

**NEW MILFORD BOARD OF EDUCATION**  
**New Milford Public Schools**  
**50 East Street**  
**New Milford, Connecticut 06776**

**POLICY SUB-COMMITTEE**  
**MEETING NOTICE**

<b>DATE:</b>	<b>September 18, 2012</b>
<b>TIME:</b>	<b>6:30 P.M.</b>
<b>PLACE:</b>	<b>Lillis Administration Building, Rm. 2</b>

**AGENDA**

**New Milford Public Schools Mission Statement**

The mission of the New Milford Public Schools, a collaborative partnership of students, educators, family, and community, is to prepare each and every student to compete and excel in an ever-changing world, embrace challenges with vigor, respect and appreciate the worth of every human being, and contribute to society by providing effective instruction and dynamic curriculum, offering a wide range of valuable experiences, and inspiring students to pursue their dreams and aspirations.

- 1. Call to Order**
- 2. Public Comment**

The Board welcomes Public Participation and asks that speakers please limit their comments to three minutes. Speakers may offer objective comments of school operations and programs that concern them. The Board will not permit any expression of personal complaints or defamatory comments about Board of Education personnel and students, nor against any person connected with the New Milford Public School System.

**3. Discussion and Possible Action Items**

A. Policies Recommended for Revision and Approval at Initial Board Presentation:

1. 4118.25/4218.25 Reporting Child Abuse and Neglect
2. 5111 Admission/Placement/Age of Entrance
3. 5112.3 School Attendance
4. 5113 Truancy
5. 6200 Adult Education

B. Policies Recommended for Revision after Full Board Second Review

1. 9125 Attorney
2. 9270 Conflict of Interest

C. Policies Recommended for Revision:

1. 1140 Distribution of Materials by Students
2. 5114.12 Student Due Process

D. Policy Series to be Reviewed in 2012-2013

**4. Item of Information**

A. Regulation 5141.21 Administration of Medications

**5. Adjourn**

**Sub-Committee Members: Mr. Tom Brant, Chairperson**

**Mr. David Lawson**

**Mr. David Shaffer**

**Mrs. Daniele Shook**

**Alternates: Mr. Daniel W Nichols**

**Mr. Tom McSherry**

GEORGE C. BUCKBEE  
TOWN CLERK  
2012 SEP 18 PM 5:54  
NEW MILFORD, CT

**RECOMMENDED FOR REVISION AND  
APPROVAL AT INITIAL BOARD PRESENTATION**

***Bold Italicized*** language constitutes an addition

*Commentary: August 2012 revision. Proposed changes are in **bold/italic** and are suggested additions consistent with the model policy recently distributed by DCF. This policy contains the same content as the DCF policy (organized slightly differently) and differs from the DCF model by also requiring school personnel who are non-mandated reporters to report alleged abuse to building administrators and/or superintendents. Appendices A and B are directly from the DCF model policy and are referenced in the "Definitions" section below.*

**4118.25 (a)**

**4218.25 (a)**

## **Personnel - Certified/Non-Certified**

### **Reporting Child Abuse and Neglect**

The Board of Education recognizes the obligation and importance of reporting suspected child abuse and neglect. Many of the school district's employees are considered mandated reporters and have an independent duty under state law to report suspected abuse and neglect to the Department of Children and Families ("**DCF**") or other law enforcement agencies. Regardless of an employee's status as a mandated reporter, ALL employees of the school district are required to report suspected child abuse or neglect in accordance with this policy and applicable law.

#### **Definitions**

For the purposes of this policy, the following definitions shall apply:

**"Abused"** refers to a child who (a) has had physical injury or injuries inflicted upon him/her other than by accidental means, or (b) has injuries which are at variance with the history given of them, or (c) is in a condition which is the result of maltreatment such as, but not limited to, malnutrition, sexual molestation or exploitation, deprivation of necessities, emotional maltreatment or cruel punishment;

**"Neglected"** refers to a child who (a) has been abandoned; (b) is being denied proper care and attention, physically, educationally, emotionally, or morally; or (c) is being permitted to live under conditions, circumstances, or associations injurious to the child's well-being;

**"Mandated reporters"** are teachers, substitute teachers, administrators, superintendents, guidance counselors, psychologists, social workers, nurses, physicians, paraprofessionals, coaches **-or-** any other person who, in the performance of his or her duties, has regular contact with students and who provides services to or on behalf of students enrolled in the district.

***Appendices A and B provide additional guidance regarding the operational definitions of child abuse and neglect, as well as the indicators of same according to DCF.***

## **Personnel - Certified/Non-Certified**

### **Reporting Child Abuse and Neglect**

#### **When to Report Abuse or Neglect**

A report must be made whenever an employee, in the ordinary course of his or her employment, has reasonable cause to suspect or believe that a child under the age of 18 has been:

1. Abused or neglected (as defined above);
2. Has had non-accidental physical injury, or injury which is at variance with the history given of such injury, inflicted upon such child; or
3. Has been placed in imminent risk of serious harm.

#### **Reporting Procedure for Mandated Reporters**

##### **Oral Report to DCF within 12 hours**

Mandated reporters must make an oral report by telephone (*24 Hour Careline, 1-800-842-2288*) or in person to the Department of Children and Families, (~~DCF~~), or an appropriate law enforcement agency, as soon as practicable but not later than twelve (12) hours after having acquired reasonable cause to suspect or believe that a child has been abused or neglected. The employee shall notify the ***Building Principal and*** Superintendent of Schools or designee immediately after the oral report has been made.

##### **Written Report to DCF within 48 hours**

Mandated reporters shall submit a written report to DCF within forty-eight (48) hours of making the oral report. ***The report shall be filed on form DCF-136 or other sufficient form provided by DCF.*** The reporter shall also provide a copy of the written report to the ***Building Principal and*** Superintendent of Schools, except when the Superintendent is the alleged perpetrator of the abuse or neglect. In making all written reports required under this policy, the reporter may use a form provided by DCF. Written reports of abuse or neglect by mandatory reporters shall include the following information, if known:

1. The names and addresses of the child and his or her parents or other person responsible for the child's care;
2. The age of the child;
3. The gender of the child;
4. The nature and extent of the child's injury or injuries, maltreatment or neglect;
5. The approximate date and time the injury or injuries, maltreatment or neglect occurred;
6. Information concerning any previous injuries to, maltreatment of or neglect to the child or his or her siblings;

## **Personnel - Certified/Non-Certified**

### **Reporting Child Abuse and Neglect**

#### **Reporting Procedure for Mandated Reporters (continued)**

7. The circumstances in which the injuries, maltreatment or neglect came to be known to the reporter;
8. The name of the person or persons suspected to be responsible for causing such injury or injuries, maltreatment or neglect;
9. The reasons such persons are suspected of causing such injury or injuries, maltreatment or neglect;
10. Any information concerning any prior cases in which such person or persons have been suspected of causing an injury, maltreatment or neglect of a child;
11. Whatever action, if any, was taken to treat, provide shelter or otherwise assist the child.

#### **Cooperation with Investigation**

A person reporting child abuse or neglect shall provide any person authorized to conduct an investigation of child abuse or neglect with all information related to the investigation that is in the possession or control of the person reporting the abuse or neglect, except as expressly prohibited by state or federal law.

Notwithstanding the provisions of Connecticut General Statutes §10-151c, upon request and for the purposes of an investigation of suspected child abuse or neglect by a teacher employed by the board, the board shall provide the Commissioner of DCF any records maintained or kept on file about said teacher. Such records shall include, but not be limited to, supervisory records, reports of competence, personal character and efficiency maintained in such teacher's personnel file with reference to evaluation of performance as a professional employee of the board and records of personal misconduct. For the purpose of this requirement, "teacher" is defined as each certified professional employee below the rank of superintendent in a position requiring a certificate issued by the State Board of Education.

#### **Reporting Procedure for Employees who are NOT Mandated Reporters**

Employees of the school district who are not mandated reporters are required to report suspected abuse or neglect as soon as possible but not later than twelve (12) hours after the employee has reasonable cause to suspect that a child has been abused or neglected. Such reports shall be made in writing to the Superintendent of Schools ~~or~~ **and** the building administrator who shall act in accordance with his or her obligations as a mandated reporter.

## **Personnel - Certified/Non-Certified**

### **Reporting Child Abuse and Neglect**

#### **Reporting Procedure for Employees who are NOT Mandated Reporters (continued)**

Nothing in the reporting procedure outlined by this policy prevents employees who are not mandated reporters from also reporting suspected abuse or neglect directly to DCF or a law enforcement agency.

#### **Procedures When a School Employee is the Alleged Abuser**

##### **Notification of Parent or Guardian**

Whenever there is a report that a student has been abused or neglected by a school employee, the Superintendent shall immediately notify the child's parent or other person responsible for the child's care that a report has been made.

##### **Investigation by the Board of Education**

The board of education shall permit and give priority to any investigation conducted by DCF or the appropriate law enforcement agency. The board may conduct its own investigation of the alleged abuse or neglect by a school employee provided that such investigation does not impede an investigation by DCF. The Superintendent of Schools shall conduct its investigation upon receipt of notice from the Commissioner of DCF or the appropriate law enforcement agency that the board's investigation will not interfere with the investigation of DCF or law enforcement.

*When investigating an allegation of abuse or neglect by a school employee, the Superintendent or designee shall endeavor to obtain, when possible, the consent of parents or guardians or other persons responsible for the care of the child, to interview the child. The investigation shall include an opportunity for the suspected perpetrator to be heard with regard to the alleged abuse or neglect. During the course of the investigation, the Superintendent of Schools may suspend the employee with pay or may place the employee on administrative leave with pay pending the outcome of the investigation.*

Regardless of the outcome of any investigation by DCF or a law enforcement agency, the Superintendent of Schools may take disciplinary action against any school employee up to and including termination of employment if the school district's investigation concludes that an employee engaged in abuse or neglect or otherwise violated the terms and conditions of employment.

##### **Impact of DCF Finding of Abuse or Neglect by Certified Personnel**

If DCF determines that there is reasonable cause to believe that a child has been abused *or neglected* by a school employee who holds a certificate, permit or authorization issued by the State

## **Personnel - Certified/Non-Certified**

### **Reporting Child Abuse and Neglect**

#### **Procedures When a School Employee is the Alleged Abuser (continued)**

Board of Education, or if DCF has recommended that such employee be placed on the DCF child abuse and neglect registry, the Superintendent shall suspend such employee with pay and without termination of benefits, and, within seventy-two (72) hours after issuance of the suspension, shall notify the board of education and the Commissioner of Education or his representative of the reasons for and conditions of the suspension. The suspension shall remain in effect until the board of education acts pursuant to §10-151 of the Connecticut General Statutes. The Superintendent shall also disclose those records provided by DCF concerning its investigation to the Commissioner of Education and the board of education or its attorney. If the contract of employment of such a certified school employee is terminated as the result of an investigation of abuse or neglect or the employee resigns, the Superintendent shall notify the Commissioner of Education or his representative within seventy-two (72) hours after such termination or resignation.

#### ***Impact of DCF Finding of Abuse or Neglect by Non-Certified Personnel***

***If DCF determines that there is reasonable cause to believe that a child has been abused or neglected by a non-certified school employee, the Superintendent of Schools or designee may take disciplinary action up to and including termination.***

#### **Training**

School employees who are mandated reporters and were hired on or after July 1, 2011 shall be required to complete a training program for the accurate and prompt identification and reporting of child abuse and neglect. School employees who are mandated reporters and were hired before July 1, 2011 are required to complete a refresher training program. All mandated reporters shall be required to complete the refresher training program at least once every three years.

Although only mandated reporters are legally required to complete abuse and neglect training and refresher training programs, the Superintendent of Schools, at his or her discretion, may require other school employees to complete such training.

The training and refresher training programs shall be developed and made available by the Commissioner of DCF in accordance with applicable law.

#### **Records and Documentation**

All records pertaining to allegations, investigations or reports of child abuse or neglect by a school

## **Personnel - Certified/Non-Certified**

### **Reporting Child Abuse and Neglect**

#### **Records and Documentation (continued)**

employee shall be maintained in a central location. Such records shall include any reports made to DCF. The Department of Education shall have access to such records.

The board shall keep records establishing that school employees have completed training and refresher training programs as required by law.

The board shall document the annual notification of this policy to school employees.

#### **Retaliation Prohibited**

Retaliation against a mandated reporter is prohibited. The Board will not discriminate, discharge or otherwise retaliate against an employee who acts in good faith to comply with this policy and the individual obligations of applicable state law.

#### **Violation of this Policy**

Employees who fail to report child abuse or neglect in a timely manner or otherwise violate the requirements of this policy and/or applicable law may face disciplinary action up to and including termination of employment.

#### **Delegation of Authority**

The Superintendent is authorized to delegate his or her responsibilities for receiving and making reports, notifying and receiving notification, and conducting investigations to a designee acting on his or her behalf.

#### **Notification of Policy**

This policy shall be distributed annually to all school employees.

#### **Legal References:**

##### **Connecticut General Statutes**

10-220 Duties of boards of education

10-220a In-service training.

17a-101 *et seq.* Protection of children from abuse. Mandated reporters.

**4118.25 (g)**

**4218.25 (g)**

## **Personnel - Certified/Non-Certified**

### **Reporting Child Abuse and Neglect**

#### 53a-65 Definitions

Public Act 11-93, An Act Concerning the Response of School Districts and the Departments of Education and Children and Families to Reports of Child Abuse and Neglect and the Identification of Foster Children in a School District.

***“Model Policy for the Reporting of Child Abuse and Neglect,” Connecticut Department of Children and Families.***

Policy adopted: March 13, 2012

NEW MILFORD PUBLIC SCHOOLS  
New Milford, Connecticut

## **APPENDIX A**

### **Operational Definitions of Child Abuse and Neglect**

The purpose of this policy is to provide consistency for staff in defining and identifying operational definitions, evidence of abuse and/or neglect and examples of adverse impact indicators. The following operational definitions are working definitions and examples of child abuse and neglect as used by the Connecticut Department of Children and Families.

