

Policy Committee Meeting

Tuesday, April 22, 2025 6:30 PM

Town Campus Hammonasset Room/Zoom, 10 Campus Drive , Madison, CT 06443

I. Policies for Review:

- 1361 Visitors and Observations in the Schools
- Restorative Practices Response Policy (NEW)
- 5120.3.3 Administration of Medications
- 5113 Attendance, Truancy and Chronic Absenteeism
- 6080.1.2 Title I programs / Parental Involvement
- 6100.10 Selection of Instructional Materials
- 6151 Class Size
- 6153 Field Trips
- 5100.8 Student Travel/6100.16.1 Student Travel

II. Public Comment

III. The Town of Madison does not discriminate on the basis of disability, and the meeting facilities are ADA accessible. Individuals who need assistance are invited to make their needs known by contacting the Town ADA/Human Resources Director, Debra Ferrante, at 203-245-6310 or by email at ferranted@madisonct.org at least five (5) business days prior to the meeting.

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Agenda

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Policy Summary

April 22, 2025

Review

1361 Visitors and Observations in the Schools

As noted above, Governor Lamont recently signed into law Public Act 25-1, which, among other things, addresses immigration enforcement activity at schools. We have revised our model policy to clarify that, in the event that a federal immigration authority appears in person at a school under the board of education's jurisdiction or otherwise contacts a school to request information, the immigration authority shall be directed to communicate with the administrator designated for such interactions, who will follow the protocols outlined in the school's Security and Safety Plan.

Restorative Practices Response Policy (NEW)

In 2023, the General Assembly passed legislation, now codified at Connecticut General Statutes Section 10-222jj, requiring each board of education to adopt a restorative practices response policy to be implemented by school employees for incidents of challenging behavior or student conflict that is nonviolent and does not constitute a crime. Boards of education are required to adopt such policy by July 1, 2025. The policy directs the district's administration to develop "a continuum of strategies to prevent, identify, and responding challenging behavior, including but not limited to bullying and harassment."

5120.3.3 Administration of Medications

Under Connecticut law, qualified school employees may administer epinephrine with a cartridge injector to a specific student with a medically diagnosed allergic condition that may require prompt treatment to protect the student against serious harm or death either (1) with the written medication order of an authorized prescriber and the written authorization of the student's parent or guardian or (2) in an emergency, without such prior written authorization, provided that a number of conditions are met. The law previously required qualified school employees who administer epinephrine for purposes of emergency first aid *without prior written authorization* to annually complete the training program developed by the Departments of Education and Public Health in consultation with the School Nurse Advisory Council described in Connecticut General Statutes Section 10-212g. Public Act 24-93 expands this requirement to explicitly include employees who administer epinephrine *with the written authorization* of a parent or guardian and authorized prescriber. We have edited the policy to reflect this change.

5113 Attendance, Truancy and Chronic Absenteeism

We have revised this policy and the accompanying regulations in light of Section 4 of Public Act 23-160, which addresses the right of a student, who is also a parent, to request permission from the board of education to attend adult education classes. We also added language to reflect the requirement, established by Section 16 of Public Act 22-47, that when a student is

truant, the school district implement the truancy intervention model developed by the CSDE that accounts for mental and behavioral health, if the CSDE has developed such model; otherwise, the district will implement a truancy intervention plan that meets state law requirements. We have also added flexibility to the ways in which parents/guardians can report student absences and personnel can notify parents/guardians of student absences. Finally, we have made technical and clarifying edits to the regulations and accompanying forms.

6080.1.2 Title I programs / Parental Involvement

We recommend that the Board repeal this policy and adopt the S&G Model Policy Parent and Family Engagement for Title I Students. The current policy is outdated.

6100.10 Selection of Instructional Materials

This policy is not mandatory and may be repealed. However, many school districts maintain policies on this topic. If the Board elects to maintain the policy, we recommend administrative and legal review. The Board is not required by law to approve "foundational instructional materials" but may instead designate this role to a committee. The Board should confirm that the Madison Curriculum Management Cycle continues to be operational and applicable, and confirm that teachers are required to serve on these committees (this may implicate collective bargaining agreements). Because this policy addresses the adoption of curricular materials, it should also reference changing textbooks. Conn. Gen. Stat. § 10-229 provides that boards of education may not change textbooks except by a two-thirds vote of all the members of the board after being given at least one week's written notice.

6151 Class Size

This is not mandatory policy and it may be repealed. However, we note that the policy was implemented and updated within the last 10 years and thus it may be a topic on which the Board wishes to maintain a policy. If maintained, we recommend internal administrative review to ensure compliance with current practice. Please note that the teacher's collective bargaining agreement may address class sizes; the Board should ensure that the policy is written in a manner to avoid conflict with the CBA.

6153 Field Trips

We recommend repealing this policy and adopting the S&G model policy concerning Field Trips. *Administration would like to move policy to 5000*

5100.8 Student Travel/6100.16.1 Student Travel

The administration would like these two policies combined and turned into an administrative reg to the field trips policy.

We recommend repealing this policy and replacing it with the S&G Model Field Trips (see Series 5000). The District may wish to develop administrative regulations for this policy to address some of the more specific provisions in the current policy (ex: budgets, transportation, parent permission). In any event, we recommend prohibiting school staff from acting as "private agents" for non-school sponsored student travel. We recommend that this be specifically prohibited.

The Madison Board of Education (the “Board”) encourages visits by citizens, taxpayers, and parents to all school buildings. In order to promote a safe and productive educational environment for all students and staff, the Board requires all visitors to receive prior approval from the school principal or designee before being permitted to visit any school building. The Board, through the administration, reserves the right to limit visits in accordance with administrative regulations.

The Board further desires to work collaboratively with parents with an educational nexus with the Madison Public Schools (the “District”), its educational programs, or the student being observed, to observe their students in their current classrooms or observe proposed educational placements in the Board’s schools. The Board, through the administration, reserves the right to limit observations of current and proposed educational placements in accordance with administrative regulations and the Board’s Guidelines for Independent Educational Evaluations.

~~The Madison Board of Education recognizes that procedures for visitors to schools are important for student and staff safety.~~

Upon arrival, all visitors must comply with any and all applicable building security procedures, including but not limited to, utilizing security buzzers for access, complying with requests for photo identification, reporting directly to and signing in and out at the visitor’s reception area of the school office, prominently displaying visitor’s badges or other identification required for visitors to the school buildings, limiting access to those areas of the building and grounds for which the visitors have authorized access, refraining from engaging with students and/or staff except as permitted by the school officials and consistent with the purpose of the visit in question, and complying with directives of the school officials at all times. All visitors and observers permitted into school buildings or on school ground must comply with all school health and safety protocols in place at the time, including but not limited to any health screening or personal protective equipment (“PPE”) protocols.

Visitors who will be entering the building beyond the main office area will be required to register at the security desk/main office upon arrival at the school, at which time a background check on the sex offender registry will be conducted. If a result is received, a school administrator will be contacted. Access to the building may be denied by the administrator.

In the event that a federal immigration authority appears in person at a school in the District or otherwise contacts a school to request information, in accordance with applicable law and pursuant to the Guidance to K-12 Public Schools Pertaining to Immigration Activities developed by the Connecticut State Department of Education (“CSDE”) or any subsequent applicable CSDE guidance, such authority shall be directed to communicate with the administrator designated for such interactions, who will follow the protocols outlined in the school’s Security and Safety Plan. For purposes of this policy, a “federal immigration authority” means “any officer, employee or other

42 person otherwise paid by or acting as an agent of the United States Immigration and Customs
43 Enforcement or any successor agency thereto or any division thereof or any officer, employee or
44 other person otherwise paid by or acting as an agent of the United States Department of Homeland
45 Security or any successor agency thereto who is charged with enforcement of the civil provisions of
46 the Immigration and Nationality Act.”

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48
49 Legal References:

50 Conn. Gen. Stat. § 10-222m

51
52 Conn. Gen. Stat. § 54-192h

53
54 Public Act No. 25-1, “An Act Concerning Interactions Between School Personnel and
55 Immigration Authorities, the Purchase and Operation of Certain Drones, Grants to Certain
56 Nonprofit Organizations, and Student Athlete Compensation Through Endorsement Contracts
57 and Revenue Sharing Agreements”

58
59 Connecticut State Department of Education, Guidance to K-12 Public Schools Pertaining to
60 Immigration Activities (January 28, 2025).

61
62 “Guidelines Regarding Independent Educational Evaluations at Public Expense and In- School
63 Observations,” Connecticut State Department of Education (Mar. 28, 2018).

64
65 Date of Adoption: January 4, 2022

ADMINISTRATIVE REGULATIONS
REGARDING VISITORS AND OBSERVATIONS IN SCHOOLS

1. Any person wishing to visit a school building in the Madison Public Schools (the “District”), and/or observe any student program, must obtain prior approval from the building pPrincipal or responsible administrator of the respective school building or program.
2. A visitor to any school building or program must be able to articulate a legitimate operational or educational reason for the proposed visit and/or observation. Where the visitation involves direct contact with District students, or observation of an identified student or student program, the visitor must have a sufficient educational nexus with the District, its educational programs or the student to support such request.
3. All visits must be reasonable in length and conducted in a manner designed to minimize disruption to the District’s educational programs, as determined by school officials.
4. When a parent/guardian makes a request to observe an identified student or student program, the request will be reviewed with the student’s parent/guardian to determine the purpose of the observation, specific questions being addressed, the location(s) of the observation, and the date, time and length of the observation.
5. When determining whether to approve a request to visit and/or observe individual students or student programs, the building pPrincipal or responsible administrator shall consider the following factors:
 - a. the frequency of visits;
 - b. the duration of the visit;
 - c. the number of visitors involved;
 - d. the effect of the visit on a particular class or activity;

- 103
104 e. the age of the students;
105
106 f. the nature of the class or program;
107
108 g. the potential for disclosure of confidential personally identifiable student information;
109
110 h. whether the visitor/observer has a legitimate educational interest in visiting the school;
111
112 i. whether the visitor/observer has professional ethical obligations not to disclose any
113 personally identifiable student information;
114
115 j. any safety risk to students and school staff; and
116
117 k. compliance with the Board's Guidelines for Independent Educational Evaluations, if
118 applicable.
119
- 120 6. The building pPrincipal or responsible administrator has the discretion to limit, or refuse,
121 requests for visits and/or observations of student programs in light of the above criteria. When a
122 requested observation is refused, the building pPrincipal or responsible administrator will
123 provide the parent/guardian with the reason for the decision and will work to develop alternative
124 ways designed to permit~~for~~ the parent/guardian to obtain the information the parent/guardian
125 seeks.
126
- 127 7. If a building pPrincipal or responsible administrator approves a request to visit a school building
128 and/or observe a student program, arrangements must be made in advance to ensure that the visit
129 will not disrupt educational programs. The length and scope of any visit shall be determined by
130 the building pPrincipal or responsible administrator in accordance with these regulations and
131 accompanying Board policy. The building pPrincipal or responsible administrator shall
132 determine a reasonable amount of time for observations of individual students or student
133 programs.
134
- 135 8. Upon arrival, all visitors must comply with any and all applicable building security procedures,
136 including but not limited to utilizing security buzzers for access, complying with requests for
137 photo identification, reporting directly to and signing in and out at the visitors' reception area of
138 the school office, prominently displaying visitors' badges or other identification required for
139 visitors to the school buildings, limiting access to those areas of the buildings and grounds for

140 which the visitors have authorized access, refraining from engaging with students and/or staff
141 except as permitted by the school officials and consistent with the purpose of the visit in
142 question, and complying with directives of school officials at all times.

144 9. The District has an obligation to maintain the confidentiality of personally identifiable student
145 information. All visitors and observers must restrict their visits and observations to the purpose
146 identified in the request to visit or observe and are strictly prohibited from observing or
147 collecting information on other students within the school. If the visitor/observer views, accesses
148 or otherwise obtains personally identifiable student information concerning another student, the
149 visitor/observer must notify the building pPrincipal or responsible administrator as soon as
150 possible.

152 10. All visitors and observers permitted inside school buildings or on school grounds must comply
153 with all school health and safety protocols in place at the time, including but not limited to any
154 health screening or personal protective equipment (“PPE”) protocols.

156 11. A refusal to comply with any of the Board’s policy provisions and/or regulations concerning
157 visitors shall constitute grounds for denial of the visitor’s or observer’s privileges, as determined
158 appropriate by the building pPrincipal or responsible administratordesignee. Such refusal may
159 also result in a referral to law enforcement personnel, as determined appropriate by the building
160 pPrincipal or responsible administratordesignee.

161 12. In the event that a federal immigration authority appears in person at a school in the District or
162 otherwise contacts a school to request information, in accordance with applicable law and
163 pursuant to the Guidance to K-12 Public Schools Pertaining to Immigration Activities
164 developed by the Connecticut State Department of Education (“CSDE”) or any subsequent
165 applicable CSDE guidance, such authority shall be directed to communicate with the
166 administrator designated for such interactions, who will follow the protocols outlined in the
167 school’s Security and Safety Plan. For purposes of these Administrative Regulations, a
168 “federal immigration authority” means “any officer, employee or other person otherwise paid
169 by or acting as an agent of the United States Immigration and Customs Enforcement or any
170 successor agency thereto or any division thereof or any officer, employee or other person
171 otherwise paid by or acting as an agent of the United States Department of Homeland Security
172 or any successor agency thereto who is charged with enforcement of the civil provisions of the
173 Immigration and Nationality Act.”

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Legal References:

Conn. Gen. Stat. § 10-222m

Conn. Gen. Stat. § 54-192h

Public Act No. 25-1, “An Act Concerning Interactions Between School Personnel and Immigration Authorities, the Purchase and Operation of Certain Drones, Grants to Certain Nonprofit Organizations, and Student Athlete Compensation Through Endorsement Contracts and Revenue Sharing Agreements”

Connecticut State Department of Education, Guidance to K-12 Public Schools Pertaining to Immigration Activities (January 28, 2025).

“Guidelines Regarding Independent Educational Evaluations at Public Expense and In-School Observations,” Connecticut State Department of Education (Mar. 28, 2018).

