate immunizations against communicable diseases as defined by state law. These typically include, but are not limited to:

- Diphtheria, Tetanus, Pertussis (DTaP/DT/Tdap)
- Polio (IPV/OPV)
- Measles, Mumps, Rubella (MMR)
- Varicella (Chickenpox)
- Hepatitis B
- Meningococcal (where age required)

Documentation of immunization must be on an official record from a physician, clinic, or public health department and must be submitted prior to the first day of attendance. According to Section 3313.671 of the Ohio Revised Code, it will be necessary to exclude all students from school who do not meet the following requirements on the 15th day after school entrance. These requirements are found above and at the end of this handbook.

Failure to comply with state immunization requirements or failure to submit appropriate documentation may result in restriction from school attendance until requirements are met.

2. Medical Exemptions
Medical exemptions are permitted by Ohio law when a licensed physician certifies that a specific immunization is medically contraindicated for the student. A statement from the physician must be submitted in writing and will be maintained in the student's health record.

3. Privacy and Records
Health and immunization records are maintained confidentially in the school health office. Records will be released only as authorized by law or with parent/guardian consent.

Medical examinations are required for ALL kindergarteners.

Medication Policy
Medications will be dispensed by the school nurse (or substitute nurse) pursuant to these guidelines:

- All medications, prescription and non-prescription, must be kept in the clinic and furnished by the parent/guardian.

- Only authorized school personnel will be permitted to dispense medications to any student. Authorized personnel include the school nurse (or substitute) and other Lakewood Catholic Academy faculty/staff as designated by the school nurse for special circumstances (e.g., a field trip).

- A completed Medication Consent Form (available in the school office, clinic, or on the LCA website) must be brought to the clinic with the medication. This completed form must include the full name of the child, the name of the medication and the dosage, the time it is to be given, the reason for the medication, special instructions if applicable, the physician's phone number, the physician's signature, and the parent or guardian's name, phone number, and signature. **No medications will be administered without this completed form.**

- Prescription medications must be in a labeled container from the pharmacy. The label must include the child's name, name of the medication and dosage, administration instructions, and prescribing physician's phone number. A physician's signature will be required on the Medication Consent Form. (Note: when having a prescription filled, a request can be made for a second bottle to be labeled for school purposes)

- A physician's signature is required for all medications including non-prescription medications.

- Non-prescription medication must be in a sealed original container and labeled with the child's full name and any administration instructions. Medications will not be accepted or administered if they are not sent in the original labeled container.

- A student may have cough drops at school if the parent supplies them with a dated note specifying when their child may have one. Students in Pre-K through 4th grade will bring their cough drops to their homeroom teacher, and he/she will administer them as needed. Students in 5th through 8th grade should keep their cough drops (and the parent note) with them at all times. Students in 5th through 8th grade may administer their own cough drops as needed, though LCA staff members reserve the right to remove cough drops from a student's

possession if it is felt that the student is taking them in excess. Cough drops may not be shared with other students.

- During the final week of school, parents should make arrangements with the School Nurse to return any unused medications.

- In no event is any representative of the school to assure a parent that anything more than a reasonable effort will be made to assist the student in taking a medication.

Contagious Illnesses

To help control the spread of contagious illnesses, please keep your child at home if he/she appears to be ill. In order to promote this, LCA does not award perfect attendance. The following guidelines have been established to determine when a child should be kept home or sent to school:

Temperature --- Anyone with a temperature of 100° F or higher must stay home until they are fever free, without medication, for twenty-four (24) hours.

Vomiting or diarrhea --- Anyone with vomiting or diarrhea must stay home until they have been symptom-free for twenty-four (24) hours.

Strep throat --- Anyone diagnosed with strep throat must remain home until they have taken an antibiotic for at least twenty-four (24) hours.

Severe or productive cough --- Anyone with a cough that is severe (non-stop) or productive (produces mucus) must stay home until the cough has resolved or is no longer productive.

Flu symptoms --- Anyone with flu symptoms (combination of fever, headache, aches and pains, fatigue, chest discomfort, stuffy nose, runny nose and/or sore throat) must remain home until the symptoms have resolved.

Chicken pox --- Anyone with chicken pox may not return to school until the last area is scabbed over.

Head lice --- Anyone with head lice is not permitted to return to school until thoroughly treated, there is no evidence of lice or nits, and documentation of treatment is brought to school.

Conjunctivitis (pink eye) --- Anyone with pink eye must be taking eye drops for twenty-four (24) hours before returning to school.

COVID-19---Anyone testing positive must stay home and should contact the principal to determine a return date.

If a student is sent home from school with a fever, vomiting, or diarrhea, he/she may not return to school the following day, as he/she must be free of illness for at least twenty-four (24) hours before returning to school. This policy is necessary to prevent the spread of illness to other students and staff as well as for the protection of the student.

Dismissal Due to Illness

When a student becomes ill or is injured during the school day and needs to be sent home, parents must make arrangements to have the child picked up within an hour. If parents are unable to pick up their child within that time frame, they must make other arrangements. These arrangements must be communicated to the main office and/or school nurse. Students will not be permitted to dismiss themselves by calling or emailing home. No student may go home alone. Students will only be dismissed to parents/guardians or the emergency contact people listed on the Emergency Authorization Form or to someone with whom the parents have made other arrangements. Everyone will be asked to show identification when picking up a student.

Prolonged Illness
The school should be notified immediately in the case of a prolonged illness. A doctor's verification that a student will be absent for at least six weeks is required so that tutoring may be arranged through the local public school district.

911
If it is necessary to call 911 because of an emergency situation, the student will be taken to Lakewood Hospital or the nearest available hospital.

Food Allergy Plan
Pursuant to the Ohio Revised Code 3313.719 (The Food Allergy Protection Policy), the purpose of this policy is:

- To provide a safe and healthy learning environment for children with food allergies
- To reduce the likelihood of severe or potentially life-threatening allergic reactions
- To ensure a rapid and effective response in the case of an allergic reactions

Food Allergy Symptoms or Anaphylaxis is a result of exposure to an allergen, specifically peanuts and/or tree nuts. Tree nuts include almonds, Brazil nuts, cashews, hazelnuts (or filberts), macadamia nuts, pecans, pine nuts (pignolias), pistachios, and walnuts.

Symptoms of Anaphylaxis or food allergy may include:

- A feeling of apprehension or foreboding
- Facial symptoms, including hives, flushing, or itchiness
- A feeling of tightness in the chest, throat, or mouth
- Progressive difficulty swallowing or breathing, which could include drooling, wheezing, choking, or coughing
- Nasal symptoms, such as a runny nose 52
- Changes in the voice • Digestive symptoms such as diarrhea, nausea, or vomiting
- Dizziness, fatigue, chills, and increased heart rate
- Loss of color to the skin, loss of consciousness

The only way to avoid a reaction to those allergic to peanuts or tree nuts is strict avoidance. Symptoms can begin immediately upon exposure, or up to 2 hours after exposure to an allergen.

Procedures and Practices, including responsible person(s):

When children with food allergies attend school:

- The school nurse will provide the family with the Food Allergy Action Plan to be filled out by the child's healthcare provider or parent
- Based on the child's Food Allergy Action Plan, caregivers will receive training and put into practice:
  - Preventing exposure to specific foods that trigger allergy
  - Recognizing symptoms of allergic reaction
  - Treating allergic reaction
- Parents and staff shall arrange to have appropriate medication (if necessary) on site, proper storage of medication, and training to use medication while in school
- The school nurse, secretary or teacher will promptly take steps outlined in the Action Plan if a student has a reaction while in school.
- The school nurse, secretary or teacher will call 911 if epinephrine has been given and then call the student's parents.
- The student's Food Allergy Action Plan will be given to all school personnel who come in contact with the child throughout the day.
- The Action Plan and medication will be taken on all field trips
- Protocols for cleaning surfaces touched by food products will be implemented
- A "Nut-Free" table will be designated in the Dining Hall as needed
- Classroom treats containing nuts are prohibited
- The school nurse will provide training for all school personnel yearly

Emergency Closing
In the event of a calamity day, the official announcement for a school closing will be shared via text, as well as on local media (news broadcasts and websites), social media outlets and on the LCA website. Please do not call the school concerning closings.

Birthday Celebrations

A student may choose to be out of uniform on his/her birthday. If the birthday falls on a weekend, he/she may choose to be out of uniform on Friday or on Monday. Days will be designated during the month of May for students who celebrate summer birthdays. Although this is a non-uniform day, clothing must be in accordance with the school's dress down policy located in the uniform section of this handbook. The administration reserves the right to require a change in clothing if a student's outfit is inappropriate for a Catholic school setting.

Homeroom teachers in all grades will set specific guidelines for classroom birthday celebrations and treats. Treats may be passed out during homeroom time in grades K-4 and theology class in grades 5-8.

Field Trips

Students will have the opportunity to participate in field trips that enrich the curriculum. All students will participate in field trips, if possible. Parent consent is required for each field trip. LCA uses an online portal, to gain parental consent, as well as for submission of field trip payments, when needed. In extraordinary circumstances, parents may fax (216-521-0515) a field trip form to the office. On the day of a field trip, a student who has not yet submitted a signed field trip form will be permitted to call home up until 8:10 am. Students who do not have a completed field trip permission slip will NOT be permitted to go on the field trip, and will be required to remain home.

Ordinarily, transportation will be provided through a local bus company. All bus safety rules are strictly enforced, and all students are expected to follow these safety guidelines. In most cases, there will be a fee for field trips. All students will be required to ride the bus to and from all field trip locations.
A permission slip will be shared at the beginning of the school year requesting permission to take your child(ren) to Lakewood Park and our supporting parishes at any time throughout the year.

Optional Field Trips and Educational Travel Experiences
Lakewood Catholic Academy offers a variety of optional educational travel experiences that extend learning beyond the classroom. Participation in these experiences is a privilege, not a right, and is separate from the school's required academic program.

Participation in any optional travel experience is at the sole discretion of the school. The selection of students will be determined by the school administration based on a variety of factors, including, but not limited to, a student's academic standing, behavioral record, attendance, demonstration of the school's values and expectations, maturity, ability to represent the school positively, and any health or safety considerations. The school may also consider whether a student's participation would contribute to the overall success and safety of the travel experience.

The administration reserves the right to deny or revoke a student's participation in an optional travel experience at any time if it determines that participation is not in the best interest of the student, the travel group, or the school community. Such decisions are made at the sole discretion of the administration and are final.

Enrollment at Lakewood Catholic Academy does not guarantee eligibility for or participation in any optional travel experience.

After Care Program

The after care program operates at Lakewood Catholic Academy on scheduled school days and some vacation days during the school year. *If LCA is closed due to weather or another emergency situation, the after care program will not operate.* The after care program will operate from 3:00pm to 5:30pm every day that school is in session. Additional information regarding the after care program is available in the After Care Handbook.

Parent Code of Conduct

At Lakewood Catholic Academy, we believe that parent involvement is a key factor, not only in the academic success of every child, but also in our strength as an institution.

Parents are the primary educators of their children, for it is in the home that a child's moral, spiritual, and educational foundations are established. When parents enroll their child at Lakewood Catholic Academy, they choose to educate their child in a Christian environment in which a value is placed not only on academics, but also on the spiritual, cultural, and moral education of the child. We believe there should be a genuine partnership between home and school, built on mutual respect, open communication, and a shared commitment to the wellbeing of every child in our community.

Our Commitment

- Treat your child with love and respect
- Uphold high academic and behavioral expectations for every student, guided by our Saintly Seven and our IB MYP framework
- Help students and families understand the expectations of LCA as a whole, as well as the expectations of each classroom
- Listen to parent concerns and work collaboratively with families toward a resolution
- Communicate promptly about matters affecting a child's conduct, wellbeing, or academic progress

Parent/Guardian Expectations

- Model and support your child's practice of his/her faith
- Treat all LCA faculty, staff, students and families with professional courtesy and Christian charity, even amid disagreement
- Support school policy and the authority of the teachers and the administration
- Encourage your child to regularly check his/her planner and PlusPortals, complete all assignments, and adhere to school regulations and the expectations of good behavior
- Read all communications from the school and request clarification when necessary
- Discuss school related problems with the person(s) concerned
- Give prompt notice of changes at home that may affect your child's conduct or performance, so the school can support your child
- Follow the policies and procedures stated in this handbook
- Meet your financial commitments (tuition, field trips, lunch, etc.) in a timely manner
- Reimburse Lakewood Catholic Academy for any property destroyed (accidentally or intentionally)

The education of each child is a partnership between parents and the school. As a private Catholic school, Lakewood Catholic Academy reserves the right to determine its ability to continue serving a family based on that family's conduct, the needs of the child, and the impact of that conduct on the entire school community.

If, in the opinion of the administration, that partnership is irrevocably broken, the school reserves the right to require a parent to withdraw his or her child.

Parent/Community Volunteers

Parents' generous gifts of time and talent help to create a strong community, ensure ownership in the institution, and set an example of Christian service for their children. Lakewood Catholic Academy could not exist without the generous support of the parents in the LCA community.

Volunteers assist our faculty, staff, and administration to accomplish many activities and projects within the school. Everyone is encouraged to contribute in some way for the betterment of the school and for the education of our children. Information regarding ways in which people can become involved is sent home at the beginning of each year. All parent volunteers must complete Virtus training and remain in compliance with training updates, as well as complete BCI fingerprinting.

For information on Virtus training sessions, click on the "Help/FAQs" link at www.virtus.org and scroll down to the section that says "View upcoming session schedule." Click the link to show the answer and click on the link. Select "Cleveland, OH (Diocese)" from the "List of upcoming Protecting God's Children classes in your area" link.

Policies

Nondiscriminatory Policy
Lakewood Catholic Academy, located at 14808 Lake Avenue in Lakewood, Ohio 44107 has adopted the following racial nondiscriminatory policies

Lakewood Catholic Academy admits students of any race, color or ethnic origin to all its rights, privileges, programs and activities. In addition, the school will not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, employment, scholarship and loan programs, and athletic and other school administered programs.

Lakewood Catholic Academy will not discriminate on the basis of race, color, or ethnic origin in the hiring of its certified or non-certified personnel.

Jon Peterson Special Needs Scholarship
Lakewood Catholic Academy participates in the **Jon Peterson Special Needs Scholarship Program** as administered by the **Ohio Department of Education and Workforce**.

I. Program Philosophy

As a Catholic school within the Diocese of Cleveland, Lakewood Catholic is committed to providing an excellent, faith-centered education to all students, including those with exceptional learning needs. In accordance with the Jon Peterson Special Needs Scholarship Program (established under Ohio Revised Code §3310.52), LCA provides individualized special education and related services designed to implement each participating student's Individualized Education Program (IEP) as developed by the student's resident school district.

It is the philosophy of LCA that every child, created in the image and likeness of God, possesses unique gifts and deserves an educational environment that recognizes and cultivates those gifts. Students served through the JPSN Scholarship Program are full members of the school community and receive services that are integrated, respectful, and designed to maximize their academic, social-emotional, and spiritual growth.

II. Admissions Policy

Lakewood Catholic Academy admits students in accordance with diocesan policies, school capacity, and state scholarship requirements.

A. Eligibility Requirements

To enroll under the Jon Peterson Special Needs Scholarship Program, a student must:

1. Already be enrolled at LCA.
2. Be a resident of the State of Ohio.
3. Have a current Evaluation Team Report (ETR).
4. Have a current Individualized Education Program (IEP) developed by the student's resident public school district.

5. Be determined eligible for the Jon Peterson Scholarship by the Ohio Department of Education and Workforce.
6. Submit all required scholarship documentation and school enrollment materials.

B. Admission Process

1. Parent/guardian submits an application for admission to Lakewood Catholic Academy.
2. The school reviews academic records, the current IEP, ETR, and related documentation.
3. An admissions meeting may be scheduled with school administration and appropriate staff to determine whether the Academy can appropriately serve the student within available resources.
4. Acceptance is contingent upon:
    - Availability of space
    - Availability of appropriate services
    - Agreement to comply with the mission, philosophy, and policies of Lakewood Catholic Academy
    - Completion of all scholarship and enrollment documentation

Enrollment under the Jon Peterson Scholarship does not obligate Lakewood Catholic Academy to replicate services provided by a public school district but to provide services agreed upon and consistent with the student's IEP as implemented by the Academy.

C. Non-Discrimination

Lakewood Catholic Academy complies with applicable federal and state non-discrimination laws and admits students without regard to race, color, national origin, or sex, while maintaining its Catholic religious identity and mission.

III. Transfer and Withdrawal Policy

A. Voluntary Withdrawal

Parents/guardians may withdraw their child at any time by providing written notice to the school office. The written notice must include:

- Student's full name
- Intended last date of attendance
- Name of receiving school (if applicable)

Notification must also be made in accordance with Jon Peterson Scholarship procedures to the Ohio Department of Education and Workforce. Scholarship payments will be adjusted in accordance with state guidelines.

B. Transfer to Another Educational Setting

If a student transfers to:

- The resident public school district
- Another nonpublic school
- Another Jon Peterson Scholarship provider

Lakewood Catholic Academy will, upon receipt of a signed records request, forward educational records in a timely manner.

C. Administrative Withdrawal

Lakewood Catholic Academy reserves the right to administratively withdraw a student if:

- The school determines it cannot appropriately meet the student's needs within available resources.
- Required scholarship documentation is not maintained.
- Scholarship eligibility is terminated by the State of Ohio.
- There is significant or continued noncompliance with school policies as outlined in this Parent Handbook.

Written notice will be provided to parents/guardians prior to administrative withdrawal.

