

# Policy Committee Meeting

Tuesday, March 5, 2024 9:00 AM

Remote Session

## I. CALL TO ORDER, VERIFICATION OF QUORUM

## II. APPROVAL OF MINUTES

II.A. Approval of minutes from the February 6, 2024 Policy Committee Meeting.

## III. DISCUSSION OF POLICIES, REGULATIONS, AND BYLAWS

III.A. Discussion on 5131.31 Regulations Regarding Immunizations

III.B. Discussion on 5141.21 Administration of Student Medications

III.C. Discussion on 5112 Ages of Attendance

III.D. Discussion on 5111 Admission/Placement

III.E. Discussion on 1312 Instructional Materials Review Committee Report

III.F. Discussion on 1312 WPS Request for Evaluation of Instructional Materials

III.G. Discussion on 6161 WPS Equipment Books Materials

III.H. Discussion on INTERNAL PROCESS to Select Instructional Texts and Educational Materials

## IV. DISCUSSION OF POLICIES, REGULATIONS, AND BYLAWS IN FUTURE MEETINGS

## V. NEXT SCHEDULED MEETING OF THE POLICY COMMITTEE

V.A. The next scheduled meeting of the Policy Committee is April 2, 2024 (remote meeting).

## VI. ADJOURNMENT

## **Policy Committee Meeting**

Tuesday, February 6, 2024 9:00 AM

Remote Session

**Absent:** Michael Guido, **Present:** Steven Ezzes, Sharon Ferraro. Present: 2,  
Absent: 1. **Present:** Michael Guido. Present: 3.

### I. **CALL TO ORDER, VERIFICATION OF QUORUM**

The meeting was called to order at 9:13 AM, Michael Guido joined at 9:23 AM.

#### **Additional Attendees:**

Lisa Barbiero, Superintendent of Schools (Administrative Representative); Kristen Abrue, District Nurse Supervisor

### II. **APPROVAL OF MINUTES**

A. Approval of minutes from the January 2, 2024 Policy Committee Meeting.

Move that the Policy Committee approve the minutes from the January 2, 2024 meeting. Carried with a motion by Ezzes, Steven and a second by Ferraro, Sharon.

Steven Ezzes: Yea, Sharon Ferraro: Yea

Yea: 2, Nay: 0

**Present:** Steven Ezzes, Sharon Ferraro, Michael Guido. Absent: 0.  
Present: 3.

### III. **DISCUSSION OF POLICIES, REGULATIONS, AND BYLAWS**

A. Discussion of AR 4142.3 Health Assessments/Screenings and Oral Assessments

Kristen Abreau, District Nurse Supervisor, provided updates to the Health Assessment/Screening policy. Updates presented are to match what we are currently doing in practice.

### IV. **DISCUSSION OF POLICIES, REGULATIONS, AND BYLAWS IN FUTURE MEETINGS**

The committee discussed additional health policies under review by the District Nurse Supervisor, which will be brought to the committee next month. Mandatory policies are being reviewed, and the committee will begin to work on updates.

### V. **NEXT SCHEDULED MEETING OF THE POLICY COMMITTEE**

A. The next scheduled meeting of the Policy Committee is March 5, 2024 (remote meeting).

### VI. **ADJOURNMENT**

The meeting adjourned at 9:35 AM.

Move that the Policy Committee adjourn the February 6, 2024 meeting. Carried with a motion by Guido, Michael and a second by Ezzes, Steven.

Steven Ezzes: Yea, Sharon Ferraro: Yea, Michael Guido: Yea  
Yea: 3, Nay: 0

Respectfully submitted by:

Jodi Sacchetta

\_\_\_\_\_  
Chairperson

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Superintendent

DRAFT

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**ADMINISTRATIVE REGULATIONS REGARDING IMMUNIZATIONS****I. Immunization Requirements**

In accordance with state law and accompanying regulations, the Weston Public Schools (the “District”) requires each child to be protected by adequate immunization against diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella, haemophilus influenzae type B, hepatitis A, hepatitis B, varicella, pneumococcal diseases, meningococcal disease and any other vaccine required by the schedule for active immunization as determined by the Commissioner of Public Health pursuant to Conn. Gen. Stat. § 19a-7f, before being permitted to enroll in any program or school under its jurisdiction.

Among other requirements, before being permitted to enter seventh grade, the District requires each child to be vaccinated against meningococcal disease. The District further requires each child to receive a second immunization against measles and tetanus, diphtheria and pertussis (Tdap) before being permitted to enter seventh grade.

Further, each child must have received two doses of immunization against varicella before being permitted to enter kindergarten and seventh grade, and each child must have received two doses of immunization against rubella and mumps before being permitted to enter grades kindergarten through twelve.

~~*If the District operates a preschool program, the following language should be added:*~~

~~By January 1 of each year, children aged 24-59 months enrolled in the District’s preschool program must show proof of receipt of at least one dose of influenza vaccine between August 1 and December 31 of the preceding year. All children aged 24-59 months who have not received vaccination against influenza previously must show proof of receipt of two doses of the vaccine the first influenza season that they are vaccinated. Children seeking to enroll in the District’s preschool program between January 1 and March 31 are required to receive the influenza vaccine prior to being permitted to enter the program. Children who enroll in the preschool program after March 31 of any given year are not required to meet the influenza vaccine requirement until the following January.~~

Exemption from the applicable requirements of these administrative regulations shall be granted to any child who, before being permitted to enroll:

- (1) presents a certificate from a physician, physician assistant, advanced practice registered nurse or local health agency stating that initial immunizations have been given to such child and additional immunizations are in process
  - (A) under guidelines and schedules specified by the Commissioner of Public Health; or
  - (B) in the case of a child enrolled in a preschool program or other prekindergarten program who, prior to April 28, 2021, was exempt from the applicable immunization requirements upon presentation of a statement that such immunizations would be contrary to the religious beliefs of such child or the parents or guardian of such child, as such additional immunizations are recommended, in a written declaration, in a form prescribed by the Commissioner of Public Health, for such child by a physician, a physician assistant or an advanced practice registered nurse. Such statement of religious beliefs shall be acknowledged by a judge of a court of record or a family support magistrate, a clerk or deputy clerk of a court having a seal, a town clerk, a notary public, a justice of the peace, an attorney admitted to the bar of this state, or a school nurse; or
- (2) presents a certificate, in a form prescribed by the Commissioner of Public Health pursuant to Section 7 of Public Act No. 21-6, from a physician, physician assistant, or advanced practice registered nurse stating that in the opinion of a such physician, physician assistant, or advanced practice registered nurse such immunization is medically contraindicated because of the physical condition of such child; or
- (3) in the case of measles, mumps or rubella, presents a certificate from a physician, physician assistant or advanced practice registered nurse or from the Director of Health in such child's present or previous town of residence, stating that the child has had a confirmed case of such disease; or
- (4) in the case of haemophilus influenzae type B, has passed such child's fifth birthday; or
- (5) in the case of pertussis, has passed such child's sixth birthday.

## II. Exemptions Based on Religious Beliefs

### A. Children Enrolled in Kindergarten Through Twelfth Grade On or Before April 28, 2021

The immunization requirements set forth in Section I of these administrative regulations **shall not apply** to any child who is enrolled in kindergarten through twelfth grade on or before April 28, 2021 if:

1. such child presented a statement, prior to April 28, 2021, from the parents or guardians of such child that such immunization is contrary to the religious beliefs of such child or the parents or guardians of such child, and
2. such statement was acknowledged by a judge of a court of record or a family support magistrate, a clerk or deputy clerk of a court having a seal, a town clerk, a notary public, a justice of the peace, an attorney admitted to the bar of the State of Connecticut, or a school nurse.

B. Students Who Transfer from Another Public or Private School in Connecticut

The immunization requirements set forth in Section I of this policy **shall not apply** to any student who:

1. transfers to the District from another public or private school in Connecticut, and
2. was enrolled in kindergarten through twelfth grade in the other public or private school on or before April 28, 2021, and
3. presented a statement, prior to April 28, 2021, from the parents or guardians of such child that such immunization is contrary to the religious beliefs of such child or the parents or guardians of such child, and such statement was acknowledged by a judge of a court of record or a family support magistrate, a clerk or deputy clerk of a court having a seal, a town clerk, a notary public, a justice of the peace, an attorney admitted to the bar of the State of Connecticut, or a school nurse.

C. Children Enrolled in Preschool or Prekindergarten Prior to April 28, 2021

Any child who is enrolled in a preschool program or other prekindergarten program prior to April 28, 2021 who:

1. presented a statement, prior to April 28, 2021, from the parents or guardians of such child that such immunization is contrary to the religious beliefs of such child or the parents or guardians of such child, and
2. such statement was acknowledged by a judge of a court of record or a family support magistrate, a clerk or deputy clerk of a court

having a seal, a town clerk, a notary public, a justice of the peace, an attorney admitted to the bar of the State of Connecticut, or a school nurse, but

3. did not present a written declaration from a physician, a physician assistant or an advanced practice registered nurse stating that additional immunizations are in process as recommended by such physician, physician assistant or advanced practice registered nurse, rather than as recommended under guidelines and schedules specified by the Commissioner of Public Health

**shall comply** with the immunization requirements provided for in Section I of these administrative regulations on or before September 1, 2022, or not later than fourteen (14) days after transferring to a program operated by a school under the jurisdiction of the District, whichever is later.

In accordance with state law, the Weston Board of Education (“Board”) and the District shall not be liable for civil damages resulting from an adverse reaction to a nondefective vaccine required to be administered by state law.

If the parents or guardians of any child are unable to pay for any required immunization, the expense of such immunization shall, upon the recommendation of the Board, be paid by the town of the child’s residence.

The District designates ~~[insert name of responsible staff member]~~ the school nurse as the representative for receipt of reports from health care providers concerning student immunizations.

The current required immunizations for elementary (including preschool), middle and high school students can be found at:  
~~[https://portal.ct.gov/-/media/SDE/School-Nursing/Forms/Immunization\\_Requirements.pdf](https://portal.ct.gov/-/media/SDE/School-Nursing/Forms/Immunization_Requirements.pdf)~~  
[https://portal.ct.gov/-/media/SDE/School-Nursing/Publications/Immunization\\_Requirements.pdf](https://portal.ct.gov/-/media/SDE/School-Nursing/Publications/Immunization_Requirements.pdf)

In implementing these regulations, the District shall consider state guidance and supporting documents and comply with applicable law.