For the purposes of these operational definitions,

- child refers to any person under eighteen (18) years of age, or under twenty-one (21) years of age and in DCF care
- a person responsible for a child's health, welfare or care means:
  - the child's parent, guardian, foster parent, an employee of a public or private residential home, agency or institution or other person legally responsible under State law for the child's welfare in a residential setting; or any staff person providing out-of-home care, including center-based child day care, family day care, or group day care
- a person given access to a child is a person who is permitted to have personal interaction with a child by the person responsible for the child's health, welfare or care or by a person entrusted with the care of a child for the purpose of education, child care, counseling, spiritual guidance, coaching, training, instruction, tutoring or mentoring.

**Note:** Only a "child" as defined above may be classified as a victim of child abuse and/or neglect; only a "person responsible", "person given access", or "person entrusted" as defined above may be classified as a perpetrator of child abuse and/or neglect.

**Legal References:** Connecticut General Statutes §17a-93; §17a-103a; §17a-101, et. seq., as amended by P.A. 11-93; §46b-120.

### **Physical Abuse**

#### **A child may be found to have been physically abused who:**

- has been inflicted with physical injury or injuries other than by accidental means,
- is in a condition which is the result of maltreatment such as, but not limited to, malnutrition, sexual molestation, deprivation of necessities, emotional maltreatment or cruel punishment, and/or
- has injuries at variance with the history given of them.

#### **Evidence of physical abuse includes:**

- bruises, scratches, lacerations
- burns, and/or scalds
- reddening or blistering of the tissue through application of heat by fire, chemical substances, cigarettes, matches, electricity, scalding water, friction, etc.
- injuries to bone, muscle, cartilage, ligaments: fractures, dislocations, sprains, strains, displacements, hematomas, etc.
- head injuries
- internal injuries
- death

- misuse of medical treatments or therapies
- malnutrition related to acts of commission or omission by an established caregiver resulting in a child's malnourished state that can be supported by professional medical opinion
- deprivation of necessities acts of commission or omission by an established caregiver resulting in physical harm to child
- cruel punishment.

### **Sexual Abuse/Exploitation Sexual Abuse/Exploitation**

Sexual Abuse/Exploitation is any incident involving a child's non-accidental exposure to sexual behavior.

Evidence of sexual abuse includes, but is not limited to the following:

- rape
- penetration: digital, penile, or foreign objects
- oral / genital contact
- indecent exposure for the purpose of sexual gratification of the offender, or for purposes of shaming, humiliating, shocking or exerting control over the victim
- incest
- fondling, including kissing, for the purpose of sexual gratification of the offender, or for purposes of shaming, humiliating, shocking or exerting control over the victim
- sexual exploitation, including possession, manufacture, or distribution of child pornography. online enticement of a child for sexual acts, child prostitution, child-sex tourism, unsolicited obscene material sent to a child, or misleading domain name likely to attract a child to an inappropriate website
- coercing or forcing a child to participate in, or be negligently exposed to, pornography and/or sexual behavior
- disease or condition that arises from sexual transmission
- other verbal, written or physical behavior not overtly sexual but likely designed to "groom" a child for future sexual abuse.

Legal References: Federal Law 18 U.S.C. 2215 Sexual Exploitation of Children.

### **Emotional Maltreatment-Abuse**

**Emotional Maltreatment-Abuse is:**

- act(s), statement(s), or threat(s), which
- has had, or is likely to have an adverse impact on the child; and/or
- interferes with a child's positive emotional development.

**Evidence of emotional maltreatment-abuse includes, but is not limited to, the following:**

- rejecting;
- degrading;
- isolating and/or victimizing a child by means of cruel, unusual, or excessive methods of discipline; and/or
- exposing the child to brutal or intimidating acts or statements.

**Indicators of Adverse Impact of emotional maltreatment-abuse may include, but are not limited to, the following:**

- depression;
- withdrawal;

- low self-esteem;
- anxiety;
- fear;
- aggression/ passivity;
- emotional instability;
- sleep disturbances;
- somatic complaints with no medical basis;
- inappropriate behavior for age or development;
- suicidal ideations or attempts;
- extreme dependence;
- academic regression;
- and/or trust issues.

### **Physical Neglect**

#### **A child may be found neglected who:**

- has been abandoned;
- is being denied proper care and attention physically, educationally, emotionally, or morally;
- is being permitted to live under conditions, circumstances or associations injurious to his well-being; and/or
- has been abused.

#### **Evidence of physical neglect includes, but is not limited to:**

- inadequate food;
- malnutrition;
- inadequate clothing;
- inadequate housing or shelter;
- erratic, deviant, or impaired behavior by the person responsible for the child's health, welfare or care; by a person given access to the child; or by a person entrusted with the child's care which adversely impacts the child;
- permitting the child to live under conditions, circumstances or associations injurious to his well-being including, but not limited to, the following:
  - substance abuse by caregiver, which adversely impacts the child physically
  - substance abuse by the mother of a newborn child and the newborn has a positive urine or meconium toxicology for drugs
  - psychiatric problem of the caregiver which adversely impacts the child physically
  - exposure to family violence which adversely impacts the child physically
    - exposure to violent events, situations, or persons that would be reasonably judged to compromise a child's physical safety
    - non-accidental, negligent exposure to drug trafficking and/or individuals engaged in the active abuse of illegal substances
    - voluntarily and knowingly entrusting the care of a child to individuals who may be disqualified to provide safe care, e.g. persons who are subject to active protective or restraining orders; persons with past history of violent/drug/sex crimes; persons appearing on the Central Registry
    - non-accidental or negligent exposure to pornography or sexual acts
    - inability to consistently provide the minimum of child-caring tasks
    - inability to provide or maintain a safe living environment
  - action/inaction resulting in death
  - abandonment
  - action/inaction resulting in the child's failure to thrive
  - transience

- inadequate supervision: creating or allowing a circumstance in which a child is alone for an excessive period of time given the child's age and cognitive abilities
- holding the child responsible for the care of siblings or others beyond the child's ability
- failure to provide reasonable and proper supervision of a child given the child's age and cognitive abilities.

**Note:** Inadequate food, clothing, or shelter or transience finding must be related to caregiver acts of omission or commission and not simply a function of poverty alone.

### **Medical Neglect**

**Medical Neglect** is the unreasonable delay, refusal or failure on the part of the person responsible for the child's health, welfare or care or the person entrusted with the child's care to seek, obtain, and/or maintain those services for necessary medical, dental or mental health care when such person knows, or should reasonably be expected to know, that such actions may have an adverse impact on the child.

**Evidence of medical neglect includes, but is not limited to:**

- frequently missed appointments, therapies or other necessary medical and/or mental health treatments;
- withholding or failing to obtain or maintain medically necessary treatment from a child with life-threatening, acute or chronic medical or mental health conditions; and/or
- withholding medically indicated treatment from disabled infants with life threatening conditions.

**Note:** Failure to provide the child with immunizations or routine well child care in and of itself does not constitute medical neglect.

### **Educational Neglect**

Except as noted below, **Educational Neglect** occurs when, by action or inaction, the parent or person having control of a child five (5) years of age and older and under eighteen (18) years of age who is not a high school graduate

- fails to register the child in school
- fails to allow the child to attend school or receive home instruction in accordance with CONN. GEN. STAT. §10-184
- failure to take appropriate steps to ensure regular attendance at school if the child is registered.

**Exceptions (in accordance with CONN. GEN. STAT. §10-184):**

- A parent or person having control of a child may exercise the option of not sending the child to school at age five (5) or age six (6) years by personally appearing at the school district office and signing an option form. In these cases, educational neglect occurs if the parent or person having control of the child has registered the child at age five (5) or age (6) years and then does not allow the child to attend school or receive home instruction.

**Note:** Failure to sign a registration option form for such a child is not in and of itself educational neglect.

- A parent or person having control of a child sixteen (16) or seventeen (17) years of age may consent to such child's withdrawal from school. Such parent or person shall personally appear at the school district office and sign a withdrawal form.

### **Emotional Neglect**

**Emotional Neglect** is the denial of proper care and attention, or failure to respond, to a child's affective needs by the person responsible for the child's health, welfare or care; by the person given access to the child; or by the person entrusted with the child's care which has an adverse impact on the child or seriously interferes with a child's positive emotional development.

**Evidence of emotional neglect includes, but is not limited to, the following:**

- inappropriate expectations of the child given the child's developmental level;
- failure to provide the child with appropriate support, attention and affection;
- permitting the child to live under conditions, circumstances or associations; injurious to his well-being including, but not limited to, the following:
  - substance abuse by caregiver, which adversely impacts the child emotionally;
  - psychiatric problem of the caregiver, which adversely impacts the child emotionally;
  - and
  - exposure to family violence which adversely impacts the child emotionally.

**Indicators may include, but are not limited to, the following:**

- depression;
- withdrawal;
- low self-esteem;
- anxiety;
- fear;
- aggression/ passivity;
- emotional instability;
- sleep disturbances;
- somatic complaints with no medical basis;
- inappropriate behavior for age or development;
- suicidal ideations or attempts;
- extreme dependence;
- academic regression;
- trust issues.

### **Moral Neglect**

**Moral Neglect:** Exposing, allowing, or encouraging the child to engage in illegal or reprehensible activities by the person responsible for the child's health, welfare or care or person given access or person entrusted with the child's care.

**Evidence of Moral Neglect includes but is not limited to:**

- stealing;
- using drugs and/or alcohol;
- and involving a child in the commission of a crime, directly or by caregiver indifference.

## **Appendix B**

### **INDICATORS OF CHILD ABUSE AND NEGLECT**

#### **Indicators of Physical Abuse**

##### **HISTORICAL**

- Delay in seeking appropriate care after injury.
- No witnesses.
- Inconsistent or changing descriptions of accident by child and/or parent.
- Child's developmental level inconsistent with history.
- History of prior "accidents".]
- Absence of parental concern.
- Child is handicapped (physically, mentally, developmentally) or otherwise perceived as "different" by parent.
- Unexplained school absenteeism.
- History of precipitating crisis

##### **PHYSICAL**

- Soft tissue injuries on face, lips, mouth, back, buttocks, thighs or large areas of the torso;
- Clusters of skin lesions; regular patterns consistent with an implement;
- Shape of lesions inconsistent with accidental bruise;
- Bruises/welts in various stages of healing;
- Burn pattern consistent with an implement on soles, palms, back, buttocks and genitalia; symmetrical and/or sharply demarcated edges;
- Fractures/dislocations inconsistent with history;
- Laceration of mouth, lips, gums or eyes;
- Bald patches on scalp;
- Abdominal swelling or vomiting;
- Adult-size human bite mark(s);
- Fading cutaneous lesions noted after weekends or absences;
- Rope marks.

**BEHAVIORAL**

- Wary of physical contact with adults;
- Affection inappropriate for age
- Extremes in behavior, aggressiveness / withdrawal;
- Expresses fear of parents;
- Reports injury by parent;
- Reluctance to go home;
- Feels responsible (punishment "deserved");
- Poor self-esteem;
- Clothing covers arms and legs even in hot weather.

**Indicators of Sexual Abuse****HISTORICAL**

- Vague somatic complaint;
- Excessive school absences;
- Inadequate supervision at home;
- History of urinary tract infection or vaginitis;
- Complaint of pain; genital, anal or lower back/abdominal;
- Complaint of genital itching;
- Any disclosure of sexual activity, even if contradictory.

**PHYSICAL**

- Discomfort in walking, sitting;
- Evidence of trauma or lesions in and around mouth;
- Vaginal discharge/vaginitis;
- Vaginal or rectal bleeding;
- Bruises, swelling or lacerations around genitalia, inner thighs;
- Dysuria;
- Vulvitis;
- Any other signs or symptoms of sexually transmitted disease;

- Pregnancy.

#### **BEHAVIORAL**

- Low self-esteem;
- Change in eating pattern;
- Unusual new fears;
- Regressive behaviors;
- Personality changes (hostile/aggressive or extreme compliance);
- Depression;
- Decline in school achievement;
- Social withdrawal; poor peer relationship;
- Indicates sophisticated or unusual sexual knowledge for age;
- Seductive behavior, promiscuity or prostitution;
- Substance abuse;
- Suicide ideation or attempt;
- Runaway.

#### **Indicators of Emotional Abuse**

##### **HISTORICAL**

- Parent ignores/isolates/belittles/rejects/scapegoats child
- Parent's expectations inappropriate to child's development
- Prior episode(s) of physical abuse
- Parent perceives child as "different"

##### **PHYSICAL**

- (Frequently none);
- Failure to thrive;
- Speech disorder;
- Lag in physical development;
- Signs/symptoms of physical abuse.

##### **BEHAVIORAL**

- Poor self-esteem

- Regressive behavior (sucking, rocking, enuresis)
- Sleep disorders
- Adult behaviors (parenting sibling)
- Antisocial behavior;
- Emotional or cognitive developmental delay;
- Extremes in behavior - overly aggressive/compliant;
- Depression;
- Suicide ideation/attempt.

### **Indicators of Physical Neglect**

#### **HISTORICAL**

- High rate of school absenteeism;
- Frequent visits to school nurse with nonspecific complaints;
- Inadequate supervision, especially for long periods and for dangerous activities;
- Child frequently unattended; locked out of house;
- Parental inattention to recommended medical care
- No food intake for 24 hours;
- Home substandard (no windows, doors, heat), dirty, infested, obvious hazards;
- Family member addicted to drugs/alcohol.

#### **PHYSICAL**

- Hunger, dehydration;
- Poor personal hygiene, unkempt, dirty;
- Dental cavities/poor oral hygiene;
- Inappropriate clothing for weather/size of child, clothing dirty; wears same clothes day after day;
- Constant fatigue or listlessness;
- Unattended physical or health care needs;
- Infestations;
- Multiple skin lesions/sores from infection.

**BEHAVIORAL**

- Comes to school early, leaves late;
- Frequent sleeping in class;
- Begging for/stealing food;
- Adult behavior/maturity (parenting siblings);
- Delinquent behaviors;
- Drug/alcohol use/abuse.