IV. IEP Information and Services Provided

The school reviews the IEP of each qualifying student with parents/guardians, and a consensus is reached regarding which IEP goals and objectives Lakewood Catholic Academy agrees to service. This agreement becomes a contract. All services provided assist students in attaining academic content standards according to their IEP. LCA delivers all services pursuant to Ohio Administrative Code 3301-51-09.

Lakewood Catholic Academy offers the following services to student recipients of the Jon Peterson Special Needs Scholarship:

- Intervention Services
- Speech and Language services

V. Quarterly IEP Progress Reporting

In compliance with the Jon Peterson Special Needs Scholarship Program requirements:

1. Lakewood Catholic Academy will implement services consistent with the student's IEP as agreed upon at enrollment.
2. The Academy will measure student progress toward identified IEP goals.
3. Written progress reports will be provided to parents/guardians **at least quarterly**.

Each quarterly progress report will include:

- The specific IEP goals addressed
- A description of services provided
- Data-based or narrative documentation of progress
- An indication of whether the student is making sufficient progress toward annual goals

Progress reports will be distributed at the end of each academic quarter and may be provided electronically or in paper format. Parents/guardians may request a conference at any time to discuss their child's progress.

VI. Location of Services, Communication, and Confidentiality

As the location of service, Lakewood Catholic Academy communicates among parents/guardians, teachers, administrators and others in each student's educational environment to support student achievement. LCA maintains student records in accordance with the Family Education Rights and Privacy Act (FERPA), diocesan policy, and Jon Peterson Scholarship requirements.

A. Confidential Educational Records

The following are maintained as confidential educational records:

- Evaluation Team Reports (ETRs)
- Individualized Education Programs (IEPs)
- Service documentation
- Progress reports
- Academic and disciplinary records

Access to student records is limited to authorized personnel with legitimate educational interest.

B. Parent Access

Parents/guardians have the right to inspect and review their child's educational records. Requests to review records must be made in writing to the school office. Records will be made available within a reasonable timeframe.

C. Release of Records

Student records will be released:

- Upon written parental consent;
- In compliance with applicable law; or
- Upon receipt of a valid records request from another educational institution in which the student seeks or intends to enroll.

D. Record Retention and Security
Student records are securely stored and retained in accordance with diocesan guidelines and state record retention requirements.

Weapons Policy
In furtherance of the overall philosophy, goals, and objectives of the Catholic educational experience, the Diocese of Cleveland has proposed a policy that expressly prohibits the use, possession, sale, or discharge of any weapons or explosive devices in the school, on school grounds, or at school-sponsored activities. This policy shall apply to all students, teachers, staff members, administrators, other personnel in the school, and visitors to our campus. Per the Diocese of Cleveland, restrictions will not be loosened due to the passage and implementation of Ohio HB 99. Restrictions on firearms in schools will remain as strict as they were prior to the bill's passage, and teachers will not be allowed to carry firearms on campus.

This policy includes, but is not limited to, any firearm, knife, deadly weapon, or explosive or incendiary device. As defined by state law, a deadly weapon is "any instrument, device, or thing capable of inflicting death, and designed or specifically adapted for use as a weapon, or possessed, carried or used as a weapon." (O.R.C. 2923.11A) Firearms shall include any loaded or unloaded gun of any caliber or type. This prohibition also includes any pistol, rifle, or other device that uses air or gas propelled projectiles. Ohio's Concealed-Carry Laws and License Application (June 2022) stipulates that, under the law, a concealed handgun may not be carried in a school safety zone, with a school safety zone defined as, "a school, school building, school premises, school activity, and school bus. For purposes of this statute, a school includes everything up to the property boundary."

Violations of this policy may warrant notification of the police, immediate suspension, and possible expulsion. If it is determined that this policy has been violated, the parents of the offender shall be immediately contacted and must cooperate with the disciplinary process.

A model disciplinary process should include immediate in or out of school suspension, pending investigation and resolution. If the student's infraction does not warrant immediate dismissal, then the parent(s)/guardian(s) may be required to sign a probation contract that includes all conditions of the student's retention at Lakewood Catholic Academy. Possible terms of this probation agreement may include professional counseling, participation in a community program addressing youth violence, suspension from extracurricular activities, and any other conditions deemed appropriate by the school administration after recommended consultation with the Diocesan Legal Office.

Sexual Harassment and Sexual Violence Policy

Purpose
Lakewood Catholic Academy is firmly committed to providing a safe, positive learning and working environment for everyone in the school. For this reason, and in keeping with the goals and objectives of Catholic education, Lakewood Catholic Academy expressly prohibits sexual harassment and sexual violence in the school environment. This policy reemphasizes the personal dignity of the individual and fosters positive sexual attitudes and respect for others.

Sexual Harassment
For the purposes of this policy, sexual harassment includes the following specific instances: verbal sexual abuse; disseminating obscene or sexually explicit material, whether in the form of music, written lyrics, pornographic pictures or other literature, or having such material in one's possession in the school, on school grounds or at school sponsored activities; obscene or sexually explicit graffiti anywhere in the school or on the

school grounds, continuing an unwanted written or oral communication directed to another of a sexual nature; spreading sexual rumors/innuendos'; obscene T-shirts, hats, or buttons; touching oneself sexually in front of

others; obscene and/or sexually explicit gestures; and any other inappropriate behavior of a sexually explicit or obscene nature that demeans or offends the recipient. The above list is not meant to be all-inclusive, but is intended to provide guidance as to what may constitute sexual harassment.

Isolated, trivial incidents are not sufficient to constitute harassment and will be handled according to the Student Code of Responsibility.

Allegations of sexual harassment (as defined above) are to be reported to the teacher and a member of the administrative team. Parents of both the offender and the victim will be informed of the allegations. The matter is to be kept confidential by all parties involved, and every effort will be made to protect the alleged victim from retaliation. The parents of both the offender and the victim are obligated to cooperate in remedying the situation.

If the allegations are substantiated, disciplinary actions will be taken. These will depend on the nature, frequency, and severity of the action, the ages of the offender and victim, the history of similar actions by this

individual, and the circumstances in which the harassment occurred. Possible disciplinary actions may include, but are not limited to any of the following:

- Verbal warning/reprimand and apology to the victim
- A conference with the parent, student, and a member of the administration
- Written warning/reprimand and parent notification entered in the student's file
- Detention or removal from selected school activities and/or extracurricular activities
- Behavior/probation contracts, possibly requiring professional intervention
- Suspension
- Expulsion

Sexual Violence
Sexual violence is handled separately because of its potential criminal nature. If an incident of sexual violence occurs, the principal, Pastor Designate, or other school authority is required under state law to report the

incident (O.R.C. 2151.421). The Lakewood Department of Youth Services and the police will be contacted immediately if there is "any reason to believe" (O.R.C. 2151.421) that sexual abuse or violence has occurred involving a child less than eighteen (18) years of age. The Diocesan Legal Office will be contacted immediately in these situations.

Generally, sexual harassment should be construed as sexual violence when: the recipient is physically touched in a sexual manner without his/her consent; is expressly threatened or perceives a threat of physical harm for purposes of the offender's sexual gratification; or is the victim of sex offenses under Ohio law, Gross Sexual Imposition (O.R.C. 2907.05), Sexual Battery (O.R.C. 2907.03), Rape (2907.02), Importuning ().R.C. 2907.09), Voyeurism (O.R.C. 2907.08), Public Indecency (O.R.C. 2907.09), or Felonious Sexual Penetration (O.R.C. 2907.12), as examples. In each one of the above examples, the Lakewood Department of Youth Services and the police will be contacted immediately.

Policy on Youth Gangs
Youth gangs and gang related activities are prohibited. A gang is defined as any non-school sponsored group, usually secret and/or exclusive in membership, whose purpose of practices include unlawful or anti-social behavior or any action that threatens the welfare of others.

Policy on the Use and Abuse of Alcohol, Tobacco, E-Cigarettes and Other Drugs
It is forbidden for any student to manufacture, distribute, dispense, possess, use, or be under the influence of, in the school setting, any alcoholic substance, any intoxicating or auditory, visual or mental altering chemical or

substance, or any narcotic drug, hallucinogenic drug, amphetamine, barbiturate, marijuana or any other controlled substance, as defined by federal or Ohio law or rule, or any counterfeit of such drug, or substance, all being collectively referred to as drugs. In addition, it is forbidden for any student to manufacture, distribute, dispense, possess, use or be under the influence of any tobacco products or e-cigarettes. School setting includes any school building or any school premises; any vehicle used to transport students to and from school and school activities off school property during any school-sponsored or school-approved activity, event or function, such as a field trip or athletic event, where students are under the jurisdiction of the school. Students who violate this policy will be subject to disciplinary procedures that may result in suspension or expulsion from school. Where violations of the law are involved, law enforcement agencies will be notified.

Lakewood Catholic Academy will promote, enhance, and maintain a drug-free school through a systematic program of coordinated student assistance services, prevention through instruction, intervention, administrative enforcement procedures, and recovery support.

Student Pregnancy Policy

Principles
Two sets of principles are to be applied in the situation of adolescent pregnancy in the Catholic school setting. One set of principles applies to the teaching of respect for human life. The second set of principles applies to effective school management.

Principles of Respect for Human Life
These principles apply to the moral teaching of the Catholic Church on the sanctity of the human person. In the situation of student pregnancy, these principles refer to the teaching on the sanctity of human sexuality, the sacrament of marriage, the dignity of the unborn child, and the care that must be extended to the pregnant student and father.
In applying these principles, the specific topic of premarital sexual activity, while not entirely irrelevant to the episode of the pregnancy, is not to become the major focus of attention in dealing with the pregnancy.

The principles of the dignity of human life are directed to the mandate from Jesus in the Gospel, to mercy, kindness, and compassion for each person, regardless of the circumstances that may contribute to their state and condition. These principles are compelling, in that the very essence of the Church is to be the living presence of a loving god, a presence addressed to individuals in their human condition.
Together, these two sets of principles flow from the call of the Church to respect life and dignity, and together, these principles provide one part of the framework to resolve the issues presented when a student, male or female, is involved in a pregnancy in the school setting.

Principles of Effective Management
Effective school management is directed to the welfare of all members of the academic community, since the primary purpose of the school is to provide an atmosphere for learning, and for experiences that will contribute to the growth and development of the students. These requirements of effective school management are to be applied for both the male and female individuals involved, though admittedly, these situations will not be exactly the same. While respect for human life is of prime importance, due respect for effective school management is not to be neglected in coping with the potentially disruptive aspects of pregnancy in the school setting.

HIV/AIDS Policy
Children with Acquired Immune Deficiency Syndrome (AIDS) enrolled or seeking enrollment in Grades K though 8 shall be permitted to attend school education programs in a regular classroom setting provided:

1. The health of a child, as documented by his/her physician, allows participation in the regular academic school activities.

2. The child behaves acceptably, and in a manner that would not cause spread of the disease or in any way put others at risk.

3. The child does not have open sores, skin eruptions, or any other conditions that prevent his/her control of bodily secretions.

4. There are periodic evaluations of the child's physical condition with written certification from his/her physician allowing continuing participation in regular academic school activities.

The school administration will consult with the Diocesan Regional Superintendent before a final decision is made on each case in the school.

Parents and guardians have the obligation to report to the school administration when any child has been diagnosed as having AIDS (acquired immune deficiency syndrome), ARC (AIDS related complex), or other illness caused by HIV (human immune deficiency virus, the virus that causes AIDS, also known as HTLVII or LAV).

Questions concerning these procedures or circumstances that might necessitate other arrangements should be directed to the attention of the president.

In order to protect confidentiality, when a child with AIDS is admitted to school, personnel who are made aware of the child's condition should be the minimum necessary to assure proper care of the child,

Based on the condition of the child and the expected type of interaction with others, the school administration after consultation with the proper authorities may limit the child's participation in school activities.

A student with AIDS who is excluded from Lakewood Catholic Academy shall be provided with an alternative means of catechetical instruction.

Asbestos Annual Notification
Lakewood Catholic Academy is in compliance with the Asbestos Hazard Emergency Response Act. The health and safety of our students remains our highest priority.

Fundraising Policy

It is the responsibility of the Advancement Office to coordinate all fundraising efforts to ensure that funds are raised strategically in order to support the overall mission of LCA. Any and all fundraising efforts must be discussed with and approved by the president's office.

Tuition/Registration

Tuition is the primary source of revenue for LCA. It is determined and set each year at the level necessary to provide adequate operating funds, along with other sources. The timely payment and collection of tuition is essential for the orderly operation of LCA.

At the present time there are three tuition rates:

Tier One: Families qualify for Tier One tuition if they are parishioners in good standing at one of the four Lakewood parishes that provide LCA with financial support (Saint Clement, Saint James, Saint Luke, and

Transfiguration), or are members of other parishes that choose to subsidize tuition for their parish families with a contribution toward their Catholic education at LCA.

Tier Two: Families qualify for Tier Two tuition if they are parishioners in good standing at Catholic parishes that do not subsidize tuition. To qualify for this tier, families must complete a Parish Certification Form and have it signed by their Pastor.

Tier Three: Families who do not belong to a Catholic parish pay the Tier Three tuition rate. There are no multiple child discounts available to families in this category.

Payment Options

All families who choose to pay in installments must pay via FACTS Tuition Management. There is an enrollment fee, and payments may be made directly from your bank account, charged to your credit card, or mailed to

FACTS. Upon enrollment, families choose a payment plan and due date. Please note: If paying by credit or debit card, there is an additional convenience fee per payment.

Monthly: Payments are due each month from July through April.
Quarterly: Payments are due in July, October, January and April
Semi-annual: Payments are due in July and January.

*All returned checks or direct debits will be assessed an insufficient funds charge.

A family is considered past due when they are two or more months behind in payments. If past due tuition is not paid by the day report cards are issued, your child/children will not receive a report card or access to their grades. If a family's tuition is not brought up to date by the third month, students will not be permitted to attend classes until financial arrangements have been made with the business office. All final report cards will be mailed to parents unless a family has fees which have not been paid.

If a student withdraws from Lakewood Catholic Academy during the school year, for any reason, tuition, financial aid, tuition discounts and scholarships will be prorated. All fees are payable in full regardless of when the withdrawal occurs. No transcripts, report cards or records will be released until all financial obligations are fulfilled. Student attendance for any portion of a quarter will constitute attendance in that quarter and will result in required payment for that full quarter.

Communication is of paramount importance. Some circumstances may warrant a unique resolution. In such circumstances, LCA will work with you, but it is necessary for you to contact the business office as soon as possible to discuss your situation and develop a resolution that is acceptable to all involved.

Please contact the business office at 216.521.0438 with any questions or concerns.

Parishioner Investment

To qualify for the Tier One parishioner tuition rate, a family must be a member in good standing at one of the supporting parishes. That family must be approved each year by the parish to indicate that the parish is willing to make an investment for that family. Requirements at each parish vary, so it is incumbent upon you to follow necessary procedures. Please contact your pastor directly regarding your parishioner status. Families that are members of other parishes are encouraged to approach their pastor directly to request a similar investment.

To qualify for the Tier Two parishioner tuition rate, a Tier Two Parish Certification Form must be completed and signed by your pastor and submitted to LCA's business office. Forms are available in the LCA business office and on the LCA website.

Financial Assistance

Families that wish to be considered for tuition assistance must file a FACTS Grant & Aid Assessment at factsmgt.com. This objective and confidential service provides the Diocese of Cleveland and LCA with an estimate of the ability to contribute to tuition for each family that submits the form. Families may receive tuition assistance from LCA only, the Diocese only, or both organizations. Tuition assistance is provided on a needs-based priority as determined by the results of a family's FACTS Grant & Aid Assessment and is not guaranteed.

The majority of assistance is granted in the first round, which requires families to have a FACTS Grant & Aid Assessment submitted by March 15th. The final deadline to apply for tuition assistance is May 15th. LCA is a provider of the Ohio Department of Education Cleveland, EdChoice, and EdChoice Expansion Scholarship programs. Families who wish to apply for one of these state scholarships must have a child registered in grades K-8 at LCA and meet other eligibility requirements established by the Ohio Department of Education.

Registration and Fees

Priority registration for the next school year is given to current families, both in re-enrollment of current students as well as registration for siblings of current students. Additional information, including scheduled open houses and registration deadlines, will be available after the beginning of the school year.

A non-refundable **Registration Fee** is set annually and reserves a place for your child/children for the coming school year. The registration fee is not covered by the JP scholarship.

Family/Custodial Situations

In two-parent families, it is assumed that both parents are living at the same address unless we have been notified otherwise. Lakewood Catholic Academy personnel will, therefore, send home notices, communications, etc. with the child. It is assumed that both parents are communicating regarding the child and that all information is shared by and between the parents. This information includes, but is not limited to, conference appointments, report cards, progress reports, discussions with school personnel, and tuition statements.

In families experiencing separation of parents, or pending divorce, the above information will be sent home with the child to whichever parent currently has care of the child. It is assumed that this information is shared *by* the parents and *between* the parents. Since this situation frequently impacts a child's achievement and interactions at school, parents are asked to inform *both* the principal and teacher of this fact so that appropriate support can be given to the child. Lakewood Catholic Academy personnel cannot proceed on hearsay, rumors, or demands of a parent, but only with the appropriate documentation detailed below.

In cases of an actual divorce decree involving *clear custody by one parent*, the school is to be informed by the custodial parent of this fact. A copy of the first page of the decree bearing the case number, the pages referring to custody and the relationship with the school, and the final page bearing the judge's signature are to be submitted to the school. Unless the decree indicates otherwise, school communications will be sent home to the *custodial parent*. Custodial parents should understand, however, that unless the divorce decree specifically limits the non-custodial parent's right to access the records, the non-custodial parent has a right to the same access as the custodial parent. We will, unless instructed by a court order, release such report cards, health records, referrals for special services, and communications regarding major disciplinary actions. This does not include daily classwork and papers or routine communications sent through the children to the home of residence. In these cases, the custodial parent is asked to cooperate with the school and share this information directly with the non-custodial parent. Unless prohibited by a court order, email communications such as the school newsletter can be sent to the non-custodial parent upon his/her request.