Restorative Practices Response

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5 The Madison Board of Education (the “Board”) is committed to identifying strategies to improve school
6 climate, including, but not limited to, by responding to challenging behavior and implementing evidence
7 and research-based interventions, including restorative practices. Restorative practices may be
8 implemented by school employees for incidents of challenging behavior, bullying, and/or harassment in
9 the school environment, or other forms of student conflict that is nonviolent and does not constitute a
10 crime. Restorative practices shall not include the involvement of a school resource officer or other law
11 enforcement official unless such challenging behavior or other conflict escalates to violence and/or
12 constitutes a crime. In addition, the Madison Public Schools (the “District”) shall address challenging
13 behavior, bullying, and harassment in accordance with the Board’s Student Discipline policy and any
14 other applicable Board policy, administrative regulations, and/or school rules.
15

16 For purposes of this policy:

- 17 • “Restorative practices” means evidence and research-based system-level practices that focus on
18 (A) building high-quality, constructive relationships among the school community, (B) holding
19 each student accountable for any challenging behavior, and (C) ensuring each such student has a
20 role in repairing relationships and reintegrating into the school community.
21
- 22 • “Challenging behavior” means behavior that negatively impacts school climate or interferes, or
23 is at risk of interfering, with the learning or safety of a student or the safety of a school
24 employee.
25
- 26 • “Bullying” means unwanted and aggressive behavior among children in grades kindergarten to twelve,
27 inclusive, that involves a real or perceived power imbalance. “Bullying” includes “cyberbullying”, which
28 means any act of bullying through the use of the Internet, interactive and digital technologies, cellular
29 mobile telephone or other mobile electronic devices or any other electronic communication.
30
- 31 • “School climate” means the quality and character of the school life, with a particular focus on the
32 quality of the relationships within the school community, and which is based on patterns of
33 people’s experiences of school life and that reflects the norms, goals, values, interpersonal
34 relationships, teaching, learning, leadership practices and organizational structures within the
35 school community.
36
- 37 • “School climate improvement plan” means a building-specific plan developed by the school
38 climate committee, in collaboration with the school climate specialist, using school climate
39 survey data and any other relevant information, through a process that engages all members of
40 the school community and involves such members in a series of overlapping systemic
41 improvements, school-wide instructional practices and relational practices that prevent, identify
42 and respond to challenging behavior, including, but not limited to, alleged bullying and
43 harassment in the school environment.
44

- 45 • “School environment” means a school-sponsored or school-related activity, function or program,
46 whether on or off school grounds, including at a school bus stop or on a school bus or other
47 vehicle owned, leased or used by the Board, and may include other activities, functions or
48 programs that occur outside of a school-sponsored or school-related activity, function or program
49 if bullying at or during such other activities, functions or programs negatively impacts the school
50 environment.

51 The Board directs the administration of the District to develop a continuum of strategies to prevent,
52 identify, and respond to challenging behavior, bullying, and harassment. Such strategies shall include
53 research-based interventions, including restorative practices, and may be included in each school’s
54 school climate improvement plan. Such strategies shall be shared with the school community,
55 including, but not limited to, through publication in the relevant student handbook.

56
57 The Board further directs the Superintendent or designee to collect and maintain data regarding types of
58 challenging behavior addressed using the Restorative Practices Response Policy and data concerning the
59 implementation of restorative practices.

60
61 Legal References:

62 Conn. Gen. Stat. § 10-222aa

63 Conn. Gen. Stat. § 10-222dd

64 Conn. Gen. Stat. § 10-222jj

65

**Administration of Student Medications
In the Schools
(formerly Administering Medication)**

A. Definitions

Administration of medication means any one of the following activities: handling, storing, preparing or pouring of medication; conveying it to the student according to the medication order; observing the student inhale, apply, swallow, or self-inject the medication, when applicable; documenting that the medication was administered; and counting remaining doses to verify proper administration and use of the medication.

Authorized prescriber means a physician, dentist, optometrist, advanced practice registered nurse or physician assistant, and, for interscholastic and intramural athletic events only, a podiatrist.

Before or After School Program means any child care program operated and administered by a local or regional board of education exempt from licensure by the Office of Early Childhood pursuant to subdivision (1) of subsection (b) of Section 19a-77 of the Connecticut General Statutes. Such programs do not include public or private entities licensed by the Office of Early Childhood or board of education enhancement programs and extra-curricular activities.

Cartridge Injector means an automatic prefilled cartridge injector or similar automatic injectable equipment used to deliver epinephrine in a standard dose for emergency first aid response to allergic reactions.

Coach means any person holding a coaching permit who is hired by a local or regional board of education to coach for a sport season.

Controlled drugs means those drugs as defined in Conn. Gen. Stat. Section 21a-240.

Cumulative health record means the cumulative health record of a pupil mandated by Conn. Gen. Stat. Section 10-206.

Director means the person responsible for the day-to-day operations of any school readiness program or before-and-after school program.

Eligible student means a student who has reached the age of eighteen or is an emancipated minor.

Error means:

(1) the failure to do any of the following as ordered:

(a) administer a medication to a student;

- 47
48 (b) administer medication within the time designated by the prescribing physician;
49 (c) administer the specific medication prescribed for a student;
50 (d) administer the correct dosage of medication;
51 (e) administer medication by the proper route;
52 (f) administer the medication according to generally accepted standards of practice; or
53
54 (2) the administration of medication to a student which is not ordered, or which is not
55 authorized in writing by the parent or guardian of such student, except for the
56 administration of epinephrine or naloxone for the purpose of emergency first aid as set
57 forth in Sections D and E below.

58
59 Guardian means one who has the authority and obligations of guardianship of the person of a
60 minor, and includes: (1) the obligation of care and control; and (2) the authority to make major
61 decisions affecting the minor's welfare, including, but not limited to, consent determinations
62 regarding marriage, enlistment in the armed forces and major medical, psychiatric or surgical
63 treatment.
64

65 Intramural athletic events means tryouts, competition, practice, drills, and transportation to and
66 from events that are within the bounds of a school district for the purpose of providing an
67 opportunity for students to participate in physical activities and athletic contests that extend
68 beyond the scope of the physical education program.
69

70 Interscholastic athletic events means events between or among schools for the purpose of
71 providing an opportunity for students to participate in competitive contests that are highly
72 organized and extend beyond the scope of intramural programs and includes tryouts,
73 competition, practice, drills and transportation to and from such events.
74

75 Investigational drug means any medication with an approved investigational new drug (IND)
76 application on file with the Food and Drug Administration (FDA), which is being scientifically
77 tested and clinically evaluated to determine its efficacy, safety and side effects and which has
78 not yet received FDA approval.
79

80 Licensed athletic trainer means a licensed athletic trainer employed by the school district
81 pursuant to Chapter 375a of the Connecticut General Statutes.
82

83 Medication means any medicinal preparation, both prescription and non-prescription,
84 including controlled drugs, as defined in Conn. Gen. Stat. Section 21a-240. This definition
85 includes Aspirin, Ibuprofen or Aspirin substitutes containing Acetaminophen.
86

87 Medication Emergency means a life-threatening reaction of a student to a medication.
88

89 Medication plan means a documented plan established by the school nurse in conjunction with
90 the parent and student regarding the administration of medication in school. Such plan may
91 be a stand-alone plan, part of an individualized health care plan, an emergency care plan or a
92 medication administration form.

93
94 Medication order means the authorization by an authorized prescriber for the administration of
95 medication to a student which shall include the name of the student, the name and generic
96 name of the medication, the dosage of the medication, the route of administration, the time of
97 administration, the frequency of administration, the indications for medication, any potential
98 side effects including overdose or missed dose of the medication, the start and termination
99 dates not to exceed a 12-month period, and the written signature of the prescriber.

100
101 Nurse means an advanced practice registered nurse, a registered nurse or a practical nurse
102 licensed in Connecticut in accordance with Chapter 378, Conn. Gen. Stat.

103
104 Occupational Therapist means an occupational therapist employed full time by the local or
105 regional board of education and licensed in Connecticut pursuant to Chapter 376a of the
106 Connecticut General Statutes.

107
108 Optometrist means an optometrist licensed to provide optometry pursuant to Chapter 380 of
109 the Connecticut General Statutes.

110
111 ~~Paraprofessional-Paraeducator~~ means a health care aide or assistant or an instructional aide or
112 assistant employed by the local or regional board of education who meets the requirements of
113 such board of employment as a health care aide or assistant or instructional aide or assistant.

114
115 Physical therapist means a physical therapist employed full time by the local or regional board
116 of education and licensed in Connecticut pursuant to Chapter 376 of the Connecticut General
117 Statutes.

118
119 Physician means a doctor of medicine or osteopathy licensed to practice medicine in
120 Connecticut pursuant to Chapter 370 of the Connecticut General Statutes, or licensed to
121 practice medicine in another state.

122
123 Podiatrist means an individual licensed to practice podiatry in Connecticut pursuant to Chapter
124 375 of the Connecticut General Statutes.

125
126 Principal means the administrator in the school.

127
128 ~~Qualified school employee means a principal, teacher, licensed athletic trainer, licensed~~
129 ~~physical or occupational therapist employed by a school district, coach or paraeducator.~~

130
131 Research or study medications means FDA-approved medications being administered
132 according to an approved study protocol. A copy of the study protocol shall be provided to the
133 school nurse along with the name of the medication to be administered and the acceptable
134 range of dose of such medication to be administered.

135
136 School means any educational facility or program which is under the jurisdiction of the Board
137 excluding extracurricular activities.

138

139 School nurse means a nurse appointed in accordance with Conn. Gen. Stat. Section 10-212.
140

141 School nurse supervisor means the nurse designated by the local or regional board of education
142 as the supervisor or, if no designation has been made by the board, the lead or coordinating
143 nurse assigned by the board.
144

145 School readiness program means a program that receives funds from the State Department of
146 Education for a school readiness program pursuant to subsection (b) of Section 10-16p of the
147 Connecticut General Statutes and exempt from licensure by the Office of Early Childhood
148 pursuant to subdivision (1) of subsection (b) of Section 19a-77 of the Connecticut General
149 Statutes.
150

151 Self-administration of medication means the control of the medication by the student at all
152 times and is self-managed by the student according to the individual medication plan.
153

154 Teacher means a person employed full time by the Board who has met the minimum standards
155 as established by the Board for performance as a teacher and has been approved by the school
156 medical advisor and school nurse to be designated to administer medications pursuant to the
157 Regulations of Connecticut State Agencies Sections 10-212a-1 through 10-212a-7.
158

159 B. General Policies on Administration of Medications
160

161 (1) Except as provided below in Section D, no medication, including non-prescription drugs,
162 may be administered by any school personnel without:
163

164 (a) the written medication order of an authorized prescriber;

165 (b) the written authorization of the student's parent
166 or guardian or eligible student; and

167 (c) the written permission of a parent for the exchange of information between the
168 prescriber and the school nurse necessary to ensure safe administration of such
169 medication.
170

171 (2) Prescribed medications shall be administered to and taken by only the person for whom
172 the prescription has been written.
173

174 (3) Except as provided in Section D, medications may be administered only by a licensed
175 nurse or, in the absence of a licensed nurse, by:
176

177 (a) a full-time principal, a full-time teacher, or a full-time licensed physical or
178 occupational therapist employed by the school district who has been trained in the
179 administration of medication in accordance with Section J of this policy. -A full-time
180 principal, teacher, licensed physical or occupational therapist employed by the
181 school district may administer oral, topical, intranasal or inhalant medications. Such
182 individuals may administer injectable medications only to a student with a medically
183 diagnosed allergic condition that may require prompt treatment to protect the student
184 against serious harm or death.

- 185 (b) students with chronic medical conditions who are able to possess, self-administer,
186 or possess and self-administer medication, provided all of the following conditions
187 are met:
188
- 189 (i) an authorized prescriber provides a written medication order, including the
190 recommendation for possession, self-administration, or possession and self-
191 administration;
192
 - 193 (ii) there is a written authorization for possession, self-administration, or
194 possession and self-administration from the student's parent or guardian or
195 eligible student;
196
 - 197 (iii) the school nurse has developed a plan for possession, self-administration, or
198 possession and self-administration, and general supervision, and has
199 documented the plan in the student's cumulative health record;
200
 - 201 (iv) the school nurse has assessed the student's competency for self-
202 administration and deemed it safe and appropriate, including that the student:
203 is capable of identifying and selecting the appropriate medication by size,
204 color, amount or other label identification; knows the frequency and time of
205 day for which the medication is ordered; can identify the presenting
206 symptoms that require medication; administers the medication appropriately;
207 maintains safe control of the medication at all times; seeks adult supervision
208 whenever warranted; and cooperates with the established medication plan;
209
 - 210 (v) the principal, appropriate teachers, coaches and other appropriate school
211 personnel are informed the student is possessing, self-administering, or
212 possessing and self-administering prescribed medication;
213
 - 214 (vi) such medication is transported to school and maintained under the student's
215 control in accordance with this policy; and
216
 - 217 (vii) controlled drugs, as defined in this policy, may not be possessed or self-
218 administered by students, except in extraordinary situations, such as
219 international field trips, with approval of the school nurse supervisor and the
220 school medical advisor in advance and development of an appropriate plan.
221
- 222 (c) a student diagnosed with asthma who is able to self-administer medication shall be
223 permitted to retain possession of an asthmatic inhaler at all times while attending
224 school, in order to provide for prompt treatment to protect such child against serious
225 harm or death, provided all of the following conditions are met:
226
- 227 (i) an authorized prescriber provides a written order requiring the possession of
228 an inhaler by the student at all times in order to provide for prompt treatment
229 in order to protect the child against serious harm or death and authorizing

- 230
231 the student's self-administration of medication, and such written order is
232 provided to the school nurse;
233
- 234 (ii) there is a written authorization from the student's parent or guardian regarding
235 the possession of an inhaler by the student at all times in order to protect the
236 child against serious harm or death and authorizing the student's self-
237 administration of medication, and such written authorization is provided to
238 the school nurse;
239
- 240 (iii) the conditions set forth in subsection (b) above have been met, except that the
241 school nurse's review of a student's competency to self-administer an inhaler
242 for asthma in the school setting shall not be used to prevent a student from
243 retaining and self-administering an inhaler for asthma. Students may self-
244 administer medication with only the written authorization of an authorized
245 prescriber and written authorization from the student's parent or guardian or
246 eligible student; and
247
- 248 (iv) the conditions for self-administration meet any regulations as may be imposed
249 by the State Board of Education in consultation with the Commissioner of
250 Public Health.
251
- 252 (d) a student diagnosed with an allergic condition who is able to self-administer
253 medication shall be permitted to retain possession of a cartridge injector at all times
254 while attending school, in order to provide for prompt treatment to protect such
255 child against serious harm or death, provided all of the following conditions are
256 met:
257
- 258 (i) an authorized prescriber provides a written order requiring the possession of
259 a cartridge injector by the student at all times in order to provide for prompt
260 treatment in order to protect the child against serious harm or death and
261 authorizing the student's possession, self-administration, or possession and
262 self-administration of medication, and such written order is provided to the
263 school nurse;
264
- 265 (ii) there is a written authorization from the student's parent or guardian regarding
266 the possession of a cartridge injector by the student at all times in order to
267 protect the child against serious harm or death and authorizing the student's
268 possession, self-administration, or possession and self-administration of
269 medication, and such written authorization is provided to the school nurse;
270
- 271 (iii) the conditions set forth in subsection (b) above have been met, except that the
272 school nurse's review of a student's competency to self-administer cartridge
273 injectors for medically-diagnosed allergies in the school setting shall not be
274 used to prevent a student from retaining and self-administering a
275