**RECOMMENDED FOR REVISION AND  
APPROVAL AT INITIAL BOARD PRESENTATION**

*Bold Italicized* language constitutes an addition

*Commentary: The proposed changes reflect current state law and may be approved upon first reading.*

**5111(a)**

## **Students**

### **Admission/Placement /Age of Entrance**

#### **Age of Entrance**

No child shall be admitted to the first grade of the public schools of New Milford any school year unless the child will have attained his sixth birthday by December 31<sup>st</sup> of any school year.

No child shall be admitted to kindergarten in the public schools of New Milford in any school year unless the child will have attained his fifth birthday by December 31<sup>st</sup> of any school year.

#### **Admission**

District schools shall be open to all children five years of age and over who reach age five by December 31<sup>st</sup> of any school year. Each such child shall have, and shall be so advised by the appropriate school authorities, an equal opportunity to participate in the program and activities of the school system without discrimination on account of race, color, sex, religion, age, marital status, national origin, disability or sexual orientation. Exceptions from routine admission may be granted on an individual basis if, in the judgment of the Administrative Team, early entrance will significantly benefit the child without placing him/her at high risk for serious immediate or long-term issues. Parents and those who have the care of children age five to eighteen years of age inclusive who are residents of the Town of New Milford or otherwise entitled to attend the New Milford Public Schools are obligated by Connecticut law to require their children to attend public day school in the district in which such child resides, unless the parent or person having control of such child is able to demonstrate that the child is elsewhere receiving equivalent instruction in the studies taught in the public schools.

The parent or person having legal guardianship of a child five years of age shall have the option of not sending the child to school until the child is six years of age by December 31<sup>st</sup> of any school year. The parent or person having legal guardianship of a child six years of age shall have the option of not sending the child to school until the child is seven years of age by December 31<sup>st</sup> of any school year.

The parent or person having legal guardianship shall exercise such option by personally appearing at the school district office and signing an option form. The district shall provide the parent or person having legal guardianship with information on the educational opportunities available in the school system.

## Students

### Admission/Placement/Age of Entrance

#### Admission (continued)

Each child entering the district schools for the first time must present a birth certificate or offer legal evidence of birth data, as well as proof of a recent physical examination and required immunizations. If the parents or guardians of any children are unable to pay for such immunizations, the expense of such immunizations shall, upon the recommendation of the Board, be paid by the Town. Proof of residence may also be requested by the building Principal or his/her designee.

The parent or person having control of a child ~~sixteen or~~ seventeen years of age may consent to their child's withdrawal from school. Such parent or person shall personally appear at the school district office and sign a withdrawal form. ~~The school district shall provide such parent or person with information on the educational options available in the school system and in the community. The withdrawal form shall include an attestation from a guidance counselor or school-based administrator that the school district has provided such parent or person with information on the educational opportunities available in the school system and in the community.~~ Children who have attained the age of sixteen and who have voluntarily terminated enrollment in the district's schools and subsequently seek readmission may be denied readmission for up to ninety school days from the date of such termination.

#### Readmission after voluntary withdrawal

*If a student voluntarily withdraws from enrollment in school and subsequently seeks readmission within ten (10) school days, the student must be provided school accommodations within three (3) school days after the student seeks readmission. If a student subsequently seeks readmission more than ten (10) school days after terminating, the Board of Education may deny school accommodations for up to ninety (90) school days from the date of the withdrawal.*

#### Provisions for Special Education

Special education will be provided for children who have attained the age of three and who have been identified as being in need of special education. If a special education student is being considered for an exception, the Planning and Placement Team will make such recommendation and shall inform the administrator in charge of special education.

#### Alternative School Placement

~~Children who have attained the age of sixteen or older may be placed in an alternative school program or other suitable educational program if they cannot acquire a sufficient number of credits for graduation by age twenty-one.~~

## Students

### Admission/Placement/Age of Entrance

#### Alternative School Placement (continued)

*A student enrolling in school who is nineteen years of age or older and can not acquire a sufficient number of credits for graduation by age twenty-one may be placed in an alternative school program or other suitable educational program.*

#### Legal References:

(cf. 0521 - Nondiscrimination)  
 (cf. 5112.3 - Ages of Attendance)  
 (cf. 5141 - Student Health Services)  
 (cf. 6171 - Special Education)  
 (cf. 6146 - Graduation Requirements)

Legal Reference:	Connecticut General Statutes	
	10-15 Towns to maintain schools	
	10-15c Discrimination in public schools prohibited. School attendance by five-year olds, as amended by PA 97-247	
	10-76a - 10-76g re special education	
	10-184 Duties of parents	
	10-186 Duties of local and regional boards of education re school attendance. Hearings. Amended by PA 96-26, An Act Concerning Graduation Requirements and Placement of Older Students	
	Appeals to state board. Establishment of hearing board	
	10-233a - 10-233f Inclusive; re: suspend, expel, removal of pupils	
	10-233c Suspension of pupils	
	10-233d Expulsion of pupils	
	10-261 Definitions	
	State Board of Education Regulations	
	10-76a-1 General definitions (c) (d) (q) (t)	
	10-76d-7 Admission of student requiring special education (referral)	
	10-204a Required immunizations (as amended by PA 98-243)	
Policy adopted:	June 12, 2001	NEW MILFORD PUBLIC SCHOOLS
Policy revised:	June 12, 2007	New Milford, Connecticut

**RECOMMENDED FOR REVISION AND  
APPROVAL AT INITIAL BOARD PRESENTATION**

***Bold Italicized*** language constitutes an addition

*Commentary: The proposed changes reflect changes in the state law and may be approved upon first reading. The attached withdrawal form is also new.*

**5112.3(a)**

## **Students**

### **School Attendance**

Pursuant to state law, parents and those who have the control of children five years of age and over and under eighteen years of age, shall require their children to attend public school in which such child resides during the hours and terms the public school is in session, unless such child is a high school graduate or the parent or person having control of such child is able to show that the child is elsewhere receiving equivalent instruction in the studies taught in the public schools.

The Administration will identify potential dropout students and provide reasonable and appropriate resources in order to assist such students.

#### **Option to withdraw from enrollment at age 17**

Any student who seeks to drop out of school shall be referred immediately to a guidance counselor or school administrator. The parent or person having control of a child ~~sixteen or~~ seventeen years of age may consent to such child's withdrawal from school. The parent or person shall exercise this option by personally appearing at the school district office to sign a withdrawal form. ***The withdrawal form shall include an attestation from a guidance counselor or school-based administrator that the school district has provided such parent or person with information on the educational opportunities available in the school system and in the community.*** ~~The district shall provide the parent or person with information on the educational opportunities available in the school system and in the community.~~ Parental consent shall not be required if the student is at or above the age of majority.

#### **Readmission after voluntary withdrawal**

***If a student voluntarily withdraws from enrollment in school and subsequently seeks readmission within ten (10) school days, the student must be provided school accommodations within three (3) school days after the student seeks readmission. If a student subsequently seeks readmission more than ten (10) school days after terminating, the Board of Education may deny school accommodations for up to ninety (90) school days from the date of the withdrawal.***

(cf. 5111 - Admission)

(cf. 5112 - Ages of Attendance)

(cf. 5113 - Admission/Excuses/Dismissal)

(cf. 5113.2 - Truancy)

## Students

### School Attendance

Legal Reference: Connecticut General Statutes

~~10-184 Duties of parents as amended by PA 98-243 and PA 00-157.~~

~~10-199 through 10-202 Attendance, truancy -- in general.~~

*10-15c School attendance by five-year olds*

*10-184 Duties of parents. School attendance age requirements*

*10-186 Duties of local and regional Board of Education  
re school attendance*

Policy adopted: June 12, 2001

Policy revised: June 12, 2007

NEW MILFORD PUBLIC SCHOOLS  
New Milford, Connecticut

**ACKNOWLEDGEMENT OF OPTION TO WITHDRAW STUDENT  
SEVENTEEN YEARS OF AGE FROM SCHOOL**

Pursuant to Section 10-184 of the Connecticut General Statutes,

I \_\_\_\_\_, of \_\_\_\_\_  
*Name of Parent, Guardian or Other Address*

the parent, guardian or other person charged with the care of the following minor child

\_\_\_\_\_, of \_\_\_\_\_  
*Name of Student Address*

born on \_\_\_\_\_ do hereby elect to withdraw my child from public  
*Date of birth of student*

school. Furthermore, before signing this form, I was provided with information on the educational opportunities available to my child in the school system and the community.

\_\_\_\_\_  
*Signature of Parent, Guardian or Other*

\_\_\_\_\_  
*Date*

**ATTESTATION OF GUIDANCE COUNSELOR/SCHOOL ADMINISTRATOR:**

I, \_\_\_\_\_, met with the parent/guardian or other person  
*Name of guidance counselor or administrator*

charged with the care of \_\_\_\_\_ on \_\_\_\_\_  
*Name of student Date of meeting*

and provided such parent or person with information on the educational opportunities available in the school system and in the community.

\_\_\_\_\_  
*Signature of Guidance Counselor or School Administrator*

\_\_\_\_\_  
*Date*

**RECOMMENDED FOR REVISION AND  
APPROVAL AT INITIAL BOARD PRESENTATION**

*Bold Italicized* language constitutes an addition

*Commentary: The following revisions are primarily due to State Board of Education policy changes made pursuant to Conn. Gen. Stat. Section 10-198b. Some minor revisions also reflect recent changes in the law. These revisions may be approved at first reading. The section regarding definitions may be reorganized to list the defined words by alphabetical order or by importance, whichever format is preferred.*

**5113(a)**

## **Students**

### **~~Admission/Excuses/Dismissal/~~ Truancy**

#### **Attendance**

Classroom learning experiences are the basis for public school education. Time lost from class is lost instructional opportunity. The attendance policy is intended to promote student success.

The New Milford Board of Education requires parents to ensure that their children attend school regularly during the hours and terms the public schools are in session.

Regular attendance at school is not only required by state law, but is an integral component in student success and a matter of self-discipline which will prove important later in life. Class time is an invaluable opportunity for students and teachers to interact with each other and exchange ideas. It is also the forum for a wide range of learning opportunities which cannot be duplicated outside of the classroom. Therefore, in order to avail themselves of the maximum opportunity for learning, students need to be present in each and every class.

The success of a student is determined by the cooperative effort of the student, parents, school, and the community. Failure of these groups to live up to their responsibilities can result in failure for the student. For this reason, responsibilities must be clearly defined and followed.

The procedures and regulations shall be in accordance with Board policy and Connecticut State law. The Superintendent shall insure that administrative procedures and disciplinary actions for student attendance will be contained in each student/parent handbook.

Procedures and regulations shall be maintained and implemented for the schools to provide age-appropriate measures which promote regular and punctual attendance. Schools that share the same grade levels shall have the same procedures and regulations. The procedures and regulations shall clearly define the responsibilities of parents and students regarding attendance in class and school, tardiness, early dismissal, completion of missed work, and other areas which affect the classroom learning experience.

The Principal will give annual written notice to parents/guardian of their obligations according to Connecticut General Statute 10-184. At the beginning of each academic year -- or, in the case of students who enroll during the school year, at the time of enrollment -- the school district will

## **Students**

### **Admission/Excuses/Dismissal/Truancy**

#### **Attendance** (continued)

require from the parents/guardians a telephone number where they can be contacted during the school day (i.e. from first bell to dismissal).

The official school day, during which all students are the responsibility of the high school, begins when the student either boards a school bus to come to school or otherwise when the student arrives on campus for the day. Students may neither get off the bus prior to arrival at school nor may they leave campus once they have arrived, without prior approval of the Principal or the Principal's designee.

#### **Standards**

##### **A. Student Responsibilities**

1. To attend all classes except for reasons stated under "Excused Absence" and to be punctual.
2. To report directly to the Attendance Office or School Office when tardy to school, in accordance with school procedures.
3. To notify teachers of anticipated absence and to make arrangements to make up work promptly upon return from an excused absence. In the case of an extended absence, to seek faculty assistance if needed and to make up work in a reasonable time frame.
4. To communicate with parents, teachers, and/or school administrators any problems related to lack of attendance and/or tardiness to school or any class.
5. To report one's own absences from school or class in accordance with school procedures if one is legally emancipated.

##### **B. Parent Responsibilities:**

1. To communicate and work cooperatively with the school for the benefit of the student.
2. To emphasize the importance of regular attendance and punctuality. To authorize only those absences that are included under "Excused Absence." Also, to make every effort to schedule appointments and vacations outside of school hours.
3. To contact the school regarding an absence or tardy the morning of that absence or tardy.
4. To assist students with arrangements to seek faculty assistance and make up missed work resulting from an absence.

## Students

### Admission/Excuses/Dismissal/Truancy

#### Standards (continued)

#### C. School Responsibilities:

1. To take all actions necessary to ensure the success of the student, including parent conferences, counseling, and interaction with the community in making use of community services.
2. To keep accurate attendance records.
3. To notify parents promptly (when parents have not called the school) of all absences whether, for one class or the entire school day.
4. To arrange opportunities for the students to make up missed tests, quizzes and assignments resulting from absences, upon their return to school. In the case of extended absence, to prepare with the student a plan for faculty assistance and an opportunity to make up work in a reasonable time frame.

#### D. Community Responsibilities:

1. To realize that the success of students contributes to the success of the community.
2. To encourage regular school attendance as a prerequisite for student employment.
3. To encourage area businesses to refrain from allowing students to congregate during school hours.
4. To encourage medical and dental offices to arrange student appointments outside of school hours.
5. To do all that is possible under current state law to ensure that all students attend school regularly.