Legal Reference: Connecticut General Statutes  
§ 10-204a Required immunizations  
§ 10-204c Immunity from liability  
Public Act No. 21-6, “An Act Concerning Immunizations”

Regulations of Connecticut State Agencies  
§ 10-204a-2a Adequate Immunization

Letter to Superintendents of Schools et al. from Connecticut State Departments of Public Health and Education, *Reinstatement of Prekindergarten and Kindergarten School Immunization Entry Requirement for Haemophilus Influenza Type B (Hib) Vaccine*, June 25, 2010.

Letter to Superintendents of Schools et al. from Connecticut State Departments of Public Health and Education, *Changes in the Immunization Requirements for School Entry*, March 15, 2011.

State Department of Education, Guidance Regarding Public Act 21-6, “An Act Concerning Immunizations,” May 25, 2021.

ADOPTED May 21, 2018

REVISED: \_\_\_\_\_

~~6/25/2021~~



~~Series 5000~~ 5141.21

Students

## ADMINISTRATION OF STUDENT MEDICATIONS IN THE SCHOOLS

### A. Definitions

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

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

Before or after school program means any child care program operated and administered by the ~~Weston~~ Weston Board of Education (the "Board") and exempt from licensure by the Office of Early Childhood pursuant to subdivision (1) of subsection (b) of Section 19a-77 of the Connecticut General Statutes. Such programs do not include public or private entities licensed by the Office of Early Childhood or Board enhancement programs and extra-curricular activities.

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

Coach means any person holding a coaching permit who is hired by the Board to coach for a sport season.

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

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

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

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

Error means:

- (1) the failure to do any of the following as ordered:
  - (a) administer a medication to a student;
  - (b) administer medication within the time designated by the prescribing physician;
  - (c) administer the specific medication prescribed for a student;
  - (d) administer the correct dosage of medication;
  - (e) administer medication by the proper route;
  - (f) administer the medication according to generally accepted standards of practice; or
- (2) the administration of medication to a student which is not ordered, or which is not authorized in writing by the parent or guardian of such student, except for the administration of epinephrine or naloxone for the purpose of emergency first aid as set forth in Sections D and E below.

Guardian means one who has the authority and obligations of guardianship of the person of a minor, and includes: (1) the obligation of care and control; and (2) 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.

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.

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

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.

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

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

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

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.

Medication order means the authorization 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.

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

Occupational therapist means an occupational therapist employed full time by the Board and licensed in Connecticut pursuant to Chapter 376a of the Connecticut General Statutes.

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

Paraeducator/Paraprofessional means a health care aide or assistant or an instructional aide or assistant employed by the Board who meets the requirements of the Board for employment as a health care aide or assistant or instructional aide or assistant.

Physical therapist means a physical therapist employed full time by the Board and licensed in Connecticut pursuant to Chapter 376 of the Connecticut General Statutes.

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

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

Principal means the administrator in the school.

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.

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

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

School nurse supervisor means the nurse designated by the Board as the supervisor or, if no designation has been made by the Board, the lead or coordinating nurse assigned by the Board.

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 Office of Early Childhood pursuant to subdivision (1) of subsection (b) of Section 19a-77 of the Connecticut General Statutes.

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.

Teacher means a person employed full time by the Board who has met the minimum standards as established by the Board 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 the Regulations of Connecticut State Agencies Sections 10-212a-1 through 10-212a-7.

**B. General Policies on Administration of Medications**

- (1) Except as provided below in Sections D and E, no medication, including non-prescription drugs, may be administered by any school personnel without:

- (a) the written medication order of an authorized prescriber;
  - (b) the written authorization of the student's parent or guardian or eligible student; and
  - (c) the written permission of a parent for the exchange of information between the prescriber and the school nurse necessary to ensure safe administration of such medication.
- (2) Prescribed medications shall be administered to and taken by only the person for whom the prescription has been written.
- (3) Except as provided in Sections D and E, medications may be administered only by a licensed nurse or, in the absence of a licensed nurse, by:
- (a) a full-time principal, a full-time teacher, or a full-time licensed physical or occupational therapist employed by the school district. A full-time principal, teacher, licensed physical or occupational therapist employed by the school district may administer oral, topical, intranasal or inhalant medications. Such individuals may administer injectable medications only to a student with a medically diagnosed allergic condition that may require prompt treatment to protect the student against serious harm or death.
  - (b) students with chronic medical conditions who are able to possess, self-administer, or possess and self-administer medication, provided all of the following conditions are met:
    - (i) an authorized prescriber provides a written medication order, including the recommendation for possession, self-administration, or possession and self-administration;
    - (ii) there is a written authorization for possession, self-administration, or possession and self-administration from the student's parent or guardian or eligible student;
    - (iii) the school nurse has developed a plan for possession, self-administration, or possession and self-administration, and general supervision, and has documented the plan in the student's cumulative health record;
    - (iv) the school nurse has assessed the student's competency for self-administration and deemed it safe and appropriate, including that the student: is capable of identifying and selecting the appropriate medication by size, color, amount or other label identification; knows the frequency

and time of day for which the medication is ordered; can identify the presenting symptoms that require medication; administers the medication appropriately; maintains safe control of the medication at all times; seeks adult supervision whenever warranted; and cooperates with the established medication plan;

- (v) the principal, appropriate teachers, coaches and other appropriate school personnel are informed the student is possessing, self-administering, or possessing and self-administering prescribed medication;
  - (vi) such medication is transported to school and maintained under the student's control in accordance with this policy; and
  - (vii) controlled drugs, as defined in this policy, may not be possessed or self-administered by students, except in extraordinary situations, such as international field trips, with approval of the school nurse supervisor and the school medical advisor in advance and development of an appropriate plan.
- (c) a student diagnosed with asthma who is able to self-administer medication shall be permitted to retain possession of an asthmatic inhaler at all times while attending school, in order to provide for prompt treatment to protect such student against serious harm or death, provided all of the following conditions are met:
- (i) an authorized prescriber provides a written order requiring the possession of an inhaler by the student at all times in order to provide for prompt treatment in order to protect the student against serious harm or death and authorizing the student's self-administration of medication, and such written order is provided to the school nurse;
  - (ii) there is a written authorization from the student's parent or guardian regarding the possession of an inhaler by the student at all times in order to protect the student against serious harm or death and authorizing the student's self-administration of medication, and such written authorization is provided to the school nurse;
  - (iii) the conditions set forth in subsection (b) above have been met, except that the school nurse's review of a student's

competency to self-administer an inhaler for asthma in the school setting shall not be used to prevent a student from retaining and self-administering an inhaler for asthma. Students may self-administer medication with only the written authorization of an authorized prescriber and written authorization from the student's parent or guardian or eligible student; and

- (iv) the conditions for self-administration meet any regulations as may be imposed by the State Board of Education in consultation with the Commissioner of Public Health.
- (d) a student diagnosed with an allergic condition who is able to self-administer medication shall be permitted to retain possession of a cartridge injector at all times while attending school, in order to provide for prompt treatment to protect such student against serious harm or death, provided all of the following conditions are met:
- (i) an authorized prescriber provides a written order requiring the possession of a cartridge injector by the student at all times in order to provide for prompt treatment in order to protect the student against serious harm or death and authorizing the student's possession, self-administration, or possession and self-administration of medication, and such written order is provided to the school nurse;
  - (ii) there is a written authorization from the student's parent or guardian regarding the possession of a cartridge injector by the student at all times in order to protect the student against serious harm or death and authorizing the student's possession, self-administration, or possession and self-administration of medication, and such written authorization is provided to the school nurse;
  - (iii) the conditions set forth in subsection (b) above have been met, except that the school nurse's review of a student's competency to self-administer cartridge injectors for medically-diagnosed allergies in the school setting shall not be used to prevent a student from retaining and self-administering a cartridge injector for medically-diagnosed allergies. Students may self-administer medication with only the written authorization of an authorized prescriber and written

authorization from the student's parent or guardian or eligible student; and

- (iv) the conditions for self-administration meet any regulations as may be imposed by the State Board of Education in consultation with the Commissioner of Public Health.
- (e) a student with a medically diagnosed life-threatening allergic condition may possess, self-administer, or possess and self-administer medication, including but not limited to medication administered with a cartridge injector, to protect the student against serious harm or death, provided the following conditions are met:
  - (i) the parent or guardian of the student has provided written authorization for the student to possess, self-administer, or possess and self-administer such medication; and
  - (ii) a qualified medical professional has provided a written order for the possession, self-administration, or possession and self-administration.
- (f) a coach of intramural or interscholastic athletic events or licensed athletic trainer who has been trained in the administration of medication, during intramural or interscholastic athletic events, may administer inhalant medications prescribed to treat respiratory conditions and/or medication administered with a cartridge injector for students with medically diagnosed allergic conditions which may require prompt treatment to protect the student against serious harm or death, provided all of the following conditions are met:
  - (i) the school nurse has determined that a self-administration plan is not viable;
  - (ii) the school nurse has provided to the coach a copy of the authorized prescriber's order and parental permission form;
  - (iii) the parent/guardian has provided the coach or licensed athletic trainer with the medication in accordance with Section K of this policy, and such medication is separate from the medication stored in the school health office for use during the school day; and

- (iv) the coach or licensed athletic trainer agrees to the administration of emergency medication and implements the emergency care plan, identified in Section H of this policy, when appropriate.
- (g) an identified school ~~paraeducator~~ ~~paraprofessional~~ who has been trained in the administration of medication, provided medication is administered only to a specific student in order to protect that student from harm or death due to a medically diagnosed allergic condition, and the following additional conditions are met:
  - (i) there is written authorization from the student's parents/guardian to administer the medication in school;
  - (ii) medication is administered pursuant to the written order of (A) a physician licensed under chapter 370 of the Connecticut General Statutes, (B) an optometrist licensed to practice optometry under chapter 380 of the Connecticut General Statutes, (C) an advanced practice registered nurse licensed to prescribe in accordance with section 20-94a of the Connecticut General Statutes, or (D) a physician assistant licensed to prescribe in accordance with section 20-12d of the Connecticut General Statutes;
  - (iii) medication is administered only with approval by the school nurse and school medical advisor, if any, in conjunction with the school nurse supervisor and under the supervision of the school nurse;
  - (iv) the medication to be administered is limited to medications necessary for prompt treatment of an allergic reaction, including, but not limited to, a cartridge injector; and
  - (v) the ~~paraeducator~~ ~~paraprofessional~~ shall have received proper training and supervision from the school nurse in accordance with this policy and state regulations.
- (h) a principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by the Board, coach or school ~~paraeducator~~ ~~paraprofessional~~, provided medication is antiepileptic medication, including by rectal syringe, administered only to a specific student with a medically diagnosed epileptic condition that requires prompt treatment in accordance with the student's individual seizure action plan, and the following additional conditions are met:

- (i) there is written authorization from the student's parents/guardians to administer the medication;
  - (ii) a written order for such administration has been received from the student's physician licensed under Chapter 370 of the Connecticut General Statutes;
  - (iii) the principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by the Board, coach or school paraprofessional is selected by the school nurse and school medical advisor, if any, and voluntarily agrees to administer the medication;
  - (iv) the principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by the Board, coach or school paraprofessional annually completes the training program established by the Connecticut State Department of Education and the Association of School Nurses of Connecticut, and the school nurse and medical advisor, if any, have attested, in writing, that such training has been completed; and
  - (v) the principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by the Board, coach or school ~~paraeducator~~paraprofessional receives monthly reviews by the school nurse to confirm competency to administer antiepileptic medication.
- (i) a director of a school readiness program or a before or after school program, or the director's designee, provided that the medication is administered:
    - (i) only to a student enrolled in such program; and
    - (ii) in accordance with Section L of this policy.
  - (j) a licensed practical nurse, after the school nurse has established the medication plan, provided that the licensed practical nurse may not train or delegate the administration of medication to another individual, and provided that the licensed practical nurse can demonstrate one of the following:
    - (i) training in administration of medications as part of their basic nursing program;

- (ii) successful completion of a pharmacology course and subsequent supervised experience; or
  - (iii) supervised experience in the administration of medication while employed in a health care facility.
- (4) Medications may also be administered by a parent or guardian to the parent or guardian's own child on school grounds.
- (5) Investigational drugs or research or study medications may be administered only by a licensed nurse. For FDA-approved medications being administered according to a 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.

C. Diabetic Students

- (1) The Board permits blood glucose testing by students who have a written order from a physician or an advanced practice registered nurse stating the need and capability of such student to conduct self-testing, or the use of continuous blood glucose monitors (CGM) by students diagnosed with Type 1 diabetes, who have a written order from a physician or an advanced practice registered nurse.
- (2) The Board will not restrict the time or location of blood glucose testing by a student with diabetes on school grounds who has written authorization from a parent or guardian and a written order from a physician or an advanced practice registered nurse stating that such student is capable of conducting self-testing on school grounds.
- (3) The Board will not require a student using a continuous glucose monitor approved by the Food and Drug Administration for use without finger stick verification to undergo finger stick verification of blood glucose readings from a continuous glucose monitor on a routine basis. Finger stick testing of a student using a continuous glucose monitor so approved by the Food and Drug Administration shall only be conducted: (1) as ordered by the student's physician or advanced practice provider; (2) if it appears that the continuous glucose monitor is malfunctioning; or (3) in an urgent medical situation.
- (4) The Board shall purchase or use existing equipment owned by the Board to monitor blood glucose alerts transmitted from continuous glucose monitors of students with Type 1 diabetes to dedicated receivers, smartphone/tablet applications, or other appropriate technology on such equipment.

- (5) In the absence or unavailability of the school nurse, select school employees may administer medication with injectable equipment used to administer glucagon to a student with diabetes that may require prompt treatment in order to protect the student against serious harm or death, under the following conditions:
- (a) The student’s parent or guardian has provided written authorization;
  - (b) A written order for such administration has been received from the student’s physician licensed under Chapter 370 of the Connecticut General Statutes;
  - (c) The school employee is selected by either the school nurse or principal and is a principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by a school district, coach or school ~~pareducator~~ ~~paraprofessional~~;
  - (d) The school nurse shall provide general supervision to the selected school employee;
  - (e) The selected school employee annually completes any training required by the school nurse and school medical advisor in the administration of medication with injectable equipment used to administer glucagon;
  - (f) The school nurse and school medical advisor have attested in writing that the selected school employee completed the required training; and
  - (g) The selected school employee voluntarily agrees to serve as one who may administer medication with injectable equipment used to administer glucagon to a student with diabetes that may require prompt treatment in order to protect the student against serious harm or death.

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

- (1) For purposes of this Section D, “regular school hours” means the posted hours during which students are required to be in attendance at the individual school on any given day.
- (2) The school nurse shall maintain epinephrine in cartridge injectors for the purpose of emergency first aid to students who experience allergic reactions and do not have prior written authorization of a parent or

guardian or a prior written order of a qualified medical professional for the administration of epinephrine.

- (a) The school nurse, in consultation with the school nurse supervisor, shall determine the supply of epinephrine in cartridge injectors that shall be available in the individual school.
  - (b) In determining the appropriate supply of epinephrine in cartridge injectors, the nurse may consider, among other things, the number of students regularly in the school building during the regular school day and the size of the physical building.
- (3) The school nurse or school principal shall select principal(s), teacher(s), licensed athletic trainer(s), licensed physical or occupational therapist(s) employed by the Board, coach(es) and/or school ~~paraeducator~~ ~~paraprofessional~~(s) to maintain and administer the epinephrine in cartridge injectors for the purpose of emergency first aid as described in Paragraph (2) above, in the absence of the school nurse.
- (a) More than one individual must be selected by the school nurse or school principal for such maintenance and administration in the absence of the school nurse.
  - (b) The selected personnel, before conducting such administration, must annually complete the training made available by the Department of Education for the administration of epinephrine in cartridge injectors for the purpose of emergency first aid.
  - (c) The selected personnel must voluntarily agree to complete the training and administer epinephrine in cartridge injectors for the purpose of emergency first aid.
- (4) Either the school nurse or, in the absence of the school nurse, at least one of the selected and trained personnel as described in Paragraph (3) above shall be on the grounds of each school during regular school hours.
- (a) The school principal, in consultation with the school nurse supervisor, shall determine the level of nursing services and number of selected and trained personnel necessary to ensure that a nurse or selected and trained personnel is present on the grounds of each school during regular school hours.
  - (b) If the school nurse, or a substitute school nurse, is absent or must leave school grounds during regular school hours, the school nurse, school administrator or designee shall use an effective and

reasonable means of communication to notify one or more qualified school employees and other staff in the school that the selected and trained personnel identified in Paragraph (3) above shall be responsible for the emergency administration of epinephrine.

- (5) The administration of epinephrine pursuant to this section must be done in accordance with this policy, including but not limited to the requirements for documentation and record keeping, errors in medication, emergency medical procedures, and the handling, storage and disposal of medication, and the Regulations adopted by the Department of Education.
- (6) The parent or guardian of any student may submit, in writing, to the school nurse or school medical advisor, if any, that epinephrine shall not be administered to such student pursuant to this section.
  - (a) The school nurse shall notify selected and trained personnel of the students whose parents or guardians have refused emergency administration of epinephrine.
  - (b) The Board shall annually notify parents or guardians of the need to provide such written notice.
- (7) Following the emergency administration of epinephrine by selected and trained personnel as identified in this section:
  - (a) Such emergency administration shall be reported immediately to:
    - (i) The school nurse or school medical advisor, if any, by the personnel who administered the epinephrine; and
    - (ii) The student's parent or guardian, by the school nurse or personnel who administered the epinephrine.

- (b) A medication administration record shall be:
- (i) Submitted to the school nurse by the personnel who administered the epinephrine as soon as possible, but no later than the next school day; and
  - (ii) filed in or summarized on the student’s cumulative health record, in accordance with the Document and Record Keeping section of this policy.

~~*[Optional insert for boards of education wishing to make opioid antagonists (e.g., naloxone hydrochloride or “Narcan”) available in their schools. Naloxone is a controlled medication that is used as an emergency first aid measure in the event of an opioid overdose. Boards of education are not required to make opioid antagonists available in their schools, nor are they required to maintain a secure box or vending machine containing opioid antagonists on their premises (as outlined in subsections E(8) and E(9), below). However, Connecticut General Statutes § 10-212a authorizes school nurses or, in their absence, qualified school employees, to maintain and administer opioid antagonists, on an emergency basis, to students experiencing opioid-related drug overdoses without prior written authorization, provided certain requirements are met. ¶¶*~~

~~*¶¶  
If a board of education chooses not to include Section E, all references to Sections E-M should be revised accordingly.*~~

## ADMINISTERING MEDICATION TO PREVENT OPIOID OVERDOSE

### Students

#### Administering Medication Opioid Overdose Prevention (Emergency Administration of Opioid Antagonist)

The Weston Board of Education (Board) is committed to enhancing the health and safety of individuals within the school environment. The District will identify specific locations for the storage of Naloxone and protocols for its administration in emergency situations to assist individuals suspected to be experiencing an opioid overdose during school hours.

#### E. Opioid Antagonists for Purposes of Emergency First Aid Without Prior Authorization

- (1) For purposes of this Section E, “regular school hours” means the posted hours during which students are required to be in attendance at the individual school on any given day. “Regular school hours” does not

include after-school events such as athletics or extracurricular activities that take place outside the posted hours.

- (2) For purposes of this section, an “opioid antagonist” means naloxone hydrochloride (e.g., Narcan) or any other similarly acting and equally safe drug that the FDA has approved for the treatment of a drug overdose.
- (3) In accordance with Connecticut law and this policy, a school nurse may maintain opioid antagonists for the purpose of administering emergency first aid to students who experience a known or suspected opioid overdose and do not have a prior written authorization of a parent or guardian or a prior written order of a qualified medical professional for the administration of such opioid antagonist.
  - (a) The school nurse, in consultation with the Board’s medical advisor, shall determine the supply of opioid antagonists that shall be maintained in the individual school.
  - (b) In determining the appropriate supply of opioid antagonists, the nurse may consider, among other things, the number of students regularly in the school building during the regular school day and the size of the physical building.
  - (c) The school nurse shall be responsible for the safe storage of opioid antagonists maintained in a school and shall ensure any supply of opioid antagonists maintained is stored in a secure manner, in accordance with the manufacturer’s instructions, and in a location where it can be obtained in a timely manner if administration is necessary.
  - (d) The school nurse shall be responsible for maintaining an inventory of opioid antagonists maintained in the school, tracking the date(s) of expiration of the supply of opioid antagonists maintained in a school, and, as appropriate, refreshing the supply of opioid antagonists maintained in the school.
- (4) The school nurse, in consultation with the Superintendent and the building principal, shall provide notice to parents and guardians of the Board’s policies and procedures regarding the emergency administration of opioid antagonists in the event of a known or suspected opioid overdose.
- (5) A school nurse shall be approved to administer opioid antagonists for the purpose of emergency first aid, as described in Paragraph (3) above, in the event of a known or suspected opioid overdose, in accordance with

this policy and provided that such nurse has completed a training program in the distribution and administration of an opioid antagonist (1) developed by the State Department of Education, Department of Consumer Protection, and Department of Public Health, or (2) under a local agreement, entered into by the Board on July 1, 2022 or thereafter, with a prescriber or pharmacist for the administration of opioid antagonists for the purpose of emergency first aid, which training shall also address the Board's opioid antagonist storage, handling, labeling, recalls, and record keeping.