- 276 cartridge injector for medically-diagnosed allergies. Students may self-
277 administer medication with only the written authorization of an authorized
278 prescriber and written authorization from the student’s parent or guardian or
279 eligible student; and
280
281
282 (iv) the conditions for self-administration meet any regulations as may be imposed
283 by the State Board of Education in consultation with the Commissioner of
284 Public Health.
285
286 (e) a student with a medically diagnosed life-threatening allergic condition may
287 possess, self-administer, or possess and self-administer medication, including but
288 not limited to medication administered with a cartridge injector, to protect the
289 student against serious harm or death, provided the following conditions are met:
290
291 (i) the parent or guardian of the student has provided written authorization for
292 the student to possess, self-administer, or possess and self-administer such
293 medication; and
294
295 (ii) a qualified medical professional has provided a written order for the
296 possession, self-administration, or possession and self-administration.
297
298 (f) a coach of intramural or interscholastic athletic events or licensed athletic trainer
299 who has been trained in the administration of medication in accordance with
300 Section J of this policy, during intramural or interscholastic athletic events, may
301 administer inhalant medications prescribed to treat respiratory conditions and/or
302 medication administered with a cartridge injector for students with medically
303 diagnosed allergic conditions which may require prompt treatment to protect the
304 student against serious harm or death, provided all of the following conditions are
305 met:
306
307 (i) the school nurse has determined that a self-administration plan is not viable;
308
309 (ii) the school nurse has provided to the coach a copy of the authorized
310 prescriber’s order and parental permission form;
311
312 (iii) the parent/guardian has provided the coach or licensed athletic trainer with
313 the medication in accordance with Section K of this policy, and such
314 medication is separate from the medication stored in the school health office
315 for use during the school day; and
316
317 (iv) the coach or licensed athletic trainer agrees to the administration of
318 emergency medication and implements the emergency care plan, identified in
319 Section H of this policy, when appropriate.
320

321 (g) an identified school ~~paraprofessional~~–~~paraeducator~~ who has been trained in the
322 administration of medication in accordance with section J of this policy, provided medication is
323 administered only to a specific student in order to protect that student from harm or death due to a
324 medically diagnosed allergic condition, except as provided in Section D below, and the following
325 additional conditions are met:

326
327 (i) there is written authorization from the student's parents/guardian to administer
328 the medication in school;

329
330 (ii) medication is administered pursuant to the written order of (A) a physician
331 licensed under chapter 370 of the Connecticut General Statutes, (B) an
332 optometrist licensed to practice optometry under chapter 380 of the
333 Connecticut General Statutes, (C) an advanced practice registered nurse
334 licensed to prescribe in accordance with section 20-94a of the Connecticut
335 General Statutes, or (D) a physician assistant licensed to prescribe in
336 accordance with section 20-12d of the Connecticut General Statutes;

337
338 (iii) medication is administered only with approval by the school nurse and school
339 medical advisor, if any, in conjunction with the school nurse supervisor and
340 under the supervision of the school nurse;

341
342 (iv) the medication to be administered is limited to medications necessary for
343 prompt treatment of an allergic reaction, including, but not limited to, a
344 cartridge injector; and

345
346 (v) the ~~paraprofessional~~–~~paraeducator~~ shall have received proper training and
347 supervision from the school nurse in accordance with this policy and state
348 regulations.

349
350 (h) a principal, teacher, licensed athletic trainer, licensed physical or occupational
351 therapist employed by the Board, coach or school ~~paraprofessional~~–~~paraeducator~~,
352 provided medication is antiepileptic medication, including by rectal syringe,
353 administered only to a specific student with a medically diagnosed epileptic
354 condition that requires prompt treatment in accordance with the student's individual
355 seizure action plan, and the following additional conditions are met:

356
357 (i) there is written authorization from the student's parents/guardians to
358 administer the medication;

359
360 (ii) a written order for such administration has been received from the student's
361 physician licensed under Chapter 370 of the Connecticut General Statutes;

362
363 (iii) the principal, teacher, licensed athletic trainer, licensed physical or
364 occupational therapist employed by the Board, coach or school
365 ~~paraprofessional~~–~~paraeducator~~ is selected by the school nurse and school
366 medical advisor, if any, and voluntarily agrees to administer the medication;

- 367 (iv) the principal, teacher, licensed athletic trainer, licensed physical or
368 occupational therapist employed by the Board, coach or school
369 ~~paraprofessional-paraeducator~~ annually completes the training program
370 established by the Connecticut State Department of Education and the
371 Association of School Nurses of Connecticut as required by Connecticut
372 General Statutes § 10-212a, and the school nurse and medical advisor, if any,
373 have attested, in writing, that such training has been completed; and
374
- 375 (v) the principal, teacher, licensed athletic trainer, licensed physical or
376 occupational therapist employed by the Board, coach or school
377 ~~paraprofessional-paraeducator~~ receives monthly reviews by the school nurse
378 to confirm competency to administer antiepileptic medication.
379
- 380 (i) a director of a school readiness program or a before or after school program, or the
381 director's designee, provided that the medication is administered:
382
- 383 (i) only to a child enrolled in such program; and
384
- 385 (ii) in accordance with Section L of this policy.
386
- 387 (j) a licensed practical nurse, after the school nurse has established the medication
388 plan, provided that the licensed practical nurse may not train or delegate the
389 administration of medication to another individual, and provided that the licensed
390 practical nurse can demonstrate one of the following:
391
- 392 (i) training in administration of medications as part of their basic nursing
393 program;
394
- 395 (ii) successful completion of a pharmacology course and subsequent supervised
396 experience; or
397
- 398 (iii) supervised experience in the administration of medication while employed in
399 a health care facility.
400
- 401 (4) Medications may also be administered by a parent or guardian to his/her own child
402 on school grounds.
403
- 404 (5) Investigational drugs or research or study medications may be administered only
405 by a licensed nurse. For FDA-approved medications being administered according
406 to a study protocol, a copy of the study protocol shall be provided to the school
407 nurse along with the name of the medication to be administered and the acceptable
408 range of dose of such medication to be administered.
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410 C. Diabetic Students

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- (1) The Madison Board of Education (the “Board”) permits blood glucose testing by students who have a written order from a physician or an advanced practice registered nurse stating the need and capability of such student to conduct self-testing, or the use of continuous blood glucose monitors (CGM) by children diagnosed with Type 1 diabetes, who have a written order from a physician or an advanced practice registered nurse.
- (2) The Board will not restrict the time or location of blood glucose testing by a student with diabetes on school grounds who has written authorization from a parent or guardian and a written order from a physician or an advanced practice registered nurse stating that such child is capable of conducting self-testing on school grounds.
- (3) The Board will not require a student using a continuous glucose monitor approved by the Food and Drug Administration for use without finger stick verification to undergo finger stick verification of blood glucose readings from a continuous glucose monitor on a routine basis. Finger stick testing of a child using a continuous glucose monitor so approved by the Food and Drug Administration shall only be conducted: (1) as ordered by the student’s physician or advanced practice provider; (2) if it appears that the continuous glucose monitor is malfunctioning; or (3) in an urgent medical situation.
- (4) The Board shall purchase or use existing equipment owned by the Board to monitor blood glucose alerts transmitted from continuous glucose monitors of students with Type 1 diabetes to dedicated receivers, smartphone/tablet applications, or other appropriate technology on such equipment.
- (5) In the absence or unavailability of the school nurse, select school employees may administer medication with injectable equipment used to administer glucagon to a student with diabetes that may require prompt treatment in order to protect the student against serious harm or death, under the following conditions:
 - (a) The student’s parent or guardian has provided written authorization;
 - (b) A written order for such administration has been received from the student’s physician licensed under Chapter 370 of the Connecticut General Statutes;
 - (c) The school employee is selected by either the school nurse or principal and is a principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by a school district, coach or school ~~paraprofessional~~paraeducator;
 - (d) The school nurse shall provide general supervision to the selected school employee;

- 454 (e) The selected school employee annually completes any training required by the
455 school nurse and school medical advisor in the administration of medication with
456 injectable equipment used to administer glucagon;
- 457
- 458 (f) The school nurse and school medical advisor have attested in writing that the
459 selected school employee completed the required training; and
- 460
- 461 (g) The selected school employee voluntarily agrees to serve as one who may
462 administer medication with injectable equipment used to administer glucagon to a
463 student with diabetes that may require prompt treatment in order to protect the
464 student against serious harm or death.
- 465

466 D. Epinephrine for Purposes of Emergency First Aid Without Prior Authorization

- 467
- 468 (1) For purposes of this Section D, “regular school hours” means the posted hours during
469 which students are required to be in attendance at the individual school on any given
470 day.
- 471
- 472 (2) The school nurse shall maintain epinephrine in cartridge injectors for the purpose of
473 emergency first aid to students who experience allergic reactions and do not have prior
474 written authorization of a parent or guardian or a prior written order of a qualified medical
475 professional for the administration of epinephrine.
- 476
- 477 (a) The school nurse, in consultation with the school nurse supervisor, shall determine
478 the supply of epinephrine in cartridge injectors that shall be available in the
479 individual school.
- 480
- 481 (b) In determining the appropriate supply of epinephrine in cartridge injectors, the
482 nurse may consider, among other things, the number of students regularly in the
483 school building during the regular school day and the size of the physical building.
- 484
- 485 (3) The school nurse or school principal shall select principal(s), teacher(s), licensed athletic
486 trainer(s), licensed physical or occupational therapist(s) employed by the Board,
487 coach(es) and/or school ~~paraprofessional~~paraeducator(s) to maintain and administer the
488 epinephrine in cartridge injectors for the purpose of emergency first aid as described in
489 Paragraph (2) above, in the absence of the school nurse.
- 490
- 491 (a) More than one individual must be selected by the school nurse or school principal
492 for such maintenance and administration in the absence of the school nurse.
- 493
- 494 (b) The selected personnel, before conducting such administration, must annually
495 complete the training made available by the Department of Education for the
496 administration of epinephrine in cartridge injectors for the purpose of emergency
497 first aid, as described in Connecticut General Statutes § 10-212g.
- 498

- 499 (c) The selected personnel must voluntarily agree to complete the training and
500 administer epinephrine in cartridge injectors for the purpose of emergency first aid.
501
- 502 (4) Either the school nurse or, in the absence of the school nurse, at least one of the selected
503 and trained personnel as described in Paragraph (3) above shall be on the grounds of each
504 school during regular school hours.
505
- 506 (a) The school principal, in consultation with the school nurse supervisor, shall
507 determine the level of nursing services and number of selected and trained
508 personnel necessary to ensure that a nurse or selected and trained personnel is
509 present on the grounds of each school during regular school hours.
510
- 511 (b) If the school nurse, or a substitute school nurse, is absent or must leave school
512 grounds during regular school hours, the school nurse, school administrator or
513 designee shall send an email to all staff indicating that the selected and trained
514 personnel identified in Paragraph (3) above shall be responsible for the emergency
515 administration of epinephrine.
516
- 517 (5) The administration of epinephrine pursuant to this section must be done in accordance
518 with this policy, including but not limited to the requirements for documentation and
519 record keeping, errors in medication, emergency medical procedures, and the handling,
520 storage and disposal of medication, and the Regulations adopted by the Department of
521 Education.
522
- 523 (6) The parent or guardian of any student may submit, in writing, to the school nurse or
524 school medical advisor, if any, that epinephrine shall not be administered to such
525 student pursuant to this section.
526
- 527 (a) The school nurse shall notify selected and trained personnel of the students whose
528 parents or guardians have refused emergency administration of epinephrine.
529
- 530 (b) The Board shall annually notify parents or guardians of the need to provide such
531 written notice.
532
- 533 (7) Following the emergency administration of epinephrine by selected and trained
534 personnel as identified in this section:
535
- 536 (a) Such emergency administration shall be reported immediately to:
537
- 538 (i) The school nurse or school medical advisor, if any, by the personnel who
539 administered the epinephrine; and
540
- 541 (ii) The student's parent or guardian, by the school nurse or personnel who
542 administered the epinephrine.
543
- 544 (b) A medication administration record shall be:

- 545
546 (i) Submitted to the school nurse by the personnel who administered the
547 epinephrine as soon as possible, but no later than the next school day; and
548
549 (ii) filed in or summarized on the student’s cumulative health record, in
550 accordance with Section E of this policy.
551

552
553 E. Opioid Antagonists for Purposes of Emergency First Aid Without Prior Authorization
554

- 555 (1) For purposes of this Section E, “regular school hours” means the posted hours
556 during which students are required to be in attendance at the individual school on
557 any given day. “Regular school hours” does not include after-school events such
558 as athletics or extracurricular activities that take place outside the posted hours.
559
560 (2) For purposes of this section, an “opioid antagonist” means naloxone
561 hydrochloride (e.g., Narcan) or any other similarly acting and equally safe drug
562 that the FDA has approved for the treatment of a drug overdose.
563
564 (3) In accordance with Connecticut law and this policy, a school nurse may maintain
565 opioid antagonists for the purpose of administering emergency first aid to students
566 who experience a known or suspected opioid overdose and do not have a prior
567 written authorization of a parent or guardian or a prior written order of a qualified
568 medical professional for the administration of such opioid antagonist.
569
570 (a) The school nurse, in consultation with the Board’s medical advisor, shall
571 determine the supply of opioid antagonists that shall be maintained in the
572 individual school.
573
574 (b) In determining the appropriate supply of opioid antagonists, the nurse may
575 consider, among other things, the number of students regularly in the
576 school building during the regular school day and the size of the physical
577 building.
578
579 (c) The school nurse shall be responsible for the safe storage of opioid
580 antagonists maintained in a school and shall ensure any supply of opioid
581 antagonists maintained is stored in a secure manner, in accordance with
582 the manufacturer’s instructions, and in a location where it can be obtained
583 in a timely manner if administration is necessary.
584
585 (d) The school nurse shall be responsible for maintaining an inventory of
586 opioid antagonists maintained in the school, tracking the date(s) of
587 expiration of the supply of opioid antagonists maintained in a school, and,
588 as appropriate, refreshing the supply of opioid antagonists maintained in
589 the school.
590