Further, unless restricted by court order, any non-custodial parent has the right to attend any school activity of their child, including sports activities and class programs. Parents should keep each other informed as to these activities to avoid duplication of communications and to allow the school to better attend to the duty of teaching your children.

In cases of joint custody (shared parenting agreements) entitling both parents access to school personnel and activities, when distributing hard copies, one copy of communications and information will be sent home with the child, unless the main office is otherwise notified. It is the responsibility of parents involved in shared parenting agreements to ensure that the school has email addresses for both parents on file for the electronic communications distributed throughout the school year.

Regarding parent conferences in all custody situations, it is preferred and will be the general procedure that *one* conference appointment be scheduled jointly if both parents wish to be present. It is assumed that parents are able to set aside differences and to come together on behalf of their child for this time. A joint conference further ensures that both parents are given the same information at the same time, thereby avoiding misunderstanding and/or misinterpretations.

In cases where joint conferences are *clearly* neither possible nor desirable by all parties involved, alternate arrangements may be discussed with the teacher. Every effort will be made to keep communications open with

both parents while at the same time avoiding duplication of services and excessive demands on the teacher's time.

Visitation should generally begin at the home of one of the parents and not at school. It is hoped that visitation arrangements would reflect the sensitivity of both parents to the consistency and routines that foster security in their child and allow for school responsibilities and homework to be completed during the school week.

Questions regarding this policy and the procedures addressed herein, or regarding a family's specific circumstances that may necessitate other arrangements should be directed to the attention of the principal.

Parent-Student Handbook Agreement

Parents will sign the handbook agreement when completing the beginning of the year forms. The agreement states that parents have read, understood, and agree to support the provisions set forth in the Lakewood Catholic Academy Parent-Student Handbook, which is available on the LCA Website. Parents also agree to discuss the contents of the handbook with their child(ren).

Student Acceptable Use Policy

Lakewood Catholic Academy
Diocese of Cleveland

Lakewood Catholic Academy (the "School") makes a variety of communications and information technologies available to students through computer/network/Internet access. These technologies, when properly used, promote educational excellence by facilitating resource sharing, innovation, and communication. Illegal, unethical or inappropriate use of these technologies can have dramatic consequences, harming the school, its students and its employees. The Acceptable Use Policy ("Policy") is intended to minimize the likelihood of such harm by educating the School's students and setting standards that will serve to protect the school. We firmly believe that digital resources, information and interaction available on the computer, network or Internet far outweigh any disadvantages.

Definition of school technology system: The school systems and networks (collectively, "System") are any configuration of hardware and/or software whether used on or off school property. The System includes, but is not limited to, the following:

- telephones, cellular telephones, and voicemail technologies;
- email accounts;
- servers;
- desktop and laptop computer hardware and peripherals;
- software including operating system software and application software including without limitation video conferencing software;
- digitized information including stored text, data files, email, digital images, and video and audio files;
- internally or externally accessed databases, applications, or tools (Internet- or District-server based);
- school provided Internet access;
- school filtered public Wi-Fi;
- school provided Chromebooks;
- school provided personal digital assistants ("PDAs"), tablets, IPADs and similar devices;
- school issued access to third party websites (i.e., Google apps, Zoom, Flipgrid, Dojo, etc.) ; and
- new technologies as they become available.

Acceptable Use: Students are responsible for appropriate behavior on the System just as they are in a classroom or on a school playground. Communications on the System are often public in nature. General school rules for behavior and communications apply. It is expected that users will comply with school standards and the specific rules set forth below as interpreted from this policy, whether on or off of school property. A student is personally responsible for his/her actions in accessing and utilizing the school's computer resources in accordance with Student Code of Conduct and may be subject to discipline for misuse of the System.

Access to communication system: Access to the school's electronic communications system, including the Internet, shall be made available to students for educational and instructional purposes. Each school computer/device and Wi-Fi (available for students who bring in their own personal telecommunication devices) has filtering software that block access to visual deceptions that are obscene, pornographic, inappropriate for students, or harmful to minors as defined by the federal Children's Internet Protection Act (CIPA). Filtered Internet access is provided to students as defined by CIPA.

Access to the School's computer/network/Internet is a privilege, not a right, and may be revoked at any time.

Scope of Use: The System is intended for use for educational and instructional purposes only. Incidental, personal use shall be allowed only so long as such use is appropriate for a school setting, non-disruptive to the school's operations and mission, and not in excess or to the exclusion of the student's studies or school responsibilities.

Inappropriate Use: Inappropriate use includes, but is not limited to, those uses that are specifically named as violations in this document; that violate the rules of network etiquette; or that hamper the integrity or security of the System or any components that are connected to it.

Transmission on the System, including through email (personal or school accounts), social media, web pages, blogs and/or forums, of any material in violation of any federal or state law or this Policy is prohibited. This includes, but is not limited to:

- cyber bullying;
- threatening, pornographic, harassing, defamatory or obscene material;
- copyrighted material, plagiarized material or materials protected by trade;

- the use of hardware and/or software which disrupts or interferes with the safety and welfare of the school community (even if such uses take place after school hours or off school property).

Vandalism or Mischief: Tampering with or theft of components from the System may be regarded as criminal activity under applicable state and federal laws. Any attempt to break the law through the use of a school computer/network/Internet account may result in prosecution against the offender by the proper authorities. If such an event should occur, the school will fully comply with the authorities to provide any information necessary for legal action.

Modification of Computer: Modifying or changing computer/device settings and/or internal or external configurations without appropriate permission is prohibited and may result in discipline and/or the revocation of access to the System.

Student Access: System access is provided to all students unless parents or guardian request in writing to the school principal that access is denied. When student is in a classroom setting on school property, student Internet access will be under the direction and guidance of a school staff member. Students must adhere to the following guidelines when using the System on or off of school property:

1. Respect and protect the privacy of others.
    a. Use only assigned accounts.
    b. Decline to view, use, or copy passwords, data, or networks to which they are not authorized.
    c. Avoid distribution of private information about others or themselves.
    d. Decline to record any individual, educational instruction or any portion of communications without prior written consent of teacher or school administration.
2. Respect and protect the integrity, availability, and security of all electronic resources.
    a. Observe all network security practices as posted.
    b. Report security risks or violations to a school administrator, teacher or network administrator.
    c. Refrain from destroying or damaging data, networks, or other resources that do not belong to them without clear permission of the owner.
    d. Conserve, protect, and share these resources with other students and Internet users as appropriate.
    e. Get appropriate pre-approval before accessing the network with personal devices.
    f. Abstain from overriding the Internet content filtering system.
3. Respect and protect the intellectual property of others.
    a. Refrain from copyright infringement (making illegal copies of educational lessons, music, games, or movies).
    b. Avoid plagiarism.
4. Respect and practice the principles of parish and school community.
    a. Communicate only in ways that are kind and respectful.
    b. Report threatening or discomforting materials (cyber bullying) to a school administrator, teacher or network administrator.
    c. Refuse to access, transmit, copy, or create material that violates the school's code of conduct (such as messages that are pornographic, threatening, rude, discriminatory, or meant to harass).
    d. Avoid accessing, transmitting, copying, or creating material that is illegal (such as obscenity, stolen materials, or illegal copies of copyrighted works).
    e. Abstain from using the resources to further other acts that are criminal or violate the school's code of conduct.
    f. Avoid sending spam, chain letters, or other mass unsolicited mailings.
    g. Refrain from buying, selling, advertising, or otherwise conducting business, unless approved as a school project.
    h. Avoid posting or disseminating any harassing, demeaning, threatening or immoral comment or visual injurious to the reputation of the school, the parish, the Church or an individual, whether the action occurs on school property or off grounds.
5. Abide by the Student Code of Conduct in the use of the System at all times.

School Email and Communication tools: Email and other digital tools such as, but not limited to, blogs and wikis are tools used to communicate. The use of these communication tools should be limited to instructional, school related activities; or administrative needs. All communications within these tools should adhere to this Policy.

The Use of Video Conferencing: Staff and students may from time to time use video conferencing software for educational purposes, including without limitation Zoom and Google Hangouts.. . Video conferencing is a way that students can communicate with teachers, other students, speakers, others from their school, local community, and/or other parts of

the country and the world, in real time. All students agree to the following related to use of video conferencing software whether or not on school property during use:

a) Videoconference sessions may be videotaped by school personnel or by a participating school involved in the exchange in order to share the experience.
b) Students' voices, physical presence, and participation in the videoconference are transmitted to participating sites during each session.
c) Students are only permitted to transmit audio/video images using the System when all of the following conditions are met (i) it is under teacher's direction, (ii) it is for educational purposes, (iii) it is sent only to other classmates or school staff members, and (iv) it is sent during classroom hours.
d) Students shall not record any portion of a videoconferencing session without prior written approval from teacher or school administration.
e) Students shall not save, share, post or distribute in any way any part of a videoconferencing session or any photos or audio recording from a videoconferencing session without prior written approval from teacher or school administration.
f) All sessions must be set up solely by school personnel and communicated to students and/or parents privately and not through any public domain.
g) Classroom and school rules apply to all remote learning experiences.

The following guidelines must be adhered to by students using a personally-owned telecommunication device at school or with the System whether on of off school property:

a. All personally-owned telecommunication devices must be registered with the school principal prior to use.
b. Internet access is filtered by the School on personal telecommunication devices in the same manner as School owned equipment. If network access is needed, connection to the filtered, wireless network provided by the school is required. Use of any service bypasses the security filter and is considered a violation of the Acceptable Use Policy.
c. These devices are the sole responsibility of the student owner. The school assumes no responsibility for personal telecommunication devices if they are lost, loaned, damaged or stolen and only limited time or resources will be spent trying to locate stolen or lost items.
d. These devices have educational and monetary value. Students are prohibited from trading or selling these items to other students on school property, including school buses.
e. Each student is responsible for his/her own device: set-up, maintenance, charging, and security. Staff members will not store student devices at any time, nor will any staff diagnose, repair, or work on a student's personal telecommunication device.
f. Telecommunication devices are only to be used for educational purposes at the direction of a classroom teacher.
g. School administrators and staff members have the right to prohibit use of devices at certain times or during designated activities (i.e. campus presentations, theatrical performances, or guest speakers) that occur during the school day.
h. An administrator may examine a student's personal telecommunication device and search its contents, in accordance with disciplinary guidelines.

Subject to Monitoring: All School System usage on or off school property shall not be considered confidential or private and is subject to monitoring by designated staff at any time to ensure appropriate use. All electronic files, including email messages, from both school-issued and personal accounts, transmitted through or stored in the System, will be treated no differently than any other electronic file. The School reserves the right to access, review, copy, modify, delete or disclose such files for any purpose. Students should treat the computer system like a shared or common file system with the expectation that electronic files sent, received or stored anywhere in the computer system, will be available for review by any authorized representative of the School for any purpose. Personal telecommunication devices are subject to examination in accordance with disciplinary guidelines if there is reason to believe that the Acceptable Use Policy has been violated.

Students have no expectation of privacy with respect to use of the System whether on or off school property and whether the devices are school or personally owned. Administrators reserve the right to examine, use, and disclose any data found on the System in order to further the health, safety, discipline, or security of any student or other person, or to protect property. They may also use this information in disciplinary actions and/or may refer information to law enforcement if a crime is believed to have been committed.

All computers, chromebooks, devices, laptops, Chromebooks, tablets, or the like, used by students to access the System, including both school-owned equipment and personally-owned devices, are subject to search at any time if a violation of this Policy or other school policies is suspected.

Artificial Intelligence (AI) Policy | Diocese of Cleveland

Intent

Students may, in the administration's and faculty's discretion, learn how to use artificial intelligence ("AI") text generators and other AI-based assistive resources (collectively, AI tools) to enhance rather than damage their developing abilities as writers and thinkers. The following requirements constitute our school's AI use policy, in addition to all of the requirements in our Code of Conduct:

Students shall:

- Not use AI tools in connection with any assignments, quizzes, tests, or examinations unless explicitly permitted and instructed and in such case students must following the instructions for AI use.
- Give credit to AI tools whenever used, even if only to generate ideas rather than usable text or illustrations.
- Use AI tools wisely and intelligently, aiming to deepen understanding of subject matter and to support learning rather than as a replacement for student work.

Instructors will:

- Seek to understand how AI tools work, including their strengths and weaknesses, to optimize their value for student learning.
- Employ AI detection tools where appropriate to evaluate the degree to which AI tools have likely been employed.
- Impose an appropriate disciplinary consequence for inappropriate use of AI tools.

Consequences for Violation of the Acceptable Use Policy: Students have the responsibility to use the System in an appropriate manner which complies with all school policies. Violations of these rules or any school policy may result in disciplinary action which may include the loss of a student's privileges to use the school's information technology resources and/or discipline. Consequences of misuse or abuse of these resources will be disciplined depending on the severity of the situation. In addition to school disciplinary action, appropriate legal action may be taken.

STUDENT USER AGREEMENT / PARENT PERMISSION FORM
Both Signatures Required

By signing Parent-Student Handbook agreement found in the beginning of the year forms, parents and students agree and acknowledge that they have read the terms and conditions of the Student Acceptable Use Policy and that it is a violation of the Policy to use the System, on or off of school property, to, among other things:

- Bully, harass, threaten, intimidate or engage in discriminatory or abusive conduct or language, including through the use of social media;
- Access websites or content that are inappropriate for the school environment, including without limitation websites or content that are pornographic or obscene;
- Vandalize or tamper with school equipment and/or System settings;
- Engage in criminal or illegal conduct; and/or
- Violate the Student Code of Conduct.

They also understand that:

- Technological resources are provided for instructional and educational purposes only. Incidental, personal use shall be allowed only so long as such use is appropriate for a school setting, non-disruptive to the school's operations and mission, and not in excess or to the exclusion of the student's studies or school responsibilities; and
- Access and use of the System whether on or off school property, including without limitation all devices used to access the System, whether personally or school-owned, are subject to monitoring and search and that there is no expectation of privacy in my use or accessing of the System.

Student Acknowledgement:
I agree to abide by the terms and conditions stated in the **Student Acceptable Use Policy**. I understand that I am responsible for the consequences of inappropriate use of the System, including the Internet, both on and off of school property and those consequences may include revocation of privileges to access the Internet and/or other technological resources, suspension, expulsion, and/or legal action.

Parent/Guardian Acknowledgement:
As the parent or legal guardian of the student, I have read this **Student Acceptable Use Policy** and grant permission for my child to access the school's information technology resources. I understand that my child will be held responsible for violations of this agreement, that access may be revoked and/or my child may be disciplined for inappropriate use of the System, that my child's use of the System will be monitored, and that all devices used by my child to access the System whether on or off school property and whether the device is school or personally owned, are subject to search. I understand that I am responsible to supervise my child's participation on the System when the child is off school property. I understand that the school's information technology resources are intended for instructional and educational purposes. I also understand that my child's school may not be able to restrict access to all controversial materials, and I will not hold the school responsible for materials acquired, accessed or viewed on the network.

Agreement Form: In order to ensure the proper use of technology resources, it is necessary that each student and parent/guardian *annually* sign the handbook acknowledgement, stating that it is understood that all students must follow the Student Acceptable Use Policy. The signed form must be on file at the School before Internet and other technology access is permitted. Signing the form indicates that the user will abide by the rules governing Internet and other technology access as stated in this Policy.

The school reserves the right to issue additional or more detailed rules for the use of technology resources, and violations of such rules may be a cause for imposition of any of the penalties delineated above. The school reserves the right to seek financial restitution for any damage caused by a student. Upon its discretion, the school reserves the right to request student/parent complete additional forms prior to the distribution of any electronic devices.

Jon Peterson Special Needs Scholarship Education Plan Addendum

Jon Peterson Special Needs Scholarship Policies and Procedures

Introduction

Lakewood Catholic Academy (LCA) is a Catholic elementary school serving students in grades preschool through eight. LCA applies the following policies to the provision of educational services for students with disabilities who are recipients of the Jon Peterson Special Needs Scholarship for the current school year and beyond. Parents selecting LCA agree that services shall be directly administered to the student by LCA certified staff members.

Program Philosophy

As a Catholic school within the Diocese of Cleveland, Lakewood Catholic is committed to providing an excellent, faith-centered education to all students, including those with exceptional learning needs. In accordance with the Jon Peterson Special Needs Scholarship Program (established under Ohio Revised Code §3310.52), LCA provides individualized special education and related services designed to implement each participating student's Individualized Education Program (IEP) as developed by the student's resident school district.

It is the philosophy of LCA that every child, created in the image and likeness of God, possesses unique gifts and deserves an educational environment that recognizes and cultivates those gifts. Students served through the JPSN Scholarship Program are full members of the school community and receive services that are integrated, respectful, and designed to maximize their academic, social-emotional, and spiritual growth.

IEP Information and Services Provided

The school reviews the IEP of each qualifying student with parents/guardians, and a consensus is reached regarding which IEP goals and objectives Lakewood Catholic Academy agrees to service. This agreement becomes a contract. All services provided assist students in attaining academic content standards according to their IEP. LCA delivers all services pursuant to Ohio Administrative Code 3301-51-09.