- (6) The school nurse or school principal shall select principal(s), teacher(s), licensed athletic trainer(s), coach(es), school ~~pareducator~~paraprofessional(s), and/or licensed physical or occupational therapist(s) employed by the Board to maintain and administer the opioid antagonists for the purpose of emergency first aid as described in Paragraph (3) above, in the absence of the school nurse.
  - (a) More than one individual must be selected by the school nurse or school principal for such maintenance and administration in the absence of the school nurse.
  - (b) The selected personnel, before administering an opioid antagonist pursuant to this section, must complete a training program in the distribution and administration of an opioid antagonist (1) developed by the State Department of Education, Department of Consumer Protection, and Department of Public Health, or (2) under a local agreement, entered into by the Board on July 1, 2022 or thereafter, with a prescriber or pharmacist for the administration of opioid antagonists for the purpose of emergency first aid, which training shall also address the Board's opioid antagonist storage, handling, labeling, recalls, and record keeping.
  - (c) All school personnel shall be notified of the identity of qualified school employees authorized to administer an opioid antagonist in the absence of the school nurse.
- (7) Either the school nurse or, in the absence of the school nurse, at least one of the selected and trained personnel as described in Paragraph (6) above, shall be on the grounds of each school during regular school hours.
  - (a) The school principal, in consultation with the school nurse supervisor, shall determine the level of nursing services and number of selected and trained personnel necessary to ensure that a nurse or selected and trained personnel is present on the grounds of each school during regular school hours.

- (b) If the school nurse, or a substitute school nurse, is absent or must leave school grounds during regular school hours, the school nurse, school administrator or designee shall use an effective and reasonable means of communication to notify one or more qualified school employees and other staff in the school that the selected and trained personnel identified in Paragraph (6) above shall be responsible for the emergency administration of opioid antagonists.
- (c) If a Board employee becomes aware of a student experiencing a known or suspected opioid overdose on school grounds but outside of regular school hours and opioid antagonists and/or the school nurse or other qualified school employee is not available to administer opioid antagonists for the purpose of emergency first aid, the Board employee will call 9-1-1.

~~NOTE TO CLIENT: Even if the Board authorizes the use of opioid antagonists, as described above, the following sections E(8) and E(9) are OPTIONAL. If the board chooses not to adopt E(8) and E(9), then all references to E(10) E(13) should be renumbered accordingly.~~

- (8) The District may also maintain intranasally or orally administered opioid antagonists in a secure box, pursuant to an agreement with a prescriber or pharmacist that permits the District to install on the District's premises a secure box. For the purposes of this section, a "secure box" means a container that (A) is securely affixed in a public location, (B) can be accessed by individuals for public use, (C) is temperature controlled or stored in an environment with temperature controls, (D) is tamper-resistant, (E) is equipped with an alarm capable of detecting and transmitting a signal when accessed by individuals, and (F) is equipped with an alarm capable of alerting first responders when accessed by individuals, unless equipping the container with such an alarm is commercially impracticable. Such agreement shall address the environmental controls necessary to store such opioid antagonist, establish procedures for replenishment of such opioid antagonist, and establish a process for monitoring the expiration dates of such opioid antagonist and disposing of any expired opioid antagonist. The secure box shall not contain an opioid antagonist in an amount greater than the amount necessary to serve the community in which it is installed. The secure box may also contain an automatic external defibrillator or other products used to treat a medical emergency. The District shall post signage disclosing the presence of such opioid antagonists and usage directions for such opioid antagonist, in the language or languages spoken in the community in which the secure box is installed. If the District is unable to maintain the secure box, or the supplies necessary to

maintain the secure box are unavailable, the District shall remove such secure box, and all signs required under this policy concerning such secure box, as soon as practicable but in no event later than five days after the District discovers that it is unable to maintain such secure box or the supplies necessary to maintain such secure box.

- (9) The District may also maintain, pursuant to an agreement with a prescriber or pharmacist that permits the District to operate a vending machine for the distribution of intranasally administered opioid antagonists, a vending machine for such purposes. The vending machine shall either be kept at a location that maintains a temperature that is at all times consistent with the manufacturer's package insert or has the ability to maintain an environment, independent of the external environment, that is appropriate for the opioid antagonist, in accordance with manufacturer's package insert. The District shall display, clearly and conspicuously, on the outside of or adjacent to the vending machine or upon the distribution of the opioid antagonist:
  - (a) Information concerning the signs and symptoms of an overdose;
  - (b) Instructions for the use of the opioid antagonist;
  - (c) Information about the services that are offered in Connecticut to treat opioid use disorder; and
  - (d) an Internet web site address that contains, or a quick response (QR) code that directs an individual to an Internet web site that contains, information concerning the signs and symptoms of an overdose, overdose response and instructions for the use of the opioid antagonist.
- (10) The administration and storage of opioid antagonists pursuant to this policy must be effected in accordance with this policy and procedures regarding the acquisition, maintenance, and administration established by the Superintendent in consultation with the Board's medical advisor.
- (11) The parent or guardian of any student may submit, in writing, to the school nurse or school medical advisor, if any, that opioid antagonists shall not be administered to such student pursuant to this section.
  - (a) The school nurse shall notify selected and trained personnel of the students whose parents or guardians have refused emergency administration of opioid antagonists.

- (b) The Board shall annually notify parents or guardians of the need to provide such written notice of refusal.
- (12) Following the emergency administration of an opioid antagonist by a school nurse or selected and trained personnel as identified in this section:
- (a) Immediately following the emergency administration of an opioid antagonist by a school nurse or selected and trained personnel as identified in this section, the person administering the opioid antagonist must call 911.
  - (b) Such emergency administration shall be reported immediately to:
    - (i) The school nurse or school medical advisor, if any, by the personnel who administered the opioid antagonist;
    - (ii) The Superintendent of Schools; and
    - (iii) The student's parent or guardian.
  - (c) A medication administration record shall be:
    - (i) Created by the school nurse or submitted to the school nurse by the personnel who administered the opioid antagonist, as soon as possible, but no later than the next school day; and
    - (ii) filed in or summarized on the student's cumulative health record, in accordance with Section F of this policy.
- (13) In the event that any provisions of this Section E conflict with regulations adopted by the Connecticut State Department of Education concerning the use, storage and administration of opioid antagonists in schools, the Department's regulations shall control.†

F. Documentation and Record Keeping

- (1) Each school or before or after school program and school readiness program where medications are administered shall maintain an individual medication administration record for each student who receives medication during school or program hours. This record shall include the following information:
- (a) the name of the student;
  - (b) the student's state-assigned student identifier (SASID);

- (c) the name of the medication;
  - (d) the dosage of the medication;
  - (e) the route of the administration, (e.g., oral, topical, inhalant, etc.);
  - (f) the frequency of administration;
  - (g) the name of the authorized prescriber;
  - (h) the dates for initiating and terminating the administration of medication, including extended-year programs;
  - (i) the quantity received at school and verification by the adult delivering the medication of the quantity received;
  - (j) the date the medication is to be reordered (if any);
  - (k) any student allergies to food and/or medication(s);
  - (l) the date and time of each administration or omission, including the reason for any omission;
  - (m) the dose or amount of each medication administered;
  - (n) the full written or electronic legal signature of the nurse or other authorized school personnel administering the medication; and
  - (o) 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.
- (2) All records are either to be made in ink and shall not be altered, or recorded electronically in a record that cannot be altered.
- (3) Written orders of authorized prescribers, written authorizations of a parent or guardian, the written parental permission for the exchange of information by the prescriber and school nurse to ensure safe administration of such medication, and the completed medication administration record for each student shall be filed in the student's cumulative health record or, for before or after school programs and school readiness programs, in the student's program record.
- (4) Authorized prescribers may make verbal orders, including telephone orders, for a *change* in medication order. Such verbal orders may be received only by a school nurse and must be followed by a written order, which may be faxed, and must be received within three (3) school days.
- (5) Medication administration records will be made available to the Department of Education for review until destroyed pursuant to Section 11-8a and Section 10-212a(b) of the Connecticut General Statutes.
- (a) The completed medication administration record for non-controlled medications may, at the discretion of the school district, be destroyed in accordance with Section M8 of the Connecticut Record Retention Schedules for Municipalities upon receipt of a signed approval form (RC-075) from the Office of the

Public Records Administrator, so long as such record is superseded by a summary on the student health record.

- (b) The completed medication administration record for controlled medications shall be maintained in the same manner as the non-controlled medications. In addition, a separate medication administration record needs to be maintained in the school for three (3) years pursuant to Section 10-212a(b) of the Connecticut General Statutes.
- (6) Documentation of any administration of medication by a coach or licensed athletic trainer shall be completed on forms provided by the school and the following procedures shall be followed:
- (a) a medication administration record for each student shall be maintained in the athletic offices;
  - (b) administration of a cartridge injector medication shall be reported to the school nurse at the earliest possible time, but no later than the next school day;
  - (c) all instances of medication administration, except for the administration of cartridge injector medication, shall be reported to the school nurse at least monthly, or as frequently as required by the individual student plan; and
  - (d) the administration of medication record must be submitted to the school nurse at the end of each sport season and filed in the student's cumulative health record.