- 591 (4) The school nurse, in consultation with the Superintendent and the building
592 principal, shall provide notice to parents and guardians of the Board’s policies and
593 procedures regarding the emergency administration of opioid antagonists in the
594 event of a known or suspected opioid overdose.
595
- 596 (5) A school nurse shall be approved to administer opioid antagonists for the purpose
597 of emergency first aid, as described in Paragraph (3) above, in the event of a
598 known or suspected opioid overdose, in accordance with this policy and provided
599 that such nurse has completed a training program in the distribution and
600 administration of an opioid antagonist (1) developed by the State Department of
601 Education, Department of Consumer Protection, and Department of Public
602 Health, or (2) under a local agreement, entered into by the Board on July 1, 2022
603 or thereafter, with a prescriber or pharmacist for the administration of opioid
604 antagonists for the purpose of emergency first aid, which training shall also
605 address the Board’s opioid antagonist storage, handling, labeling, recalls, and
606 record keeping.
607
- 608 (6) The school nurse or school principal shall select principal(s), teacher(s), licensed
609 athletic trainer(s), coach(es), school para~~educator~~~~professional~~(s), and/or licensed
610 physical or occupational therapist(s) employed by the Board to maintain and
611 administer the opioid antagonists for the purpose of emergency first aid as
612 described in Paragraph (3) above, in the absence of the school nurse.
613
- 614 (a) More than one individual must be selected by the school nurse or school
615 principal for such maintenance and administration in the absence of the
616 school nurse.
617
- 618 (b) The selected personnel, before administering an opioid antagonist
619 pursuant to this section, must complete a training program in the
620 distribution and administration of an opioid antagonist (1) developed by
621 the State Department of Education, Department of Consumer Protection,
622 and Department of Public Health, or (2) under a local agreement, entered
623 into by the Board on July 1, 2022 or thereafter, with a prescriber or
624 pharmacist for the administration of opioid antagonists for the purpose of
625 emergency first aid, which training shall also address the Board’s opioid
626 antagonist storage, handling, labeling, recalls, and record keeping.
627
- 628 (c) All school personnel shall be notified of the identity of qualified school
629 employees authorized to administer an opioid antagonist in the absence of
630 the school nurse.
- 631 (7) Either the school nurse or, in the absence of the school nurse, at least one of the
632 selected and trained personnel as described in Paragraph (6) above, shall be on the
633 grounds of each school during regular school hours.
634
- 635 (a) The school principal, in consultation with the school nurse supervisor,
636 shall determine the level of nursing services and number of selected and

- 637 trained personnel necessary to ensure that a nurse or selected and trained
638 personnel is present on the grounds of each school during regular school
639 hours.
640
- 641 (b) If the school nurse, or a substitute school nurse, is absent or must leave
642 school grounds during regular school hours, the school nurse, school
643 administrator or designee shall use an effective and reasonable means of
644 communication to notify one or more qualified school employees and
645 other staff in the school that the selected and trained personnel identified
646 in Paragraph (6) above shall be responsible for the emergency
647 administration of opioid antagonists.
648
- 649 (c) If a Board employee becomes aware of a student experiencing a known or
650 suspected opioid overdose on school grounds but outside of regular school
651 hours and opioid antagonists and/or the school nurse or other qualified
652 school employee is not available to administer opioid antagonists for the
653 purpose of emergency first aid, the Board employee will call 9-1-1.
654
- 655 (8) The administration of opioid antagonists pursuant to this policy must be effected in
656 accordance with this policy and procedures regarding the acquisition, maintenance, and
657 administration established by the Superintendent in consultation with the Board's
658 medical advisor.
659
- 660 (9) The parent or guardian of any student may submit, in writing, to the school nurse or
661 school medical advisor, if any, that opioid antagonists shall not be administered to
662 such student pursuant to this section.
663
- 664 (a) The school nurse shall notify selected and trained personnel of the students whose
665 parents or guardians have refused emergency administration of opioid antagonists.
666
- 667 (b) The Board shall annually notify parents or guardians of the need to provide such
668 written notice of refusal.
669
- 670 (10) Following the emergency administration of an opioid antagonist by a school nurse
671 or selected and trained personnel as identified in this section:
- 672 (a) Immediately following the emergency administration of an opioid
673 antagonist by a school nurse or selected and trained personnel as identified
674 in this section, the person administering the opioid antagonist must call
675 911.
676
- 677 (b) Such emergency administration shall be reported immediately to:
- 678
- 679 (i) The school nurse or school medical advisor, if any, by the
680 personnel who administered the opioid antagonist;
681
- 682 (ii) The Superintendent of Schools; and

- 683
- 684
- 685 (iii) The student's parent or guardian.
- 686 (c) A medication administration record shall be:
- 687 (i) Created by the school nurse or submitted to the school nurse by the
- 688 personnel who administered the opioid antagonist, as soon as
- 689 possible, but no later than the next school day; and
- 690
- 691 (ii) filed in or summarized on the student's cumulative health record,
- 692 in accordance with Section F of this policy.
- 693

694 (11) In the event that any provisions of this Section E conflict with regulations adopted
695 by the Connecticut State Department of Education concerning the use, storage and
696 administration of opioid antagonists in schools, the Department's regulations shall
697 control.]

698

699

700 F. Documentation and Record Keeping

701

- 702 (1) Each school or before-and-after school program and school readiness program where
- 703 medications are administered shall maintain an individual medication administration
- 704 record for each student who receives medication during school or program hours. This
- 705 record shall include the following information:
- 706
- 707 (a) the name of the student;
- 708 (b) the student's state-assigned student identifier (SASID);
- 709 (c) the name of the medication;
- 710 (d) the dosage of the medication;
- 711 (e) the route of the administration, (e.g., oral, topical, inhalant, etc.);
- 712 (f) the frequency of administration;
- 713 (g) the name of the authorized prescriber;
- 714 (h) the dates for initiating and terminating the administration of medication, including
- 715 extended-year programs;
- 716 (i) the quantity received at school and verification by the adult delivering the
- 717 medication of the quantity received;
- 718 (j) the date the medication is to be reordered (if any);
- 719 (k) any student allergies to food and/or medication(s);
- 720 (l) the date and time of each administration or omission, including the reason for any
- 721 omission;
- 722 (m) the dose or amount of each medication administered;
- 723 (n) the full written or electronic legal signature of the nurse or other authorized school
- 724 personnel administering the medication; and
- 725 (o) for controlled medications, a medication count which should be conducted and
- 726 documented at least once a week and co-signed by the assigned nurse and a witness.
- 727

- 728 (2) All records are either to be made in ink and shall not be altered, or recorded electronically
729 in a record that cannot be altered.
730
- 731 (3) Written orders of authorized prescribers, written authorizations of parent or guardian, the
732 written parental permission for the exchange of information by the prescriber and school
733 nurse to ensure safe administration of such medication, and the completed medication
734 administration record for each student shall be filed in the student's cumulative health
735 record or, for before-and-after school programs and school readiness programs, in the
736 child's program record.
737
- 738 (4) Authorized prescribers may make verbal orders, including telephone orders, for a change
739 in medication order. Such verbal orders may be received only by a school nurse and
740 must be followed by a written order, which may be faxed, and must be received within
741 three (3) school days.
742
- 743 (5) Medication administration records will be made available to the Department of Education
744 for review until destroyed pursuant to Section 11-8a and Section 10-212a(b) of the
745 Connecticut General Statutes.
746
- 747 (a) The completed medication administration record for non-controlled medications
748 may, at the discretion of the school district, be destroyed in accordance with Section
749 M8 of the Connecticut Record Retention Schedules for Municipalities, so long as it
750 is superseded by a summary on the student health record.
751
- 752 (b) The completed medication administration record for controlled medications shall be
753 maintained in the same manner as the non-controlled medications. In addition, a
754 separate medication administration record needs to be maintained in the school for
755 three (3) years pursuant to Section 10-212a(b) of the Connecticut General Statutes.
756
- 757 (6) Documentation of any administration of medication by a coach or licensed athletic
758 trainer shall be completed on forms provided by the school and the following
759 procedures shall be followed:
760
- 761 (a) a medication administration record for each student shall be maintained in the
762 athletic offices;
763
- 764 (b) administration of a cartridge injector medication shall be reported to the school
765 nurse at the earliest possible time, but no later than the next school day;
766
- 767 (c) all instances of medication administration, except for the administration of
768 cartridge injector medication, shall be reported to the school nurse at least monthly,
769 or as frequently as required by the individual student plan; and
770
- 771 (d) the administration of medication record must be submitted to the school nurse at
772 the end of each sport season and filed in the student's cumulative health record.
773

774 G. Errors in Medication Administration

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- (1) Whenever any error in medication administration occurs, the following procedures shall apply:
 - (a) the person making the error in medication administration shall immediately implement the medication emergency procedures in this Policy if necessary;
 - (b) the person making the error in medication administration shall in all cases immediately notify the school nurse, principal, school nurse supervisor, and authorized prescriber. The person making the error, in conjunction with the principal, shall also immediately notify the parent or guardian, advising of the nature of the error and all steps taken or being taken to rectify the error, including contact with the authorized prescriber and/or any other medical action(s); and
 - (c) the principal shall notify the Superintendent or the Superintendent's designee.
- (2) The school nurse, along with the person making the error, shall complete a report using the authorized medication error report form. The report shall include any corrective action taken.
- (3) Any error in the administration of medication shall be documented in the student's cumulative health record or, for before-and-after school programs and school readiness programs, in the child's program record.
- (4) These same procedures shall apply to coaches and licensed athletic trainers during intramural and interscholastic events, except that if the school nurse is not available, a report must be submitted by the coach or licensed athletic trainer to the school nurse the next school day.

H. Medication Emergency Procedures

- (1) Whenever a student has a life-threatening reaction to administration of a medication, resolution of the reaction to protect the student's health and safety shall be the foremost priority. The school nurse and the authorized prescriber shall be notified immediately, or as soon as possible in light of any emergency medical care that must be given to the student.
- (2) Emergency medical care to resolve a medication emergency includes but is not limited to the following, as appropriate under the circumstances:
 - (a) use of the 911 emergency response system;
 - (b) application by properly trained and/or certified personnel of appropriate emergency medical care techniques, such as cardio-pulmonary resuscitation;
 - (c) administration of emergency medication in accordance with this policy;
 - (d) contact with a poison control center; and

820 (e) transporting the student to the nearest available emergency medical care facility
821 that is capable of responding to a medication emergency.
822

823 (3) As soon as possible, in light of the circumstances, the principal shall be notified of the
824 medication emergency. The principal shall immediately thereafter contact the
825 Superintendent or the Superintendent's designee, who shall thereafter notify the parent or
826 guardian, advising of the existence and nature of the medication emergency and all steps
827 taken or being taken to resolve the emergency and protect the health and safety of the
828 student, including contact with the authorized prescriber and/or any other medical
829 action(s) that are being or have been taken.
830

831 I. Supervision
832

833 (1) The school nurse is responsible for general supervision of administration of medications
834 in the school(s) to which that nurse is assigned.
835

836 (2) The school nurse's duty of general supervision includes, but is not limited to, the
837 following:
838

839 (a) availability on a regularly scheduled basis to:
840

841 (i) review orders or changes in orders and communicate these to personnel
842 designated to give medication for appropriate follow-up;
843

844 (ii) set up a plan and schedule to ensure medications are given properly;
845

846 (iii) provide training to licensed nursing personnel, full-time principals, full-time
847 teachers, full-time licensed physical or occupational therapists employed by
848 the school district, coaches of intramural and interscholastic athletics,
849 licensed athletic trainers and identified ~~paraprofessionals~~ paraeducators
850 designated in accordance with Section B(3)(g), above, which training shall
851 pertain to the administration of medications to students, and assess the
852 competency of these individuals to administer medication;
853

854 (iv) support and assist other licensed nursing personnel, full-time principals, full-
855 time teachers, full-time licensed physical or occupational therapists employed
856 by the school district, coaches of intramural and/or interscholastic athletics,
857 licensed athletic trainers and identified ~~paraprofessionals~~ paraeducators
858 designated in accordance with Section B(3)(g), above, to prepare for and
859 implement their responsibilities related to the administration of specific
860 medications during school hours and during intramural and interscholastic
861 athletics as provided by this policy;
862

863 (v) provide appropriate follow-up to ensure the administration of medication plan
864 results in desired student outcomes, including providing proper notification

865 to appropriate employees or contractors regarding the contents of such
866 medical plans; and

867
868 (vi) provide consultation by telephone or other means of telecommunications,
869 which consultation may be provided by an authorized prescriber or other
870 nurse in the absence of the school nurse.

871
872 (b) In addition, the school nurse shall be responsible for:

873
874 (i) implementing policies and procedures regarding the receipt, storage, and
875 administration of medications;

876
877 (ii) reviewing, on a periodic basis, all documentation pertaining to the
878 administration of medications for students;

879
880 (iii) performing observations of the competency of medication administration by
881 full-time principals, full-time teachers, full-time licensed physical or
882 occupational therapists employed by the school district, coaches of intramural
883 and/or interscholastic athletics and licensed athletic trainers in accordance
884 with Section B(3)(f), above, and identified ~~paraprofessionals-paraeducators~~
885 designated in accordance with Section B(3)(g), above, who have been newly
886 trained to administer medications; and,

887
888 (iv) conducting periodic reviews, as needed, with licensed nursing personnel, full-
889 time principals, full-time teachers, full-time licensed physical or occupational
890 therapists employed by the school district, coaches of intramural and/or
891 interscholastic athletics and licensed athletic trainers in accordance with
892 Section B(3)(f), above, and identified ~~paraprofessionals-paraeducators~~
893 designated in accordance with Section B(3)(g), above, regarding the needs of
894 any student receiving medication.

895
896 J. Training of School Personnel

897
898 (1) Full-time principals, full-time teachers, full-time licensed physical or occupational
899 therapists employed by the school district, coaches of intramural and/or interscholastic
900 athletics and licensed athletic trainers in accordance with Section B(3)(f), above, and
901 identified ~~paraprofessionals-paraeducatorss~~ designated in accordance with Section
902 B(3)(g), above, who are designated to administer medications shall at least annually
903 receive training in their safe administration, and only trained full-time principals, full-
904 time teachers, full-time licensed physical or occupational therapists employed by the
905 school district, coaches of intramural and/or interscholastic athletics and licensed athletic
906 trainers in accordance with Section B(3)(f), above, and identified ~~paraprofessionals~~
907 ~~paraeducators~~ designated in accordance with Section B(3)(g), above, shall be allowed to
908 administer medications.