#### Definitions

1. **Truant** - Shall mean a student age 5 – 18 inclusive who has four unexcused absences in any one month or ten unexcused absences in one school year.
2. **Tardy** - A student shall be considered tardy if he/she arrives at class after classes have begun.
3. *Absence – any non-attendance of an enrolled student. A student is considered to be in attendance if present at his/her assigned school, or an activity sponsored by the school (e.g. field trip), for at least half of the regular school day.*
4. *Disciplinary Absence – an absence that is the result of school or district disciplinary action such as an out-of-school suspension or expulsion. Disciplinary absences are neither excused nor unexcused.*

## Students

### Admission/Excuses/Dismissal/Truancy

#### Definitions (continued)

5. *Documentation of absence – a written explanation of the nature of and the reason for the absence as well as the length of the absence. This includes a signed note from the student’s parent/guardian, a signed note from a school official that spoke in person with the parent/guardian regarding the absence, or a note confirming the absence by the school nurse or by a licensed medical professional, as appropriate. Separate documentation must be submitted for each incidence of absenteeism. Non-English speaking parents/guardians may submit documentation in their native language.*
6. ~~Excused Absence – An absence shall be considered “excused” when a child does not attend school due to illness or injury, death in the immediate family, religious obligation, court appearance, school-related activity, an emergency, or other exceptional circumstances. Written excuse for such absences should be submitted to school officials by the child’s parent or guardian. All other absences, with or without written explanation, shall be considered unexcused.~~

~~Students who plan to be absent for reasons other than those listed above, should seek approval by presenting a note from home to the Principal. Responsibility for completion of missed class work lies with the student, not the teacher. Unless a student has an extended illness, all make-up work will be complete within five days after the student returns to school.~~

*A student’s non-attendance from school shall be considered excused if written documentation of the reason for the absence has been submitted within ten school days of the student’s return to school or in accordance with Section 10-210 of the Connecticut General Statutes (when the school medical advisor provides notice to a parent or guardian that a student has symptoms of a communicable disease) and meets the following criteria:*

- A. *For absences one through nine, a student’s absences from school are considered excused when the student’s parent/guardian approves such absence and submits appropriate documentation; and*
- B. *For the tenth absence and all absences thereafter, a student’s absences from school are considered excused for the following reasons:*

## Students

### Admission/Excuses/Dismissal/Truancy

#### Definitions (continued)

1. *student illness (all student illness absences must be verified by an appropriately licensed medical professional to be deemed excused, regardless of the length of absence);*
  2. *student's observance of a religious holiday;*
  3. *death in the student's family or other emergency beyond the control of the student's family;*
  4. *mandated court appearances (additional documentation required);*
  5. *the lack of transportation that is normally provided by a district other than the one the student attends (no parental documentation is required for this reason); or*
  6. *extraordinary educational opportunities pre-approved by district administrators and in accordance with Connecticut State Department of Education guidance.*
7. **Unexcused absence** – *Any absence that does not meet the criteria for an excused absence (including proper documentation) or a disciplinary absence.*
  8. **Dismissal** - No school, grade, or class may be dismissed before the regularly scheduled dismissal time without the approval of the Superintendent or his/her designee.

No teacher may permit any individual student to leave school prior to the regular hour of dismissal without the permission of the Principal.

No student may be permitted to leave school at any time other than at regular dismissal without the approval of the student's parent/guardian. If a court official with legal permission to take custody of a child, or if a police officer arrests a student, the parent/guardian should be notified of these situations by the administration.

#### Attendance

Connecticut state law requires parents to cause their children, ages five through eighteen inclusive, to attend school regularly during the hours and terms the public school is in session. Parents or persons having control of a child five years of age have the option of not sending the child to school until age six or seven. The parent or person having control of a child of age five or six shall exercise such option by personally appearing at the school district office and signing

## Students

### Admission/Excuses/Dismissal/Truancy

#### Attendance (continued)

an option form. At such time, school personnel shall provide the parent or person with information on the educational opportunities available in the school system. Mandatory attendance terminates upon graduation or withdrawal with written parent/guardian consent at age ~~sixteen or~~ seventeen.

Classroom learning experiences are the basis for public school education. Time lost from class is lost instructional opportunity. The Board of Education requires that accurate records be kept of the attendance of each child, and students should not be absent from school without parental knowledge and consent.

#### Excessive Absences/Truancy

It is the policy of the Board of Education to monitor school attendance so as to identify students who are truant, and to enlist the cooperation of parents and, when necessary, the juvenile justice system, in order to address the problem when it arises. The following truancy procedures are hereby adopted:

For purpose of these procedures, "Parent" means the parent, guardian or other person having control of a child.

1. Whenever a student in grade K-8 is absent from school on a regularly scheduled school day and no indication has been received by school personnel that the parent or other person having control of the child is aware of the student's absence, school personnel or volunteers under the direction of the building principal shall make a reasonable effort to notify the parent of the student's absence. Notification shall be by telephone and by mail. The mailed notice shall include a warning that two unexcused absences from school in a month or five unexcused absences in a year may result in a complaint filed with the Superior Court that the child's family is a family with service needs.
2. When a student is identified as a truant, the Superintendent or his/her designee will conduct a meeting with the parent, the student, if appropriate, and with such school personnel where involvement is determined appropriate. The meeting will occur not later than ten (10) school days after the child's fourth (4<sup>th</sup>) unexcused absence in a month or the tenth (10<sup>th</sup>) unexcused absences in a school year and will be for the purpose of reviewing and evaluating the reasons for truancy. *In reviewing and evaluating the reasons for the student's truancy, the participants of the meeting should consider the*

## Students

### Admission/Excuses/Dismissal/Tuancy

#### Excessive Absences/Tuancy (continued)

3. *appropriateness of referring the student to the school's [Student Assistance Team] or planning and placement team. At the meeting, school personnel shall be designated to coordinate services with and referrals of children to community agencies providing child and family services if appropriate.*
4. If the parent of a child who is a truant fails to attend the meeting held pursuant to paragraph 2 above, or fails to otherwise cooperate with the school in attempting to solve the truancy problem, the Superintendent will file not later than fifteen (15) calendar days after such failure to attend or failure to cooperate, a written complaint with the Superior Court pursuant to Connecticut General Statutes §46b-149, alleging that the acts or omissions of the child are such that his/her family is a family with service needs.

Legal References: Connecticut General Statutes  
 10-184 Duties of parents  
 10-185 Penalty  
 10-198a through 10-202 Attendance, truancy - in general  
*10-220 Duties of boards of Education*  
*10-221 Boards of education to prescribe rules, policies and procedures*  
*46b-149 Child from family with service needs*

*Connecticut State Board of Education Definitions of Excused and Unexcused Absences Adopted June 27, 2012*

*Connecticut State Board of Education Statewide Definition of Attendance for Public School Districts in Connecticut, Adopted January 2, 2008.*

Policy adopted:	June 12, 2001	NEW MILFORD PUBLIC SCHOOLS
Policy revised:	June 24, 2004	New Milford, Connecticut
Policy revised:	June 12, 2007	
Policy revised:	June 8, 2010	
Policy revised:	October 11, 2011	

**NEW MILFORD PUBLIC SCHOOLS  
New Milford, Connecticut**

**ANNUAL NOTIFICATION OF PARENTAL OBLIGATIONS  
UNDER C.G.S. 10-184**

Dear (Parent Name),

Connecticut law requires that annually the school district provide you a written notice of your obligations under Connecticut General Statute 10-184. This law requires each parent or guardian of a child five years of age and older and under eighteen years of age to ensure that the child attends school regularly when school is in session — unless such parent or other person shows that the child is receiving equivalent instruction elsewhere, or that the child has graduated from high school. Parents or persons having control of a child five or six years of age have the option of not sending the child to school until age six or seven by personally appearing at the school district office and signing an option form. The parent or person having control of a child sixteen or seventeen years of age may consent to such child's withdrawal from school by signing a withdrawal form at the school district office.

Regular student attendance is essential to the educational process. So that we can inform you if your child is absent without a previous explanation, Connecticut laws also require that we obtain from you a telephone number or other means of contacting you during the school day. Please complete and return the form attached.

Thanks for your cooperation.

Sincerely,

Principal

**RECOMMENDED FOR REVISION AND  
APPROVAL AT INITIAL BOARD PRESENTATION**

***Bold Italicized*** language constitutes an addition

*COMMENTARY: The following revisions are the result of recent changes in the law (P.A. 12-120.)*

**6200(a)**

## **Instruction**

### **Adult Education**

The Board of Education recognizes that education is a lifelong process. Therefore, the Board shall establish and maintain a program of adult education classes for its adult residents of the school district. The Board may choose to provide its adult education program through cooperative arrangements with one or more other Boards of Education, eligible entities, or regional educational service centers.

#### **I. Eligible participants**

The adult education program is available to the following:

1. Any person ***seventeen (17)*** ~~sixteen (16)~~ years of age or older who is not enrolled in a public elementary or secondary school;
2. Students age ***seventeen (17)*** ~~sixteen (16)~~ or older who have been assigned to an adult education class as an alternative educational opportunity pursuant to an expulsion proceeding;
3. A public school student who is both under ***seventeen (17)*** ~~sixteen~~ years of age and a mother may request permission from the Board of Education to attend adult education classes. The Board of Education, by motion duly made and voted upon, may assign such student to adult education classes;
4. Students enrolled in full-time program in any local or regional school district may enroll in an adult education activity with the approval of the principal of the school in which the student is enrolled.

#### **II. Instruction**

- A. The adult education program must provide classes to adult residents of the school district in the following subjects:
  1. Americanization and U.S. citizenship
  2. English for adults with limited English proficiency
  3. Elementary and secondary school completion
- B. The adult education program may also make classes available to adults (residents and non-residents of the school district) in any of the following subjects:
  1. Any subject provided by the elementary and secondary schools including vocational education
  2. Adult literacy
  3. Parenting skills
  4. Any other subject or activity

## Instruction

### Adult Education

#### III. Fees

No fees may be charged to adult residents enrolled in any of the classes listed in Section **II(A)** above. The Board of Education may fix tuition and/or registration fees and collect fees for books and materials provided to students in any class or activity of the adult program listed in Section **II(B)**. ***Students who are assigned to adult education classes as part of a mandated program may not be assessed fees.*** The Board may also lend books or materials and require students to pay a deposit which will be refunded upon the return, in good condition, of the books or materials which were loaned to the student. Such deposit may not exceed the actual cost of such books or materials. The Board may waive fees in accordance with law.

#### IV. Adult Education Diploma

The adult education program provided by the school district shall grant an adult education diploma to a participant who satisfactorily completes a minimum of twenty (20) adult credits, of which not fewer than four (4) shall be in English, three (3) in mathematics, three (3) in social studies (including one in American history and at least a one-half credit course in civics and American government), two (2) in science and one (1) in the arts (fine or vocational).

#### V. Alternative methods for earning adult education credits

The adult education program provided by the school district shall award credit for the following:

1. Experiential learning, including (a) not more than two non-required credits for military experience, including training; (b) not more than one vocational educational non-required credit and one required or not more than two non-required credits for occupational experience, including training; and (c) not more than one non-required credit for community service or vocational skills;
2. Successful completion of courses taken for credit at state-accredited institutions, including public and private community colleges, technical colleges, community-technical colleges, four-year colleges and universities, and approved public and private high schools and vocational-technical schools;
3. Satisfactory performance on subject matter tests that demonstrate prior learning competencies, but not more than six such credits;
4. Independent study projects, but not more than three such credits, provided that not more than one of such credit shall be applied for a required subject.

The adult education program shall determine the number of weeks per semester that the program shall operate and shall provide certified counseling staff to provide adult education participants with educational and career counseling.

## Instruction

### Adult Education

Legal Reference: Connecticut General Statutes  
10-67 Definitions  
10-69 Adult Education  
***10-70 Rooms and personnel***  
10-73a Adult Education Fees and Charges  
10-73d Request of certain students to attend adult education classes.  
Assignment  
***Public Act 12-120, An Act Concerning Minor Revisions to the  
Education Statutes.***

Policy adopted: June 10, 2003

Policy revised: June 8, 2010

NEW MILFORD PUBLIC SCHOOLS

New Milford, Connecticut

**RECOMMENDED FOR REVISION AFTER  
FULL BOARD SECOND REVIEW**

***Bold Italicized*** language constitutes an addition

*Commentary: September 2012, the revisions highlighted in gray are in response to the comments from the Board's first reading of the proposed revisions.*

**9125(a)**

## **Bylaws of the Board**

### **Attorney**

The Board of Education will appoint an attorney for the district. The attorney must be admitted to the Bar of Connecticut. The attorney will be the legal advisor to the Board. In that capacity, the attorney's duties will be:

1. to advise the Board with respect to all legal matters relating to the district, including but not limited to, interpretation of the Connecticut General Statutes and all other statutes, rules or regulations affecting the district;
2. to be easily accessible to the Board and the Superintendent of Schools (and, at the discretion of the Superintendent, to his/her administrative staff), with respect to legal matters issuing out of the day-to-day administration of the district;
3. to review and to represent the district in the preparation of any and all contracts which the district may be obliged to execute (other than purchase orders usually issued for the purchase of goods, equipment and services);
4. to advise and assist in matters of litigation ***and represent the Board in legal proceedings;***
5. to review the legality of all rules or regulations to be adopted by the Board;
6. to review and advise with respect to any process served upon the district;

All requests for written opinions on school-related matters shall be directed to the attorney through either the Superintendent or the Board Chairperson. Such written opinions shall be provided to all Board members.

The attorney shall receive a retainer or fee as per an agreement between the Board and the attorney.

### **Selection Procedures**

~~In order to provide an opportunity for firms or attorneys to apply periodically for the position,~~  
***When selecting a School Attorney,*** the Board shall ~~every three years~~ adhere to the following selection procedures:

## Bylaws of the Board

### Attorney

#### Selection Procedures (continued)

1. the district will first locate prospective ~~qualified~~ lawyers/law firms *that are properly licensed in the State of Connecticut and have experience representing boards of education* by:
  - a. advertising in trade journals;
  - b. checking listings of lawyers/law firms; or
  - c. making inquires of other districts or other appropriate sources.
2. The district will then prepare a well-planned, written request for a proposal which will contain critical details of the services sought and submit this request to prospective applicants.
3. In selecting a School Attorney, the district will consider the cost of a retainer (or hourly fee), as well as such other factors as:
  - a. the special knowledge or expertise of the lawyer/law firm;
  - b. the quality of the service provided by the lawyer/law firm;
  - c. the staffing of the lawyer/law firm; and
  - d. the lawyer's/law firm's suitability for the district's needs.
- ~~4. The attorney of the Board of Education will be appointed annually on or before the June meeting.~~
4. The district will maintain documentation of the written proposals submitted by lawyer/law firm applicants for the position of School Attorney.