G. Errors in Medication Administration

- (1) Whenever any error in medication administration occurs, the following procedures shall apply:
- (a) the person making the error in medication administration shall immediately implement the medication emergency procedures in this policy if necessary;
  - (b) the person making the error in medication administration shall in all cases immediately notify the school nurse, principal, school nurse supervisor, and authorized prescriber. The person making the error, in conjunction with the principal, shall also immediately notify the parent or guardian, advising of the nature of the error and all steps taken or being taken to rectify the error,

including contact with the authorized prescriber and/or any other medical action(s); and

- (c) the principal shall notify the Superintendent or the Superintendent's designee.
- (2) The school nurse, along with the person making the error, shall complete a report using the authorized medication error report form. The report shall include any corrective action taken.
- (3) Any error in the administration of medication shall be documented in the student's cumulative health record or, for before or after school programs and school readiness programs, in the student's program record.
- (4) These same procedures shall apply to coaches and licensed athletic trainers during intramural and interscholastic events, except that if the school nurse is not available, a report must be submitted by the coach or licensed athletic trainer to the school nurse the next school day.

#### H. Medication Emergency Procedures

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

who shall thereafter notify the parent or guardian, advising of the existence and nature of the medication emergency and all steps taken or being taken to resolve the emergency and protect the health and safety of the student, including contact with the authorized prescriber and/or any other medical action(s) that are being or have been taken.

I. Supervision

- (1) The school nurse is responsible for general supervision of administration of medications in the school(s) to which that nurse is assigned.
- (2) The school nurse's duty of general supervision includes, but is not limited to, the following:
  - (a) availability on a regularly scheduled basis to:
    - (i) review orders or changes in orders and communicate these to personnel designated to give medication for appropriate follow-up;
    - (ii) set up a plan and schedule to ensure medications are given properly;
    - (iii) provide training to licensed nursing personnel, full-time principals, full-time teachers, full-time licensed physical or occupational therapists employed by the school district, coaches of intramural and interscholastic athletics, licensed athletic trainers and identified ~~paraeducators~~ ~~paraprofessionals~~ designated in accordance with Section B(3)(g), above, which training shall pertain to the administration of medications to students, and assess the competency of these individuals to administer medication;
    - (iv) support and assist other licensed nursing personnel, full-time principals, full-time teachers, full-time licensed physical or occupational therapists employed by the school district, coaches of intramural and/or interscholastic athletics, licensed athletic trainers and identified ~~paraeducators~~ ~~paraprofessionals~~ designated in accordance with Section B(3)(g), above, to prepare for and implement their responsibilities related to the administration of specific medications during school hours and during intramural and interscholastic athletics as provided by this policy;

- (v) provide appropriate follow-up to ensure the administration of medication plan results in desired student outcomes, including providing proper notification to appropriate employees or contractors regarding the contents of such medical plans; and
  - (vi) provide consultation by telephone or other means of telecommunications, which consultation may be provided by an authorized prescriber or other nurse in the absence of the school nurse.
- (b) In addition, the school nurse shall be responsible for:
- (i) implementing policies and procedures regarding the receipt, storage, and administration of medications;
  - (ii) reviewing, on a periodic basis, all documentation pertaining to the administration of medications for students;
  - (iii) performing observations of the competency of medication administration by full-time principals, full-time teachers, full-time licensed physical or occupational therapists employed by the school district, coaches of intramural and/or interscholastic athletics and licensed athletic trainers in accordance with Section B(3)(f), above, and identified ~~paraeducators~~ ~~paraprofessionals~~ designated in accordance with Section B(3)(g), above, who have been newly trained to administer medications; and,
  - (iv) conducting periodic reviews, as needed, with licensed nursing personnel, full-time principals, full-time teachers, full-time licensed physical or occupational therapists employed by the school district, coaches of intramural and/or interscholastic athletics and licensed athletic trainers in accordance with Section B(3)(f), above, and identified ~~paraeducators~~ ~~paraprofessionals~~ designated in accordance with Section B(3)(g), above, regarding the needs of any student receiving medication.

J. Training of School Personnel

- (1) Full-time principals, full-time teachers, full-time licensed physical or occupational therapists employed by the school district, coaches of intramural and/or interscholastic athletics and licensed athletic trainers in accordance with Section B(3)(f), above, and identified

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

- (2) Training for full-time principals, full-time teachers, full-time licensed physical or occupational therapists employed by the school district, coaches of intramural and/or interscholastic athletics and licensed athletic trainers in accordance with Section B(3)(f), above, and identified ~~paraeducators~~~~paraprofessionals~~ designated in accordance with Section B(3)(g), above, shall include, but is not necessarily limited to, the following:
  - (a) the general principles of safe administration of medication;
  - (b) the procedures for administration of medications, including the safe handling and storage of medications, and the required record-keeping; and
  - (c) specific information related to 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 doses of the medication, and when to implement emergency interventions.
- (3) The principal(s), teacher(s), licensed athletic trainer(s), licensed physical or occupational therapist(s) employed by the Board, coach(es) and/or school ~~paraeducators~~~~paraprofessional~~(s) who administer epinephrine as emergency first aid, pursuant to Section D above, shall annually complete the training program developed by the Departments of Education and Public Health and training in cardiopulmonary resuscitation and first aid.

~~*Local and regional boards of education that include Section E, above, should also include the following language.*~~

- (4) The principal(s), teacher(s), licensed athletic trainer(s), licensed physical or occupational therapist(s), coach(es) and/or school ~~paraeducator~~~~paraprofessional~~(s) who administer opioid antagonists as emergency first aid, pursuant to Section E above, shall annually

complete a training program in the distribution and administration of an opioid antagonist (1) developed by the State Department of Education, Department of Consumer Protection, and Department of Public Health, or (2) under a local agreement, entered into by the Board on July 1, 2022 or thereafter, with a prescriber or pharmacist for the administration of opioid antagonists for the purpose of emergency first aid, which training shall also address the Board's opioid antagonist storage, handling, labeling, recalls, and record keeping.

- (5) The Board shall maintain documentation of medication administration training as follows:
- (a) dates of general and student-specific trainings;
  - (b) content of the trainings;
  - (c) individuals who have successfully completed general and student-specific administration of medication training for the current school year; and
  - (d) names and credentials of the nurse or school medical advisor, if any, trainer or trainers.
- (6) Licensed practical nurses may not conduct training in the administration of medication to another individual.

~~Local and regional boards of education that employ their own bus drivers should include the following language.~~

~~(7) Bus Drivers.~~

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

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

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

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

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

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

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

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

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

#### K. Handling, Storage and Disposal of Medications

- (1) All medications, except those approved for transporting by students for self-medication, those administered by coaches of intramural or interscholastic athletics or licensed athletic trainers in accordance with Section B(3)(f) above, and epinephrine ~~[if applicable: or naloxone]~~ to be used for emergency first aid in accordance with Sections D ~~[if applicable: and E]~~ above, must be delivered by the parent, guardian, or other responsible adult to the nurse assigned to the student's school or, in the absence of such nurse, the school principal who has been trained in the appropriate administration of medication. Medications administered by coaches of intramural or interscholastic athletics or licensed athletic trainers must be delivered by the parent or guardian directly to the coach or licensed athletic trainer in accordance with Section B(3)(f) above.
- (2) The nurse shall examine on-site any new medication, medication order and the required authorization to administer form, and, except for epinephrine and naloxone to be used as emergency first aid in accordance with Sections D ~~[if applicable: and E]~~ above, shall develop a medication administration plan for the student before any medication is given to the student by any school personnel. No medication shall be stored at a school without a current written order from an authorized prescriber.
- (3) The school nurse shall review all medication refills with the medication order and parent authorization prior to the administration of medication, except for epinephrine ~~[if applicable: and naloxone]~~ intended for

emergency first aid in accordance with Sections D ~~if applicable:~~ and E/ above.

- (4) Emergency Medications
  - (a) 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.
  - (b) Emergency medication shall be locked beyond the regular school day or program hours, except as otherwise determined by a student's emergency care plan.
- (5) All medications, except those approved for keeping by students for self-medication, shall be kept in a designated and locked location used exclusively for the storage of medication. Controlled substances shall be stored separately from other drugs and substances in a separate, secure, substantially constructed, locked metal or wood cabinet.
- (6) Access to stored medications shall be limited to persons authorized to administer medications. Each school or before or after school program and school readiness program shall maintain a current list of such authorized persons.
- (7) All medications, prescription and non-prescription, shall be delivered and stored in their original containers and in such a manner that renders them safe and effective.
- (8) At least two sets of keys for the medication containers or cabinets shall be maintained for each school building or before or 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.
- (9) Medications that must be refrigerated shall be stored in a refrigerator at no less than 36 degrees Fahrenheit and no more than 46 degrees Fahrenheit. The refrigerator must be located in the health office that is maintained for health services with limited access. Non-controlled medications may be stored directly on the refrigerator shelf with no

further protection needed. Controlled medication shall be stored in a locked box that is affixed to the refrigerator shelf.

- (10) 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:
  - (a) non-controlled drugs shall be destroyed in the presence of at least one witness;
  - (b) controlled drugs shall be destroyed in pursuant to Section 21a-262-3 of the Regulations of Connecticut State Agencies; and
  - (c) 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 pursuant to Section 10-212a(b) of the Connecticut General Statutes. If no residue is present, notification must be made to the Department of Consumer Protection pursuant to Section 21a-262-3 of the Regulations of Connecticut State Agencies.
  
- (11) Medications to be administered by coaches of intramural or interscholastic athletic events or licensed athletic trainers shall be stored:
  - (a) in containers for the exclusive use of holding medications;
  - (b) in locations that preserve the integrity of the medication;
  - (c) under the general supervision of the coach or licensed athletic trainer trained in the administration of medication; and
  - (d) in a locked secured cabinet when not under the general supervision of the coach or licensed athletic trainer during intramural or interscholastic athletic events.
  
- (12) In no event shall a school store more than a three (3) month supply of a medication for a student.

L. School Readiness Programs and Before or After School Programs

- (1) As determined by the school medical advisor, if any, and school nurse supervisor, the following procedures shall apply to the administration of medication during school readiness programs and before or after school

programs run by the Board, which are exempt from licensure by the Office of Early Childhood:

- (a) Administration of medication at these programs shall be provided only when it is medically necessary for participants to access the program and maintain their health status while attending the program.
- (b) Except as provided by Sections D ~~if applicable:~~ and E] above, no medication shall be administered in these programs without:
  - (i) the written order of an authorized prescriber; and
  - (ii) the written authorization of a parent or guardian or an eligible student.
- (c) A school nurse shall provide consultation to the program director, lead teacher or school administrator who has been trained in the administration of medication regarding the safe administration of medication within these programs. The school medical advisor and school nurse supervisor shall determine whether, based on the population of the school readiness program and/or before or after school program, additional nursing services are required for these programs.
- (d) Only school nurses, directors or directors' designees, lead teachers or school administrators who have been properly trained may administer medications to students as delegated by the school nurse or other registered nurse. Properly trained directors or directors' designees, lead teachers or school administrators may administer oral, topical, intranasal or inhalant medications. Investigational drugs or research or study medications may not be administered in these programs.
- (e) Students attending these programs may be permitted to self-medicate only in accordance with the provisions of Section B(3) of this policy. In such a case, the school nurse must provide the program director, lead teacher or school administrator running the program with the medication order and parent permission for self-administration.
- (f) In the absence of the school nurse during program administration, the program director, lead teacher or school administrator is responsible for decision-making regarding medication administration.