909

- 910 (2) Training for full-time principals, full-time teachers, full-time licensed physical or
911 occupational therapists employed by the school district, coaches of intramural and/or
912 interscholastic athletics and licensed athletic trainers in accordance with Section B(3)(f),
913 above, and identified ~~paraprofessionals~~ paraeducators designated in accordance with
914 Section B(3)(g), above, shall include, but is not necessarily limited to, the following:
915
- 916 (a) the general principles of safe administration of medication;
 - 917
 - 918 (b) the procedures for administration of medications, including the safe handling and
919 storage of medications, and the required record-keeping; and
 - 920
 - 921 (c) specific information related to each student’s medication plan, including the name
922 and generic name of the medication, indications for medication dosage, routes,
923
924 time and frequency of administration, therapeutic effects of the medication,
925 potential side effects, overdose or missed doses of the medication, and when to
926 implement emergency interventions.
927
- 928 (3) The principal(s), teacher(s), licensed athletic trainer(s), licensed physical or occupational
929 therapist(s) employed by the Board, coach(es) and/or school
930 ~~paraprofessional~~ paraeducators(s) who administer epinephrine as emergency first aid,
931 pursuant to Sections B and D above, shall annually complete the training program
932 developed by the Departments of Education and Public Health and training in
933 cardiopulmonary resuscitation and first aid, as described in Connecticut General Statutes
934 § 10-212g.
935
- 936 (4) The principal(s), teacher(s), licensed athletic trainer(s), licensed physical or
937 occupational therapist(s), coach(es) and/or school ~~paraprofessional~~ paraeducator(s) who
938 administer opioid antagonists as emergency first aid, pursuant to Section E above, shall
939 annually complete a training program in the distribution and administration of an opioid
940 antagonist (1) developed by the State Department of Education, Department of
941 Consumer Protection, and Department of Public Health, or (2) under a local agreement,
942 entered into by the Board on July 1, 2022 or thereafter, with a prescriber or pharmacist
943 for the administration of opioid antagonists for the purpose of emergency first aid,
944 which training shall also address the Board’s opioid antagonist storage, handling,
945 labeling, recalls, and record keeping.]
946
- 947 (5) The Board shall maintain documentation of medication administration training as
948 follows:
949
- 950 (a) dates of general and student-specific trainings;
 - 951
 - 952 (b) content of the trainings;
 - 953
 - 954 (c) individuals who have successfully completed general and student-specific
955 administration of medication training for the current school year; and

(d) names and credentials of the nurse or school medical advisor, if any, trainer or trainers.

(6) Licensed practical nurses may not conduct training in the administration of medication to another individual.

~~(7) — Bus Drivers~~

~~(a) — Not later than June 30, 2019, the Board shall provide training to all of its school bus drivers, which training may be completed using an online module, on topics including, but not limited to, the following:~~

~~(i) — the identification of the signs and symptoms of anaphylaxis;~~

~~(ii) — the administration of epinephrine by a cartridge injector;~~

~~(iii) — the notification of emergency personnel; and~~

~~(iv) — the reporting of an incident involving a student and a life-threatening allergic reaction.~~

~~(b) — On and after July 1, 2019, the Board shall provide the training described in subsections J(6)(a), above as follows:~~

~~(i) — In the case of a school bus driver who is employed by the Board, such training shall be provided to such school bus driver following the issuance or renewal of a public passenger endorsement to operate a school bus pursuant to Conn. Gen. Stat. 14-44(a), to such school bus driver; and~~

~~(ii) — In the case of a school bus driver who is not employed by the Board at the time when such endorsement is issued or renewed to such school bus driver, upon the hiring of such school bus driver by the Board, except the Board is not required to provide such training to any school bus driver who has previously received such training following the most recent issuance or renewal of such endorsement to such school bus driver.]~~

~~(iii) — In the event that the Board employs school bus drivers, the Board will comply with all documentation and record-keeping requirements required by law.]~~

K. Handling, Storage and Disposal of Medications

(1) All medications, except those approved for transporting by students for self-medication, those administered by coaches of intramural or interscholastic athletics or licensed athletic trainers in accordance with Section B(3)(f) above, and epinephrine or naloxone to be used for emergency first aid in accordance with Sections D and E above, must be

- 1002 delivered by the parent, guardian, or other responsible adult to the nurse assigned to the
1003 student's school or, in the absence of such nurse, the school principal who has been
1004 trained in the appropriate administration of medication. Medications administered by
1005 coaches of intramural or interscholastic athletics or licensed athletic trainers must be
1006 delivered by the parent or guardian directly to the coach or licensed athletic trainer in
1007 accordance with Section B(3)(f) above.
1008
- 1009 (2) The nurse shall examine on-site any new medication, medication order and the required
1010 authorization to administer form, and, except for epinephrine and naloxone to be used as
1011 emergency first aid in accordance with Sections D and E above, shall develop a
1012 medication administration plan for the student before any medication is given to the
1013 student by any school personnel. No medication shall be stored at a school without a
1014 current written order from an authorized prescriber.
1015
- 1016 (3) The school nurse shall review all medication refills with the medication order and parent
1017 authorization prior to the administration of medication, except for epinephrine and
1018 naloxone intended for emergency first aid in accordance with Sections D and E above.
1019
- 1020 (4) Emergency Medications
1021
- 1022 (a) Except as otherwise determined by a student's emergency care plan, emergency
1023 medications shall be stored in an unlocked, clearly labeled and readily accessible
1024 cabinet or container in the health room during school hours under the general
1025 supervision of the school nurse or, in the absence of the school nurse, the principal
1026 or the principal's designee who has been trained in the administration of
1027 medication.
1028
- 1029 (b) Emergency medication shall be locked beyond the regular school day or program
1030 hours, except as otherwise determined by a student's emergency care plan.
1031
- 1032 (5) All medications, except those approved for keeping by students for self-medication, shall
1033 be kept in a designated and locked location used exclusively for the storage of
1034 medication. Controlled substances shall be stored separately from other drugs and
1035 substances in a separate, secure, substantially constructed, locked metal or wood cabinet.
1036
- 1037 (6) Access to stored medications shall be limited to persons authorized to administer
1038 medications. Each school or before-and-after school program and school readiness
1039 program shall maintain a current list of such authorized persons.
1040
- 1041 (7) All medications, prescription and non-prescription, shall be delivered and stored in their
1042 original containers and in such a manner that renders them safe and effective.
1043
- 1044 (8) At least two sets of keys for the medication containers or cabinets shall be maintained for
1045 each school building or before-and-after school program and school readiness program.
1046 One set of keys shall be maintained under the direct control of the school nurse or nurses
1047 and an additional set shall be under the direct control of the principal and, if necessary,

1048 the program director or lead teacher who has been trained in the general principles of the
1049 administration of medication shall also have a set of keys.

1050
1051 (9) Medications that must be refrigerated shall be stored in a refrigerator at no less than 36
1052 degrees Fahrenheit and no more than 46 degrees Fahrenheit. The refrigerator must be
1053 located in the health office that is maintained for health services with limited access.
1054 Non-controlled medications may be stored directly on the refrigerator shelf with no
1055 further protection needed. Controlled medication shall be stored in a locked box that is
1056 affixed to the refrigerator shelf.

1057
1058 (10) All unused, discontinued or obsolete medications shall be removed from storage areas
1059 and either returned to the parent or guardian or, if the medication cannot be returned to
1060 the parent or guardian, the medication shall be destroyed in collaboration with the school
1061 nurse:

1062
1063 (a) non-controlled drugs shall be destroyed in the presence of at least one witness;

1064
1065 (b) controlled drugs shall be destroyed in pursuant to Section 21a-262-3 of the
1066 Regulations of Connecticut State Agencies; and

1067
1068 (c) accidental destruction or loss of controlled drugs must be verified in the presence
1069 of a second person, including confirmation of the presence or absence of residue,
1070 and jointly documented on the student medication administration record and on a
1071 medication error form pursuant to Section 10-212a(b) of the Connecticut General
1072 Statutes. If no residue is present, notification must be made to the Department of
1073 Consumer Protection pursuant to Section 21a-262-3 of the Regulations of
1074 Connecticut State Agencies.

1075
1076 (11) Medications to be administered by coaches of intramural or interscholastic athletic events
1077 or licensed athletic trainers shall be stored:

1078
1079 (a) in containers for the exclusive use of holding medications;

1080
1081 (b) in locations that preserve the integrity of the medication;

1082
1083 (c) under the general supervision of the coach or licensed athletic trainer trained in the
1084 administration of medication; and

1085
1086 (d) in a locked secured cabinet when not under the general supervision of the coach or
1087 licensed athletic trainer during intramural or interscholastic athletic events.

1088
1089 (12) In no event shall a school store more than a three (3) month supply of a medication for
1090 a student.

1091

1092 L. School Readiness Programs and Before-and-After School Programs

1093

- 1094 (1) As determined by the school medical advisor, if any, and school nurse supervisor, the
1095 following procedures shall apply to the administration of medication during school
1096 readiness programs and before-and-after school programs run by the Board, which are
1097 exempt from licensure by the Office of Early Childhood:
1098
- 1099 (a) Administration of medication at these programs shall be provided only when it is
1100 medically necessary for participants to access the program and maintain their
1101 health status while attending the program.
1102
- 1103 (b) Except as provided by Sections D and E above, no medication shall be
1104 administered in these programs without:
1105
- 1106 (i) the written order of an authorized prescriber; and
1107
- 1108 (ii) the written authorization of a parent or guardian or an eligible student.
1109
- 1110 (c) A school nurse shall provide consultation to the program director, lead teacher or
1111 school administrator who has been trained in the administration of medication
1112 regarding the safe administration of medication within these programs. The school
1113 medical advisor and school nurse supervisor shall determine whether, based on the
1114 population of the school readiness program and/or before-and-after school
1115 program, additional nursing services are required for these programs.
1116
- 1117 (d) Only school nurses, directors or directors' designees, lead teachers or school
1118 administrators who have been properly trained may administer medications to
1119 students as delegated by the school nurse or other registered nurse. Properly trained
1120 directors or directors' designees, lead teachers or school administrators may
1121 administer oral, topical, intranasal or inhalant medications. Investigational drugs
1122 or research or study medications may not be administered in these programs.
1123
- 1124 (e) Students attending these programs may be permitted to self-medicate only in
1125 accordance with the provisions of Section B(3) of this policy. In such a case, the
1126 school nurse must provide the program director, lead teacher or school
1127 administrator running the program with the medication order and parent permission
1128 for self-administration.
1129
- 1130 (f) In the absence of the school nurse during program administration, the program
1131 director, lead teacher or school administrator is responsible for decision-making
1132 regarding medication administration.
1133
- 1134 (g) Cartridge injector medications may be administered by a director, lead teacher or
1135 school administrator only to a student with a medically-diagnosed allergic
1136 condition which may require prompt treatment to protect the student against serious
1137 harm or death.
1138
- 1139 (2) Local poison control center information shall be readily available at these programs.

- 1140
1141 (3) Procedures for medication emergencies or medication errors, as outlined in this policy,
1142 must be followed, except that in the event of a medication error a report must be
1143 submitted by the program director, lead teacher or school administrator to the school
1144 nurse the next school day.
1145
1146 (4) Training for directors or directors' designees, lead teachers or school administrators in
1147 the administration of medication shall be provided in accordance with Section J of this
1148 policy.
1149
1150 (5) All medications must be handled and stored in accordance with Section K of this policy.
1151 Where possible, a separate supply of medication shall be stored at the site of the before-
1152 and-after or school readiness program. In the event that it is not possible for the parent
1153 or guardian to provide a separate supply of medication, then a plan shall be in place to
1154 ensure the timely transfer of the medication from the school to the program and back on
1155 a daily basis.
1156
1157 (6) Documentation of any administration of medication shall be completed on forms
1158 provided by the school and the following procedures shall be followed:
1159
1160 (a) a medication administration record for each student shall be maintained by the
1161 program;
1162
1163 (b) administration of a cartridge injector medication shall be reported to the school
1164 nurse at the earliest possible time, but no later than the next school day;
1165
1166 (c) all instances of medication administration, except for the administration of
1167 cartridge injector medication, shall be reported to the school nurse at least monthly,
1168 or as frequently as required by the individual student plan; and
1169
1170 (d) the administration of medication record must be submitted to the school nurse at
1171 the end of each school year and filed in the student's cumulative health record.
1172
1173 (7) The procedures for the administration of medication at school readiness programs and
1174 before-and-after school programs shall be reviewed annually by the school medical
1175 advisor, if any, and school nurse supervisor.
1176

1177 M. Review and Revision of Policy
1178

1179 In accordance with the provisions of Conn. Gen. Stat. Section 10-212a(a)(2) and Section 10-
1180 212a-2 of the Regulations of Connecticut State Agencies, the Board shall review this policy
1181 periodically, and at least biennially, with the advice and approval of the school medical
1182 advisor, if any, or other qualified licensed physician, and the school nurse supervisor. Any
1183 proposed revisions to the policy must be made with the advice and approval of the school
1184 medical advisor, school nurse supervisor or other qualified licensed physician.
1185

1186 Legal References:

1187

1188 Connecticut General Statutes:

1189 Public Act No. ~~23-5224~~-93, “An Act Concerning Various and Assorted Revisions to the
1190 Education Statutes.”

1191 Section 10-206

1192 Section 10-212

1193 Section 10-212a

1194 Section 10-212c

1195 Section 10-212g

1196 Section 10-220j

1197 Section 14-276b

1198 Section 19a-900

1199 Section 21a-240

1200 Section 52-557b

1201

1202 Regulations of Conn. State Agencies:

1203 Sections 10-212a-1 through 10-212a-10, inclusive

1204

1205 Memorandum of Decision, In Re: Declaratory Ruling/Delegation by Licensed Nurses to
1206 Unlicensed Assistive Personnel, Connecticut State Board of Examiners for Nursing (April 5,
1207 1995)

1208

1209 Storage and Administration of Opioid Antagonists in Schools: Guidelines for Local and Regional
1210 Boards of Education, Connecticut State Department of Education (October 1, 2022)

1211

1212

1213 First Reading: February 7, 2023

1214 Second Reading: March 7, 2023

1215 Date Adopted: March 7, 2023

1216 [Board of Education/School Letterhead]

1217 **REFUSAL TO PERMIT ADMINISTRATION**
1218 **OF EPINEPHRINE FOR EMERGENCY FIRST AID**

1219
1220 Name of Child: _____ Date of Birth: _____

1221
1222 Address of Child: _____

1223
1224 Name of Parent(s): _____

1225
1226 Address of Parent(s): _____

1227 (if different from child)

1228
1229 Connecticut law requires the school nurse and other qualified school personnel in all public schools
1230 to maintain epinephrine in cartridge injectors (EpiPens) for the purpose of administering
1231 emergency first aid to students who experience allergic reactions and do not have a prior written
1232 authorization of a parent or guardian or a prior written order of a qualified medical professional
1233 for the administration of epinephrine. State law permits the parent or guardian of a student to
1234 submit a written directive to the school nurse or school medical advisor that epinephrine shall not
1235 be administered to such student in emergency situations. This form is provided for those parents
1236 who refuse to have epinephrine administered to their child. The refusal is valid for only for the
1237 20__-20__ school year.

1238
1239 I, _____, the parent/guardian of _____,
1240 Print name of parent/guardian Print name of student

1241 refuse to permit the administration of epinephrine to the above named student for purposes of
1242 emergency first aid in the case of an allergic reaction.

1243
1244 _____
1245 Signature of Parent/Guardian Date

1246
1247
1248 Please return the completed original form to your child's school nurse.

#5113

**Student Attendance, Truancy and
Chronic Absenteeism
(formerly Student Attendance)**

1
2
3
4
5
6 Regular and punctual student attendance in school is essential to the educational process.
7 Connecticut state law places responsibility for assuring that students attend school with the
8 parent or other person having control of the child. To assist parents and other persons in meeting
9 this responsibility, the Board of Education (the “Board”), through its Superintendent, will adopt
10 and maintain procedures to implement this policy.