**RECOMMENDED FOR REVISION AFTER  
FULL BOARD SECOND REVIEW**

*Bold Italicized* language constitutes an addition

**9270(a)**

## **Bylaws of the Board**

### **Conflict of Interest**

*Commentary: September 2012 review. At issue in this conflict of interest by-law is "Board members are strictly prohibited from being financially interested or having any personal beneficial interest, either directly or **indirectly**, in any contract or purchase order for supplies, materials, equipment or contractual services furnished or used by the Board of Education." Similar language is used with regard to the prohibition from accepting or receiving items of value from contractors of the Board. This language comes from Conn. Gen. Stat. § 7-479 which states:*

*"For the purposes of this section, "municipality" means any town, city, borough, school district, .... Any municipality, in addition to such powers as it has under the provisions of the general statutes or any special act, may, by ordinance or regulation, prohibit any member or employee of any municipal board or agency, or any official, officer or employee of such municipality from (1) being financially interested, or having any personal beneficial interest, either directly or indirectly, in any contract or purchase order for any supplies, materials, equipment or contractual services furnished to or used by any such municipality, board or agency and (2) accepting or receiving, directly or indirectly, from any person, firm or corporation to which any contract or purchase order may be awarded by such municipality, by rebate, gifts or otherwise, any money, or anything of value whatsoever, or any promise, obligation or contract for future reward or compensation."*

*The term "indirectly" is not defined by the statute, nor has it been clarified by any case law. Therefore, we are left with the plain meaning of the word in the context of its pairing with the term "directly." To benefit "indirectly" means that the board member benefits **as a consequence** of the transaction, even though the benefit has not been given to him/her personally. For example, accepting a gift or thing of value indirectly might mean that the gift is given to the board member's spouse or child, appearing to be reward for the board member's support of the contract and hence, a conflict of interest. It would be inadvisable to insert a definition of "indirectly" into the by-law, because the term speaks for itself and any attempt to define it would only result in limiting its purpose and effect. In addition, a definition is unnecessary, since the language that follows the prohibition in Section 1 already clarifies the intent of the by-law with regard to the term "indirectly."*

The Board desires its members not only to adhere to all laws regarding conflict of interest, but to be continually aware of situations which have the appearance of conflict of interest and to avoid actions that might embarrass themselves or the Board.

Two areas of Board operations must be guarded with particular care in order that there be no real or seeming conflict of interest. These are purchasing and hiring of new personnel. Therefore:

## Bylaws of the Board

### Conflict of Interest (continued)

1. ~~No member of the Board shall have any direct pecuniary interest in a contract with the school district, nor shall he/she furnish directly any labor, equipment, or supplies the district.~~ ***Board members are strictly prohibited from being financially interested, or having any personal beneficial interest, either directly or indirectly, in any contract or purchase order for any supplies, materials, equipment or contractual services furnished to or used by the Board of Education.*** It is not the intent of this bylaw to prevent the district from contracting with corporations or businesses because a Board member is an employee of the firm. However, in such instances the member may be expected to declare his/her association with the firm and will refrain from debating or voting on the question.
2. If a member of the immediate family of a Board member--specifically parent/guardian, spouse, child or grandchild ***or any person who resides with the Board member*** -- is being considered for employment, that member shall disqualify him/herself from participation in discussion or vote.
3. The Board shall not give preferential treatment to companies in which town officials or paid town employees, have a major financial interest or to companies by which they are employed.
4. No Board member shall use his or her position to influence an employment or contractual decision other than those routinely made by the Board itself.
5. ***No member of the Board may be employed for compensation in any position in the school system. If a Board member is employed by the school district, the office to which he/she was elected or appointed shall become vacant.***
6. ***Board members are strictly prohibited from accepting or receiving, directly or indirectly, from any person, firm or corporation to which any contract or purchase order may be awarded by the Board of Education, by rebate, gifts or otherwise, any money, or anything of value whatsoever, or any promise, obligation or contract for future reward or compensation.***

Legal Reference: Connecticut General Statutes

7-479 Conflicts of Interest.

10-156e Employees of boards of education permitted to serve as elected officials; exception.

10-232 Restrictions on employment of members of the board of education.

Bylaw adopted by the Board: January 9, 2001

NEW MILFORD PUBLIC SCHOOLS  
New Milford, Connecticut

## **Community Relations**

### **Distribution of Materials by Students (Use of Students)**

*Commentary September 2012:* Recent questions concerning the application of this policy have led to the proposed revisions of Board Policy 1140. Generally, a board of education has broad authority to control the school environment and determine what students are exposed to while in school. However, when a school district permits parties that are not affiliated with the school to distribute materials in the school environment, that process of distribution becomes what is known as a “limited public forum” for the purpose of first amendment analysis. In other words, the public has been given a right of access to the school via the distribution of materials process. In a limited public forum, the speech of individuals or organizations (the materials) may be reasonably restricted with regard to time, place and manner. The content may be restricted only with regard to whether it violates the law or another board policy, (e.g., it is profane or obscene or discriminatory). Otherwise, the restrictions in a limited public forum must be viewpoint neutral. In other words, you cannot refuse to distribute a flyer for a church solely based upon the religion or faith professed by the requester.

With regard to religion, there is a somewhat counterintuitive and complex case law regarding free speech and the establishment clause. As a general rule, once you have opened up a limited public forum (as has been done by policy 1140), the school district should not discriminate on the basis of viewpoint when determining what materials will be distributed to students. Of course, that has to be balanced with the obligation not to endorse or otherwise promote a specific religion. Whether and to what extent particular materials might be viewed as endorsing a religion is very fact specific and must be determined on a case-by case basis. The third standard listed below is the means by which the Superintendent might conceivably reject the distribution of certain materials based upon the obligation not to endorse a particular religion.

It should also be noted that in addition to religious materials, the school district might face requests from local, non-profit organizations whose viewpoints are highly objectionable to the majority of the members of the community. Unless such materials are a violation of the law or a board policy, (e.g., promote discrimination, violence, etc.) they would have to be allowed.

The proposed revisions provide standards that are designed to prevent the school district from running afoul of any constitutional issues. The standards are viewpoint neutral and provide the Superintendent with the authority to limit the distribution of materials to certain youth-oriented activities of the school, town and non-profit organizations. In addition, the time, place and manner of such distribution can be restricted based upon the pedagogical interests of the school.

~~Printed materials may be distributed to parents by students as inexpensive means of mass communications.~~ ***The purpose of permitting the distribution of materials by students is to provide a convenient and inexpensive method to notify students and parents of extra-curricular activities of a general interest to students in the school district.*** At the same time this ***courtesy to the school community has the potential to interfere with the efficient operation of the school district.*** ~~procedure can prove objectionable to parents and burdensome to the school~~

## Community Relations

### Distribution of Materials by Students (Use of Students)

~~district if overdone.~~ *The Board of Education reserves the right to refuse distribution of any material to the students of the district by individuals or groups not affiliated with the New Milford Public Schools.*

*Members of the school and local community may request approval to distribute non-curricular materials during non-instructional time. The Superintendent of Schools (or designee) shall impose reasonable time, place, and manner restrictions on the distribution of materials to prevent disruption and preserve the educational focus of the schools. Such materials must be pre-approved by the Superintendent and shall comply with the following standards:*

1. *The materials must relate to youth-oriented activities or events (e.g., sports, recreational, social or civic activities) of the public schools, parent teacher organizations, town, or other local, non-profit organizations.*

*[OPTION: Consider adding "during the school year" so this section reads: "The materials must relate to youth-oriented activities or events during the school year..." This option would eliminate the dissemination of summer camp information, which can be voluminous at the end of the year.]*

2. *The materials must explicitly identify the organization(s) distributing the materials and all sources of information contained in the publication.*
3. *The materials are not in violation of the law or any Board policy and do not encourage violation of the law or any Board policy.*

*The Superintendent of Schools shall ensure that students are made aware that the materials that are approved for distribution are not necessarily endorsed or sponsored by the school district.*

~~To provide the most effective use of this technique without exploitation of staff or students, the Superintendent or his/her designee may approve such distribution providing:~~

- ~~1. The materials relate to the school, community, local recreational or civic activities.~~
- ~~2. The materials do not relate to any political/religious belief or activity, or promote private gain, or any political/social/religious position.~~
- ~~3. The materials do not promote any political party or candidate.~~

All requests from groups or individuals to have students distribute materials to people in the community, with the exception of requests from school-connected organizations like parent-teacher organizations or Board appointed citizens' ad hoc advisory committees, will be referred to the Office of the Superintendent to determine whether the requests comply with overall school purposes and policy.

### Use of Students

The Board prohibits the use of students during normal school hours in activities which are not part of the normal educational and planned curriculum process. Permission for use of students in

## Community Relations

### Distribution of Materials by Students (Use of Students)

activities of a non-educational nature must be obtained from the Superintendent or his/her designee who will ensure that the student's rights in terms of voluntary activities are maintained and that students are not exploited either knowingly or unknowingly.

The Superintendent or his/her designee shall interpret this policy strictly; the decisions of the Superintendent will be final.

### Budget/Referendum Materials

*After the date is set for the budget referendum*, information concerning a pending referendum, specifying only the time, date, location, and question or proposal to be voted upon may be disseminated through the students. This information may not contain any other information or statements, or be written in a manner which may advocate a position on the referendum question.

Legal Reference: Connecticut General Statutes

9-369b Explanatory text relating to local questions.

Policy adopted: May 7, 2001  
Policy revised: June 9, 2009

NEW MILFORD PUBLIC SCHOOLS  
New Milford, Connecticut

<p><b>RECOMMENDED FOR REVISION</b> <b><i>Bold Italicized</i></b> language constitutes an addition</p>
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*Commentary: Although handbooks should be revised every year, it is not necessary for the board to approve all revisions as long as the revisions are consistent with board policy. Also, legal counsel need not get involved every year unless there is a particular need.*

**5114.12**

## **Students**

### **Student Due Process**

#### **Student Handbooks**

In order to inform students, parents and staff members of pertinent board policies, regulations, and school rules and procedures, the administration shall publish and annually revise student handbooks containing information about the school unit as a whole and the individual schools. The contents of student handbooks must conform with school board policies, administrative regulations, and state and federal laws and regulations. The ***administration*** ~~school board~~ shall conduct an annual review of the student handbooks ***to ensure compliance with current board policies and law. Revisions to student handbooks should be reviewed by legal counsel as needed. The Board shall be provided with all revised student handbooks.*** ~~All handbooks and any revisions are to be reviewed by legal counsel and approved by the school board prior to publication."~~

Handbooks shall be distributed to all students the first week of each school year and to new students when they enroll.

Policy adopted:  
Policy revised:

June 12, 2001  
June 12, 2007

NEW MILFORD PUBLIC SCHOOLS  
New Milford, Connecticut

## Regulation 5141.21(a)

### Students

#### Administration of Medications

*Commentary August 2012: Recent legislation (P.A. 12-198) regarding students with diabetes requires the proposed revisions, noted within the text in **bold/italic** and located in the following sections of these regulations:*

*Section I (D)(3) on page (b)  
Section III (A)(4) on page (f)  
Section III (B)(6) on page (f)  
Section IV (J) on page (i)  
Section XI (19) on page (t)  
Legal References on page (x)*

The Board of Education has authorized the Superintendent of Schools to develop the following procedures concerning the administration of medications to students within the school system by a licensed nurse or, in the absence of a nurse, by qualified personnel for schools. These administrative regulations have been developed with the advice and approval of the school medical advisor and the school nurse supervisor. Nothing in these regulations prohibits parents or guardians from administering medication to their own children on school grounds.

#### **I. Administration of Medications by Qualified Personnel for Schools**

A school nurse or any other nurse licensed in the state of Connecticut may administer medications to students in school. In the absence of a licensed nurse, only qualified personnel for schools who have been properly trained may administer medication to students as delegated by the school nurse. Administration of medications by qualified personnel for schools shall be under the general supervision of the school nurse.

##### **A. General Principles**

1. Prescribed medication will be administered during school hours, only if it is not possible to achieve the desired effect by home administration.
2. Medication will be administered during field trips and school sponsored activities by qualified school personnel, or the parent/guardian. Students will be permitted to self-carry medication provided New Milford Administrative Regulations, Section IV are followed.
3. Qualified personnel are not authorized to administer “standing order” medications while on field trips if nurse is not present.
4. A current list of qualified personnel authorized to give medication shall be maintained in each school.
5. The school medical advisor and the school nurse coordinator shall review and revise

## Students

### Administration of Medications

#### I. Administration of Medications by Qualified Personnel for Schools (cont'd.)

the procedures concerning the administration of medications as needed, but at least biannually.

#### B. Qualified Personnel for Schools includes the following:

1. Principals, teachers, speech and language pathologists, occupational therapists, and physical therapists employed full-time by the Board;
2. Coaches and licensed athletic trainers (subject to the conditions below);
3. Paraprofessionals (subject to the conditions below);
4. Directors (or directors' designees), lead teachers and administrators of school readiness programs and before- or after-school programs

#### C. Basic prerequisites

No medication may be administered to students by any school personnel without documentation of the following in the student's health record:

1. The written order of an authorized prescriber;
2. The written authorization of a parent, guardian or eligible student; and
3. The written permission for the exchange of information between the prescriber and the school nurse necessary to ensure safe administration of the medication;
4. Prescribed medication shall be only administered to, and taken by, the person for whom the prescription is written.

#### D. Medications that may be administered

1. Qualified personnel for schools may administer oral, topical, intranasal or inhalant medications;
2. Medications with a cartridge injector may be administered by qualified personnel for schools only to a student with a medically-diagnosed allergic condition which may require prompt treatment to protect the student against serious harm or death;

## Students

### Administration of Medications

#### I. Administration of Medications by Qualified Personnel for Schools (cont'd.)

3. *Qualified school employees may administer medications with injectable equipment used to administer glucagon to a student with diabetes who requires prompt treatment in order to protect the student against serious harm or death. This is limited to situations where the school nurse is unavailable and the qualified personnel have been specially trained and approved to use such equipment.*
4. Qualified personnel for schools may not administer investigational drugs or research study medications.