Lakewood Catholic Academy offers the following services to student recipients of the Jon Peterson Special Needs Scholarship:

- Intervention Services
- Speech and Language services

Progress Reporting

LCA staff members providing services report on IEP goal progress four times a year, at the same time that report cards are published. Written progress reports will be provided to parents/guardians and the public school district based on the location of the student's school.

Location of Services, Communication, and Confidentiality

As the location of service, Lakewood Catholic Academy communicates among parents/guardians, teachers, administrators and others in each student's educational environment to support student achievement. LCA maintains student records in accordance with the Family Education Rights and Privacy Act (FERPA), diocesan policy, and Jon Peterson Scholarship requirements.

Fee and Payment Policies

LCA requires the parent/guardian to meet with an LCA administrator to discuss their options for services. This meeting should take place before selecting Lakewood Catholic Academy as a provider on the Jon Peterson Special Needs Scholarship Application. This meeting includes a close examination of the student's IEP and will allow LCA and parents/guardians to consider the best ways to provide services to the student. Lakewood Catholic Academy provides the parent/guardian with a proposed list of costs for the provision of requested educational services. Parents have the right to contract services beyond what LCA offers through the Jon Peterson Special Needs Scholarship. It is the parent's responsibility to arrange those services and cover the financial cost associated with such.

Staff Training and Professional Development

Lakewood Catholic Academy guarantees that staff members working with the identified child have the required licensure and training to provide services. All staff members have completed a background check. LCA offers ongoing training and professional development.

Behavioral/Disciplinary Policies
LCA trains staff members to follow specific behavioral principles when managing challenging behaviors. Each child is treated as an individual, and staff members take into account developmental and age-appropriate management of behaviors. When necessary, behavior plans and goals are developed in cooperation with parents/guardians, teachers, administrators, and others involved in the student's educational environment. LCA encourages parents to speak directly with LCA staff members about concerns or suggestions.

Child Abuse Reporting
Lakewood Catholic Academy requires staff members to report suspicions of child abuse to the appropriate agency.

Student Health and Safety Information
Lakewood Catholic Academy guarantees that staff members have the required licensure and training to provide services. All staff members have had background checks completed. Parents must make pertinent medical information available to LCA staff members to help ensure the safe delivery of services. LCA complies with all guidelines and regulations set forth by the state of Ohio regarding school safety and crisis prevention.

Food Restrictions and Allergies
LCA staff members observe all requests by parents/guardians regarding food restrictions and allergies. It is the responsibility of parents/guardians to inform LCA staff members about any food restrictions or allergies.

Transportation
Lakewood Catholic Academy does not permit staff members to transport children in any situation. If a child requires emergency transportation, contact of the parent/guardian or emergency services shall occur.

Program Participation
Lakewood Catholic Academy is not obligated to accept every student that is eligible for the scholarship. Further, LCA is not required to alter any of its practices or policies under the program. Parents/guardians must comply with all of Lakewood Catholic Academy's policies. When LCA accepts a student as a scholarship recipient, the parents/guardians receive written copies of all agreements. It is the responsibility of the parent/guardian to read and understand the information provided. If LCA does not accept a student who is eligible for the scholarship, LCA holds a conference with the parent explaining the decision. ***Lakewood Catholic Academy does not discriminate on the acceptance of students upon the basis of race, color, national origin, religion, gender, disability, age, and sex.***

Termination of Services
While Lakewood Catholic Academy agrees to provide services, they also reserve the right to discontinue such services. Notification of termination of services are provided through a conference or a written notification to the parents. Termination may occur for any number of reasons, including staffing issues, service delivery logistics, and health/safety concerns. Likewise, parents may choose to terminate services provided by LCA staff members through written notification to Lakewood Catholic Academy.

Program Evaluation
To ensure high-quality programming, Lakewood Catholic Academy routinely measures customer satisfaction through surveys, interviews, and other program evaluation techniques. Additionally, LCA continuously works to improve service delivery by conducting in-person observations and other evaluative measures. LCA uses information gathered through monitoring to improve the quality of services delivered.

Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger

UNITED STATES 2025

Vaccines and Other Immunizing Agents in the Child and Adolescent Immunization Schedule*

Monoclonal antibody	Abbreviation(s)	Trade name(s)
Respiratory syncytial virus monoclonal antibody (Nirsevimab)	RSV-mAb	Beyfortus
Vaccine	**Abbreviation(s)**	**Trade name(s)**
COVID-19 vaccine	1vCOV-mRNA	Comirnaty/Pfizer-BioNTech COVID-19 Vaccine
		Spikevax/Moderna COVID-19 Vaccine
	1vCOV-aPS	Novavax COVID-19 Vaccine
Dengue vaccine	DEN4CYD	Dengvaxia
Diphtheria, tetanus, and acellular pertussis vaccine	DTaP	Daptacel Infanrix
Haemophilus influenzae type b vaccine	Hib (PRP-T)	ActHIB Hiberix
	Hib (PRP-OMP)	PedvaxHIB
Hepatitis A vaccine	HepA	Havrix Vaqta
Hepatitis B vaccine	HepB	Engerix-B Recombivax HB
Human papillomavirus vaccine	HPV	Gardasil 9
Influenza vaccine (inactivated: egg-based)	IIV3	Multiple
Influenza vaccine (inactivated: cell-culture)	ccIIV3	Flucelvax
Influenza vaccine (live, attenuated)	LAIV3	FluMist
Measles, mumps, and rubella vaccine	MMR	M-M-R II Priorix
Meningococcal serogroups A, C, W, Y vaccine	MenACWY-CRM	Menveo
	MenACWY-TT	MenQuadfi
Meningococcal serogroup B vaccine	MenB-4C	Bexsero
	MenB-FHbp	Trumenba
Meningococcal serogroup A, B, C, W, Y vaccine	MenACWY-TT/ MenB-FHbp	Penbraya
Mpox vaccine	Mpox	Jynneos
Pneumococcal conjugate vaccine	PCV15 PCV20	Vaxneuvance Prevnar 20
Pneumococcal polysaccharide vaccine	PPSV23	Pneumovax 23
Poliovirus vaccine (inactivated)	IPV	Ipol
Respiratory syncytial virus vaccine	RSV	Abrysvo
Rotavirus vaccine	RV1 RV5	Rotarix RotaTeq
Tetanus, diphtheria, and acellular pertussis vaccine	Tdap	Adacel Boostrix
Tetanus and diphtheria vaccine	Td	Tenivac Tdvax
Varicella vaccine	VAR	Varivax
Combination vaccines *(use combination vaccines instead of separate injections when appropriate)*		
DTaP, hepatitis B, and inactivated poliovirus vaccine	DTaP-HepB-IPV	Pediarix
DTaP, inactivated poliovirus, and *Haemophilus influenzae* type b vaccine	DTaP-IPV/Hib	Pentacel
DTaP and inactivated poliovirus vaccine	DTaP-IPV	Kinrix Quadracel
DTaP, inactivated poliovirus, *Haemophilus influenzae* type b, and hepatitis B vaccine	DTaP-IPV-Hib-HepB	Vaxelis
Measles, mumps, rubella, and varicella vaccine	MMRV	ProQuad

*Administer recommended vaccines if immunization history is incomplete or unknown. Do not restart or add doses to vaccine series for extended intervals between doses. When a vaccine is not administered at the recommended age, administer at a subsequent visit. The use of trade names is for identification purposes only and does not imply endorsement by the ACIP or CDC.

Revised 08/07/2025

How to use the child and adolescent immunization schedule

1. Determine recommended vaccine by age **(Table 1)**
2. Determine recommended interval for catch-up vaccination **(Table 2)**
3. Assess need for additional recommended vaccines by medical condition or other indication **(Table 3)**
4. Review vaccine types, frequencies, intervals, and considerations for special situations **(Notes)**
5. Review contraindications and precautions for vaccine types **(Appendix)**

Report

- Suspected cases of reportable vaccine-preventable diseases or outbreaks to your state or local health department
- Clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or 800-822-7967

Questions or comments

Contact www.cdc.gov/cdc-info or 800-CDC-INFO (800-232-4636), in English or Spanish, 8 a.m.–8 p.m. ET, Monday through Friday, excluding holidays.

Download the CDC Vaccine Schedules app for providers at www.cdc.gov/vaccines/hcp/imz-schedules/app.html

Helpful information

- Complete Advisory Committee on Immunization Practices (ACIP) recommendations: www.cdc.gov/acip-recs/hcp/vaccine-specific/index.html
- ACIP Shared Clinical Decision-Making Recommendations: www.cdc.gov/acip/vaccine-recommendations/shared-clinical-decision-making.html
- *General Best Practice Guidelines for Immunization* (including contraindications and precautions): www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html
- Vaccine information statements: www.cdc.gov/vaccines/hcp/vis/index.html
- Manual for the Surveillance of Vaccine-Preventable Diseases (including case identification and outbreak response): www.cdc.gov/surv-manual/php/

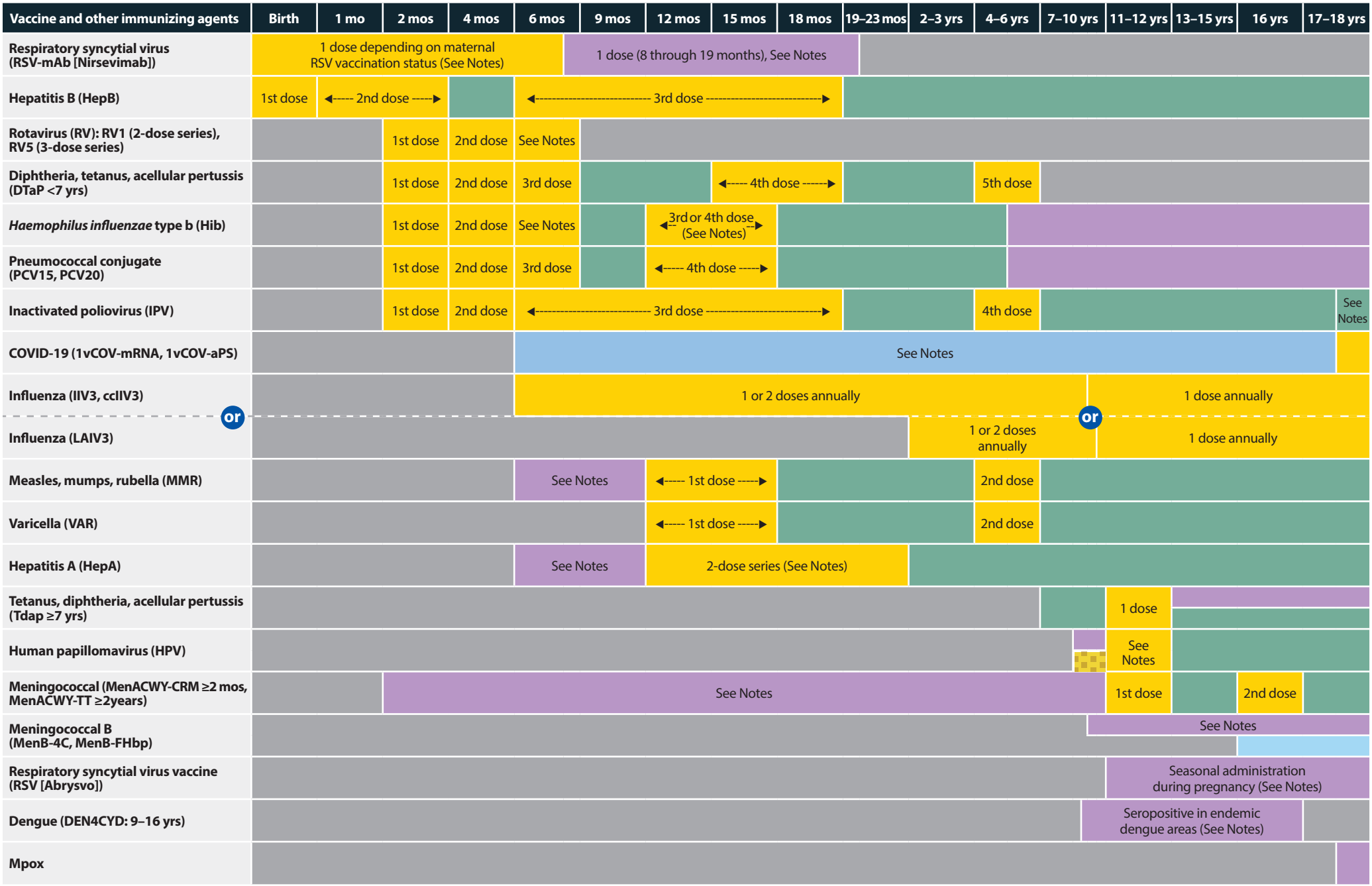
U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

Scan QR code for access to online schedule

CS310020-E

Table 1 Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2025

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars.
To determine minimum intervals between doses, see the catch-up schedule (Table 2).



Range of recommended ages for all children
Range of recommended ages for catch-up vaccination
Range of recommended ages for certain high-risk groups or populations
Recommended vaccination can begin in this age group
Vaccination is based on shared clinical decision-making
No Guidance/ Not Applicable

Table 2 Recommended Catch-up Immunization Schedule for Children and Adolescents Who Start Late or Who Are More than 1 Month Behind, United States, 2025

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. **Always use this table in conjunction with Table 1 and the Notes that follow.**

Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Children age 4 months through 6 years					
Hepatitis B	Birth	**4 weeks**	**8 weeks *and* at least 16 weeks after first dose** minimum age for the final dose is 24 weeks		
Rotavirus	6 weeks Maximum age for first dose is 14 weeks, 6 days.	**4 weeks**	**4 weeks** maximum age for final dose is 8 months, 0 days		
Diphtheria, tetanus, and acellular pertussis	6 weeks	**4 weeks**	**4 weeks**	**6 months**	**6 months** A fifth dose is not necessary if the fourth dose was administered at age 4 years or older ***and*** at least 6 months after dose 3
Haemophilus influenzae type b	6 weeks	**No further doses needed** if first dose was administered at age 15 months or older. **4 weeks** if first dose was administered before the 1st birthday. **8 weeks (as final dose)** if first dose was administered at age 12 through 14 months.	**No further doses needed** if previous dose was administered at age 15 months or older **4 weeks** if current age is younger than 12 months ***and*** first dose was administered at younger than age 7 months ***and*** at least 1 previous dose was PRP-T (ActHib, Pentacel, Hiberix), Vaxelis or unknown **8 weeks *and* age 12 through 59 months (as final dose)** if current age is younger than 12 months ***and*** first dose was administered at age 7 through 11 months; **OR** if current age is 12 through 59 months ***and*** first dose was administered before the 1st birthday ***and*** second dose was administered at younger than 15 months; **OR** if both doses were PedvaxHIB and were administered before the 1st birthday	**8 weeks (as final dose)** This dose only necessary for children age 12 through 59 months who received 3 doses before the 1st birthday.	
Pneumococcal conjugate	6 weeks	**No further doses needed** for healthy children if first dose was administered at age 24 months or older **4 weeks** if first dose was administered before the 1st birthday **8 weeks (as final dose for healthy children)** if first dose was administered at the 1st birthday or after	**No further doses needed** for healthy children if previous dose was administered at age 24 months or older **4 weeks** if current age is younger than 12 months ***and*** previous dose was administered at <7 months old **8 weeks (as final dose for healthy children)** if previous dose was administered between 7–11 months (wait until at least 12 months old); **OR** if current age is 12 months or older ***and*** at least 1 dose was administered before age 12 months	**8 weeks (as final dose)** This dose is only necessary for children age 12 through 59 months regardless of risk, or age 60 through 71 months with any risk, who received 3 doses before age 12 months.	
Inactivated poliovirus	6 weeks	**4 weeks**	**4 weeks** if current age is <4 years **6 months (as final dose)** if current age is 4 years or older	**6 months (minimum age 4 years for final dose)**	
Measles, mumps, rubella	12 months	**4 weeks**			
Varicella	12 months	**3 months**			
Hepatitis A	12 months	**6 months**			
Meningococcal ACWY	2 months MenACWY-CRM 2 years MenACWY-TT	**8 weeks**	See Notes	See Notes	
Children and adolescents age 7 through 18 years					
Meningococcal ACWY	Not applicable (N/A)	**8 weeks**			
Tetanus, diphtheria; tetanus, diphtheria, and acellular pertussis	7 years	**4 weeks**	**4 weeks** if first dose of DTaP/DT was administered before the 1st birthday **6 months (as final dose)** if first dose of DTaP/DT or Tdap/Td was administered at or after the 1st birthday	**6 months** if first dose of DTaP/DT was administered before the 1st birthday	
Human papillomavirus	9 years	**Routine dosing intervals are recommended.**			
Hepatitis A	N/A	**6 months**			
Hepatitis B	N/A	**4 weeks**	**8 weeks *and* at least 16 weeks after first dose**		
Inactivated poliovirus	N/A	**4 weeks**	**6 months** A fourth dose is not necessary if the third dose was administered at age 4 years or older ***and*** at least 6 months after the previous dose.	A fourth dose of IPV is indicated if all previous doses were administered at <4 years **OR** if the third dose was administered <6 months after the second dose.	
Measles, mumps, rubella	N/A	**4 weeks**			
Varicella	N/A	**3 months** if younger than age 13 years. **4 weeks** if age 13 years or older			
Dengue	9 years	**6 months**	6 months		

Table 3 Recommended Child and Adolescent Immunization Schedule by Medical Indication, United States, 2025

Always use this table in conjunction with Table 1 and the Notes that follow. Medical conditions are often not mutually exclusive. If multiple conditions are present, refer to guidance in all relevant columns. See Notes for medical conditions not listed.