- (g) Cartridge injector medications may be administered by a director, lead teacher or school administrator only to a student with a medically-diagnosed allergic condition which may require prompt treatment to protect the student against serious harm or death.
- (2) Local poison control center information shall be readily available at these programs.
- (3) Procedures for medication emergencies or medication errors, as outlined in this policy, must be followed, except that in the event of a medication error a report must be submitted by the program director, lead teacher or school administrator to the school nurse the next school day.
- (4) Training for directors or directors' designees, lead teachers or school administrators in the administration of medication shall be provided in accordance with Section J of this policy.
- (5) All medications must be handled and stored in accordance with Section K of this policy. Where possible, a separate supply of medication shall be stored at the site of the before or after 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.
- (6) Documentation of any administration of medication shall be completed on forms provided by the school and the following procedures shall be followed:
  - (a) a medication administration record for each student shall be maintained by the program;
  - (b) administration of a cartridge injector medication shall be reported to the school nurse at the earliest possible time, but no later than the next school day;
  - (c) all instances of medication administration, except for the administration of cartridge injector medication, shall be reported to the school nurse at least monthly, or as frequently as required by the individual student plan; and
  - (d) the administration of medication record must be submitted to the school nurse at the end of each school year and filed in the student's cumulative health record.

- (7) The procedures for the administration of medication at school readiness programs and before or after school programs shall be reviewed annually by the school medical advisor, if any, and school nurse supervisor.

M. Review and Revision of Policy

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

Legal References:

Connecticut General Statutes:

Public Act No. 23-52, “An Act Concerning The Department of Consumer Protections Recommendations Regarding Prescription Drug Regulation”  
Section 10-206  
Section 10-212  
Section 10-212a  
Section 10-212c  
Section 10-220j  
Section 14-276b  
Section 19a-900  
Section 21a-240  
Section 21a-286  
Section 52-557b

Regulations of Conn. State Agencies:

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

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

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

ADOPTED: \_\_\_\_\_

REVISED: \_\_\_\_\_

9/27/2023



~~[NOTE: This form makes reference to a school medical advisor. If your district does not, and is not required to, have a medical advisor, all references to such should be deleted before providing this form to parents.]~~

**[Board of Education/School Letterhead]**  
**REFUSAL TO PERMIT ADMINISTRATION**  
**OF EPINEPHRINE FOR EMERGENCY FIRST AID**

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address of Student:  
\_\_\_\_\_

Name of Parent(s): \_\_\_\_\_

Address of Parent(s): \_\_\_\_\_  
(if different from child)

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

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_,  
Print name of parent/guardian Print name of student

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

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Please return the completed original form to your child's school nurse. ~~or school medical advisor,~~**  
~~\_\_\_\_\_ [Insert name of medical advisor] at~~

~~\_\_\_\_\_ [Insert address of medical~~  
~~advisor].~~

9/27/2023



~~[NOTE: This form makes reference to a school medical advisor. If your district does not, and is not required to, have a medical advisor, all references to such should be deleted before providing this form to parents.]~~

**[Board of Education/School Letterhead]**  
**REFUSAL TO PERMIT ADMINISTRATION**  
**OF OPIOID ANTAGONISTS FOR EMERGENCY FIRST AID**

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address of Student:  
\_\_\_\_\_

Name of Parent(s): \_\_\_\_\_

Address of Parent(s): \_\_\_\_\_  
(if different from child)

Connecticut law authorizes the school nurse and other qualified school personnel in all public schools to maintain opioid antagonists (Narcan) for the purpose of administering emergency first aid to students who experience an opioid-related drug overdose and do not have a prior written authorization of a parent or guardian or a prior written order of a qualified medical professional for the administration of opioid antagonists. State law permits the parent or guardian of a student to submit a written directive to the **school nurse or school medical advisor** that opioid antagonists shall not be administered to such student in emergency situations. **This form is provided for those parents who refuse to have opioid antagonists administered to their child.** The refusal is valid for only for the 20\_\_-20\_\_ school year.

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_,  
Print name of parent/guardian Print name of student

refuse to permit the administration of opioid antagonists to the above named student for purposes of emergency first aid in the case of an opioid-related drug overdose.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Please return the completed original form to your child's school nurse ~~or school medical advisor,~~**  
~~\_\_\_\_\_ [Insert name of medical advisor] at~~

~~\_\_\_\_\_ [Insert address of medical~~  
~~advisor].~~

9/27/2023

Ages of Attendance

The Weston Board of Education, According to Connecticut General Statutes 10-186, ~~the board of education~~ shall provide education for all persons five years of age over and ~~to the end of the school year to age twenty-two~~ older and ~~under twenty-one~~ years of age who have not graduated from a high school or vocational school, except as provided in Connecticut General Statutes 10-233c and 10-233d. According to Connecticut General Statute 10-76d(b2) special education will be provided for children who have not attained school age who have been identified as being in need of special education, and whose educational potential will be irreparably diminished without special education.

**ADMISSION PROCESS BEFORE AGE FIVE**

Effective July 1, 2024, the Weston Public Schools shall be open to resident children five years of age and over who reach age five on or before September 1st of any school year. For children who will not reach the age of five on or before September 1st of the school year, the child's parent or guardian may submit a written request to the principal of the school seeking early admission to the District. Upon receipt of such written request, the principal and an appropriate certified staff member shall assess such child to determine whether admitting the child is developmentally appropriate. For decisions relating to early admission to the District, the decision of the principal and appropriate certified staff shall be final.

The Superintendent or designee shall be responsible for developing administrative regulations in furtherance of this policy. Such regulations shall identify procedures for the receipt and processing of requests for early admission to the District and for assessing whether early admission of a child is developmentally appropriate.

**ADMISSION PROCESS OVER AGE FIVE**

Parents and those who have the control of children five years of age and over and under eighteen years of age, are obligated by Connecticut law to require their children to attend public day school or its equivalent in the district in which such child resides, 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. Students under age eighteen are subject to mandatory attendance laws unless they are at least seventeen and their parent/guardian, or other person having control of the child, consents to such child's removal from school. The parent or person shall exercise this option by personally appearing at the school district office to sign a withdrawal form. Such withdrawal form shall include an attestation from a school counselor, or

school administrator of the school that this district has provided the parent or person with information on the educational opportunities options available in the school system and in the community.

The parent or person having control 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. The parent or person having control 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.

The above requirements are not to serve as barriers to immediate enrollment of students, designated as homeless or foster children as required by the Every Student Succeeds Act (ESSA) and the McKinney-Vento Act as amended by the ESSA. The District shall work with the local child welfare agency, the school last attended, or other relevant agencies to obtain necessary enrollment documentation.

The parent/guardian of any child who is denied admission to the district's schools, or an unaccompanied minor, a student eighteen years of age or older, a homeless child or youth or an unaccompanied youth who is denied schooling on the basis of residency, or an agent or officer charged with the enforcement of the laws concerning attendance at school may request, in writing, a hearing by the Board of Education.

The parent or person 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 with information on the educational opportunities available in the school system.

A child who has attained the age of seventeen and who has voluntarily terminated enrollment with parental consent in the district's schools and subsequently seeks readmission may be denied readmission for up to ninety school days from the date of such termination, unless such child seeks readmission to the District not later than ten (10) school days after such termination in which case the Board shall provide school accommodations to such child not later than three school days after such child seeks readmission.

A child who has attained the age of nineteen or older may be placed in an alternative school program or other suitable educational program if he/she cannot acquire a sufficient number of credits for graduation by age twenty-one.

## Procedures.

- ~~1. Parents who wish their child to be admitted the following fall under this Policy must submit a letter of request to the building Principal no later than April 1 of the current school year. Following receipt of the letter, the Principal may schedule a meeting with the parents.~~
- ~~2. Upon receipt of the letter described above, the Principal will coordinate evaluation procedures with the elementary school psychologist and the school guidance counselor.~~
- ~~3. The evaluation for early admission Will include:~~
  - ~~a. The "Wechsler Pre-School and Primary Scale of Intelligence-Revised (WPPSI-R) which shall be administered by the psychologist. To be eligible for early entrance, the child's scores must be above 130 on all scales of the WPPSI-R.~~
  - ~~b. An assessment of the child's social and emotional readiness to enter kindergarten. The assessment will be conducted by the school psychologist utilizing criteria approved by the Director of Pupil Services.~~
  - ~~5112~~
  - ~~c. Any other supplemental testing deemed necessary by either the school psychologist or the counselor.~~
- ~~4. Following the evaluation(s), the counselor and psychologist will submit to the Principal a report of their findings which will include a joint recommendation concerning the request for early entrance.~~
- ~~5. The Principal will review the report of the counselor and psychologist, make a decision regarding the child's early entrance and convey the decision to the parents in writing. If the request is denied, the Principal will offer to meet with the parents to discuss the reasons for the disapproval. If the request is approved, the parent will be made aware that information regarding class assignments will be mailed home routinely during the summer months. A decision will be made by the Principal by June 1.~~
- ~~6. In the event that the request is denied, the parents of the child may appeal the Principal's decision to the Director of Pupil Services. The Director of Pupil Services will base his/her decision on the appeal based on the results of the evaluations described in Section 3(a)-3(e) above and the report given to the Principal from the school psychologist and counselor. The Director of Pupil Services' decision shall be final and shall not be subject to further appeal.~~

Legal Reference:

Connecticut General Statutes

10-15 Towns to maintain schools.

10-15c Discrimination in Public Schools Prohibited. School attendance by five-year olds.

10-76a-10-76g re special education

10-184 Duties of parents (re mandatory schooling for children age seven or older and under sixteen years, inclusive)

10-186 Duties of local and regional boards re school attendance. Hearings. Appeal to state board. Establishment of hearing board. Readmission. Transfers.¶¶

10-233a-10233f Suspension, expulsion and removal of pupils

10-220 & 221 State Board of Education Regulations.