#### II. Limitations of School Personnel

##### A. Licensed practical nurses

Licensed practical nurses may administer medications to students only after the medication plan has been established by the school nurse and if they can demonstrate evidence of one of the following:

1. Training in administration of medications as part of their basic nursing program;
2. Successful completion of a pharmacology course and subsequent supervised experience;
3. Supervised experience in the administration of medication while employed in a health care facility.

In addition, licensed practical nurses may not train or delegate administration of medications to another individual.

##### B. Paraprofessionals

Paraprofessionals may only administer medications to a specific student in order to protect that student from harm or death due to a medically-diagnosed allergic condition and in accordance with the following:

1. Only with approval by the school medical advisor and school nurse, in conjunction with the school nurse supervisor, and under the supervision of the school nurse;
2. With a proper medication authorization from the authorized prescriber;
3. With parental permission for the paraprofessional to administer the medication in school;

## Students

### Administration of Medications

#### II. Limitations of School Personnel (continued)

4. Only medications necessary for prompt treatment of an allergic reaction, including, but not limited to cartridge injector; and
5. The paraprofessional shall receive proper training in the administration of medication and supervision from the school nurse.

#### C. Coaches and Licensed Athletic Trainers: For students who can self-carry

Students who have written authorization on file in the nurses office from an authorized prescriber, parent/guardian or eligible student to self-administer medication, may retain possession of medication at all times, including for after-school sports.

The following conditions shall be met:

1. The nurse provides the coach with a copy of the authorized prescriber's order and parental permission form, in addition to a copy of an Emergency Care Plan.
2. Should a student be unable to appropriately perform the administration of emergency cartridge injector for severe allergic reaction, coach will intervene and administer medication as prescribed.
3. Cartridge injector administration procedure reviewed with coach.

#### D. Coaches and Licensed Athletic Trainers: For students who self-administer medication is not a viable option

During intramural and interscholastic athletic events, a coach or licensed athletic trainer may administer medication for select students for whom self-administration plans are not viable options as determined by the school nurse for (A) inhalant medications prescribed to treat respiratory conditions and (B) medication administered with a cartridge injector for students with a medically diagnosed allergic condition which may require prompt treatment to protect the student against serious harm or death.

The following conditions must be met:

1. The coach must be trained in the general principles of the administration of medication applicable to receiving, storing and assisting with inhalant medications or cartridge injector medications and documentation as well as the specific needs of the student needing assistance according to the individualized medication plan.

## **Students**

### **Administration of Medications**

#### **II. Limitations of School Personnel** (continued)

2. The school nurse shall provide a copy of the authorized prescriber's order and the parental permission form to the coaches;
3. The parent or guardian shall provide the medication to the coach or licensed athletic trainer according to the district's procedures regarding the safe handling of medications [see Section VIII (A)-(C) below]. The medication provided by the parent or guardian shall be separate from the medication stored in the school health office for use during the school day.
4. The coach or licensed athletic trainer shall agree to the administration of emergency medication and shall implement the emergency care plan.
5. Medications to be used in athletic events shall be stored in containers for the exclusive use of holding medications, in locations that preserve the integrity of the medication, under the general supervision of the coach or licensed athletic trainer trained in the administration of medication and locked in a secure cabinet when not in use at athletic events.
6. Errors in the administration of medication shall be addressed in the same manner as errors during the school day, except that if the nurse is not available, a report may be submitted by the coach or licensed athletic trainer to the school nurse on the next school day.
7. The coach or licensed athletic trainer shall document administration of medication on forms for individual administration of medication and the school nurse shall be notified of:
  - a. A separate medication administration record for each student shall be maintained in the athletic area;
  - b. Administration of a cartridge injector medication shall be reported to the school nurse at the earliest possible time but not later than the next school day;
  - c. All other instances of the administration of medication shall be reported to the school nurse at least monthly or as frequently as required by the individual student plan;
  - d. The administration of medication record shall be submitted to the school nurse at the end of each sport season and filed in the student's cumulative health record.

#### **III. Training and Supervision of Qualified Personnel for Schools**

The school nurse or school medical advisor shall train designated qualified personnel for schools in the safe administration of medications at least annually. Only qualified personnel

## Students

### Administration of Medications

#### III. Training and Supervision of Qualified Personnel for Schools (continued)

for schools who have successfully completed such annual training may administer medications to students. Licensed practical nurses shall not train other individuals in the administration of medication.

##### A. Content of training

Training shall include at least the following:

1. The general principles of safe administration of medication;
2. The procedural aspects of administration of medication, including the safe handling and storage of medications, documentation;
3. Specific information related to each student's medication and each student's medication plan, including the name and generic name of the medication, indications for medication, dosage, routes, time and frequency of administration, therapeutic effects of the medication, potential side effects, overdose or missed dose of the medication and when to implement emergency interventions.
4. ***Administration of medication with injectable equipment used to administer glucagon for students with diabetes. Such training will only be provided to school personnel who volunteer to provide this form of medication administration.***

##### B. Documentation of training sessions

The Supervisor of Schools Nurses shall maintain documentation of the administration of medication training as follows:

1. Dates of general and student-specific trainings;
2. Content of the training;
3. Names of individuals who have successfully completed general and student-specific training for the current school year shall be submitted to the Superintendent by the nursing coordinator on October 31 of each year;
4. A current list of those authorized to give medication shall be maintained in the school;
5. Names and credentials of the nurse or school medical advisor trainers.
6. ***For training in the administration of medication with injectable equipment used to administer glucagon, both the school nurse and the school medical advisor shall attest in writing of the successful completion of such training.***

## **Students**

### **Administration of Medications**

#### **III. Training and Supervision of Qualified Personnel for Schools** (continued)

##### **C. Supervision of Administration of Medications**

The school nurse is responsible for general supervision of administration of medications in the schools to which that nurse is assigned, and shall:

1. Review orders and changes in orders, and communicate these to personnel designated to give medication;
2. Set up a medication plan and schedule to ensure medications are administered properly;
3. Provide training to qualified personnel and other licensed nursing personnel in the administration of medications and assess that the qualified personnel for schools are competent to administer medication;
4. Support and assist other licensed nursing personnel to prepare for and implement their responsibilities related to the administration of specific medications during school hours;
5. Provide appropriate follow-up to ensure the administration of medication plan results in the desired outcomes;
6. Provide consultation by telephone or other means of telecommunication. In the absence of the school nurse, an authorized prescriber or other nurse may provide this consultation;
7. Implement policies and procedures regarding all phases of administration of medications;
8. Review periodically all documentation pertaining to the administration of medications for students;
9. Observe competency to administer medication by qualified personnel for schools who have been newly trained;
10. Periodically review, as needed, with licensed personnel and all qualified personnel for schools regarding the needs of any student receiving medication.

#### **IV. Self-Administration of Medications by Students**

Students who have a verified chronic medical condition and are capable of self-administering prescribed emergency medications, including rescue inhalers, cartridge injectors will be permitted to self-administer such medication provided:

- A. The required documentation for self-administering medication at school includes the items:
  1. The written order must include the recommendation for self-administration by the

## Students

### Administration of Medications

#### IV. Self-Administration of Medications by Students (continued)

- authorized prescriber renewed annually;
  - 2. The written authorization of the parent/guardian or eligible student for the self-administration of medication;
  - 3. An appropriate plan for the self administration of medication is developed by the school nurse including provisions for general supervision and the plan is placed in the student's health record;
  - 4. Notation in the student's health record of the means by which the Principal and appropriate staff have been notified that the student is self-administering prescribed medication.
- B. An assessment by school nurse of the student's capacity to self-administer in the school setting by considering that student:
  - 1. Is capable of identifying and selecting the appropriate medication by size, color, amount, or other label identification;
  - 2. Knows the frequency and time of day for which the medication is ordered;
  - 3. Can identify the presenting symptoms that require medication;
  - 4. Administers the medication appropriately;
  - 5. Maintains safe control of the medication at all times;
  - 6. Seeks adult supervision whenever warranted; and
  - 7. Cooperates with the established medication plan; and
  - 8. Notify authorized prescriber and parent or guardian if the student is unable to demonstrate safe and appropriate self-administration and handling of medication. Document contact with authorized prescriber and parent or guardian and the outcome.
- C. In the case of inhalers for asthma and cartridge injectors for medically diagnosed allergies, the school nurse's review of a student's competency to self-administer shall not be used to prevent a student from retaining and self-administering such medication. In such cases, students may retain possession of inhalers or cartridge injectors at all times while attending school and self-administer such medication with only the written authorization of an authorized prescriber and written authorization from a student's parent or guardian.
- D. The medication is transported by the student and maintained under the student's control in accordance with school policy and the student's medication plan.

## Students

### Administration of Medications

#### IV. Self-Administration of Medications by Students (continued)

- E. Self-administration of controlled medication may be considered for extraordinary situations, such as international field trips, and shall be approved by the school nurse supervisor and the school medical advisor in advance and an appropriate plan must be developed.
- F. Self-administration of medications other than inhalers or epipens will be considered on an individual basis. Written authorization must be on file in the nurse's office from an authorized prescriber, parent/guardian or eligible student to self-administer and shall be approved by the school nurse supervisor. The school nurse supervisor may consult the medical advisor regarding any such request for self-administration. An appropriate plan must be developed.
- G. Self-administration or carrying of over the counter medications is not permitted in New Milford Public Schools.
- H. The responsibility of self-administration shall be revoked if the Board of Education Medication Policy for self-administration is violated or if student exhibits behavior that is not safe for student or other students.
- I. Principal and/or appropriate staff will be informed that the student self-administers prescribed medications.
- J. *Students with diabetes may conduct blood glucose self-testing with a written order from a physician stating the need and capability of such student to self-test. No school may restrict the time and location of blood glucose testing by a student who has such order and written authorization of the student's parent or guardian.*

#### V. Medication Errors: Procedure for Notification and Documentation

- A. Medication error means failure to do any of the following as ordered:
  - 1. Administer a medication to a student;
  - 2. Administer a medication within the time designated by the authorized prescriber;
  - 3. Administer the specific medication prescribed for a student;
  - 4. Administer the correct dosage;
  - 5. Administer medication by the proper route; and/or

## Students

### Administration of Medications

#### V. Medication Errors: Procedure for Notification and Documentation (continued)

6. Administer medication according to generally accepted standards of practice or;
  7. Administration of a medication to a student which is not ordered or authorized by the parent or guardian;
  8. Inadvertent destruction, theft or loss by other means of medication stored in school.
- B. If an error in medication administration occurs or is suspected, the school nurse or substitute nurse shall immediately assess the student and:
1. Determine error and potential for emergency;
  2. Call 911 if applicable;
  3. Implement Standing Orders if applicable;
  4. Call Poison Control if applicable (1-800-222-1222);
  5. Follow directions of Poison Control-note who you spoke to, time call was made, what directions were given, and what actions you took;
  6. Call prescribing practitioner-follow prescriber's directions, if applicable;
  7. Notify School Nurse Coordinator;
  8. Notify student's parent/guardian;
  9. Notify principal/administrator;
  10. Monitor student and provide interventions as directed by Poison Control, student's physician, standing orders or nursing protocols, as applicable, until EMS or parent/guardian arrives;
  11. Complete Medication Error Report form;
  12. Document the incident in the student's electronic health record (SNAP). Describe the error and sequence of events thereafter, including nursing assessment and interventions, medical treatment, and exchanges of information; print and attach SNAP Incident Report to the Medication Error Report form. Send the completed Report and Incident Report form to the School Nurse Coordinator.
- C. If qualified personnel other than the school or substitute nurse, make or recognize a medication error, the individual shall immediately notify the school nurse. If the school nurse is not available, the qualified individual shall:
1. In a true emergency call EMS, then Poison Control if applicable.

## **Students**

### **Administration of Medications**

#### **V. Medication Errors: Procedure for Notification and Documentation (continued)**

2. If not an immediate emergency, follow the sequence of steps in B.1., and B. 4-9 above and consult, as applicable, with the school nurse if available by phone.
  3. Monitor the student and provide first aid care as directed by Poison Control, the student's physician or the school nurse or school nurse coordinator, as applicable, until EMS or parent/guardian arrives.
  4. Document the incident, including all details, on the Medication Error Report form; use and attach an additional page to complete the documentation as needed.
  5. Send the completed form to the School Nurse Coordinator.
  6. Provide a copy of the completed Medication Error Report form to the school nurse who shall file it in the student's CHR.
- D. A medication error or incident report will be completed by nurse or qualified personnel. A copy will be sent to the nursing coordinator who will review with Pupil Personnel. Pupil Personnel will document any corrective action taken.
- E. Any error in the administration of a medication shall be documented in the student's cumulative health record.

#### **VI. Medication Emergencies**

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

- A. Each health office shall post in a prominent location on or near the medication cabinet the following information:
1. The Poison Control information center telephone number 1-800-222-1222;
  2. This section of medication regulations and Section V, Medication Errors;
  3. The name of building administrator responsible for decision making in the absence of a school or substitute nurse.
- B. If qualified personnel other than the school or substitute nurse recognize a potential medication emergency, the qualified individual shall immediately notify the school nurse.

## **Students**

### **Administration of Medications**

#### **VI. Medication Emergencies** (continued)

- C. In a medication emergency, the school nurse shall proceed as in Section V, Medication Errors, B 1 – B 10; as indicated by the circumstances.
- D. After managing and documenting in SNAP the medication emergency, the school nurse shall generate an incident report.
- E. In the absence of a school or substitute nurse, the building administrator responsible for decision making, the qualified individual off site, such as a teacher on a field trip shall proceed as in Section V, Medication Errors C 1 – C 6 as indicated by circumstances.

#### **VII. Handling and Storage of Medications**

- A. All medications, except those approved for self-medication, shall be delivered by the parent or other responsible adult to the school nurse or, in the absence of such nurse, other qualified personnel for schools trained in administration of medication and assigned to the school.
- B. The parent/guardian, responsible adult or eligible student shall deliver medication in the original, properly labeled container directly to the school nurse, principal or other qualified school personnel trained in medication administration.
- C. The school nurse, principal, or other qualified school personnel trained in medication administration will record the medication and quantity received. The individual student medication form will be co-signed with the parent/guardian, responsible adult or eligible student.
- D. The nurse shall examine on-site any new medication, medication order and parent authorization form and develop an administration of medication plan for the student before any medication is administered by any school personnel.
- E. The school nurse shall review all medication refills with the medication order and parent authorization prior to any administration of medication.