11
12 In addition, the Board takes seriously the issue of chronic absenteeism. To address this issue, the
13 Board, through its Superintendent, will adopt and maintain procedures regarding chronic
14 absenteeism in accordance with state law.

15
16 **Legal References:**

17
18 Public Act No. ~~22-47~~23-160, [“An Act Concerning Education Mandate Relief and](#)
19 [Other Technical and Assorted Revisions and Additions to the Education](#)
20 [and Early Childhood Education Statutes.”](#)

21
22 [Connecticut General Statutes § 10-73d](#)

23
24 Connecticut General Statutes § 10-220

25
26 Connecticut General Statutes § 10-184

27
28 Connecticut General Statutes § 10-186

29
30 Connecticut General Statutes § 10-198a

31
32 Connecticut General Statutes § 10-198b

33
34 Connecticut General Statutes § 10-198c

35
36 Connecticut General Statutes § 10-198d

37
38 Connecticut General Statutes § 10-198e

39
40 Connecticut General Statutes § 10-198f

- 42 Guidelines for Reporting Student Attendance in the Public School Information System
43 (Connecticut State Department of Education, January 2008)
44
- 45 Connecticut State Board of Education Memorandum, *Definitions of Excused and*
46 *Unexcused Absences* (June 27, 2012)
47
- 48 Connecticut State Department of Education, *Guidelines for Implementation of the*
49 *Definitions of Excused and Unexcused Absences and Best Practices for Absence*
50 *Prevention and Intervention* (April 2013)
51
- 52 Connecticut State Department of Education, *Reducing Chronic Absence in Connecticut's*
53 *Schools: A Prevention and Intervention Guide for Schools and Districts* (April 2017)
54
- 55 Connecticut State Department of Education Memorandum, *Youth Service Bureau*
56 *Referral for Truancy and Defiance of School Rules* (February 22, 2018)
57
- 58 Connecticut State Department of Education, *Youth Service Bureau Referral Guide*
59 (February 2018)
60
- 61 Connecticut State Department of Education Memorandum, *Mental Health Wellness Days*
62 (January 24, 2022)
63
- 64 Connecticut State Department of Education Memorandum, *Adoption of Definitions of*
65 *Remote Absence* (September 7, 2022)
66
- 67 Connecticut State Board of Education Resolution (September 7, 2022)
68
69
70
- 71 Date of Adoption: October 6, 2020
72 Date Revised: April 5, 2022
73 Date Revised: January 10, 2023
74
- 75 First Reading: August 20, 2024

Regulation #5113
Student Attendance, Truancy and
Chronic Absenteeism
(formerly Student Attendance)

I. Attendance and Truancy

A. Definitions for Section I

1. **“Absence”** - any day during which a student is not considered “in attendance” as defined in these regulations.
2. **“Disciplinary absence”** - Any absence as a result of school or district disciplinary action. Any student serving an out-of-school suspension or expulsion should be considered absent except for each day that the student receives alternative educational programming for at least half of the instructional school day. A disciplinary absence is not considered excused or unexcused for attendance and truancy purposes.
3. **“Educational evaluation”** - for purposes of this policy, an educational evaluation is an assessment of a student’s educational development, which, based upon the student’s presenting characteristics, would assess (as appropriate) the following areas: health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status and/or motor abilities.
4. **“Excused absence”** - a student is considered excused from school if the school has received written documentation describing the reason for the absence within ten (10) school days of the student’s return to school, or if the child has been excluded from school in accordance with section 10-210 of the Connecticut General Statutes (regarding communicable diseases), and the following criteria are met:
 - a. Any absence before the student’s tenth (10th) absence is considered excused when the student’s parent/guardian approves such absence and submits appropriate written documentation in accordance with this regulation.
 - b. For the student’s tenth (10th) absence and all absences thereafter, a student’s absences from school are, with appropriate documentation in accordance with this regulation, considered excused only for the following reasons:
 - i. student illness (verified by an appropriately licensed medical professional);

- 35 ii. religious holidays;
- 36 iii. mandated court appearances (documentation required);
- 37 iv. funeral or death in the family, or other emergency beyond the control of the
- 38 student’s family;
- 39 v. extraordinary educational opportunities pre-approved by the district administrators
- 40 and in accordance with Connecticut State Department of Education (“State
- 41 Department of Education”) guidance and this regulation;
- 42 vi. lack of transportation that is normally provided by a school district other than the
- 43 one the student attends.
- 44
- 45 c. A student, age five (5) to eighteen (18), whose parent or legal guardian is an active
- 46 duty member of the armed forces who has been called for duty, is on leave from or
- 47 has immediately returned from deployment to a combat zone or combat support
- 48 posting, shall be granted ten (10) days of excused absences in any school year, and, in
- 49 the discretion of the administration, additional excused absences to visit such
- 50 student’s parent or legal guardian with respect to the parent’s leave or deployment. In
- 51 the case of such excused absences, the student and parent or legal guardian are
- 52 responsible for obtaining assignments from the student’s teacher prior to any period
- 53 of excused absence, and for ensuring that such assignments are completed by the
- 54 student prior to his or her return to school.
- 55
- 56 5. **“In attendance”** - any day during which a student is present at the student’s assigned
- 57 school, or an activity sponsored by the school, and/or participating in an activity
- 58 sponsored by the school (e.g., field trip) for at least half of the regular school day; and/or
- 59 participating in statutorily authorized remote learning as determined through a
- 60 combination of synchronous virtual classes, synchronous virtual meetings, activities on
- 61 time-logged electronic systems, and/or the completion and submission of assignments for
- 62 at least half of the instructional school day
- 63 6. **“Mental health wellness day”** - a school day during which a student attends to such
- 64 student’s emotional and psychological well-being in lieu of attending school.

- 65 7. **"Remote learning"** ~~means~~ instruction by means of one or more Internet-based software
66 platforms as part of a remote learning model as may be authorized by the Madison Board
67 of Education (the "Board") in accordance with applicable law.
- 68 8. **"Student"** - a student enrolled in the Madison Public Schools (the "District").
- 69 9. **"Truant"** - any student five (5) to eighteen (18) years of age, inclusive, who has four (4)
70 unexcused absences from school in any one month or ten (10) unexcused absences from
71 school in any school year.
- 72 10. **"Unexcused absence"** - any absence from a regularly scheduled school day for at least
73 one half of the school day, which is not excused or considered a disciplinary absence. The
74 determination of whether an absence is excused will be made by the building principal or
75 principal's designee. Parents or other persons having control of the child may appeal that
76 decision to the Superintendent or Superintendent's designee, whose decision shall be
77 final.

78

79 B. Mental Health Wellness Days

80 Any student enrolled in grades kindergarten to twelve, inclusive, shall be permitted to
81 take two mental health wellness days during the school year, during which day such
82 student shall not be required to attend school. No student shall take mental health
83 wellness days during consecutive school days. Mental health wellness days shall be
84 excused when permission by the student's parent/guardian is documented by the student's
85 school, regardless of the number of absences a student has accrued in the school year.
86 Mental health wellness days will not be included in reporting or referrals related to
87 truancy. Mental health wellness day will count as an "absence" for determining chronic
88 absenteeism, as defined in Section II of this policy.

89

90

91 C. Written Documentation Requirements for Absences

- 92 1. Written documentation must be submitted for each incidence of absence within ten (10)
93 school days of the student's return to school. Consecutive days of absence are considered
94 one incidence of absence.

- 96 2. The first nine (9) days of absence will be excused upon receipt of a signed note from the
97 student's parent/guardian, a signed note from a school official that spoke in person with
98 the parent/guardian regarding the absence, or a note confirming the absence by the school
99 nurse or by a licensed medical professional, as appropriate.
100
- 101 3. For the student's tenth (10th) absence, and all absences thereafter, documentation of the
102 absence must be submitted in accordance with paragraphs 1 and 2 above, and must also
103 include the reason for the absence and the following additional information:
104
- 105 a. student illness:
- 106 i. a signed note from a medical professional, who may be the school nurse, who has
107 evaluated the student confirming the absence and giving an expected return date;
108 or
109 ii. a signed note from school nurse who has spoken with the student's medical
110 professional and confirmed the absence, including the date and location of the
111 consultation.
- 112 b. religious holidays: none.
- 113 c. mandated court appearances:
- 114 i. a police summons;
115 ii. a subpoena;
116 iii. a notice to appear;
117 iv. a signed note from a court official; or
118 v. any other official, written documentation of the legal requirement to
119 appear in court.
- 120 d. funeral or death in the family, or other emergency beyond the control of the student's
121 family: a written document explaining the nature of the emergency.
- 122 e. extraordinary educational opportunity pre-approved by the district administrators
123 and in accordance with Connecticut State Department of Education guidance and this
124 policy: written pre-approval from the administration, in accordance with this regulation.
- 125 f. lack of transportation that is normally provided by a school district other than the one
126 the student attends: none.

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4. Under certain circumstances, a building administrator may, in the administrator’s own discretion, accept the delivery of written documentation through a scanned copy sent by e-mail or submission of a report through an online system established for parents/guardians to comply with attendance reporting requirements.
5. The District reserves the right to randomly audit written documentation received, through telephone and other methods of communication, to determine its authenticity.
6. Any absence that is not documented in accordance with this regulation within ten (10) school days after the incidence of absence will be recorded as unexcused. If documentation is provided within ten (10) school days, but is incomplete, the building principal may, at his/her the building principal’s own discretion, grant up to a five (5) school day extension for provision of the completed documentation.

D. Extraordinary Educational Opportunities

1. To qualify as an extraordinary educational opportunity, the opportunity must:
 - a. be educational in nature and must have a learning objective related to the student’s course work or plan of study;
 - b. be an opportunity not ordinarily available to the student;
 - c. be grade and developmentally appropriate; and
 - d. include content that is highly relevant to the student; while some opportunities will be relevant to all students, others will contain very specific content that would limit their relevance to a smaller group of students.
2. Family vacations do not qualify as extraordinary educational opportunities.
3. All requests for approval of extraordinary educational opportunities must:

- 156 a. be submitted to the building principal in writing prior to the opportunity, but no later
157 than ten (10) school days prior to the opportunity except in exceptional circumstances
158 at the discretion of the building ~~administrator~~principal;
- 159 b. contain the signatures of both the parent/guardian and the student;
- 160 c. include an outline of the learning objective of the opportunity and include detail as to
161 how the objective is linked to the student’s coursework or plan of study; and
- 162 d. include additional documentation, where available, about the opportunity.
- 163
- 164 4. The building principal shall provide a response in writing and include the following:
- 165 a. either approval or denial of the request;
- 166 b. brief reason for any denial;
- 167 c. any requirements placed upon the student as a condition of approval;
- 168 d. the specific days approved as excused absences for the opportunity;
- 169 e. the understanding that the building administrator may withdraw approval if the
170 opportunity is canceled or the student fails to meet the agreed-upon requirements of
171 the approval.
- 172
- 173 5. All decisions of the building principal relating to extraordinary educational opportunities
174 shall be final.
- 175 6. Students who are granted excusal from school to participate in extraordinary educational
176 opportunities are expected to share their experiences with other students and/or school
177 staff when they return.
- 178 7. Approval for an extraordinary educational opportunity is determined on a case-by-case
179 basis and the analysis of individualized factors. An opportunity approved for one student
180 may not be approved for another.

181

182 E. Truancy Exceptions:

183

- 184 1. A student five (5) or six (6) years of age shall not be considered truant if the parent or
185 person having control over such student has appeared personally at the District office and
186 exercised the option of not sending the child to school at five (5) or six (6) years of age.

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2. A student who is eighteen (18) years of age or older may withdraw from school. Such student shall personally appear in person at the school District office and sign a withdrawal form. Such withdrawal form must include an attestation from a guidance counselor or school administrator from the school that the District provided such student with information on the educational options available in the school system and community.

3. A student seventeen (17) years of age shall not be considered truant if the parent or person having control over such child withdraws such child from school and enrolls such child in an adult education program pursuant to Conn. Gen. Stat. § 10-69. Such parent or person shall personally appear at the District office and sign an adult education withdrawal and enrollment form. Such adult education withdrawal and enrollment form shall include an attestation (1) from a school counselor or school administrator of the school that the District has provided such parent or person with information on the educational options available in the school system and in the community, and (2) from such parent or person that such child will be enrolled in an adult education program upon such child's withdrawal from school.

4. A student who is both (1) under seventeen (17) years of (2) a parent may request permission from the Board to attend adult education classes. The Board may, by a majority vote of the members of the Board present and voting at a regular or special meeting of the Board called for such purpose, assign such student to adult education classes.

54.If a parent or guardian of an expelled student chooses not to enroll the student in an alternative program, the student shall not be considered to be “truant.”

F. Readmission to School Following Voluntary Withdrawal

1. Except as noted in paragraph 2 below, if a student voluntarily withdraws from school (in accordance with Section E.3, above) and subsequently seeks readmission, the Board may deny school accommodations to the student for up to ninety (90) school days from the date of the student’s withdrawal from school.

- 219 2. If a student who has voluntarily withdrawn from school (in accordance with Section E.2
220 or 3, above) seeks readmission within ten (10) school days of his/her withdrawal, the
221 Board shall provide school accommodations to the student not later than three (3) school
222 days after the student requests readmission.
223

224 G. Determinations of Whether a Student is “In Attendance”:

- 225 1. A student serving an out--of--school suspension or expulsion shall be reported as absent
226 unless he or she receives an alternative educational program for at least half of the
227 instructional school day. In any event, the absence is considered a disciplinary absence,
228 and will not be designated as excused or unexcused.
229
- 230 2. On early dismissal days and days shortened due to inclement weather, the regular school
231 day for attendance purposes is considered to be the amount of instructional time offered
232 to students on that day. For example, if school is open for four hours
233 on a shortened day scheduled, a student must be present for a minimum of two hours in
234 order to be considered “in attendance.”
235
- 236 3. Students placed on homebound instruction due to illness or injury in accordance with
237 applicable regulations and requirements are counted as being “in attendance” for every
238 day that they receive instruction from an appropriately certified teacher for an amount of
239 time deemed adequate in accordance with applicable law.
240

241 H. Procedures for students in grades K-8*

- 242 1. Notification
- 243 a. Annually at the beginning of the school year and upon the enrollment of any child
244 during the school year, the administration shall notify the parent or other person
245 having control of the student enrolled in grades K - 8 in writing of the obligations
246 pursuant to Conn. Gen. Stat. § 10-184 to ensure that such a student attends school
247 regularly or to show that the child is elsewhere receiving equivalent instruction in the
248 studies taught in the District.
249

250 b. Annually at the beginning of the school year and upon the enrollment of any child
251 during the school year, the administration shall obtain from the parent or other person
252 having control of the student in grades K-8 a telephone number or other means of
253 contacting such parent or other person during the school day.