~~Policy adopted . . . ¶¶~~

~~October 1, 1990~~

~~WESTON PUBLIC SCHOOLS ¶¶~~

~~Policy Revised . . . ¶¶~~

~~June 20, 2011~~

~~Weston, Connecticut ¶¶~~

WESTON PUBLIC SCHOOLS

Weston, CT

### **Administrative Regulations Regarding Early Admission to Kindergarten**

In accordance with state law, effective July 1, 2024, the Weston Public Schools are open to all children five years of age and over who reach age five on or before September 1 of any school year. A child who has not reached the age of five on or before September 1 of the school year may be admitted to kindergarten only (1) upon a written request by the parent or guardian of the child to the principal of the school in which the child would be enrolled based on District residency requirements, and (2) following an assessment of the child, conducted by the principal of the school and an appropriate certified staff member of the school, to ensure that admitting the child is developmentally appropriate (“Early Admission Process”). The Early Admission Process shall be available only for a child who will reach the age of five on or after September 2 and before January 1 of the school year.

#### **I. Assessment**

- A. The District will assess a child who does not meet the statutory age requirement if admission of such child is requested in writing by a child’s parent or guardian. Such request must be sent by electronic mail to the principal of the school in which the child would be enrolled based on District residency requirements (the “Building Principal”) and must be received by the Building Principal no later than March 1.
- B. The Building Principal and an appropriate certified staff member of the school (together, the “Assessment Team”) will conduct an assessment of the child to gather information pertaining to the question of whether admitting the child is developmentally appropriate.
- C. The Assessment Team will take a holistic approach to assess a child’s developmental level in a variety of developmental domains (e.g. cognitive, social-emotional, physical development and health, etc.). The Assessment Team will use the Connecticut Early Learning and Development Standards (ELDS) as a guide to assessing a child’s developmental level.
- D. The Assessment Team will obtain information from the parent or guardian as part of the assessment.
- E. The Assessment Team will gather and consider relevant information from the child’s preschool teacher/early care provider, if available, as part of the assessment.
- F. The Assessment Team will conduct the assessment in a manner that is designed to be culturally and linguistically appropriate.
- G. The Assessment Team will assess children whose parents request early admission at specifically defined times. The school will determine the timeframe for the Early Admission

Process and will provide notification to the parents of admission by May 1 for the following school year. All requests for early admission must be submitted by **March 1**.

H. The Early Admission Process will be administered universally across all schools in the District that operate kindergarten classrooms.

## **II. Children with Disabilities**

A. All parents and guardians, including those of children with disabilities, may request early entry to kindergarten pursuant to the Early Admission Process in Section I.

B. For a child with an Individualized Education Programs (IEPs), the Early Admission Process will be individualized and in alignment with the documented IEP accommodations/modifications in Section 5 (Supplementary Aids and Services) and Section 11 (District and State Testing).

C. For a child with a Section 504 plan, the Early Admission Process will be individualized and in alignment with the accommodations documented in the child’s 504 plan.

## **III. Notification**

The District will strive to notify parents and guardians who have requested their child be granted early admission to kindergarten as soon as possible.

### **Legal Reference:**

Conn. Gen. Stat. § 10-15c      Discrimination by public schools prohibited. School attendance for five-year-olds

Conn. Gen. Stat. § 10-220      Duties of boards of education

Conn. Gen. Stat. § 10-221      Board of Education to prescribe rules, policies, and procedures

Conn. Gen. Stat. § 10-184      Duties of parents. School attendance age requirements

Public Act 23-208, “An Act Making Certain Revisions to the Education Statutes.”

Connecticut State Department of Education, *New Entry Age for Kindergarten: Considerations for Connecticut Schools*, October 23, 2023.

**P-5111**

**Students**

**Admission/Placement**

The schools shall be open to all Weston children who reach, or are older than, five years of age on or before January 1. Children who apply for initial admission to the district's schools by transfer from non-public schools or from schools outside the district will be placed at the grade they would have reached elsewhere pending observation and evaluation by classroom teachers, guidance personnel, and the school principal. After such observations and evaluation have been completed, the principal will determine the final grade placement of the children.

Legal References:

Conn. Gen. Stat. 10-261 Definitions  
Conn. Gen. Stat. 10-15 Towns to Maintain Schools  
Conn. Gen. Stat. 10-15c School Attendance by Five Year Olds  
State Board of Education Regulations  
Conn. Gen. Stat. 10-76d-7 Admission of Student Requiring Special Education (Referral)  
Conn Gen. Stat. 184, Duties of Parents, School Attendance Age Requirements  
Conn. Gen. Stat. 10-220, Duties of Boards of Education

Policy References: 5111.12, Change of Resident Status

Administrative Regulations 5111.12, Change of Resident Status  
5112, Ages of Attendance  
5118, Non-Resident Attendance and Tuition Fees

Policy Adopted: October 1, 1990  
Policy Reviewed: January 20, 2009  
~~December 16, 2013~~

WESTON PUBLIC SCHOOLS  
Weston, Connecticut

**Students**

**Admission/Placement**

A. Future Residents – Purchase of Residence

A family that is in the process of purchasing property in Weston for a residence may be allowed by the Superintendent to enroll a student in the Weston schools, at no cost, on the following conditions:

1. The family furnishes a copy of a fully executed construction contract or sales contract of the prospective residence in Weston indicating a closing date no later than sixty (60) calendar days after the date of enrollment of the student.
2. If the student does not become a legal resident within sixty (60) days of the date the student is enrolled, then the parents/guardians of the enrolled student will be required to pay per diem regular tuition from the date of expiration of the sixty (60) day period to the date on which legal residence is established. In addition, the parents/guardians of the enrolled student will reimburse the Weston Public Schools for the full cost of any special education and/or any other special services and costs beyond the regular education program from the date of expiration of the sixty day period to the date legal residence is established.
3. At the time of registration, parents/guardians of the enrolling student will be required to sign an agreement accepting the obligation to pay all calculated tuition and the cost of any special education and/or any other special services and costs beyond the regular education program as described in section A(2) in the event that the sixty (60) day period described above lapses without legal residency having been established.
4. Transportation is the responsibility of the family until legal residence is established.
5. If the student is permitted to enroll, and does not become a legal resident of Weston within the sixty (60) day period described above, the Superintendent may commence proceedings to deny further school accommodations to the student until such time as the student establishes legal residency in Weston.

~~B. Future Residents – Lease of Residence ¶¶~~

~~A student whose parents or guardians have leased property in Weston for a residence, but who have not yet moved into Weston, may be allowed by the Superintendent and the Board of Education to enter Weston schools on the following conditions: ¶¶~~

- ~~1. If the parents or guardians established a bona fide Weston residence before October 15 the pupil may be enrolled tuition free. ¶¶~~

- ~~2. If the residence is not established until after October 15, the parents or guardians shall pay prorated tuition from the first day of school, until the date bona fide residence is established.¶~~

### C. Unforeseen Circumstances and Renovations

In the event that a family has become “homeless” as defined by the McKinney-Vento Homeless Education Assistance Improvements Act, the affected student will be permitted to remain enrolled in Weston schools as required by federal and state law. A family that has been displaced from the Weston residence that they own due to a natural disaster, fire or other catastrophic circumstance, or due to planned home renovations, but is not “homeless” as described above, will be allowed by the Superintendent to enroll a student in the Weston schools, at no cost, on the following conditions:

1. Within sixty (60) days of being displaced due to a natural disaster, fire or other catastrophic circumstance, the family furnishes a copy of a fully executed, valid construction/renovation contract indicating an estimated date of completion no later than twelve (12) months from the date of having been displaced. In extraordinary circumstances, the Superintendent may permit a longer period for the estimated date of completion in his/her sole discretion.
2. Within thirty (30) days prior to being displaced due to planned renovations, the family furnishes a copy of a fully executed construction/renovation contract indicating an estimated date of completion no later than twelve (12) months from the date the renovations are scheduled to begin.
3. If the student does not become a legal resident within twelve (12) months from the date of displacement, or such longer period as may be permitted by the Superintendent as stated in paragraph 1 above, then the parents/guardians of the enrolled student will be required to pay per diem regular tuition from the date of expiration of the twelve (12) month period to the date legal residence is ultimately established. In addition, the parents/guardians of the enrolled student will reimburse the Weston Public Schools for the full cost of any special education and/or any other special services and costs beyond the regular education program from the date of expiration of the twelve (12) month period to the date legal residence is re-established. If a student is permitted to remain enrolled pursuant to the terms of this paragraph, the student’s parents/guardians will be required to sign an agreement accepting the obligation to pay the costs described in this paragraph.
4. Transportation is the responsibility of the family until legal residence is re-established.
5. If the student is permitted to enroll, and does not become a legal resident of Weston within the twelve (12) month period described above, or such longer period as may be permitted by the Superintendent as stated in paragraph 1 above, the Superintendent

may commence proceedings to deny further school accommodations to the student until such time as the student re-establishes legal residency in Weston.

## Kindergarten

Children reaching the age of five on or before ~~January 1<sup>st</sup>~~ **September 1** of any year will be eligible for kindergarten in the preceding September. Children reaching the age of five after ~~January 1<sup>st</sup>~~ **September 1** will enter kindergarten the following September.

## First Grade

Children reaching the age of six on or before ~~January 1<sup>st</sup>~~ **September 1** of any year will be eligible for the first grade in the preceding September. Children reaching the age of six after ~~January 1<sup>st</sup>~~ **September 1** will enter first grade the following September.

### 1. Exception

- A. ~~Children who apply for admission to first grade on the basis of prior satisfactory completion of kindergarten outside of the Weston Public School System will be placed at the grade they would have reached elsewhere pending observation and evaluation by classroom teachers, guidance personnel, and the school principal. ¶~~
- B. Final grade placement will be determined exclusively by the observations of the classroom teacher, evaluations by the counselor, and the recommendation of the school principal to insure that only those children who are emotionally, socially, physically mature and mentally capable are allowed to enter the first grade program.

## **Placement Other Than Kindergarten**~~Other Grades~~

Children who apply for admission to grades ~~two-one~~ through twelve on the basis of prior schooling outside of Weston Public Schools shall be placed at the discretion of the school principal. Each child will be placed initially in the grade level he/she has reached elsewhere, unless it is the judgment of the school principal, after evaluation, that such child should be placed in another grade. The school principal may determine subsequently whether there should be any change in the grade placement of the child.