## Students

### Administration of Medications

#### VII. Handling and Storage of Medications (continued)

- F. All medications shall be properly stored as follows:
1. Except as otherwise determined by a student's emergency care plan, emergency medications shall be stored in an unlocked, clearly labeled and readily accessible cabinet or container in the health room during school hours under the general supervision of the school nurse, or in the absence of the school nurse, the principal or the principal's designee who has been trained in the administration of medication;
  2. Emergency medications will be locked beyond the regular school day or program hours, except as otherwise determined by a student's emergency care plan;
  3. All other non-controlled medications except those approved for self-medication, shall be kept in a designated locked container, cabinet or closet used exclusively for the storage of medication; and
  4. Controlled substances shall be stored separately from other medications in a separate, secure, substantially constructed, locked metal or wood cabinet pursuant to state law.
- G. Access to all stored medications shall be limited to persons authorized to administer medications. Each school or before- and after- school program and school readiness program shall maintain a current list of those persons authorized to administer medications.
- H. All medications, prescription and non-prescription, shall be delivered and stored in their original containers. At least two sets of keys for the medication containers or cabinets shall be maintained for each school building or before- and after-school program and school readiness program. One set of keys shall be maintained under the direct control of the school nurse or nurses and an additional set shall be under the direct control of the principal and, if necessary, the program director or lead teacher who has been trained in the general principles of the administration of medication shall also have a set of keys.
- I. Medication requiring refrigeration shall be stored as follow:
1. In a refrigerator at no less than 36°F and no more than 46°F;
  2. The refrigerator shall be located in a health office that is maintained for health services purposes with limited access;

## **Students**

### **Administration of Medications**

#### **VII. Handling and Storage of Medications** (continued)

3. Non-controlled medications may be stored directly on the shelf of the refrigerator with no further protection needed;
  4. Controlled medications shall be stored in a locked box which is affixed to the refrigerator shelf.
- J. No more than a three month supply of a medication for a student shall be stored at the school.
- K. No medication for a student shall be stored at a school without a current written order from an authorized prescriber.
- L. Each school shall maintain a current list of those persons authorized to administer medications.

#### **VIII. Destruction/Disposal of Medication:**

At the end of the school year or whenever a student's medication is discontinued by the prescribing physician, the parent or guardian is to be contacted and requested to repossess the unused medication within a seven (7) school day period.

- A. All unused, discontinued or obsolete medications shall be removed from storage areas and either returned to the parent or guardian or, if the medication cannot be returned to the parent or guardian, the medication shall be destroyed in collaboration with the school nurse.
- B. Non-controlled drugs shall be destroyed in the presence of at least one (1) witness. Medication will be destroyed in a non-recoverable fashion as recommended by CTDEP, Office of Pollution Prevention:
1. Keep the medication in its original container;
  2. To protect privacy and discourage misuse of the prescription, cross out the patient's name with a permanent marker or duct tape or remove the label (Chemotherapy drugs may require special handling. Work with your healthcare provider on proper disposal options for this type of medication);

## Students

### Administration of Medications

#### VIII. Destruction/Disposal of Medication (continued)

3. Modify the medications to discourage consumption;
    - For solid medication: such as pills or capsules: add a small amount of water to at least partially dissolve them.
    - For liquid medication: add enough table salt, flour, charcoal, or nontoxic powdered spice, to make a pungent , unsightly mixture that discourages anyone from eating it.
    - For blister packs: wrap the blister packages containing pills in multiple layers or duct or other opaque tape
  4. Seal and conceal;
    - Tape the medication container lid shut with packing or duct tape.
    - Place it inside a non-transparent bag or container such as an empty yogurt or margarine tub to ensure that the contents cannot be seen.
    - Do not conceal medicines in food products because animals could inadvertently consume them.
  5. Discard the container in your trash can; and
  6. The following information is to be charted on the student's health folder and signed by the school nurse and a witness.
    - Date of destruction
    - Time of destruction
    - Name, strength, form and quantity of medication destroyed
    - Manner of destruction of medication
- C. Controlled drugs shall be destroyed in accordance with law, specifically, § 21a-262-3 of the Regulations of the Connecticut State Agencies. School nurse/ nurse coordinator will contact the Drug Control Division of the CT Department of Consumer Protection at 860-713-6055 for assistance. Nurse will follow directions of Drug Control Division, documenting name of the person giving the directions.
- D. Accidental destruction or loss of controlled drugs must be verified in the presence of a second person, including confirmation of the presence or absence of residue and jointly documented on the student medication administration record and on a medication error form. If no residue is present, notification must be made to the Department of Consumer Protection pursuant to 21a-262-3 of the Regulations of the Connecticut State Agencies.

## Students

### Administration of Medications

#### IX. Documentation and Recordkeeping

Each school or before- and after-school program and school readiness program shall maintain an individual medication administration record for each student who receives medication during school or program hours. Transactions shall either be recorded in ink and shall not be altered or recorded electronically in a record that can not be altered.

A. The individual medication administration record will include:

1. The name of the student;
2. The name of the medication, dosage, route and frequency of administration;
3. The name of the authorized prescriber;
4. The dates for initiating and terminating the medication including extended school year program;
5. The quantity received which shall be verified by the adult delivering the medication;
6. Any student allergies to food or medicine;
7. The date, time and dose or amount of drug administered;
8. If the drug was not administered, the omission must be documented; including the reason for omission;
9. The full written or electronic legal signature of the nurse or qualified personnel for schools administering the medication;
10. For controlled medications, a medication count which should be conducted and documented at least once a week and co-signed by the assigned nurse and a witness;
11. The medication administration record shall be made available to the State Department of Education for review until destroyed pursuant to law. The completed medication administration record for non-controlled medications may be destroyed in accordance with Section M8 of the Connecticut Municipality Record Retention Schedule as long as it is superseded by a summary on the student health record.

B. The following shall be filed in the student's cumulative health record or, for before- and after-school programs and school readiness programs, in the child's program record:

1. The written order of the authorized prescriber;
2. The written authorization of the parent/guardian to administer the medication;

## Students

### Administration of Medications

#### IX. Documentation and Recordkeeping (continued)

3. The written parental permission for the exchange of information by the prescriber and school nurse to ensure the safe administration of such medication.
- C. As to any and all controlled drugs administered at school, the completed medication administration record shall be maintained in the same manner as the non-controlled medications, in addition, a record shall be maintained separate from the student's cumulative file for at least three years that includes:
1. Copies of all physician's orders for controlled drugs;
  2. The original medication administration records;
  3. Each school wherein any controlled drug is administered under the provisions of this section shall keep such records thereof as are required of hospitals under the provisions of subsections (f) and (h) of Connecticut General Statutes §21a-254 and shall store such drug in such manner as the Commissioner of Consumer Protection shall, by regulation, require.
- D. An authorized prescriber's verbal order, including a telephone order, for a change in any medication can be received only by a school nurse. Any such verbal order must be followed by a written order from the authorized prescriber which may be faxed and must be received not later than three (3) school days.
- E. The completed medication administration record for non-controlled medications may be destroyed in accordance with Section M8 of the Connecticut Municipal Records Retention Schedule, provided it is superseded by a summary on the student's cumulative health record.

#### X. School Readiness and Before-or After-School Programs<sup>1</sup>

Administration of medications shall be provided in school readiness and before- or after-school programs administered and operated by the Board of Education only when it is medically necessary for participants to access the program and maintain their health status while attending the program. All the provisions of these regulations regarding training, supervision, self-administration, documentation, handling, storage, disposal,

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<sup>1</sup> These regulations do not apply to before-and after-school programs that are administered and operated by the Town of New Milford on school grounds.

## Students

### Administration of Medications

#### X. School Readiness and Before-or After-School Programs (continued)

errors and medication emergencies apply to school readiness and before- and after-school programs. Such programs are subject to the following additional conditions:

- A. At the beginning of each school year, the school nurse supervisor, in consultation with the school medical advisor or other licensed physician, will review the policies and procedures for the administration of medication in these programs and determine the following:
  - 1. The level of nursing services needed in order to ensure safe administration of medication within the programs based on the needs of the program and the program's participants;
  - 2. Who may administer medication and whether a licensed nurse is required on-site;
  - 3. The circumstances under which self-administration of medication by students is permitted;
  - 4. The procedures to be followed in the event of a medication emergency or error and the individuals or facilities to be contacted in such an event;
  - 5. The manner in which the local poison control center information will be made readily available at these programs;
  - 6. The person responsible for decision making in the absence of the nurse.
- B. Where possible, a separate supply of medication shall be stored at the site of the before- or after-school or school readiness program. In the event that it is not possible for the parent or guardian to provide a separate supply of medication, then a plan shall be in place to ensure the timely transfer of the medication from the school to the program and back on a daily basis.
- C. Documentation of the administration of medications in school readiness and before- and after-school programs shall be as follows:
  - 1. A separate administration of medication record for each student shall be maintained in the program;
  - 2. Administration of medication with a cartridge injector shall be reported to the school nurse at the earliest possible time but not later than the next school day;
  - 3. All other instances of the administration of medication shall be reported to the school nurse according to the student's individual plan or at least on a monthly basis;

## Students

### Administration of Medications

#### X. School Readiness and Before-or After-School Programs (continued)

4. The administration of medication record shall be submitted to the school nurse at the end of each school year and filed in or summarized on the student's cumulative health record.

#### XI. Definition of Terms

The following definitions are derived from Sections 10-212a-1 through 10-212a-10 of the Regulations of Connecticut State Agencies, plus two acronyms used in the procedures, and apply to terms used by New Milford Public Schools for the Administration of Medication.

1. **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.
2. **Advanced practice registered nurse** means an individual licensed pursuant to Section 20-94a of the Connecticut General Statutes.
3. **Authorized prescriber** means a physician, dentist, optometrist, advanced practice registered nurse or physician assistant and, for interscholastic and intramural athletic events only, a podiatrist.
4. **Before- and after-school program** means any child care program operated and administered by a local or regional board of education or municipality exempt from licensure by the Department of Public Health pursuant to subdivision (1) of subsection (b) of Section 19a-77 of the Connecticut General Statutes. Such programs shall not include public or private entities licensed by the Department of Public Health or board of education enhancement programs and extra-curricular activities.
5. **Board of education** means the New Milford Board of Education.
6. **Cartridge injector** means an automatic pre-filled cartridge injector or similar automatic injectable equipment used to deliver epinephrine in a standard dose for emergency first aid response to allergic reactions.
7. **CHR or CHR-1** refers to the cumulative health record (see below).
8. **Coach** means an athletic coach as defined in Section 10-222e of the Connecticut General Statutes.

## Students

### Administration of Medication

#### XI. Definition of Terms (continued)

9. **Commissioner** means the Commissioner of Education or any duly authorized representative thereof.
10. **Controlled drugs** means controlled drugs as defined in Section 21a-240 of the Connecticut General Statutes.
11. **Cumulative health record** means the cumulative health record of a pupil mandated by Section 10-206 of the Connecticut General Statutes.
12. **Dentist** means a doctor of dentistry licensed to practice dentistry in Connecticut pursuant to Chapter 379 of the Connecticut General Statutes, or licensed to practice dentistry in another state.
13. **Department** means the Connecticut State Department of Education or any duly authorized representative thereof.
14. **Director** means the person responsible for the operation and administration of any school readiness program or before-and after-school program.
15. **Eligible student** means a student who has reached the age of eighteen or is an Emancipated minor.
16. **Error** means:
  - a. failure to do any of the following as ordered:
    - administer a medication to a student;
    - administer medication within the time designated by the prescribing practitioner;
    - administer the specific medication prescribed for a student;
    - administer the correct dosage of medication;
    - administer medication by the proper route; and/or
    - administer the medication according to generally accepted standards of practice; or
  - b. administration of a medication to a student which is not ordered, or which is not authorized in writing by the parent or guardian of such student.
17. **Extracurricular activities** means activities sponsored by local or regional boards of education that occur outside of the school day, are not part of the educational program, and do not meet the definition of before- and after-school programs and school readiness programs.
18. **Guardian** means one who has the authority and obligations of guardianship of the person of a minor, and includes:
  - a. the obligation of care and control, and
  - b. the authority to make major decisions affecting the minor's welfare, including, but not limited to, consent determinations regarding marriage, enlistment in the armed forces and major medical, psychiatric or surgical treatment.

## Students

### Administration of Medication

#### XI. Definition of Terms (continued)

19. ***Injector Equipment Used to Inject Glucagon** means an injector or injectable equipment used to deliver glucagon in an appropriate dose for emergency first aid response to diabetes.*
20. **Intramural athletic events** means tryouts, competition, practice, drills, and transportation to and from events that are within the bounds of a school district for the purpose of providing an opportunity for students to participate in physical activities and athletic contests that extend beyond the scope of the physical education program.
21. **Interscholastic athletic events** means events between or among schools for the purpose of providing an opportunity for students to participate in competitive contests which are highly organized and extend beyond the scope of intramural programs and includes tryouts, competition, practice, drills, and transportation to and from such events.
22. **Investigational drug** means any medication with an approved investigational new drug (IND) application on file with the Food and Drug Administration (FDA) which is being scientifically tested and clinically evaluated to determine its efficacy, safety and side effects and which has not yet received FDA approval.
23. **Licensed athletic trainer** means a licensed athletic trainer employed by the school district pursuant to Chapter 375a of the Connecticut General Statutes.
24. **Medication** means any medicinal preparation including over-the-counter, prescription and controlled drugs, as defined in Section 21a-240 of the Connecticut General Statutes.
25. **Medication emergency** means a life-threatening reaction of a student to a medication.
26. **Medication plan** means a documented plan established by the school nurse in conjunction with the parent and student regarding the administration of medication in school. Such plan may be a stand-alone plan, part of an individualized health care plan, an emergency care plan or a medication administration form.
27. **Medication order** means the written direction by an authorized prescriber for the administration of medication to a student which shall include the name of the student, the name and generic name of the medication, the dosage of the medication, the route of administration, the time of administration, the frequency of administration, the indications for medication, any potential side effects including overdose or missed dose of the medication, the start and termination dates not to exceed a 12-month period, and the written signature of the prescriber.
28. **Nurse** means an advanced practice registered nurse, a registered nurse or a practical nurse.