254

255 2. Monitoring

256 Each school shall implement a system of monitoring individual unexcused absences of
257 students in grades K-8. Whenever such a student fails to report to school on a regularly
258 scheduled school day, school personnel under the direction of the building principal [or
259 principal’s designee] shall make a reasonable effort to notify the parent or other person
260 having control of such student by telephone, ~~and by e-mail, or mail~~ of the student's
261 absence, unless school personnel have received an indication that the parent or other
262 person is aware of the student's absence. ~~Reasonable efforts shall include two (2)~~
263 attempts to reach the parent or other person at the telephone number provided by the
264 parent or other person. Such attempts shall be recorded on a form provided by the
265 Superintendent. Any person who, in good faith, gives or fails to give such notice shall
266 be immune from liability, civil or criminal, which might otherwise be incurred or
267 imposed and shall have the same immunity with respect to any judicial proceeding which
268 results from such notice or failure to give notice.

269

270 I. Procedures applicable to students ages five (5) to eighteen (18)

271 1. Intervention

272 a. When a student is truant, the building principal or principal’s designee shall schedule
273 a meeting with the parent (or other person having control of such student) and
274 appropriate school personnel to review and evaluate the reasons for the student's
275 truancy. This meeting shall be held no later than ten (10) days after the student
276 becomes truant. The district shall document the meeting, and if parent or other person
277 declines to attend the meeting, or is otherwise is non-responsive, that fact shall also be
278 documented and the meeting shall proceed with school personnel in attendance.

279

- 280 b. When a student is truant, the Superintendent or the Superintendent’s designee shall
281 coordinate services with and referrals of students to community agencies providing
282 child and family services, as appropriate. The District shall document efforts to
283 contact and include families and to provide early intervention in truancy matters.
284
- 285 c. When a student is truant, the Superintendent or Superintendent’s designee shall
286 provide notice to the student’s parent or guardian of the information concerning the
287 existence and availability of the 2-1-1 Infoline program, and other pediatric mental and
288 behavioral health screening services and tools described in Conn. Gen. Stat. § 17a-22r.
289
- 290 d. When a student is truant, an appropriate school mental health specialist, as
291 determined by the District, shall conduct an evaluation of the student to determine if
292 additional behavioral health interventions are necessary for the well-being of the
293 child. “School mental health specialist” means any person employed by the District to
294 provide mental health services to students, including but not limited to a school social
295 worker, school psychologist, trauma specialist, behavior technician, board certified
296 behavior analyst, school counselor, licensed professional counselor or licensed
297 marriage and family therapist.
- 298 e. When a student is truant, the District shall implement the truancy intervention model
299 developed by the State Department of Education that accounts for mental and
300 behavioral health, if the State Department of Education has developed such model.
301 Otherwise, the District shall implement a truancy intervention plan that meets the
302 requirements set forth in Conn. Gen. Stat. § 10-198e(b).
303
- 304 fe. If the Commissioner of Education determines that any school under the jurisdiction of
305 Madison Board of Education (the “Board”) has a disproportionately high rate of
306 truancy, the district shall implement in that school a truancy intervention model
307 identified by the Department of Education pursuant to Conn. Gen. Stat. § 10-198e.
308
- 309 gf. In addition to the procedures specified in subsections (a) through (c) above, a regular
310 education student who is experiencing attendance problems should be referred to the

311 building Child Study Team [or other appropriate school-based team] (the “Team”) to
312 consider the need for additional interventions and/or assistance. The Team will also
313 consider whether the student should be referred to a planning and placement team
314 (“PPT”) meeting to review the student’s need and eligibility for special education. A
315 special education student who is experiencing attendance problems should be referred
316 to a PPT meeting for program review.

317
318 **hg.** Where the documented implementation of the procedures specified in subsections (a)
319 through (d) above does not result in improved outcomes despite collaboration with
320 the parent/guardian, the Superintendent or Superintendent’s designee may, with
321 written parental consent, refer a student who is truant to a Youth Service Bureau.
322

323 J. Attendance Records

324
325 All attendance records developed by the ~~Board-District~~ shall include the individual
326 student’s state-assigned student identifier (SASID).
327

328 **II. Chronic Absenteeism**

329 A. Definitions for Section II

- 330 1. “Chronically absent child” - a child who is enrolled in a school under the
331 jurisdiction of the Board and whose total number of absences at any time during a
332 school year is equal to or greater than ten percent (10%) of the total number of
333 days that such student has been enrolled at such school during such school year;
- 334 2. “Absence” - an excused absence, unexcused absence or disciplinary absence, as
335 those terms are defined by the State Board-Department of Education pursuant to
336 section 10-198b of the general statutes and these administrative regulations;
- 337 3. “District chronic absenteeism rate” - the total number of chronically absent
338 children under the jurisdiction of the Board in the previous school year divided by
339 the total number of children under the jurisdiction of the Board for such school
340 year; and

341 4. “School chronic absenteeism rate” - the total number of chronically absent
342 children for a school in the previous school year divided by the total number of
343 children enrolled in such school for such school year.

344 B. Establishment of Attendance Review Teams

345 If the ~~District~~Board has a ~~D~~istrict chronic absenteeism rate of ten percent (10%) or
346 higher, it shall establish an attendance review team for the school district.

347
348 If a school under the jurisdiction of the Board has a school chronic absenteeism rate
349 of fifteen percent (15%) or higher, it shall establish an attendance review team for that
350 school.

351
352 If the ~~Board~~-District has more than one school with a school chronic absenteeism rate
353 of fifteen percent (15%) or higher, it shall establish an attendance review team for the
354 school district or at each such school.

355
356 If the ~~Board~~-District has a district chronic absenteeism rate of ten percent (10%) or
357 higher and one or more schools with a school chronic absenteeism rate of fifteen
358 percent (15%) or higher, it shall establish an attendance review team for the school
359 district or at each such school.

360
361 C. Composition and Role of Attendance Review Teams

362 Any attendance review team established under these regulations may include school
363 administrators, guidance counselors, school social workers, teachers, representatives
364 from community-based programs who address issues related to student attendance by
365 providing programs and services to truants, as defined under I.A.9, and chronically
366 absent children and their parents or guardians.

367
368 Each attendance review team shall be responsible for reviewing the cases of truants
369 and chronically absent children, discussing school interventions and community
370 referrals for such truants and chronically absent children and making any additional

371 recommendations for such truants and chronically absent children and their parents or
372 guardians. Each attendance review team shall meet at least monthly.

373

374 D. State Chronic Absenteeism Prevention and Intervention Plan

375 The ~~Board-District~~ and its attendance review teams, if any, will consider any chronic
376 absenteeism prevention and intervention plan developed by the State Department of
377 Education.

378

379 **III. Reports to the State Regarding Truancy Data**

380 Annually, each local and regional board of education shall include information regarding
381 the number of truants and chronically absent children in the strategic school profile report
382 for each school under its jurisdiction and for the school district as a whole submitted to
383 the Commissioner of Education. Measures of truancy include the type of data that is
384 required to be collected by the State Department of Education regarding attendance and
385 unexcused absences in order for the department to comply with federal reporting
386 requirements and the actions taken by the board of education to reduce truancy in the
387 school district.

388

389 ~~IV. — Evolving State Department of Education Guidance~~

390 ~~The Board will comply with any and all guidance issued by the State Department of~~
391 ~~Education regarding attendance requirements, including during periods of blended~~
392 ~~learning, and regarding attendance requirements of students who choose not to~~
393 ~~participate.~~

394

395 Legal References:

396 Public Act No. 22-4723-160, “An Act Concerning Education Mandate Relief and
397 Other Technical and Assorted Revisions and Additions to the Education
398 and Early Childhood Education Statutes.”

399

400 Connecticut General Statutes § 10-73d

401

402 Connecticut General Statutes § 10-220

403

404 Connecticut General Statutes § 10-184

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406	Connecticut General Statutes § 10-186
407	
408	Connecticut General Statutes § 10-198a
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410	Connecticut General Statutes § 10-198b
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412	Connecticut General Statutes § 10-198c
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414	Connecticut General Statutes § 10-198d
415	
416	Connecticut General Statutes § 10-198e
417	
418	Connecticut General Statutes § 10-198f
419	
420	Guidelines for Reporting Student Attendance in the Public School Information System
421	(Connecticut State Department of Education, January 2008)
422	
423	Connecticut State Board of Education Memorandum, <i>Definitions of Excused and</i>
424	<i>Unexcused Absences</i> (June 27, 2012)
425	
426	Connecticut State Department of Education, <i>Guidelines for Implementation of the</i>
427	<i>Definitions of Excused and Unexcused Absences and Best Practices for Absence</i>
428	<i>Prevention and Intervention</i> (April 2013)
429	
430	Connecticut State Department of Education, <i>Reducing Chronic Absence in Connecticut's</i>
431	<i>Schools: A Prevention and Intervention Guide for Schools and Districts</i> (April 2017)
432	
433	Connecticut State Department of Education Memorandum, <i>Youth Service Bureau</i>
434	<i>Referral for Truancy and Defiance of School Rules</i> (February 22, 2018)
435	
436	Connecticut State Department of Education, <i>Youth Service Bureau Referral Guide</i>
437	(February 2018)
438	
439	Connecticut State Department of Education Memorandum, <i>Mental Health Wellness Days</i>
440	(January 24, 2022)
441	
442	Connecticut State Department of Education Memorandum, <i>Adoption of Definition of</i>
443	<i>Remote Absence</i> (September 7, 2022)
444	
445	Connecticut State Board of Education Resolution (September 7, 2022)
446	

Title I: Parent and Family Engagement

1
2
3
4 In accordance with Section 1010 of the Every Student Succeeds Act (“ESSA”), Public Law 1114-95, it
5 is the policy of the Madison Board of Education (the “Board”) to provide parents and family members
6 of students participating in the district’s Title I programs meaningful opportunities to participate in the
7 education of their children within these programs. To facilitate parental and family participation, the
8 Board encourages parents and family members of Title I eligible students to be involved in regular
9 meetings, communications, and activities that will inform them about the district’s Title I programs, to
10 participate in the improvement of such programs and to help improve their child’s progress within these
11 programs.

12
13 This policy has been developed jointly with, and agreed upon by, parents and family members of
14 children participating in Title I programs. The district shall distribute this written Parent and Family
15 Engagement Policy to parents and family members of participating students in an understandable and
16 uniform format and, to the extent practicable, in a language the parents can understand. The policy shall
17 be made available to the public and updated periodically, as necessary to carry out the requirements of
18 the parent and family engagement portion of Section 1010 of ESSA.

19
20 The Board shall conduct, with the meaningful involvement of Title I parents and family members, an
21 annual evaluation of the content and effectiveness of this policy in improving the academic quality of
22 the schools receiving Title I funds. The Board shall use the findings of such evaluation to design
23 evidence-based strategies for more effective parental involvement, and to revise, if necessary, the policy.
24 Such evaluation shall include identifying:

- 25
26 1. barriers to greater participation by parents in activities authorized by 20 U.S.C. § 6318
27 (with particular attention to parents who are economically disadvantaged, are disabled,
28 have limited English proficiency, have limited literacy, or are of any racial or ethnic
29 minority background);
30
31 2. the needs of parent and family members to assist with the learning of their children,
32 including engaging with school personnel and teachers; and
33
34 3. strategies to support successful school and family interactions.

35
36 Each year, each school within the district that is involved in Title I programs shall conduct a meeting, at
37 a convenient time, to involve parents in the planning, review and improvement of programs funded by
38 Title I. All parents of participating children must be invited and encouraged to attend. At this meeting,
39 parents shall be given a description and explanation of the Title I programs, the curriculum in use at the
40 school, the forms of academic assessment used to measure student progress, the achievement levels of
41 the challenging State academic standards, and information regarding the importance of parental
42 involvement and their right to be involved.

43
44 In addition to the required annual meeting, and if requested by parents, schools within the district that
45 are involved in Title I programs shall offer opportunities for regular meetings at flexible times of the day
46 in order to allow parents to formulate suggestions for the Board’s Title I programs and their application

47 to their child(ren)'s programs; and to participate, as appropriate, in decisions related to the education of
48 their children. Parents will be given opportunities to participate in the joint development of the district's
49 Title I plan, as required by Section 1006 of ESSA, and in the process of any school review and
50 improvement in accordance with the State's plan, as required by Section 1111 of ESSA. At any time, if
51 a parent is dissatisfied with a school's Title I program, the parent shall have the opportunity to submit
52 comments for review at the district level.

53
54 The Board will provide the coordination, technical assistance and other support necessary to assist and
55 build capacity of Title I schools in planning and implementing effective parent and family involvement
56 activities to improve student academic achievement and school performance. Parental and family
57 engagement in Title I programs shall be coordinated and integrated with parental and family engagement
58 strategies, to the extent feasible, under other federal, state, local and district programs.

59
60 In order to build the schools' and parents' capacity for strong parental involvement, the Board shall:

- 61
62 1. provide assistance to parents of students participating in Title I programs in
63 understanding topics such as the challenging state academic standards, state and local
64 academic assessments, the requirements under Title I, and how to monitor their child's
65 progress and work with educators to improve the achievement of their children;
- 66
67 2. provide materials and training to help parents to work with their children, such as literacy
68 training and using technology (including education about the harms of copyright piracy);
- 69
70 3. educate teachers, specialized instructional support personnel, staff and administrators,
71 with the assistance of parents, about how to better communicate and work with parents;
- 72
73 4. to the extent feasible and appropriate, coordinate and integrate parent involvement
74 programs and activities with other federal, state and local programs, including public
75 preschool programs, conduct other activities that encourage and support parent
76 participation;
- 77
78 5. ensure that information related to school and parent programs, meetings and other
79 activities is sent to participating parents in a format and, to the extent practicable, in a
80 language the parents can understand;
- 81
82 6. provide such other reasonable support for parental involvement activities as parents may
83 request; and
- 84
85 7. inform parents and parental organizations of the existence and purpose of parent resource
86 centers within the State.

87
88 **School-Parent Compact**

89
90 This policy further requires that each school involved in Title I programs shall jointly develop with
91 parents of participating children a school-parent compact that outlines how parents, staff, and students
92 will share the responsibility for improved student academic achievement and the means by which the

93 school and parents will build and develop a partnership to help children achieve the State’s high
94 standards. The school-parent compact shall:

- 95
96 1. describe the school’s responsibility to provide high-quality curriculum and instruction in
97 a supportive and effective learning environment that enables Title I students to meet the
98 challenging State academic standards;
- 99
100 2. indicate the ways in which each parent will be responsible for supporting their child’s
101 learning, volunteering in their child’s classroom, and participating, as appropriate, in
102 decisions related their child’s education and positive use of extracurricular time;
- 103
104 3. address the importance of ongoing teacher-parent communication through parent-teacher
105 conferences, frequent reports to parents, reasonable access to school staff, and
106 opportunities to volunteer, participate in, and observe their child’s classroom activities;
107 and
- 108
109 4. ensure regular, two-way, meaningful communication between family members and
110 school staff, and, to the extent practicable, in a language that family members can
111 understand.