Vaccine and other immunizing agents	Pregnancy	Immunocompromised (excluding HIV infection)	HIV infection CD4 percentage and count[a]		CSF leak or cochlear implant	Asplenia or persistent complement component deficiencies	Heart disease or chronic lung disease	Kidney failure, End-stage renal disease or on dialysis	Chronic liver disease	Diabetes
			<15% or <200/mm³	≥15% and ≥200/mm³						
RSV-mAb (nirsevimab)		2nd RSV season		1 dose depending on maternal RSV vaccination status (See Notes)			2nd RSV season for chronic lung disease (See Notes)	1 dose depending on maternal RSV vaccination status (See Notes)		
Hepatitis B										
Rotavirus		SCID[b]								
DTaP/Tdap	DTaP Tdap: 1 dose each pregnancy									
Hib		HSCT: 3 doses	See Notes			See Notes				
Pneumococcal										
IPV										
COVID-19		See Notes		See Notes						
Influenza inactivated		Solid organ transplant: 18yrs (See Notes)								
LAIV3							Asthma, wheezing: 2–4 years[c]			
MMR	*									
VAR	*									
Hepatitis A										
HPV	*	3-dose series (See Notes)								
MenACWY										
MenB										
RSV (Abrysvo)	Seasonal administration (See Notes)									
Dengue										
Mpox	See Notes									

Recommended for all age-eligible children who lack documentation of a complete vaccination series

Not recommended for all children, but recommended for some children based on increased risk for or severe outcomes from disease

Vaccination is based on shared clinical decision-making

Recommended for all age-eligible children, and additional doses may be necessary based on medical condition or other indications. See Notes.

Precaution: Might be indicated if benefit of protection outweighs risk of adverse reaction

Contraindicated or not recommended
*Vaccinate after pregnancy, if indicated

No Guidance/ Not Applicable

a. For additional information regarding HIV laboratory parameters and use of live vaccines, see the General Best Practice Guidelines for Immunization, "Altered Immunocompetence," at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html and Table 4-1 (footnote J) at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html.

b. Severe Combined Immunodeficiency

c. LAIV3 contraindicated for children 2–4 years of age with asthma or wheezing during the preceding 12 months

Notes

For vaccination recommendations for persons ages 19 years or older, see the Recommended Adult Immunization Schedule, 2025.

Additional information

- For calculating intervals between doses, 4 weeks = 28 days. Intervals of ≥4 months are determined by calendar months.
- Within a number range (e.g., 12–18), a dash (–) should be read as "through."
- Vaccine doses administered ≤4 days before the minimum age or interval are considered valid. Doses of any vaccine administered ≥5 days earlier than the minimum age or minimum interval should not be counted as valid and should be repeated as age appropriate. **The repeat dose should be spaced after the invalid dose by the recommended minimum interval.** For further details, see Table 3-2, Recommended and minimum ages and intervals between vaccine doses, in *General Best Practice Guidelines for Immunization* at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html.
- Information on travel vaccination requirements and recommendations is available at www.cdc.gov/travel/.
- For vaccination of persons with immunodeficiencies, see Table 8-1, Vaccination of persons with primary and secondary immunodeficiencies, in *General Best Practice Guidelines for Immunization* at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html, and Immunization in Special Clinical Circumstances (In: Kimberlin DW, Barnett ED, Lynfield Ruth, Sawyer MH, eds. *Red Book: 2021–2024 Report of the Committee on Infectious Diseases*. 32nd ed. Itasca, IL: American Academy of Pediatrics; 2021:72–86).
- For information about vaccination in the setting of a vaccine-preventable disease outbreak, contact your state or local health department.
- The National Vaccine Injury Compensation Program (VICP) is a no-fault alternative to the traditional legal system for resolving vaccine injury claims. All vaccines included in the child and adolescent vaccine schedule are covered by VICP except dengue, PPSV23, RSV, Mpox and COVID-19 vaccines. Mpox and COVID-19 vaccines are covered by the Countermeasures Injury Compensation Program (CICP). For more information, see www.hrsa.gov/vaccinecompensation or www.hrsa.gov/cicp.

COVID-19 vaccination

(minimum age: 6 months [Moderna and Pfizer-BioNTech COVID-19 vaccines], 12 years [Novavax COVID-19 Vaccine])

Shared clinical decision-making

Ages 6 month –17 years who are NOT moderately or severely immunocompromised.

Shared clinical decision-making vaccinations are individually based and informed by a decision process between the health care provider and the patient or parent/guardian. Where the parent presents with a desire for their child to be vaccinated, children 6 months and older may receive COVID-19 vaccination, informed by the clinical judgment of a healthcare provider and personal preference and circumstances. www.cdc.gov/acip/vaccine-recommendations/shared-clinical-decision-making.html

Age 6 months–4 years

All vaccine doses should be from the same manufacturer.

- **Unvaccinated:**
  - 2 doses 2024–25 Moderna at 0, 4–8 weeks
  - 3 doses 2024–25 Pfizer-BioNTech at 0, 3–8, and at least 8 weeks after dose 2
- **Incomplete initial vaccination series before 2024–25 vaccine with:**
  - **1 dose Moderna:** complete initial series with 1 dose 2024–25 Moderna 4–8 weeks after most recent dose
  - **1 dose Pfizer-BioNTech:** complete initial series with 2 doses 2024–25 Pfizer-BioNTech 8 weeks apart (administer dose 1 3–8 weeks after most recent dose).
  - **2 doses Pfizer-BioNTech:** complete initial series with 1 dose 2024–25 Pfizer-BioNTech at least 8 weeks after the most recent dose.
- **Completed initial vaccination series before 2024–25 vaccine with:**
  - **2 or more doses Moderna:** 1 dose 2024–25 Moderna at least 8 weeks after the most recent dose.
  - **3 or more doses Pfizer-BioNTech:** 1 dose 2024–25 Pfizer-BioNTech at least 8 weeks after the most recent dose.

Age 5–11 years

- **Unvaccinated:** 1 dose 2024–25 Moderna or Pfizer-BioNTech
- **Previously vaccinated before 2024–25 vaccine with 1 or more doses Moderna or Pfizer-BioNTech:** 1 dose 2024–25 Moderna or Pfizer-BioNTech at least 8 weeks after the most recent dose.

Age 12–17 years

- **Unvaccinated:**
  - 1 dose 2024–25 Moderna or Pfizer-BioNTech
  - 2 doses 2024–25 Novavax at 0, 3–8 weeks
- **Previously vaccinated before 2024–25 vaccine with:**
  - **1 or more doses Moderna or Pfizer-BioNTech:** 1 dose 2024–25 Moderna or Novavax or Pfizer-BioNTech at least 8 weeks after the most recent dose.
  - **1 dose Novavax:** 1 dose 2024–25 Novavax 3–8 weeks after most recent dose. If more than 8 weeks after most recent dose, administer 1 dose 2024–25 Moderna or Novavax or Pfizer-BioNTech.
  - **2 or more doses Novavax:** 1 dose 2024–25 Moderna or Novavax or Pfizer-BioNTech at least 8 weeks after the most recent dose.

Routine vaccination

Age 18 years who are NOT moderately or severely immunocompromised

- **Unvaccinated:**
  - 1 dose 2024–25 Moderna or Pfizer-BioNTech
  - 2 doses 2024–25 Novavax at 0, 3–8 weeks
  - Previously vaccinated before 2024–25 vaccine with:
  - **1 or more doses Moderna or Pfizer-BioNTech:** 1 dose 2024–25 Moderna or Novavax or Pfizer-BioNTech at least 8 weeks after the most recent dose.
  - **1 dose Novavax:** 1 dose 2024–25 Novavax 3–8 weeks after most recent dose. If more than 8 weeks after most recent dose, administer 1 dose 2024–25 Moderna or Novavax or Pfizer-BioNTech.
  - **2 or more doses Novavax:** 1 dose 2024–25 Moderna or Novavax or Pfizer-BioNTech at least 8 weeks after the most recent dose.

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COVID-19 vaccination - *continued*

Special situations

Persons who ARE moderately or severely immunocompromised.

Age 6 months–4 years

Use vaccine from the same manufacturer for all doses (initial vaccination series and additional doses*).

- **Unvaccinated:**
  - 4 doses (**3-dose initial series 2024–25 Moderna** at 0, 4 weeks, and at least 4 weeks after dose 2, followed by 1 dose 2024–25 Moderna 6 months later [minimum interval 2 months]).May administer additional doses.*
  - 4 doses (**3-dose initial series 2024–25 Pfizer-BioNTech** at 0, 3 weeks, and at least 8 weeks after dose 2, followed by 1 dose 2024–25 Pfizer-BioNTech 6 months later [minimum interval 2 months]). May administer additional doses.*
- **Incomplete initial 3-dose vaccination series before 2024–25 vaccine:**
  - **Previous vaccination with Moderna**
    - **1 dose Moderna:** complete initial series with 2 doses 2024–25 Moderna at least 4 weeks apart (administer dose 1 4 weeks after most recent dose), followed by 1 dose 2024–25 Moderna 6 months later (minimum interval 2 months). May administer additional doses of Moderna.*
    - **2 doses Moderna:** complete initial series with 1 dose 2024–25 Moderna at least 4 weeks after most recent dose, followed by 1 dose 2024–25 Moderna 6 months later (minimum interval 2 months). May administer additional doses of Moderna.*
  - **Previous vaccination with Pfizer-BioNTech**
    - **1 dose Pfizer-BioNTech:** complete initial series with 2 doses 2024–25 Pfizer-BioNTech at least 8 weeks apart (administer dose 1 3 weeks after most recent dose), followed by 1 dose 2024–25 Pfizer-BioNTech 6 months later (minimum interval 2 months). May administer additional doses of Pfizer-BioNTech.*
    - **2 doses Pfizer-BioNTech:** complete initial series with 1 dose 2024–25 Pfizer-BioNTech at least 8 weeks after most recent dose, followed by 1 dose 2024–25 Pfizer-BioNTech 6 months later (minimum interval 2 months). May administer additional doses of Pfizer-BioNTech.*
- **Completed initial 3-dose vaccination series before 2024–25 vaccine with:**
  - **3 or more doses Moderna:** 2 doses 2024–25 Moderna 6 months apart (minimum interval 2 months). Administer dose 1 at least 8 weeks after the most recent dose. May administer additional doses of Moderna.*
  - **3 or more doses Pfizer-BioNTech:** 2 doses 2024–25 Pfizer-BioNTech 6 months apart (minimum interval 2 months). Administer dose 1 at least 8 weeks after the most recent dose. May administer additional doses of Pfizer-BioNTech.*

Age 5–11 years

Use vaccine from the same manufacturer for all doses in the initial vaccination series.

- **Unvaccinated:**
  - 4 doses (**3-dose initial series 2024–25 Moderna** at 0, 4 weeks, and at least 4 weeks after dose 2, followed by 1 dose 2024–25 Moderna or Pfizer-BioNTech 6 months later [minimum interval 2 months]). May administer additional doses.*
  - 4 doses (**3-dose initial series 2024–25 Pfizer-BioNTech** at 0, 3 weeks, and at least 4 weeks after dose 2, followed by 1 dose 2024–25 Moderna or Pfizer-BioNTech 6 months later [minimum interval 2 months]). May administer additional doses.*
- **Incomplete initial 3-dose vaccination series before 2024–25 vaccine:**
  - **Previous vaccination with Moderna**
    - **1 dose Moderna:** complete initial series with 2 doses 2024–25 Moderna at least 4 weeks apart (administer dose 1 4 weeks after most recent dose), followed by 1 dose 2024–25 Moderna or Pfizer-BioNTech 6 months later (minimum interval 2 months). May administer additional doses of Moderna or Pfizer-BioNTech.*
    - **2 doses Moderna:** complete initial series with 1 dose 2024–25 Moderna at least 4 weeks after most recent dose, followed by 1 dose 2024–25 Moderna or Pfizer-BioNTech 6 months later (minimum interval 2 months). May administer additional doses of Moderna or Pfizer-BioNTech.*
  - **Previous vaccination with Pfizer-BioNTech**
    - **1 dose Pfizer-BioNTech:** complete initial series with 2 doses 2024–25 Pfizer-BioNTech at least 4 weeks apart (administer dose 1 3 weeks after most recent dose), followed by 1 dose 2024–25 Moderna or Pfizer-BioNTech 6 months later (minimum interval 2 months). May administer additional doses of Moderna or Pfizer-BioNTech.*
    - **2 doses Pfizer-BioNTech:** complete initial series with 1 dose 2024–25 Pfizer-BioNTech at least 4 weeks after most recent dose, followed by 1 dose 2024–25 Moderna or Pfizer-BioNTech 6 months later (minimum interval 2 months). May administer additional doses of Moderna or Pfizer-BioNTech.*
- **Completed initial 3-dose vaccination series before 2024–25 vaccine with:**
  - **3 or more doses Moderna or 3 or more doses Pfizer-BioNTech:** 2 doses 2024–25 Moderna or Pfizer-BioNTech 6 months apart (minimum interval 2 months). Administer dose 1 at least 8 weeks after the most recent dose. May administer additional doses of Moderna or Pfizer-BioNTech.*

Age 12–17 years

Use vaccine from the same manufacturer for all doses in the initial vaccination series.

- **Unvaccinated:**
  - 4 doses (**3-dose initial series Moderna** at 0, 4 weeks, and at least 4 weeks after dose 2, followed by 1 dose 2024–25 Moderna or Novavax or Pfizer-BioNTech 6 months later [minimum interval 2 months]). May administer additional doses of Moderna or Novavax or Pfizer-BioNTech.*
  - 4 doses (**3-dose initial series Pfizer-BioNTech** at 0, 3 weeks, and at least 4 weeks after dose 2, followed by 1 dose 2024–25 Moderna or Novavax or Pfizer-BioNTech 6 months later [minimum interval 2 months]). May administer additional doses of Moderna or Novavax or Pfizer-BioNTech.*
  - 3 doses (**2-dose initial series Novavax** at 0, 3 weeks, followed by 1 dose Moderna or Novavax or Pfizer-BioNTech 6 months later [minimum interval 2 months]). May administer additional doses of Moderna or Novavax or Pfizer-BioNTech.*
- **Incomplete initial vaccination series before 2024–25 vaccine:**
  - **Previous vaccination with Moderna**
    - **1 dose Moderna:** complete initial series with 2 doses 2024–25 Moderna at least 4 weeks apart (administer dose 1 4 weeks after most recent dose), followed by 1 dose 2024–25 Moderna or Novavax or Pfizer-BioNTech 6 months later (minimum interval 2 months). May administer additional doses of Moderna or Novavax or Pfizer-BioNTech.*
    - **2 doses Moderna:** complete initial series with 1 dose 2024–25 Moderna at least 4 weeks after most recent dose, followed by 1 dose 2024–25 Moderna or Novavax or Pfizer-BioNTech 6 months later (minimum interval 2 months). May administer additional doses of Moderna or Novavax or Pfizer-BioNTech.*

COVID-19 vaccination - *continued*

- **Previous vaccination with Pfizer-BioNTech**
  - **1 dose Pfizer-BioNTech:** complete initial series with 2 doses 2024–25 Pfizer-BioNTech at least 4 weeks apart (administer dose 1 3 weeks after most recent dose), followed by 1 dose 2024–25 Moderna or Novavax or Pfizer-BioNTech 6 months later (minimum interval 2 months). May administer additional doses of Moderna or Novavax or Pfizer-BioNTech.*
  - **2 doses Pfizer-BioNTech:** complete initial series with 1 dose 2024–25 Pfizer-BioNTech at least 4 weeks after most recent dose, followed by 1 dose 2024–25 Moderna or Novavax or Pfizer-BioNTech 6 months later (minimum interval 2 months). May administer additional doses of Moderna or Novavax or Pfizer-BioNTech.*
- **Previous vaccination with Novavax**
  - **1 dose Novavax:** complete initial series with 1 dose 2024–25 Novavax at least 3 weeks after most recent dose, followed by 1 dose 2024–25 Moderna or Novavax or Pfizer-BioNTech 6 months later (minimum interval 2 months). May administer additional doses of Moderna or Novavax or Pfizer-BioNTech.*

• **Completed initial 3-dose vaccination series before 2024–25 vaccine with:**

- **3 or more doses Moderna or 3 or more doses Pfizer-BioNTech:** 2 doses 2024–25 Moderna or Novavax or Pfizer-BioNTech 6 months apart (minimum interval 2 months). Administer dose 1 at least 8 weeks after the most recent dose. May administer additional doses of Moderna or Novavax or Pfizer-BioNTech.*
- **2 or more doses Novavax:** 2 doses 2024–25 Moderna or Novavax or Pfizer-BioNTech 6 months apart (minimum interval 2 months). Administer dose 1 at least 8 weeks after the most recent dose. May administer additional doses of Moderna or Novavax or Pfizer-BioNTech.*

Age 18 years who ARE moderately or severely immunocompromised

Use vaccine from the same manufacturer for all doses in the initial vaccination series.