## Students

### Administration of Medication

#### XI. Definition of Terms (continued)

29. **Occupational therapist** means an occupational therapist employed full-time by the local or regional board of education and licensed in Connecticut pursuant to Chapter 376a of the Connecticut General Statutes.
30. **Optometrist** means an optometrist licensed to provide optometry pursuant to Chapter 380 of the Connecticut General Statutes.
31. **Paraprofessional** means a health care aide or assistant or an instructional aide or assistant employed by the local or regional board of education who meets the requirements of such board for employment as a health care aide or assistant or instructional aide or assistant.
32. **Physical therapist** means a physical therapist employed full-time by the local or regional board of education and licensed in Connecticut pursuant to Chapter 376 of the Connecticut General Statutes.
33. **Physician** means a doctor of medicine or osteopathy licensed to practice medicine in Connecticut pursuant to Chapters 370 and 371 of the Connecticut General Statutes, or licensed to practice medicine in another state.
34. **Physician assistant** means an individual licensed to prescribe medications pursuant to Section 20-12d of the Connecticut General Statutes.
35. **Podiatrist** means an individual licensed to practice podiatry in Connecticut pursuant to Chapter 375 of the Connecticut General Statutes.
36. **Principal** means the administrator in the school.
37. **Qualified personnel for schools** means (a) a full-time employee who meets the local or regional board of education requirements as a principal, teacher, occupational therapist or physical therapist and has been trained in the administration of medication in accordance with Section 10-212a-3 of these regulations; (b) a coach and licensed athletic trainer who has been trained in the administration of medication pursuant to Section 10-212a-8 of these regulations; or (c) a paraprofessional who has been trained in the administration of medication pursuant to Section 10-212a-9 of these regulations.
38. **Qualified personnel for school readiness programs and before- and after-school programs**, means directors or director's designee, lead teachers and school administrators who have been trained in the administration of medication may administer medications pursuant to Section 10-212a-10 of these regulations.
39. **Research or study medications** means FDA-approved medications being administered according to an approved study protocol. A copy of the study protocol shall be provided to the school nurse along with the name of the medication to be administered and the acceptable range of dose of such medication to be administered.

## Students

### Administration of Medication

#### XI. Definition of Terms (continued)

40. **School** means any educational program which is under the jurisdiction of a board of education as defined by this section excluding extracurricular activities.
41. **School medical advisor** means a physician appointed pursuant to Section 10-205 of the Connecticut General Statutes.
42. **School nurse** means a nurse appointed pursuant to Section 10-212 of the Connecticut General Statutes.
43. **School nurse supervisor** means the nurse designated by the local or regional board of education as the supervisor or, if no designation has been made by the board, the lead or coordinating nurse assigned by the board.
44. **School readiness program** means a program that receives funds from the State Department of Education for a school readiness program pursuant to subsection (b) of Section 10-16p of the Connecticut General Statutes and exempt from licensure by the Department of Public Health pursuant to subdivision (1) of subsection (b) of Section 19a-77 of the Connecticut General Statutes.
45. **Self-administration of medication** means the control of the medication by the student at all times and is self-managed by the student according to the individual medication plan.
46. **SNAP** means the electronic student health record system known as SNAP Health Center.
47. **Supervision** means the overseeing of the process of the administration of medication in a school.
48. **Teacher** means a person employed full time by a board of education who has met the minimum standards as established by that board of education for performance as a teacher and has been approved by the school medical advisor and school nurse to be designated to administer medications pursuant to Sections 10-212a-1 through 10-212a-7 of the Regulations of Connecticut State Agencies.

## Students

### Administration of Medication

#### Legal References:

##### Connecticut General Statutes:

- 10-16p Definitions. Lead agency for school readiness
- 10-212 School nurses and nurse practitioners. Administration of medications by parents or guardians on school grounds
- 10-212a Administration of medications in schools, at athletic events and to children in school readiness programs
- 10-220j *Blood glucose self-testing by children. Guidelines***
- 21a-240 Definitions
- 21a-254 Designation of restricted drugs or substances by regulations

##### Regulations of Connecticut State Agencies:

- 10-212a-1 to 10-212a-10, Administration of Medications by School Personnel and Administration of Medication During Before- and After-School Programs and School Readiness Programs
- 21a-262-3, Disposition of drugs

Regulation approved: June 12, 2001  
Regulation amended: June 11, 2002  
Regulation amended: August 26, 2003  
Regulation amended: June 14, 2011

NEW MILFORD PUBLIC SCHOOLS  
New Milford, Connecticut

**New Milford Board of Education  
Policy Sub-Committee Minutes  
September 18, 2012  
Lillis Administration Building, Room 2**

Present: Mr. Tom Brant, Chairperson  
Mr. David A. Lawson  
Mr. David R. Shaffer  
Mrs. Daniele Shook

Also Present: Dr. JeanAnn C. Paddyfote, Superintendent of Schools  
Mr. Joshua Smith, Assistant Superintendent of Schools  
Ms. Ellamae Baldelli, Director of Human Resources

GEORGE C. BUCKBEE  
TOWN CLERK

2012 SEP 20 P 4:11

NEW MILFORD, CT

1.	<b>Call to Order</b> The meeting of the New Milford Board of Education Policy Sub-Committee was called to order at 6:31 p.m. by Mr. Brant.	<b>Call to Order</b>
2.	<b>Public Comment</b> <ul style="list-style-type: none"><li>None</li></ul>	<b>Public Comment</b>
3.	<b>Discussion and Possible Action</b>	<b>Discussion and Possible Action</b>
A.	<b>Policies Recommended for Revision and Approval at Initial Board Presentation:</b>	<b>Policies Recommended for Revision and Approval at Initial Board Presentation:</b>
1.	<b>Policy 4118.25/4218.25 Reporting Child Abuse and Neglect</b> <ul style="list-style-type: none"><li>Dr. Paddyfote noted that this is the policy clarification that the district has been waiting for from the Department of Children and Families (DCF) since 2011.</li><li>Mr. Shaffer asked if any mandated reporter would make the oral report to DCF or does a school administrator do it for them. Dr. Paddyfote said the mandated reporter was required to make the call within 12 hours.</li><li>Dr. Paddyfote said that she and Ms. Baldelli reviewed the policy and that it treats non-mandated reporters the same as mandated reporters basically. This requires that over 1800 people, including volunteers and substitutes for example, be trained. While appreciating the necessity, this is a huge paperwork burden for</li></ul>	<b>1. Policy 4118.25/4218.25 Reporting Child Abuse and Neglect</b>

	<p>this unfunded mandate.</p> <ul style="list-style-type: none"> <li>• Mr. Shaffer asked how often refresher training was required. Dr. Paddyfote answered every three years.</li> <li>• Mrs. Shook asked about the possibility of showing the training video during professional development time and Ms. Baldelli said that had been done when possible.</li> </ul>	
2.	<p><b>Policy 5111 Admission/Placement/Age of Entrance</b></p> <ul style="list-style-type: none"> <li>• Mr. Lawson said that he thought this policy was self-explanatory, being brought up to date with current law.</li> </ul>	<p><b>2. Policy 5111 Admission/Placement/Age of Entrance</b></p>
3.	<p><b>Policy 5112.3 School Attendance</b></p> <ul style="list-style-type: none"> <li>• Mr. Brant stated that Policies 5112.3 and 5113 parallel each other in many aspects. Mr. Lawson noted the repetition in language. Dr. Paddyfote stated that the redundancy was on purpose for clarity.</li> </ul>	<p><b>3. Policy 5112.3 School Attendance</b></p>
4.	<p><b>Policy 5113 Truancy</b></p> <ul style="list-style-type: none"> <li>• Mr. Shaffer asked for clarity on the issue of students over 18, considered adults, being able to write their own excuses vs. requiring a parent note. Mr. Lawson said that was superseded by education law which requires parents to sign. Dr. Paddyfote further clarified that the student's entitlement to education rests with the residence of the parents.</li> <li>• Dr. Paddyfote noted that this is the first time the state has defined excuses for truancy.</li> <li>• Mr. Lawson said that it still does not list the percentage of days required.</li> <li>• Mr. Shaffer asked for clarification on whether dismissal on "prom days" was excused. Dr. Paddyfote said that if the student is present for half of the regular school day then it counts as a dismissal, not an absence. Mr. Smith stated that with the state definitions, any absence under ten may be excused by the parent.</li> </ul>	<p><b>4. Policy 5113 Truancy</b></p>

	<p><b>5. Policy 6200 Adult Education</b></p> <ul style="list-style-type: none"> <li>Mr. Brant noted that this policy reflects changes in the law.</li> <li>Mr. Shaffer asked for the definition of an adult credit vs. a regular credit. Dr. Paddyfote said she would clarify that with Mrs. Duggan, the Adult Education Director.</li> </ul> <p>Mr. Lawson moved to bring Policies 4118.25/4218.25, 5111, 5112.3, 5113 and 6200 to the full Board for approval in October. Motion seconded by Mr. Shaffer.</p> <p>Motion passed unanimously.</p> <p><b>B. Policies Recommended for Revision after Full Board Second Review:</b></p> <ul style="list-style-type: none"> <li>Dr. Paddyfote stated that these two policies were returned to Committee for review due to questions raised at the September Board of Education meeting. Attorney Scott was consulted and additional commentary prepared for review.</li> </ul> <p><b>1. Policy 9125 Attorney</b></p> <ul style="list-style-type: none"> <li>Dr. Paddyfote stated that Attorney Scott made additions to section #4 under Attorney and further defined "qualified" under #1 Selection Procedures.</li> </ul> <p><b>2. Policy 9270 Conflict of Interest</b></p> <ul style="list-style-type: none"> <li>Dr. Paddyfote stated that the review of this policy centered on a request to define the word indirectly. Attorney Scott added a lengthy commentary for the Committee to review.</li> </ul> <p>Mrs. Shook moved to bring Policies 9125 and 9270 to the full Board for approval in October. Motion seconded by Mr. Shaffer.</p> <p>Motion passed unanimously.</p> <p><b>C. Policies Recommended for Revision:</b></p>	<p><b>5. Policy 6200 Adult Education</b></p> <p><b>Motion made and passed unanimously to bring Policies 4118.25/4218.25, 5111, 5112.3, 5113 and 6200 to the full Board for approval in October.</b></p> <p><b>Policies Recommended for Revision after Full Board Second Review:</b></p> <p><b>1. Policy 9125 Attorney</b></p> <p><b>2. Policy 9270 Conflict of Interest</b></p> <p><b>Motion made and passed unanimously to bring Policies 9125 and 9270 to the full Board for approval in October.</b></p> <p><b>Policies Recommended for Revision:</b></p>
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<p><b>1. Policy 1140 Distribution of Materials by Students</b></p> <ul style="list-style-type: none"> <li>• Mr. Shaffer stated that he would like the option suggested in section #1 added so that the distribution is for activities or events “during the school year”. Mr. Lawson said he was in favor as well, as this would cut down on some of the issues with summer items.</li> <li>• Dr. Paddyfote stated that this just applies to summer items. Under the current policy, the superintendent has limited discretion; distribution is still broad. The concern is that there is an implied endorsement of all materials distributed. She noted that other districts avoid this by having a closed public forum.</li> <li>• Mr. Lawson stated that he would favor a closed forum, especially in this era of instant communication.</li> <li>• Dr. Paddyfote agreed to bring a closed forum draft of the policy to the Committee next month for consideration before bringing the policy to the full Board for consideration.</li> </ul> <p><b>2. Policy 5114.12 Student Due Process</b></p> <ul style="list-style-type: none"> <li>• Mr. Shaffer asked for clarification as to which administrators conduct the annual review of handbooks. Dr. Paddyfote said the Assistant Superintendent is charged with that responsibility. She noted that all elementary schools have the same handbook which features all three logos on the front cover. At the secondary level, coordination takes place regarding discipline etc.</li> <li>• Mrs. Shook asked if siblings each get a copy vs. one copy per family. Dr. Paddyfote stated that each student receives an individual copy. At the secondary level, where there are implications for discipline and expulsion, they want to make sure each student reads and has a handbook accessible. Mr. Lawson noted their use as agendas as well.</li> </ul> <p>Mr. Shaffer moved to bring Policy 5114.12 to the full Board for first review in October. Motion seconded by</p>	<p><b>1. Policy 1140 Distribution of Materials by Students</b></p> <p><b>2. Policy 5114.12 Student Due Process</b></p> <p><b>Motion made and passed unanimously to bring Policy 5114.12 to the full Board for first</b></p>
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<b>D.</b>	Mrs. Shook. Motion passed unanimously.  <b>Policy Series to be Reviewed in 2012-2013</b> <ul style="list-style-type: none"><li>• Dr. Paddyfote recommended that the Committee review the 6000 series this year which deals with Instruction. This series is very large so it will be broken up into sections for review.</li></ul>	<b>review in October.</b>  <b>Policy Series to be Reviewed in 2012-2013</b>
<b>4.</b>  <b>A.</b>	<b>Item of Information</b>  <b>Regulation 5141.21 Administration of Medications</b> <ul style="list-style-type: none"><li>• Dr. Paddyfote stated this regulation has frequent changes and is provided as an item of information. The Committee agreed that the regulation is very comprehensive.</li></ul>	<b>Item of Information</b>  <b>Regulation 5141.21 Administration of Medications</b>
<b>5.</b>	<b>Adjourn</b>  <b>Mr. Lawson moved to adjourn the meeting at 7:06 p.m. seconded by Mrs. Shook and passed unanimously.</b>	<b>Adjourn</b>  <b>Motion made and passed unanimously to adjourn the meeting at 7:06 p.m.</b>

Respectfully submitted:



Pat Silverman  
Recording Secretary