~~Children who apply for admission to first grade on the basis of prior satisfactory completion of kindergarten outside of the Weston Public School System will be placed at the grade they would have reached elsewhere pending observation and evaluation by classroom teachers, guidance personnel, and the school principal.~~

Legal References:

Conn. Gen. Stat. 10-261 Definitions

Conn. Gen. Stat. 10-15, Towns to Maintain Schools

Conn. Gen. Stat. 10-15c School Attendance by Five-Year Olds

State Board of Education Regulations

Conn. Gen. Stat. 10-76d-7 Admission of Student Requiring Special Education (Referral)

Conn. Gen. Stat. 10-220, Duties of Boards of Education

Conn. Gen. Stat. 10-253(f)

McKinney-Vento Homeless Education Assistance Improvement Act of 2001, 42 U.S.C. Section 11431, et. Seq.

Policy References:

Board of Education Policies 5111.12, Change of Resident Status

Administrative Regulations 5111.12, Change of Resident Status

5112, Ages of Attendance

5118, Non-Resident Attendance and Tuition Fees

Regulation Approved: October 1, 1990

Regulations Revised: January 20, 2009

December 16, 2013

WESTON PUBLIC SCHOOLS

Weston, Connecticut

**Appendix B**  
**WPS Request for Evaluation of Instructional Materials (R 1312)**  
**Instructional Materials Review Committee Report**

**Ad Hoc Committee Members: (List names and titles)**

•

**Information received from the complainant(s):**

[insert the information submitted from Appendix A, WPS Request for Evaluation of Instructional Materials (R 1312)]

**Research/findings:**

***Consider the specific criteria from Policy and Regulation 6161***

Instructional texts and educational materials should be considered on the basis of:

1. Providing high-quality, age-appropriate materials that will help students develop critical thinking and highly effective communication skills.
2. Providing materials that will develop and foster an appreciation of cultural diversity and inclusivity in the United States and throughout the world.
3. Provide materials that contribute to the breadth of diverse viewpoints.
4. Providing all students an education that does not discriminate on the basis of race, age, color, religion, national origin, sex, gender, gender identity, or disabilities.
5. Selecting materials on the basis of, but not limited to –
  - a. pertinence to the curriculum and the objectives of the instructional program
  - b. accuracy and quality of content
  - c. cost-effectiveness in terms of use

**Committee Recommendation(s):**

*Recommendation*

*Justification*

**Date Submitted to the Superintendent for Review: \_\_\_\_\_**

## Appendix A

### WPS Request for Evaluation of Instructional Materials (R 1312)

The Weston Board of Education has delegated the responsibility for the selection of instructional materials which include instructional texts and educational materials to the Superintendent of Schools in consultation with the Assistant Superintendent and the district curriculum committee which includes teaching staff and library media specialists as applicable and has established evaluation procedures to address concerns about those resources in [P/R 1312](#). Completion of this form is required as outlined in those procedures.

To request an evaluation of instructional materials, complete the following form in its entirety and submit to the Superintendent of Schools through email.

---

Date	
Full Name	
Home Address	
Phone	
Email	
Are you an employee of WPS?	
Do you have a child/ children enrolled in WPS?	
Title of the instructional text or educational materials being evaluated <i>(Be specific and include a link to the resource if possible.)</i>	
Author and/or publisher of material <i>(if known)</i>	
Type of material being evaluated? <i>(book, movie, digital resource, etc.)</i>	
Class or grade level for intended use	
List all teachers/ administrators that you have spoken with about the material	

Describe your objection to the material. Be specific. Cite words, pages, and the nature of the content.	
Describe the nature of your objection to the material.	
What is your desired resolution?	
The complainant's signature signifies that he/she/they has read or otherwise viewed the material in full under evaluation.	
<hr/> Signature of Complainant	<hr/> Date

## **Instruction Equipment, Books, and Materials**

The Weston Public Schools selects instructional materials which include instructional texts and educational materials to implement, enrich, and support the educational program for all students and the curricular and instructional needs of teachers. Selected instructional texts and educational materials will serve both the curriculum and the needs and interests of individual students. The district is committed to providing for a wide range of abilities and representing diverse viewpoints and cultures appropriate to and representative of student populations within and outside of the Weston community.

The Board of Education recognizes ~~that appropriate texts, library reference facilities, maps and globes, laboratory equipment, audiovisual equipment, art supplies, athletic equipment, current periodicals, tests and questionnaires, and similar materials are the tools of the teaching profession~~ instructional texts and educational materials as necessary to implement, enrich and support the overall educational program for all students and teachers within the Weston Public Schools. ~~The teaching staff will serve on curriculum committees and consult with the administration for the purpose of recommending improvements in curriculum and materials.~~ The Board of Education delegates authority for the recommendation and selection of instructional materials which include instructional texts and educational materials through the Superintendent of Schools in consultation with the Assistant Superintendent and the district curriculum committee which includes teaching staff and library media specialists as applicable. Instructional texts and educational materials include print and non-print resources and are explained below.

### **Instructional Texts**

These materials are tied to and embedded in the Weston Public Schools adopted and written curriculum which all students engage with and learn from. Materials may include textbooks, novels, periodicals, printed and electronic materials, graphic materials and charts, maps, reference tools, and other instructional materials and resources.

### **Educational Materials**

These materials are ancillary and supplemental to the Weston Public Schools adopted and written curriculum and are meant to enrich and enhance the educational program for Weston students but are not required resources for all students to engage with and learn from. Materials may include trade books, periodical publications, supplemental print and online materials, videos or other media, classroom libraries, library media center collections, and other educational materials and resources.

The Board of Education believes that at all times the schools should be as well equipped and maintained as may be possible within existing financial limitations.

~~An effort shall be made to ensure that comparable materials are available to all students throughout the school system.~~

The disposition of old and obsolete instructional texts and educational materials textbooks shall be accomplished under the direction of the Superintendent of Schools in accordance with state and district regulations.

(cf. 3260 - Sales & Disposal of Equipment, Books & Supplies

Legal Reference: Connecticut General Statutes  
10-228 Free textbooks, supplies, materials and equipment  
10-229 Change of textbooks

Policy adopted: March 5, 1991  
March, 2024

WESTON PUBLIC SCHOOLS  
Weston, Connecticut

## Instruction

### Equipment, Books. Materials: Provision/Selection

It is the policy of the Board of Education to provide **instructional texts, and** educational materials, and equipment that support and enrich the curriculum ~~and~~ further the achievement of the district's instructional goals, **and support the interests and needs of students.**

The review and selection of ~~basic textbooks~~ **instructional texts** (the book or set of instructional **texts materials** that serve as the foundation for more than fifty percent of the course content shall be considered **the instructional texts**) ~~the basic textbook, referred to simply as "textbooks")~~ will be carried on continuously in order to keep up with the great expansion of knowledge and the rapid changes going on in our world today.

**Administrators, librarians, and teachers are responsible for the selection of appropriate educational material in accordance with the guidelines as set forth in the WPS Board of Education Policy 6161.**

~~Where applicable, all textbooks should present balanced views concerning the international, national and local issues and problems of the past, present and future. Textbooks should:~~ **In addition to the general policy guidelines, the following specific criteria are set forth for greater clarification. Textbooks Instructional texts and educational materials should be considered on the basis of:**

- ~~(1) Provide materials to stimulate growth in factual knowledge, literacy appreciation, aesthetic and ethical values.~~
- 1. Providing **high-quality, age-appropriate** materials that will help students develop ~~abilities in critical reading and thinking~~ **critical thinking and highly effective communication skills.**
- 2. Providing materials that will develop and foster an appreciation of cultural diversity and **inclusivity and development** in the United States and throughout the world.
- 3. **Provide materials that contribute to the breadth of diverse viewpoints.**
- 4. Providing all students an ~~effective basic~~ education that does not discriminate on the basis of race, age, color, religion, national origin, sex, **gender, gender identity**, or disabilities.
- ~~(5) Allow sufficient flexibility for meeting the special needs of individual students and groups of students.~~
- 5. **Selecting materials on the basis of, but not limited to –**
  - a. **pertinence to the curriculum and the objectives of the instructional program**
  - b. **accuracy and quality of content**
  - c. **cost-effectiveness in terms of use**

**Material selection is more than a process of material acquisition: it involves a process of continuous review of instructional texts and instructional materials. Administrators and teachers will regularly review procedures to ensure the currency and adequacy of their materials collections.**

The administration will develop and review administrative **guidelines rules**, outlining a procedure to select **instructional texts and educational materials textbooks** which meet the above criteria. This process will include:

1. Analysis, evaluation, and recommendation by professional staff and

2. The opportunity for interested citizens in the district to review recommendations **related to instructional texts** ~~textbooks~~ through the Board of Education's Curriculum Subcommittee.

The Board of Education will make the final **instructional texts** ~~textbook~~ selection decision **as recommended by the Superintendent of Schools as set forth in the WPS Board of Education Policy 6161.**

~~The Board of Education shall not change any textbooks used in the public schools except by a two-thirds vote of all the members of the Board. Notice of such intended change shall be given at a meeting of the Board held at least one week prior to the vote on the change.~~ **Consistent with applicable law, the WPS Board of Education retains authority to change instructional texts and shall not change any instructional texts used in the Weston Public Schools except by a two-thirds vote of all the members of the Board. Notice of any such intended change must have been previously given at a meeting of the Board held at least one week previous to the vote upon such change. If the Board does change its instructional texts pursuant to this section, the Board may donate the used instructional texts to another board of education. The Board recognizes that any Board action regarding instructional texts would occur only in extraordinary circumstances in which the Board, in consultation with the Superintendent and the Assistant Superintendent, determines that Board action is necessary or appropriate.**

(cf. 1220 - Citizens' Advisory Committees)  
(cf. 1312 - Public Complaints)  
(cf. 5145.2 – Freedom of Speech/Expression)  
(cf. 6144 - Controversial Issues)

Legal Reference: Connecticut General Statutes  
10-221 Boards of Education to prescribe rules  
10-228 Free textbooks, supplies, materials and equipment  
10-229 Change of textbooks  
President's Council, District 25 v. Community School Board lb. 25. 457 F.2d. 289  
1972), cert. denied. 409 U.S. 998 N::w. 1972

Minarcini v. Strongsville City School District, 541 F.2d. 577 (6th Cir. 1976)

Island Trees Union Free School District Board of Education v Pico, 457 US  
53(1982)

Academic Freedom Policy (adopted by Connecticut State Board of Education,  
9/9/81)

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