• **Unvaccinated:**

- 4 doses (**3-dose initial series Moderna** at 0, 4 weeks, and at least 4 weeks after dose 2, followed by 1 dose 2024–25 Moderna or Novavax or Pfizer-BioNTech 6 months later [minimum interval 2 months]). May administer additional doses of Moderna or Novavax or Pfizer-BioNTech.*
- 4 doses (**3-dose initial series Pfizer-BioNTech** at 0, 3 weeks, and at least 4 weeks after dose 2, followed by 1 dose 2024–25 Moderna or Novavax or Pfizer-BioNTech 6 months later [minimum interval 2 months]). May administer additional doses of Moderna or Novavax or Pfizer-BioNTech.*
- 3 doses (**2-dose initial series Novavax** at 0, 3 weeks, followed by 1 dose Moderna or Novavax or Pfizer-BioNTech 6 months later [minimum interval 2 months]). May administer additional doses of Moderna or Novavax or Pfizer-BioNTech.*

• **Incomplete initial vaccination series before 2024–25 vaccine:**

- **Previous vaccination with Moderna**
  - **1 dose Moderna:** complete initial series with 2 doses 2024–25 Moderna at least 4 weeks apart (administer dose 1 4 weeks after most recent dose), followed by 1 dose 2024–25 Moderna or Novavax or Pfizer-BioNTech 6 months later (minimum interval 2 months). May administer additional doses of Moderna or Novavax or Pfizer-BioNTech.*
  - **2 doses Moderna:** complete initial series with 1 dose 2024–25 Moderna at least 4 weeks after most recent dose, followed by 1 dose 2024–25 Moderna or Novavax or Pfizer-BioNTech 6 months later (minimum interval 2 months). May administer additional doses of Moderna or Novavax or Pfizer-BioNTech.*
- **Previous vaccination with Pfizer-BioNTech**
  - 1 dose Pfizer-BioNTech: complete initial series with 2 doses 2024–25 Pfizer-BioNTech at least 4 weeks apart (administer dose 1 3 weeks after most recent dose), followed by 1 dose 2024–25 Moderna or Novavax or Pfizer-BioNTech 6 months later (minimum interval 2 months). May administer additional doses of Moderna or Novavax or Pfizer-BioNTech.*
  - 2 doses Pfizer-BioNTech: complete initial series with 1 dose 2024–25 Pfizer-BioNTech at least 4 weeks after most recent dose, followed by 1 dose 2024–25 Moderna or Novavax or Pfizer-BioNTech 6 months later (minimum interval 2 months). May administer additional doses of Moderna or Novavax or Pfizer-BioNTech.*
- **Previous vaccination with Novavax**
  - **1 dose Novavax:** complete initial series with 1 dose 2024–25 Novavax at least 3 weeks after most recent dose, followed by 1 dose 2024–25 Moderna or Novavax or Pfizer-BioNTech 6 months later (minimum interval 2 months). May administer additional doses of Moderna or Novavax or Pfizer-BioNTech.*

• **Completed initial 3-dose vaccination series before 2024–25 vaccine with:**

- **3 or more doses Moderna or 3 or more doses Pfizer-BioNTech:** 2 doses 2024–25 Moderna or Novavax or Pfizer-BioNTech 6 months apart (minimum interval 2 months). Administer dose 1 at least 8 weeks after the most recent dose. May administer additional doses of Moderna or Novavax or Pfizer-BioNTech.*
- **2 or more doses Novavax:** 2 doses 2024–25 Moderna or Novavax or Pfizer-BioNTech 6 months apart (minimum interval 2 months). Administer dose 1 at least 8 weeks after the most recent dose. May administer additional doses of Moderna or Novavax or Pfizer-BioNTech.*

***Additional doses of 2024–25 COVID-19 vaccine for moderately or severely immunocompromised:** based on shared clinical decision-making and administered at least 2 months after the most recent dose. For description of moderate and severe immunocompromising conditions and treatment, see www.cdc.gov/covid/hcp/vaccine-considerations/immunocompromised.html#cdc_cg_special_populations_section_3-description-of-moderate-and-severe-immunocompromising-conditions-and-treatment

Unvaccinated persons have never received any COVID-19 vaccine doses. There is no preferential recommendation for the use of one COVID-19 vaccine over another when more than one recommended age-appropriate vaccine is available. Administer an age-appropriate COVID-19 vaccine product for each dose.

For information about transition from age 4 years to age 5 years or age 11 years to age 12 years during COVID-19 vaccination series, see Tables 1 and 2 at www.cdc.gov/covid/hcp/vaccine-considerations/index.html

For information about interchangeability of COVID-19 vaccines, see www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#Interchangeability.

Current COVID-19 schedule and dosage formulation available at www.cdc.gov/covidschedule. For more information on Emergency Use Authorization (EUA) indications for COVID-19 vaccines, see www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization#covid19euas

Dengue vaccination (minimum age: 9 years)

Routine vaccination

- Age 9–16 years living in areas with endemic dengue **AND** have laboratory confirmation of previous dengue infection
  - 3-dose series administered at 0, 6, and 12 months
- Endemic areas include Puerto Rico, American Samoa, US Virgin Islands, Federated States of Micronesia, Republic of Marshall Islands, and the Republic of Palau. For updated guidance on dengue endemic areas and pre-vaccination laboratory testing see www.cdc.gov/mmwr/volumes/70/rr/rr7006a1.htm?s_cid=rr7006a1_w and www.cdc.gov/dengue/index.html
- Dengue vaccine should not be administered to children traveling to or visiting endemic dengue areas.

Diphtheria, tetanus, and pertussis (DTaP) vaccination (minimum age: 6 weeks [4 years for Kinrix or Quadracel])

Routine vaccination

- 5-dose series (3-dose primary series at age 2, 4, and 6 months, followed by booster doses at ages 15–18 months and 4–6 years)
  - **Prospectively:** Dose 4 may be administered as early as age 12 months if at least 6 months have elapsed since dose 3.
  - **Retrospectively:** A 4th dose that was inadvertently administered as early as age 12 months may be counted if at least 4 months have elapsed since dose 3.

Catch-up vaccination

- Dose 5 is not necessary if dose 4 was administered at age 4 years or older and at least 6 months after dose 3.
- For other catch-up guidance, see Table 2.

Special situations

- **Children younger than age 7 years with a contraindication specific to the pertussis component of DTaP:** May administer Td for all recommended remaining doses in place of DTaP. Encephalopathy within 7 days of vaccination when not attributable to another identifiable cause is the only contraindication specific to the pertussis component of DTaP. For additional information, see www.cdc.gov/pertussis/hcp/vaccine-recommendations/td-offlabel.html.
- **Wound management in children younger than age 7 years with history of 3 or more doses of tetanus-toxoid-containing vaccine:** For all wounds except clean and minor wounds, administer DTaP if more than 5 years since last dose of tetanus-toxoid-containing vaccine. For detailed information, see www.cdc.gov/mmwr/volumes/67/rr/rr6702a1.htm.

Haemophilus influenzae type b vaccination (minimum age: 6 weeks)

Routine vaccination

- **ActHIB, Hiberix, Pentacel, or Vaxelis:** 4-dose series (3-dose primary series at age 2, 4, and 6 months, followed by a booster dose* at age 12–15 months)
  - *Vaxelis is not recommended for use as a booster dose. A different Hib-containing vaccine should be used for the booster dose.
- **PedvaxHIB:** 3-dose series (2-dose primary series at age 2 and 4 months, followed by a booster dose at age 12–15 months)
- **American Indian and Alaska Native infants:** Vaxelis and PedvaxHIB preferred over other Hib vaccines for the primary series.

Catch-up vaccination

- **Dose 1 at age 7–11 months:** Administer dose 2 at least 4 weeks later and dose 3 (final dose) at age12–15 months or 8 weeks after dose 2 (whichever is later).
- **Dose 1 at age 12–14 months:** Administer dose 2 (final dose) at least 8 weeks after dose 1.
- **Dose 1 before age 12 months and dose 2 before age 15 months:** Administer dose 3 (final dose) at least 8 weeks after dose 2.
- **2 doses of PedvaxHIB before age 12 months:** Administer dose 3 (final dose) at age12–59 months and at least 8 weeks after dose 2.
- **1 dose administered at age 15 months or older:** No further doses needed
- **Unvaccinated at age 15–59 months:** Administer 1 dose.
- **Previously unvaccinated children age 60 months or older who are not considered high risk:** Catch-up vaccination not required.

For other catch-up guidance, see Table 2. Vaxelis can be used for catch-up vaccination in children younger than age 5 years. Follow the catch-up schedule even if Vaxelis is used for one or more doses. For detailed information on use of Vaxelis see www.cdc.gov/mmwr/volumes/69/wr/mm6905a5.htm.

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Special situations

- **Chemotherapy or radiation treatment:**
  Age 12–59 months
  - Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
  - 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose

  Doses administered within 14 days of starting therapy or during therapy should be repeated at least 3 months after therapy completion.
- **Hematopoietic stem cell transplant (HSCT):**
  - 3-dose series 4 weeks apart starting 6 to 12 months after successful transplant, regardless of Hib vaccination history
- **Anatomic or functional asplenia (including sickle cell disease):**
  Age 12–59 months
  - Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
  - 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose

  Unvaccinated* persons age 5 years or older
  - 1 dose
- **Elective splenectomy:**
  Unvaccinated* persons age 15 months or older
  - 1 dose (preferably at least 14 days before procedure)
- **HIV infection:**
  Age 12–59 months
  - Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
  - 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose

  Unvaccinated* persons age 5–18 years
  - 1 dose
- **Immunoglobulin deficiency, early component complement deficiency, or early component complement inhibitor use:**
  Age 12–59 months
  - Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
  - 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose

Unvaccinated* = Less than routine series (through age 14 months) **or no doses (age 15 months or older)*

Hepatitis A vaccination
(minimum age: 12 months for routine vaccination)

Routine vaccination

- **2-dose series** (minimum interval: 6 months) at age 12–23 months

Catch-up vaccination

- **Unvaccinated persons through age 18 years should complete a 2-dose series** (minimum interval: 6 months).
- Persons who previously received 1 dose at age 12 months or older should receive dose 2 at least 6 months after dose 1.
- Adolescents age 18 years or older may receive HepA-HepB (Twinrix) as a 3-dose series (0, 1, and 6 months) or 4-dose series (3 doses at 0, 7, and 21–30 days, followed by a booster dose at 12 months).

International travel

- Persons traveling to or working in countries with high or intermediate endemic hepatitis A (www.cdc.gov/travel/):
  - **Infants age 6–11 months**: 1 dose before departure; revaccinate with 2 doses (separated by at least 6 months) between age 12–23 months.
  - **Unvaccinated age 12 months or older**: Administer dose 1 as soon as travel is considered.

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Hepatitis B vaccination
(minimum age: birth)

Routine vaccination

- **Mother is HBsAg-negative**
  - 3-dose series at age 0, 1–2, 6–18 months **(use monovalent HepB vaccine for doses administered before age 6 weeks)**
    - Birth weight ≥2,000 grams: 1 dose within 24 hours of birth if medically stable
    - Birth weight <2,000 grams: 1 dose at chronological age 1 month or hospital discharge (whichever is earlier and even if weight is still <2,000 grams)
  - Infants who did not receive a birth dose should begin the series as soon as possible (see Table 2 for minimum intervals).
  - Administration of 4 doses is permitted when a combination vaccine containing HepB is used after the birth dose.
  - **Minimum intervals (see Table 2):** when 4 doses are administered, substitute "dose 4" for "dose 3" in these calculations.
  - **Final (3rd or 4th) dose:** age 6–18 months **(minimum age 24 weeks)**
- **Mother is HBsAg-positive**
  - **Birth dose (monovalent HepB vaccine only):** administer **HepB vaccine** and **hepatitis B immune globulin (HBIG)** in separate limbs within 12 hours of birth, regardless of birth weight.
  - **Birth weight <2000 grams:** administer 3 additional doses of HepB vaccine beginning at age 1 month (total of 4 doses).
  - **Final (3rd or 4th) dose:** administer at age 6 months **(minimum age 24 weeks)**.
  - Test for HBsAg and anti-HBs at age 9–12 months. If HepB series is delayed, test 1–2 months after final dose. Do not test before age 9 months.
- **Mother is HBsAg-unknown**

  If other evidence suggestive of maternal hepatitis B infection exists (e.g., presence of HBV DNA, HBeAg-positive, or mother known to have chronic hepatitis B infection), manage infant as if mother is HBsAg-positive.
  - **Birth dose (monovalent HepB vaccine only):**
    - Birth weight ≥2,000 grams: administer **HepB vaccine** within 12 hours of birth. Determine mother's HBsAg status as soon as possible. If mother is determined to be HBsAg-positive, administer **HBIG** as soon as possible (in separate limb), but no later than 7 days of age.
    - Birth weight <2,000 grams: administer **HepB vaccine** and **HBIG** (in separate limbs) within 12 hours of birth. Administer 3 additional doses of **HepB vaccine** beginning at age 1 month (total of 4 doses).
  - **Final (3rd or 4th) dose:** administer at age 6 months **(minimum age 24 weeks)**.
  - If mother is determined to be HBsAg-positive or if status remains unknown, test for HBsAg and anti-HBs at age 9–12 months. If HepB series is delayed, test 1–2 months after final dose. Do not test before age 9 months.

Catch-up vaccination

- Unvaccinated persons should complete a 3-dose series at 0, 1–2, 6 months. See Table 2 for minimum intervals.
- Adolescents age 11–15 years may use an alternative 2-dose schedule with at least 4 months between doses (adult formulation **Recombivax HB** only).
- Adolescents age 18 years may receive:
  - **Heplisav-B:** 2-dose series at least 4 weeks apart
  - **PreHevbrio*:** 3-dose series at 0, 1, and 6 months
  - **HepA-HepB (Twinrix):** 3-dose series (0, 1, and 6 months) or 4-dose series (3 doses at 0, 7, and 21–30 days, followed by a booster dose at 12 months).

Special situations

- Revaccination is generally not recommended for persons with a normal immune status who were vaccinated as infants, children, adolescents, or adults.
- **Post-vaccination serology testing and revaccination** (if anti-HBs <10mIU/mL) is recommended for certain populations, including:
  - Infants born to HBsAg-positive mothers
  - Persons who are predialysis or on maintenance dialysis
  - Other immunocompromised persons
  - For detailed revaccination recommendations, see www.cdc.gov/mmwr/volumes/67/rr/rr6701a1.htm.

***Note:** PreHevbrio is not recommended in pregnancy due to lack of safety data in pregnant women.

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Human papillomavirus vaccination
(minimum age: 9 years)

Routine and catch-up vaccination

- HPV vaccination routinely recommended at **age 11–12 years (can start at age 9 years)** and catch-up HPV vaccination recommended for all persons through age 18 years if not adequately vaccinated.
- 2- or 3-dose series depending on age at initial vaccination:
  - **Age 9–14 years at initial vaccination**: 2-dose series at 0, 6–12 months (minimum interval: 5 months; repeat dose if administered too soon)
  - **Age 15 years or older at initial vaccination**: 3-dose series at 0, 1–2 months, 6 months (minimum intervals: dose 1 to dose 2 = 4 weeks; dose 2 to dose 3 = 12 weeks; dose 1 to dose 3 = 5 months; repeat dose if administered too soon)
- No additional dose recommended when any HPV vaccine series **of any valency** has been completed using recommended dosing intervals.

Special situations

- **Immunocompromising conditions, including HIV infection:** 3-dose series, even for those who initiate vaccination at age 9 through 14 years.
- **History of sexual abuse or assault:** Start at age 9 years
- **Pregnancy:** Pregnancy testing not needed before vaccination; HPV vaccination not recommended until after pregnancy; no intervention needed if vaccinated while pregnant

Influenza vaccination
(minimum age: 6 months [IIV3], 2 years [LAIV3],18 years [recombinant influenza vaccine, RIV3])

Routine vaccination

- Use any influenza vaccine appropriate for age and health status annually:
  - **Age 6 months–8 years** who have received fewer than 2 influenza vaccine doses before July 1, 2024, or whose influenza vaccination history is unknown: 2 doses, separated by at least 4 weeks. Administer dose 2 even if the child turns 9 years between receipt of dose 1 and dose 2.
  - **Age 6 months–8 years** who have received at least 2 influenza vaccine doses before July 1, 2024: 1 dose.
  - **Age 9 years or older:** 1 dose
  - **Age 18 years solid organ transplant recipients receiving immunosuppressive medications:** high-dose inactivated (HD-IIV3) and adjuvanted inactivated (aIIV3) influenza vaccines are acceptable options. No preference over other age-appropriate IIV3 or RIV3.
- For the 2024–25 season, see www.cdc.gov/mmwr/volumes/73/rr/rr7305a1.htm.
- For the 2025–26 season, see the 2025–26 ACIP influenza vaccine recommendations.

Special situations

- **Close contacts (e.g., household contacts) of severely immunosuppressed persons who require a protected environment:** should not receive LAIV3. If LAIV3 is given, they should avoid contact with, or caring for such immunosuppressed persons for 7 days after vaccination.

Note: Persons with an egg allergy can receive any influenza vaccine (egg-based or non-egg based) appropriate for age and health status.

Measles, mumps, and rubella vaccination
(minimum age: 12 months for routine vaccination)

Routine vaccination

- 2-dose series at age 12–15 months, age 4–6 years
- MMR or MMRV* may be administered

Note: For dose 1 in children age 12–47 months, it is recommended to administer MMR and varicella vaccines separately. MMRV* may be used if parents or caregivers express a preference.

Catch-up vaccination

- **Unvaccinated children and adolescents:** 2-dose series at least 4 weeks apart*
- The maximum age for use of MMRV* is 12 years.