112
113 The Board authorizes the Superintendent, or superintendent’s designee, to develop a school-parent
114 compact and other procedures such as those relating to meetings, parent communication and parental
115 involvement activities, as the Superintendent deems necessary in order to ensure compliance with this
116 policy.

117
118 The Superintendent is required to include information about parental involvement and actions taken to
119 improve parental involvement in the strategic school profile the Superintendent submits annually to the
120 Board and Commissioner of Education. Such actions to improve parental involvement may include
121 methods to engage parents in the planning and improvement of school programs and to increase support
122 to parents working at home with their children on learning activities.

123
124 **Legal References:**

125
126 **Connecticut General Statutes:**

127 § 10-220(c). Duties of Boards of Education

128
129 **Federal Law:**

130 20 U.S.C. § 6318. Parent and family engagement

131 20 U.S.C. § 7801. Definitions

132
133

#6080.1.2**Title I Programs / Parental Involvement**

Title I Programs

The Superintendent or his / her designee shall pursue funding under Title I, Improving the Academic Achievement of the Disadvantaged, of the Elementary and Secondary Education Act, to supplement instructional services and activities in order to improve the educational opportunities of educationally disadvantaged or deprived children.

All Madison schools, regardless of whether they receive Title I funds, shall provide services that, taken as a whole, are substantially comparable. Teachers, administrators, and other staff shall be assigned to schools in a manner that ensures equity among Madison schools. Curriculum materials and instructional supplies shall be provided in a manner that ensures equity among Madison schools.

Title I Parental Involvement

The Madison Public Schools maintains programs, activities, and procedures for the involvement of parents / guardians of students receiving services, or enrolled in programs, under Title I. These programs, activities, and procedures are described in District-level and School-level compacts.

District-Level Parental Involvement Compact

The Superintendent or his / her designee shall develop a District-Level Parental Involvement Compact according to Title I requirements. The District-Level Parental Involvement Compact shall contain: (1) the District's expectations for parental involvement, (2) specific strategies for effective parent involvement activities to improve student academic achievement and school performance, and (3) other provisions as required by federal law. The Superintendent or his / her designee shall ensure that the Compact is distributed to parents / guardians of students receiving services or enrolled in programs under Title I.

#6080.1.2 (cont.)

School-Level Parental Involvement Compact

Each Building Principal or his/her designee shall develop a School-Level Parental Involvement Compact according to Title I requirements. This School-Level Parental Involvement Compact shall contain: (1) a process for continually involving parents / guardians in its development and implementation, (2) how parents / guardians, the entire school staff, and students share the responsibility for improved student academic achievement, (3) the means by which the school and parents / guardians build and develop a partnership to help children achieve the State's high standards, and (4) other provisions as required by federal law. Each Building Principal or designee shall ensure that the Compact is distributed to parents / guardians of students receiving services, or enrolled in programs, under Title I.

(cf. 3541 – Student Transportation Services)
(cf. 4216.36 – Teacher Aides)
(cf. 5050.1 – Compulsory Attendance)
(cf. 5030.1 - Intradistrict School Attendance Areas)
(cf. 5100.9.1 – Student Recruitment)
(cf. 5120.9 – Homeless Students)
(cf. 5180.1 – Records / Confidentiality)
(cf. 5180.1.1 – Directory Information)
(cf. 5180.2 – Research)
(cf. 6080.21 – Bilingual Instruction)

Legal Reference: Title I of the Elementary and Secondary Education Act, 20 U.S.C.
§6301-6514.

Policy adopted: October 21, 2008

Selection of Instructional Materials

The Madison Board of Education (“the Board”) assumes the responsibility for providing all the educational text, materials, supplies and equipment necessary to support and enrich the curriculum and further the achievement of the district's instructional goals. All books and equipment shall be loaned, and supplies and materials furnished, to the students in the Madison Public Schools. ~~The Board of Education~~ believes that the schools should be as well equipped as possible within existing financial limitations. At a minimum, each student will be supplied with any and all necessary texts, materials, supplies and equipment to successfully complete the requirements of the curriculum.

The teaching staff shall be invited to participate in the curriculum development process as defined in policy 6070.1 Curriculum Development. ~~serve on curriculum committees as defined by the Madison Curriculum Management Cycle.~~ They shall consult with the administration to recommend improvements in curriculum, including materials and equipment used to deliver instruction in keeping with Curriculum Review Council (CRC) guidelines.

In accordance with Conn. Gen. Stat. § 10-229, adoption of or change of textbooks shall be approved by a two-thirds vote of all the members of the Board following at least one week’s written notice. Procedures for the selection and approval of all other instructional materials shall be developed by the Superintendent.

~~The following guidelines shall apply to the review and selection of materials:~~

~~All materials, textbooks, and software should:~~

- ~~• present balanced views concerning the international, national and local issues and problems of the past, present and future, where applicable;~~
- ~~• stimulate growth in factual knowledge and literary appreciation;~~
- ~~• help students develop abilities in critical reading and thinking;~~

~~• create an awareness of and foster an appreciation of cultural diversity and development in the United States and throughout the world;~~

~~• provide for all students an effective basic education that does not discriminate on the basis of race, age, color, religion, national origin, sex or physical disabilities; and~~

~~6100.10 (continued)~~

~~• allow sufficient flexibility for meeting the special needs of individual students and groups of students.~~

Review, Selection and Approval of Foundational Instructional Materials

~~The Board of Education shall approve the adoption of recommended foundational instructional materials for use in the schools. Notice of such adoptions shall be given at a meeting of the Board held at least one week prior to the vote on the adoption. Basic foundational instructional materials selection shall require the approval of the Superintendent or his / her designee. The Superintendent shall maintain a current list of approved foundational instructional materials for the Madison Public Schools.~~

Definition of Foundational Instructional Materials

~~Basic foundational instructional materials shall be defined as the book, or set of instructional materials, that serve as the basis for a major component of the course content. The review and selection of such materials shall be continuous to keep pace with the expansion of knowledge and changes in the world.~~

Review, Selection and Approval of Supplemental Instructional Materials

~~Supplemental instructional materials may be used to enhance the basic foundational instructional materials. The Superintendent shall develop procedures for the selection and approval of such supplemental instructional materials. The Superintendent shall develop procedures to implement these guidelines.~~

~~Cf. #3260, Sales and Disposal of Equipment, Books, and Supplies~~

~~Legal Reference: Conn. Gen. Stat. § 10-229~~

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70 Date of Adoption: June 24, 1997

~~The Board of Education recognizes that in addition to appropriate curriculum which challenges the abilities of all students, teaching techniques, staff utilization and class size all contribute to effective student learning. In attempting~~ To provide an environment ~~which that~~ limits obstacles and enhances opportunities for student success and quality professional performance, the following class size guidelines are recommended:;

Grade	Class Size
Pre-K	16 - 18
Kindergarten, Grades 1 and 2	16 - 20
Grades 3 and 4	19 - 24
Grades 5 through 8	19 - 24
Grades 9 through 12	Level I, II: 15 7 - 24 Level III: 12 - 20

~~In addition, for classes that require work stations,~~ The maximum enrollment shall not exceed the available individual space and/or equipment. Safety requirements supersede the above guidelines.

Acknowledging the need for diversification of subject matter/ multiple program responsibilities and mandated course credits, the full time high school teacher total student assignment is recommended to be 85 - 120.

18 At the high school, scheduled classes shall have a minimum of 10 students. The Superintendent
19 is authorized to override this requirement to ensure student schedules are maintained and/or
20 student graduation requirements are met. Advanced Placement (AP) courses, or courses limited
21 by pre-requisites, shall be exempt from this minimum.

22 Special needs-education classes ~~and Level IV~~ at the high school are not subject to the guidelines
23 of this policy and shall be organized in the best interest of the students under the guidance of the
24 Director of Pupil Services, principal and the Superintendent.

25
26 To protect the integrity of the Middle School Interdisciplinary Team Teaching, the full time
27 middle school teacher total student assignment is recommended to be 95 - 120.

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29 The above guidelines should not restrict larger grouping of students when the nature of the
30 material and delivery warrant such action.

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39 Date of Adoption: May 7, 1973

40 Date Revised: October 17, 1989

41 Date Revised: January 6, 2015

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The Madison Board of Education (the "Board") encourages and sanctions student field trips that are of value in helping achieve each participating student's educational objectives.

~~The Board of Education recognizes the valuable experiences derived from field trips for students when properly planned, executed, and evaluated. In most cases, F~~field trips should be directly related to or be an extension of the classroom learning experiences. In this respect, field trips may be used as springboards or culminating activities for units presented in the classroom or to provide "hands on" experience for students involved in the study of specific topics. In addition, field trips may introduce students to new learning experience through participation of observation of such activities as exhibits, dramatic presentations and other timely and appropriate events.

All student field trips shall require prior written approval by the building principal. In addition, all student field trips that are scheduled to last more than one day shall require the prior written approval of the Superintendent or superintendent's designee and the Board.

All student field trips that require public solicitation of funds shall require Board approval prior to any fundraising by involved students or others on their behalf. In addition, any such fundraising activities must comply with the provisions of the Board Policy concerning fundraising activities (Policy No. 5141) and any administrative regulations implementing such Board Policy.

The Superintendent or designee is authorized to develop administrative regulations to implement this policy. The Board will not be responsible for any field trip that is not approved in accordance with the procedures set forth in this policy and any accompanying administrative regulations.

~~(cf. 5100.8 Student Travel)
(cf. 6100.16.1 Educational Travel)~~

Date of Adoption: October 3, 2006

#514200.8 Regulation
Field Trips & Student Travel

The Superintendent of Schools, ~~or his/her designee, or superintendent's designee~~ will develop and implement procedures outlining the requirements for student travel. These procedures may include a preapproved list of activities. To protect the Madison Public Schools (the "District") from liability ~~claims which could exceed the coverage limits of the self-insured plan and insurance programs, District~~ employees, volunteers, independent contractors, or students will not participate in any activities, special events, or trips which are not approved or sponsored by the District. ~~Participation in non-approved or non-sponsored activities by district employees, volunteers, independent contractors, or students is outside the course and scope of their authority or employment.~~ The District will not assume any liability for any student travel which was not preapproved by the Superintendent or his/her designee.

~~Since~~ Should student travel ~~may potentially~~ involve significant risk of loss to the District and/or students, the District may require the purchase of additional insurance coverage or the transference of such risk to a third party. Any cost attached to such additional insurance coverage or risk transfers may be assessed against the participants in the proposed activity.

By contract or by any other means, the district will not assume any liability for the operations of any third party providing services to the district, its employees, volunteers or students for student activities or travel. The District will not provide any physical damage comprehensive or collision coverage to any vehicles or other property not directly owned or leased by the District.

General Guidelines for Student Travel

1. Student travel during the school day must be approved by the building principal.
2. Student travel which involves overnight accommodations or trips outside of the state for students must be approved by the Superintendent.
3. School bus transportation shall be the preferred form of student travel
4. Written parental / guardian permission must be obtained for all participating students.

Student Travel Outside the Continental United States

In addition to the foregoing guidelines for educational travel, for travel outside the continental United States, approval from the Board of Education must be received prior to staff making contractual arrangements and advertising. Such approval shall be considered based upon the recommendation of the Superintendent. Factors to be considered by the Board include: costs, supervision, relation to curriculum, assessment of the country's political climate, and the method of assessing the educational value for the participants.

Non-School Sponsored Educational Travel

The Board expressly prohibits District employees from acting as private agents for non-school sponsored student travel.

Forms

Field Trip and Student Travel requests shall be completed on District request forms available in schools and on the District website and submitted to the designated responsible administrator. Other written or oral requests shall not be considered.

~~The district forbids the use of any vehicle which does not meet the district's insurance requirements. The use of any such vehicle is outside the course and scope of authority or employment of district employees, volunteers, independent contractors and students. The insurance coverage of the vehicle, i.e., the driver's coverage and all other applicable policies, will be primary.~~

5100.8 (Continued)

- ~~District Vehicles: Without the prior, express, written authorization of the Superintendent or his/her designee, vehicles owned, leased or in the care, custody and control of the district, will not be driven.~~

67 • ~~Commercial, Chartered & Public Transportation: By contract or any other means, district~~
68 ~~employees, volunteers, or students will not agree to have the district assume any liability for~~
69 ~~operation of commercial, charter or public transportation.~~

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71 • ~~Non-District Vehieles: Vehicles not owned, leased or in the care, custody and control of the~~
72 ~~district may not be driven by any employee or volunteer on district business unless each such~~
73 ~~vehicle meets the district insurance requirements and Superintendent approval.~~

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77 Date of Adoption: January 23, 1996

**#6100.16.1
Student Travel**

The resources in surrounding communities, across the state, across the country and around the world may provide educational experiences of merit for the students. Therefore, the Board encourages teachers and staff to expand lessons to include these teaching resources, as appropriate.

General Guidelines for Student Travel

1. Student travel during the school day must be approved by the building principal.
2. Student travel which involves overnight accommodations or trips outside of the state for students must be approved by the Superintendent.
3. All trips should be within budgetary allotments for such purpose. Students may be asked to pay all or part of the expenses of student travel. Parent Teacher Organizations may supplement the schools' expenses for student travel in accordance with the Board policy for acceptance of donations.
4. Bus transportation shall be used when practicable, but private vehicles may be used when appropriate within guidelines developed by the Superintendent or his / her designee. Proper insurance coverage must be verified by the school principal.
5. Written parental / guardian permission must be obtained for all participating students.
6. All school-sponsored student travel will have provisions for proper supervision by school employees so that student and staff safety shall be assured. Parents may assist with this supervision.
7. No student shall be denied participation because of financial constraints for any student travel occurring within the continental United States.

8. Restrictions may be placed upon a student's participation as warranted. The building principal will make that judgment based upon the student's welfare or that of other students participating in student travel.
9. Student travel should be evaluated by students, teachers, and the administration.

Student Travel Outside the Continental United States

In addition to the foregoing guidelines for educational travel, for travel outside the continental United States, approval from the Board of Education must be received prior to staff making contractual arrangements and advertising. Such approval shall be considered based upon the recommendation of the Superintendent. Factors to be considered by the Board include: costs, supervision, relation to curriculum, assessment of the country's political climate, and the method of assessing the educational value for the participants.

Non-School Sponsored Educational Travel

The Board of Education does not encourage staff members to act as private agents for non-school sponsored student travel.

(cf: Student Travel, Policy 5100.8)

Date of Adoption: February 25, 1997

Date of Revision: June 17, 2014