Special situations

- **International travel**
  - **Infants age 6–11 months:** 1 dose before departure; revaccinate with 2-dose series at age 12–15 months (12 months for children in high-risk areas) and dose 2 as early as 4 weeks later.*
  - **Children age 12 months or older:**
    - Unvaccinated: 2-dose series (separated by at least 4 weeks*) before departure
    - Previously received 1 dose: administer dose 2 at least 4 weeks after dose 1*
- In mumps outbreak settings, for information about additional doses of MMR (including 3rd dose of MMR), see www.cdc.gov/mmwr/volumes/67/wr/mm6701a7.htm

***Note:** If MMRV is used, the minimum interval between MMRV doses is 3 months.

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Meningococcal serogroup A,C,W,Y vaccination
(minimum age: 2 months [MenACWY-CRM, Menveo], 2 years [MenACWY-TT, MenQuadfi]), 10 years [MenACWY-TT/MenB-FHbp, Penbraya])

Routine vaccination
- 2-dose series at age 11–12 years; 16 years

Catch-up vaccination
- **Age 13–15 years:** 1 dose now and booster at age 16–18 years (minimum interval: 8 weeks)
- **Age 16–18 years:** 1 dose

Special situations
Anatomic or functional asplenia (including sickle cell disease), HIV infection, persistent complement component deficiency, complement inhibitor (e.g., eculizumab, ravulizumab) use:

- **Menveo***
  - Dose 1 at age 2 months: 4-dose series (additional 3 doses at age 4, 6, and 12 months)
  - Dose 1 at age 3–6 months: 3- or 4-dose series (dose 2 [and dose 3 if applicable] at least 8 weeks after previous dose until a dose is received at age 7 months or older, followed by an additional dose at least 12 weeks later and after age 12 months)
  - Dose 1 at age 7–23 months: 2-dose series (dose 2 at least 12 weeks after dose 1 and after age 12 months)
  - Dose 1 at age 24 months or older: 2-dose series at least 8 weeks apart
- **MenQuadfi**
  - Dose 1 at age 24 months or older: 2-dose series at least 8 weeks apart

Travel to countries with hyperendemic or epidemic meningococcal disease, including countries in the African meningitis belt or during the Hajj (www.cdc.gov/travel/)**:**

- **Children younger than age 24 months:**
  - **Menveo* (age 2–23 months)**
    - Dose 1 at age 2 months: 4-dose series (additional 3 doses at age 4, 6, and 12 months)
    - Dose 1 at age 3–6 months: 3- or 4-dose series (dose 2 [and dose 3 if applicable] at least 8 weeks after previous dose until a dose is received at age 7 months or older, followed by an additional dose at least 12 weeks later and after age 12 months)
    - Dose 1 at age 7–23 months: 2-dose series (dose 2 at least 12 weeks after dose 1 and after age 12 months)
- **Children age 2 years or older:** 1 dose Menveo* or MenQuadfi

First-year college students who live in residential housing (if not previously vaccinated at age 16 years or older) or military recruits: 1 dose Menveo* or MenQuadfi

Adolescent vaccination of children who received MenACWY prior to age 10 years:

- **Children for whom boosters are recommended because of an ongoing increased risk of meningococcal disease** (e.g., those with complement component deficiency, HIV, or asplenia): Follow the booster schedule for persons at increased risk.
- **Children for whom boosters are not recommended** (e.g., a healthy child who received a single dose for travel to a country where meningococcal disease is endemic): Administer MenACWY according to the recommended adolescent schedule with dose 1 at age 11–12 years and dose 2 at age 16 years.

**Menveo has two formulations: lyophilized and liquid. The liquid formulation should not be used before age 10 years. See www.cdc.gov/vaccines/vpd/mening/downloads/menveo-single-vial-presentation.pdf.*

Note: For MenACWY **booster dose recommendations** for groups listed under "Special situations" and in an outbreak setting and additional meningococcal vaccination information, see www.cdc.gov/mmwr/volumes/69/rr/rr6909a1.htm.

Children age 10 years or older may receive a single dose of Penbraya as an alternative to separate administration of MenACWY and MenB when both vaccines would be given on the same clinic day (see "Meningococcal serogroup B vaccination" section below for more information).

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Meningococcal serogroup B vaccination
(minimum age: 10 years [MenB-4C, Bexsero; MenB-FHbp, Trumenba; MenACWY-TT/MenB-FHbp, Penbraya])

Shared clinical decision-making
- **Adolescents not at increased risk age 16–23 years (preferred age 16–18 years)* based on shared clinical decision-making.**
  - **Bexsero or Trumenba (use same brand for all doses):** 2-dose series at least 6 months apart (if dose 2 is administered earlier than 6 months, administer dose 3 at least 4 months after dose 2)

*To optimize rapid protection (e.g., for students starting college in less than 6 months), a 3-dose series (0, 1–2, 6 months) may be administered.

For additional information on shared clinical decision-making for MenB, see www.cdc.gov/vaccines/hcp/admin/downloads/isd-job-aid-scdm-mening-b-shared-clinical-decision-making.pdf

Special situations
Anatomic or functional asplenia (including sickle cell disease), persistent complement component deficiency, complement inhibitor (e.g., eculizumab, ravulizumab) use.

- **Bexsero or Trumenba (use same brand for all doses including booster doses)** 3-dose series at 0, 1–2, 6 months (if dose 2 was administered at least 6 months after dose 1, dose 3 not needed; if dose 3 is administered earlier than 4 months after dose 2, a 4th dose should be administered at least 4 months after dose 3)

For MenB **booster dose recommendations** for groups listed under "Special situations" and in an outbreak setting and additional meningococcal vaccination information, see www.cdc.gov/mmwr/volumes/69/rr/rr6909a1.htm.

Note: MenB vaccines may be administered simultaneously with MenACWY vaccines if indicated, but at a different anatomic site, if feasible.

Children age 10 years or older may receive a dose of Penbraya (MenACWY–TT/MenB–FHbp) as an alternative to separate administration of MenACWY and MenB when both vaccines would be given on the same clinic day. For age-eligible children not at increased risk, if Penbraya is used for dose 1 MenB, MenB-FHbp (Trumenba) should be administered for dose 2 MenB. For age-eligible children at increased risk of meningococcal disease, Penbraya may be used for additional MenACWY and MenB doses (including booster doses) if both would be given on the same clinic day **and** at least 6 months have elapsed since most recent Penbraya dose.

Mpox vaccination
(minimum age: 18 years [Jynneos])

Special situations

- **Age 18 years and at risk for mpox infection:** complete 2-dose series, 28 days apart.

  Risk factors for mpox infection include:
  - Gay, bisexual, or other MSM, or a person who has sex with gay, bisexual, or other MSM who in the past 6 months have had one of the following:
    - A new diagnosis of at least 1 sexually transmitted disease
    - More than 1 sex partner
    - Sex at a commercial sex venue
    - Sex in association with a large public event in a geographic area where mpox transmission is occurring
  - Persons who are sexual partners of the persons described above
  - Persons who anticipate experiencing any of the situations described above
- **Pregnancy:** There is currently no ACIP recommendation for Jynneos use in pregnancy due to lack of safety data in pregnant women. Pregnant women with any risk factor described above may receive Jynneos.

For detailed information, see www.cdc.gov/mpox/hcp/vaccine-considerations/vaccination-overview.html

Pneumococcal vaccination
(minimum age: 6 weeks [PCV15], [PCV 20]; 2 years [PPSV23])

Routine vaccination with PCV

- 4-dose series at 2, 4, 6, 12–15 months

Catch-up vaccination with PCV

- Healthy children ages 2–4 years with any incomplete* PCV series: 1 dose PCV
- For other catch-up guidance, see Table 2.

Note: For children **without** risk conditions, PCV20 is not indicated if they have received 4 doses of PCV13 or PCV15 or another age appropriate complete PCV series.

Special situations

Children and adolescents with cerebrospinal fluid leak; chronic heart disease; chronic kidney disease (excluding maintenance dialysis and nephrotic syndrome); chronic liver disease; chronic lung disease (including moderate persistent or severe persistent asthma); cochlear implant; or diabetes mellitus:

Age 2–5 years

- Any incomplete* PCV series with:
  - 3 PCV doses: 1 dose PCV (at least 8 weeks after the most recent PCV dose)
  - Less than 3 PCV doses: 2 doses PCV (at least 8 weeks after the most recent dose and administered at least 8 weeks apart)
- Completed recommended PCV series but have not received PPSV23.
  - Previously received at least 1 dose of PCV20: no further PCV or PPSV23 doses needed
  - Not previously received PCV20: administer 1 dose PCV20 or 1 dose PPSV23 administer at least 8 weeks after the most recent PCV dose.

Age 6–18 years

- Not previously received any dose of PCV13, PCV15, or PCV20: administer 1 dose of PCV15 or PCV20. If PCV15 is used and no previous receipt of PPSV23, administer 1 dose of PPSV23 at least 8 weeks after the PCV15 dose.**
- Received PCV before age 6 years but have not received PPSV23
  - Previously received at least 1 dose of PCV20: no further PCV or PPSV23 doses needed
  - Not previously received PCV20: 1 dose PCV20 or 1 dose PPSV23 administer at least 8 weeks after the most recent PCV dose.
- Received PCV13 only at or after age 6 years: administer 1 dose PCV20 or 1 dose PPSV23 at least 8 weeks after the most recent PCV13 dose.
- Received 1 dose PCV13 and 1 dose PPSV23 at or after age 6 years: no further doses of any PCV or PPSV23 indicated.

Children and adolescents on maintenance dialysis, or with immunocompromising conditions such as nephrotic syndrome; congenital or acquired asplenia or splenic dysfunction; congenital or acquired immunodeficiencies; diseases and conditions treated with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas, Hodgkin disease, and solid organ transplant; HIV infection; or sickle cell disease or other hemoglobinopathies:

Age 2–5 years

- Any incomplete* PCV series:
  - 3 PCV doses: 1 dose PCV (at least 8 weeks after the most recent PCV dose)
  - Less than 3 PCV doses: 2 doses PCV (at least 8 weeks after the most recent dose and administered at least 8 weeks apart)
- Completed recommended PCV series but have not received PPSV23
  - Previously received at least 1 dose of PCV20: no further PCV or PPSV23 doses needed
  - Not previously received PCV20: administer 1 dose PCV20 or 1 dose PPSV23 at least 8 weeks after the most recent PCV dose. If PPSV23 is used, administer 1 dose of PCV20 or dose 2 PPSV23 at least 5 years after dose 1 PPSV23.

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Pneumococcal vaccination - *continued*

Age 6–18 years

- Not previously received any dose of PCV13, PCV15, or PCV20: administer 1 dose of PCV15 or 1 dose of PCV20. If PCV15 is used and no previous receipt of PPSV23, administer 1 dose of PPSV23 at least 8 weeks after the PCV15 dose.**
- Received PCV before age 6 years but have not received PPSV23
  - Previously received at least 1 dose of PCV20: no additional dose of PCV or PPSV23
  - Not previously received PCV20: administer 1 dose PCV20 or 1 dose PPSV23 at least 8 weeks after the most recent PCV dose. If PPSV23 is used, administer either PCV20 or dose 2 PPSV23 at least 5 years after dose 1 PPSV23.
- Received PCV13 only at or after age 6 years: administer 1 dose PCV20 or 1 dose PPSV23 at least 8 weeks after the most recent PCV13 dose. If PPSV23 is used, administer 1 dose of PCV20 or dose 2 PPSV23 at least 5 years after dose 1 PPSV23.
- Received 1 dose PCV13 and 1 dose PPSV23 at or after age 6 years: administer 1 dose PCV20 or 1 dose PPSV23 at least 8 weeks after the most recent PCV13 dose and at least 5 years after dose 1 PPSV23.

Pregnancy: no recommendation for PCV or PPSV23 due to limited data. Summary of existing data on pneumococcal vaccination during pregnancy can be found at www.cdc.gov/mmwr/volumes/72/rr/rr7203a1.htm

For guidance on determining which pneumococcal vaccines a patient needs and when, please refer to the mobile app, which can be downloaded here: wcms-wp.cdc.gov/pneumococcal/hcp/vaccine-recommendations/app.html

**Incomplete series* = Not having received all doses in either the recommended series or an age-appropriate catch-up series. See Table 2 in ACIP pneumococcal recommendations at stacks.cdc.gov/view/cdc/133252

***When both PCV15 and PPSV23 are indicated, administer all doses of PCV15 first. PCV15 and PPSV23 should not be administered during the same visit.*

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Poliovirus vaccination (minimum age: 6 weeks)

Routine vaccination

- 4-dose series at ages 2, 4, 6–18 months, 4–6 years; administer the final dose on or after age 4 years and at least 6 months after the previous dose.
- 4 or more doses of IPV can be administered before age 4 years when a combination vaccine containing IPV is used. However, a dose is still recommended on or after age 4 years and at least 6 months after the previous dose.

Catch-up vaccination

- In the first 6 months of life, use minimum ages and intervals only for travel to a polio-endemic region or during an outbreak.
- **Adolescents age 18 years known or suspected to be unvaccinated or incompletely vaccinated:** administer remaining doses (1, 2, or 3 IPV doses) to complete a 3-dose primary series.* Unless there are specific reasons to believe they were not vaccinated, most persons aged 18 years or older born and raised in the United States can assume they were vaccinated against polio as children.

Series containing oral poliovirus vaccine (OPV), either mixed OPV-IPV or OPV-only series:

- Total number of doses needed to complete the series is the same as that recommended for the U.S. IPV schedule. See www.cdc.gov/mmwr/volumes/66/wr/mm6601a6.htm?s_%20cid=mm6601a6_w.
- Only trivalent OPV (tOPV) counts toward the U.S. vaccination requirements.
  - Doses of OPV administered before April 1, 2016, should be counted (unless specifically noted as administered during a campaign).
  - Doses of OPV administered on or after April 1, 2016, should not be counted.
  - For guidance to assess doses documented as "OPV," see www.cdc.gov/mmwr/volumes/66/wr/mm6606a7.htm?s_cid=mm6606a7_w.
- For other catch-up guidance, see Table 2.

Special situations

- **Adolescents aged 18 years at increased risk of exposure to poliovirus and completed primary series*:** may administer one lifetime IPV booster

***Note:** Complete primary series consist of at least 3 doses of IPV or trivalent oral poliovirus vaccine (tOPV) in any combination.

For detailed information, see: www.cdc.gov/vaccines/vpd/polio/hcp/recommendations.html

Respiratory syncytial virus immunization (minimum age: birth [Nirsevimab, RSV-mAb, Beyfortus])

Routine immunization

- **Infants born October – March in most of the continental United States***
  - Mother did not receive RSV vaccine or mother's RSV vaccination status is unknown or mother received RSV vaccine in previous pregnancy: administer 1 dose nirsevimab within 1 week of birth—ideally during the birth hospitalization.
  - Mother received RSV vaccine **less than 14 days** prior to delivery: administer 1 dose nirsevimab within 1 week of birth—ideally during the birth hospitalization.
  - Mother received RSV vaccine **at least 14 days** prior to delivery: nirsevimab not needed but can be considered in rare circumstances at the discretion of healthcare providers (see www.cdc.gov/vaccines/vpd/rsv/hcp/child-faqs.html)
- **Infants born April–September in most of the continental United States***
  - Mother did not receive RSV vaccine or mother's RSV vaccination status is unknown or mother received RSV vaccine in previous pregnancy: administer 1 dose nirsevimab shortly before start of RSV season.*
  - Mother received RSV vaccine **less than 14 days** prior to delivery: administer 1 dose nirsevimab shortly before start of RSV season.*
  - Mother received RSV vaccine **at least 14 days** prior to delivery: nirsevimab not needed but can be considered in rare circumstances at the discretion of healthcare providers (see www.cdc.gov/vaccines/vpd/rsv/hcp/child-faqs.html)

Infants with prolonged birth hospitalization** (e.g., for prematurity) discharged October through March should be immunized shortly before or promptly after discharge.

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Special situations

- **Ages 8–19 months with chronic lung disease of prematurity requiring medical support (e.g., chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) any time during the 6-month period before the start of the second RSV season; severe immunocompromise; cystic fibrosis with either weight for length <10th percentile or manifestation of severe lung disease (e.g., previous hospitalization for pulmonary exacerbation in the first year of life or abnormalities on chest imaging that persist when stable)**:**
  - 1 dose nirsevimab shortly before start of second RSV season*
- **Ages 8–19 months who are American Indian or Alaska Native:** 1 dose nirsevimab shortly before start of second RSV season*
- **Age-eligible and undergoing cardiac surgery with cardiopulmonary bypass**:** 1 additional dose of nirsevimab after surgery. See www.accessdata.fda.gov/drugsatfda_docs/label/2023/761328s000lbl.pdf

***Note:** While the timing of the onset and duration of RSV season may vary, administration of nirsevimab is recommended October through March in most of the continental United States (optimally October through November or within 1 week of birth). Providers in jurisdictions with RSV seasonality that differs from most of the continental United States (e.g., Alaska, jurisdiction with tropical climate) should follow guidance from public health authorities (e.g., CDC, health departments) or regional medical centers on timing of administration based on local RSV seasonality.

****Note:** Nirsevimab can be administered to children who are eligible to receive palivizumab. Children who have received nirsevimab should not receive palivizumab for the same RSV season.

For further guidance, see www.cdc.gov/mmwr/volumes/72/wr/mm7234a4.htm and www.cdc.gov/vaccines/vpd/rsv/hcp/child-faqs.html

Respiratory syncytial virus vaccination (RSV [Abrysvo])

Routine vaccination

- **Pregnant at 32 weeks 0 days through 36 weeks and 6 days gestation from September through January in most of the continental United States*:** 1 dose Abrysvo. Administer RSV vaccine regardless of previous RSV infection.
  - Either maternal RSV vaccination with Abrysvo or infant immunization with nirsevimab (RSV monoclonal antibody) is recommended to prevent severe respiratory syncytial virus disease in infants.
- **All other pregnant women:** RSV vaccine not recommended
- **Subsequent pregnancies:** additional doses not recommended. No data are available to inform whether additional doses are needed in subsequent pregnancies. Infants born to pregnant women who received RSV vaccine during a previous pregnancy should receive nirsevimab.

***Note:** Providers in jurisdictions with RSV seasonality that differs from most of the continental United States (e.g., Alaska, jurisdictions with tropical climate) should follow guidance from public health authorities (e.g., CDC, health departments) or regional medical centers on timing of administration based on local RSV seasonality.

Rotavirus vaccination (minimum age: 6 weeks)

Routine vaccination

- **Rotarix:** 2-dose series at age 2 and 4 months
- **RotaTeq:** 3-dose series at age 2, 4, and 6 months
- If any dose in the series is either **RotaTeq** or unknown, default to 3-dose series.

Catch-up vaccination

- Do not start the series on or after age 15 weeks, 0 days.
- The maximum age for the final dose is 8 months, 0 days.
- For other catch-up guidance, see Table 2.

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Tetanus, diphtheria, and pertussis (Tdap) vaccination (minimum age: 11 years for routine vaccination, 7 years for catch-up vaccination)

Routine vaccination

- **Age 11–12 years:** 1 dose Tdap (adolescent booster)
- **Pregnancy:** 1 dose Tdap during each pregnancy, preferably in early part of gestational weeks 27–36

Note: Tdap may be administered regardless of the interval since the last tetanus- and diphtheria-toxoid-containing vaccine.

Catch-up vaccination

- **Age 13–18 years who have not received Tdap:** 1 dose Tdap (adolescent booster)
- **Age 7–18 years not fully vaccinated* with DTaP:** 1 dose Tdap as part of the catch-up series (preferably the first dose); if additional doses are needed, use Td or Tdap.
- **Tdap administered at age 7–10 years:**
  - **Age 7–9 years** who receive Tdap should receive the adolescent Tdap booster dose at age 11–12 years
  - **Age 10 years** who receive Tdap do not need the adolescent Tdap booster dose at age 11–12 years
- **DTaP inadvertently administered on or after age 7 years**:
  - **Age 7–9 years**: DTaP may count as part of catch-up series. Administer adolescent Tdap booster dose at age 11–12 years.
  - **Age 10–18 years**: Count dose of DTaP as the adolescent Tdap booster dose.
- For other catch-up guidance, see Table 2.

Special situations

- **Wound management** in persons age 7 years or older with history of 3 or more doses of tetanus-toxoid-containing vaccine: For clean and minor wounds, administer Tdap or Td if more than 10 years since last dose of tetanus-toxoid-containing vaccine; for all other wounds, administer Tdap or Td if more than 5 years since last dose of tetanus-toxoid-containing vaccine. Tdap is preferred for persons age 11 years or older who have not previously received Tdap or whose Tdap history is unknown. If a tetanus-toxoid-containing vaccine is indicated for a pregnant adolescent, use Tdap.
- For detailed information, see www.cdc.gov/mmwr/volumes/69/wr/mm6903a5.htm.

**Fully vaccinated* = 5 valid doses of DTaP or 4 valid doses of DTaP if dose 4 was administered at age 4 years or older

Varicella vaccination
(minimum age: 12 months)

Routine vaccination

- 2-dose series at age 12–15 months, 4–6 years
- VAR or MMRV may be administered*
- Dose 2 may be administered as early as 3 months after dose 1 (a dose inadvertently administered after at least 4 weeks may be counted as valid).

*__Note__: For dose 1 in children age 12–47 months, it is recommended to administer MMR and varicella vaccines separately. MMRV may be used if parents or caregivers express a preference.

Catch-up vaccination

- Ensure persons age 7–18 years without evidence of immunity (see *MMWR* at www.cdc.gov/mmwr/pdf/rr/rr5604.pdf) have a 2-dose series:
  - **Age 7–12 years**: Routine interval: 3 months (a dose inadvertently administered after at least 4 weeks may be counted as valid)
  - **Age 13 years and older**: Routine interval: 4–8 weeks (minimum interval: 4 weeks)
  - The maximum age for use of *MMRV* is 12 years.

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Appendix Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2025

Guide to Contraindications and Precautions to Commonly Used Vaccines

Adapted from Table 4-1 in Advisory Committee on Immunization Practices (ACIP) General Best Practice Guidelines for Immunization: Contraindication and Precautions, Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices—United States, 2024–25 Influenza Season | MMWR (cdc.gov), *and* Contraindications and Precautions for COVID-19 Vaccination

Vaccines and other Immunizing Agents	Contraindicated or Not Recommended[1]	Precautions[2]
COVID-19 mRNA vaccines [Pfizer-BioNTech, Moderna]	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of an mRNA COVID-19 vaccine[3]	• Diagnosed non-severe allergy (e.g., urticaria beyond the injection site) to a component of an mRNA COVID-19 vaccine[3]; or non-severe, immediate (onset less than 4 hours) allergic reaction after administration of a previous dose of an mRNA COVID-19 vaccine • Myocarditis or pericarditis within 3 weeks after a dose of any COVID-19 vaccine • Multisystem inflammatory syndrome in children (MIS-C) or multisystem inflammatory syndrome in adults (MIS-A) • Moderate or severe acute illness, with or without fever
COVID-19 protein subunit vaccine [Novavax]	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of a Novavax COVID-19 vaccine[3]	• Diagnosed non-severe allergy (e.g., urticaria beyond the injection site) to a component of Novavax COVID-19 vaccine[3]; or non-severe, immediate (onset less than 4 hours) allergic reaction after administration of a previous dose of a Novavax COVID-19 vaccine • Myocarditis or pericarditis within 3 weeks after a dose of any COVID-19 vaccine • Multisystem inflammatory syndrome in children (MIS-C) or multisystem inflammatory syndrome in adults (MIS-A) • Moderate or severe acute illness, with or without fever
Influenza, egg-based, inactivated injectable (IIV3)	• Severe allergic reaction (e.g., anaphylaxis) after previous dose of any influenza vaccine (i.e., any egg-based IIV, ccIIV, RIV, or LAIV of any valency) • Severe allergic reaction (e.g., anaphylaxis) to any vaccine component[4] (excluding egg)	• Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of any type of influenza vaccine • Moderate or severe acute illness with or without fever
Influenza, cell culture-based inactivated injectable (ccIIV3) [Flucelvax]	• Severe allergic reaction (e.g., anaphylaxis) to any ccIIV of any valency, or to any component[4] of ccIIV3	• Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of any type of influenza vaccine • Persons with a history of severe allergic reaction (e.g., anaphylaxis) after a previous dose of any egg-based IIV, RIV, or LAIV of any valency. If using ccIIV3, administer in medical setting under supervision of health care provider who can recognize and manage severe allergic reactions. May consult an allergist. • Moderate or severe acute illness with or without fever
Influenza, recombinant injectable (RIV3) [Flublok]	• Severe allergic reaction (e.g., anaphylaxis) to any RIV of any valency, or to any component[4] of RIV3	• Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of any type of influenza vaccine • Persons with a history of severe allergic reaction (e.g., anaphylaxis) after a previous dose of any egg-based IIV, ccIIV, or LAIV of any valency. If using RIV3, administer in medical setting under supervision of health care provider who can recognize and manage severe allergic reactions. May consult an allergist. • Moderate or severe acute illness with or without fever
Influenza, live attenuated (LAIV3) [Flumist]	• Severe allergic reaction (e.g., anaphylaxis) after previous dose of any influenza vaccine (i.e., any egg-based IIV, ccIIV, RIV, or LAIV of any valency) • Severe allergic reaction (e.g., anaphylaxis) to any vaccine component[4] (excluding egg) • Children age 2–4 years with a history of asthma or wheezing • Anatomic or functional asplenia • Immunocompromised due to any cause including, but not limited to, medications and HIV infection • Close contacts or caregivers of severely immunosuppressed persons who require a protected environment • Pregnancy • Cochlear implant • Active communication between the cerebrospinal fluid (CSF) and the oropharynx, nasopharynx, nose, ear or any other cranial CSF leak • Children and adolescents receiving aspirin or salicylate-containing medications • Received influenza antiviral medications oseltamivir or zanamivir within the previous 48 hours, peramivir within the previous 5 days, or baloxavir within the previous 17 days	• Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of any type of influenza vaccine • Asthma in persons age 5 years old or older • Persons with underlying medical conditions other than those listed under contraindications that might predispose to complications after wild-type influenza virus infection, e.g., chronic pulmonary, cardiovascular (except isolated hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus) • Moderate or severe acute illness with or without fever

1. When a contraindication is present, a vaccine should **NOT** be administered. Kroger A, Bahta L, Hunter P. ACIP General Best Practice Guidelines for Immunization.
2. When a precaution is present, vaccination should generally be deferred but might be indicated if the benefit of protection from the vaccine outweighs the risk for an adverse reaction. Kroger A, Bahta L, Hunter P. ACIP General Best Practice Guidelines for Immunization.
3. See package inserts and FDA EUA fact sheets for a full list of vaccine ingredients. mRNA COVID-19 vaccines contain polyethylene glycol (PEG).
4. Vaccination providers should check FDA-approved prescribing information for the most complete and updated information, including contraindications, warnings, and precautions. See Package inserts for U.S.-licensed vaccines.

Appendix

Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2025

Vaccines and other Immunizing Agents	Contraindicated or Not Recommended[1]	Precautions[2]
Dengue (DEN4CYD)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component[3] • Severe immunodeficiency (e.g., hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, long-term immunosuppressive therapy or patients with HIV infection who are severely immunocompromised) • Lack of laboratory confirmation of a previous dengue infection	• Pregnancy • HIV infection without evidence of severe immunosuppression • Moderate or severe acute illness with or without fever
Diphtheria, tetanus, pertussis (DTaP)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component[3] • Encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures) not attributable to another identifiable cause within 7 days of administration of previous dose of DTP or DTaP	• Guillain-Barré syndrome (GBS) within 6 weeks after previous dose of tetanus-toxoid–containing vaccine • History of Arthus-type hypersensitivity reactions after a previous dose of diphtheria-toxoid–containing or tetanus-toxoid–containing vaccine; defer vaccination until at least 10 years have elapsed since the last tetanus-toxoid-containing vaccine • For DTaP only: Progressive neurologic disorder, including infantile spasms, uncontrolled epilepsy, progressive encephalopathy; defer DTaP until neurologic status clarified and stabilized • Moderate or severe acute illness with or without fever
Haemophilus influenzae type b (Hib)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component[3] • Younger than age 6 weeks	• Moderate or severe acute illness with or without fever
Hepatitis A (HepA)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component[3] including neomycin	• Moderate or severe acute illness with or without fever
Hepatitis B (HepB)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component[3] including yeast • Pregnancy: PreHevbrio is not recommended due to lack of safety data in pregnant women. Use other hepatitis B vaccines if HepB is indicated[4]	• Moderate or severe acute illness with or without fever
Hepatitis A-Hepatitis B vaccine (HepA-HepB) [Twinrix]	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component[3] including neomycin and yeast	• Moderate or severe acute illness with or without fever
Human papillomavirus (HPV)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component[3] • *Pregnancy: HPV vaccination not recommended.*	• Moderate or severe acute illness with or without fever
Measles, mumps, rubella (MMR) Measles, mumps, rubella, and varicella (MMRV)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component[3] • Severe immunodeficiency (e.g., hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, long-term immunosuppressive therapy or patients with HIV infection who are severely immunocompromised) • Pregnancy • Family history of altered immunocompetence, unless verified clinically or by laboratory testing as immunocompetent • For MMRV only: HIV infection of any severity	• Recent (≤11 months) receipt of antibody-containing blood product (specific interval depends on product) • History of thrombocytopenia or thrombocytopenic purpura • Need for tuberculin skin testing or interferon-gamma release assay (IGRA) testing • Moderate or severe acute illness with or without fever • For MMRV only: Personal or family (i.e., sibling or parent) history of seizures of any etiology • If using MMRV, see Varicella/MMRV for additional precautions
Meningococcal ACWY (MenACWY) MenACWY-CRM [Menveo] MenACWY-TT [MenQuadfi]	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component[3] • For Men ACWY-CRM only: severe allergic reaction to any diphtheria toxoid— or CRM197—containing vaccine • For MenACWY-TT only: severe allergic reaction to a tetanus toxoid-containing vaccine	• For MenACWY-CRM only: Preterm birth if younger than age 9 months • Moderate or severe acute illness with or without fever
Meningococcal B (MenB) MenB-4C [Bexsero] MenB-FHbp [Trumenba]	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component[3]	• Pregnancy • For MenB-4C only: Latex sensitivity • Moderate or severe acute illness with or without fever
Meningococcal ABCWY (MenACWY-TT/MenB-FHbp) [Penbraya]	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component[3] • Severe allergic reaction to a tetanus toxoid-containing vaccine	• Moderate or severe acute illness, with or without fever
Mpox [Jynneos]	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component[3]	• Moderate or severe acute illness, with or without fever
Pneumococcal conjugate (PCV)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component[3] • Severe allergic reaction (e.g., anaphylaxis) to any diphtheria-toxoid-containing vaccine or its component[3]	• Moderate or severe acute illness with or without fever
Pneumococcal polysaccharide (PPSV23)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component[3]	• Moderate or severe acute illness with or without fever
Poliovirus vaccine, inactivated (IPV)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component[3]	• Pregnancy • Moderate or severe acute illness with or without fever
RSV monoclonal antibody (RSV-mAb)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component[5]	• Moderate or severe acute illness with or without fever
Respiratory syncytial virus vaccine (RSV)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component[3]	• Moderate or severe acute illness with or without fever
Rotavirus (RV) RV1 [Rotarix] RV5 [RotaTeq]	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component[3] • Severe combined immunodeficiency (SCID) • History of intussusception	• Altered immunocompetence other than SCID • Chronic gastrointestinal disease • RV1 only: Spina bifida or bladder exstrophy • Moderate or severe acute illness with or without fever
Tetanus, diphtheria, and acellular pertussis (Tdap) Tetanus, diphtheria (Td)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component[3] • For Tdap only: Encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures) not attributable to another identifiable cause within 7 days of administration of previous dose of DTP, DTaP, or Tdap	• Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of tetanus-toxoid–containing vaccine • History of Arthus-type hypersensitivity reactions after a previous dose of diphtheria-toxoid–containing or tetanus-toxoid–containing vaccine; defer vaccination until at least 10 years have elapsed since the last tetanus-toxoid–containing vaccine • For Tdap only: Progressive or unstable neurological disorder, uncontrolled seizures, or progressive encephalopathy until a treatment regimen has been established and the condition has stabilized • Moderate or severe acute illness with or without fever
Varicella (VAR) Measles, mumps, rubella, and varicella (MMRV)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component[3] • Severe immunodeficiency (e.g., hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, long-term immunosuppressive therapy or patients with HIV infection who are severely immunocompromised) • Pregnancy • Family history of altered immunocompetence, unless verified clinically or by laboratory testing as immunocompetent • For MMRV only: HIV infection of any severity	• Recent (≤11 months) receipt of antibody-containing blood product (specific interval depends on product) • Receipt of specific antiviral drugs (acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination (avoid use of these antiviral drugs for 14 days after vaccination) • Use of aspirin or aspirin-containing products • Moderate or severe acute illness with or without fever • If using MMRV, see MMR/MMRV for additional precautions

1. When a contraindication is present, a vaccine should NOT be administered. Kroger A, Bahta L, Hunter P. ACIP General Best Practice Guidelines for Immunization. www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html.
2. When a precaution is present, vaccination should generally be deferred but might be indicated if the benefit of protection from the vaccine outweighs the risk for an adverse reaction. Kroger A, Bahta L, Hunter P. ACIP General Best Practice Guidelines for Immunization. www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html.
3. Vaccination providers should check FDA-approved prescribing information for the most complete and updated information, including contraindications, warnings, and precautions. Package inserts for U.S.-licensed vaccines are available at www.fda.gov/vaccines-blood-biologics/approved-products/vaccines-licensed-use-united-states.
4. For information on the pregnancy exposure registry for persons who were inadvertently vaccinated with PreHevbrio while pregnant, please visit www.prehevbrio.com/#safety.
5. Full prescribing information for BEYFORTUS (nirsevimab-alip) www.accessdata.fda.gov/drugsatfda_docs/label/2023/761328s000lbl.pdf.

Addendum

Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2025

In addition to the recommendations presented in the previous sections of this immunization schedule, ACIP has approved the following recommendations by majority vote since October 24, 2024.

Vaccines	Recommendations	Effective Date of Recommendation*
Meningococcal (MenACWYCRM/ MenB-4C, Penmenvy)	MenABCWY vaccine may be used when both MenACWY and MenB are indicated at the same visit in: 1. healthy persons aged 16–23 years (routine schedule) when shared clinical decision-making favors administration of MenB vaccine and 2. persons aged ≥10 years who are at increased risk for meningococcal disease (e.g., because of persistent complement deficiencies, complement inhibitor use, or functional or anatomic asplenia)	June 25, 2025
Influenza	ACIP reaffirms the recommendations for routine annual influenza vaccination of all persons aged ≥ 6 months who do not have contraindications for the 2025–2026 season	July 22, 2025
Influenza	ACIP recommends only single-dose formulations of annual influenza vaccines that are free of thimerosal as a preservative for three populations: - Children 18 years or younger - Pregnant women - All adults	July 22, 2025
RSV monoclonal antibody (Clesrovimab)	ACIP recommends infants aged < 8 months born during or entering their first RSV season who are not protected by maternal vaccination receive one dose of clesrovimab.	August 4, 2025
Note: As of May 29, 2025, the schedule incorporates the HHS directive regarding COVID-19 vaccine recommendations. (Changes were made to tables and notes for COVID-19 vaccines in pregnant women and children/adolescents ages 6 months through 17 years who are not moderately or severely immunocompromised).		

*The effective date is the date when the recommendation was adopted and became official.