Policy Committee Meeting

Tuesday, November 29, 2022 6:00 PM
Virtual Meeting - Please click the link to join the webinar: https://us06web.zoom.us/j/86702012194 2. When prompted for participant or meeting ID, enter 867 0201 2194 Or Telephone: Dial: US: +1 301 715 8592 or +1 646 558 8656 , 601 Matianuck Avenue, Windsor, CT 06095

1. **Call to Order, Pledge to the Flag, Moment of Silence**
2. **Audience to Visitors**
3. **New P 3542.22 Code of Conduct Governing Procurements Under a Federal Award**
4. **New P 3542.43 Meal Charging Policy**
5. **Revised P/AR 4116.3 Prohibition of Alcohol or Drug Usage**
6. **Revised P/AR 5113 Student Attendance, Truancy and Chronic Absenteeism**
7. **Revised P 5141.21 Administration of Student Medications in the Schools**
8. **Revised P/F 6142.1 Curricular Exemptions**
9. **New P 6146.11 Weighted Grading and Calculation of Grade Point Averages**
10. **New P/AR 6148 Policy to Improve Completion Rates of the Free Application for Federal Student Aid (FAFSA)**
11. **New P/AR 6172.2 Policy Addressing Enrollment in an Advanced Course or Program and Challenging Curriculum**
12. **New P 6172.6 Credit for Online Courses**
13. **Discussion on P/AR 5112 Age of Attendance**
14. **Adjournment**

SHIPMAN & GOODWIN LLP
COUNSELORS AT LAW

Rational for New Policy

P 3542.22 Code of Conduct Governing Procurements Under a Federal Award

In accordance with the requirements of federal and state law, a model code of conduct was developed relating to the procurement of goods and services in connection with Connecticut's School Nutrition Program.

NEW

CODE OF CONDUCT
GOVERNING PROCUREMENTS UNDER A FEDERAL AWARD

In compliance with Code of Federal Regulations 2 C.F.R. § 200.318

In accordance with Federal and State regulations, the following Code of Conduct applies to the selection, award, and/or administration of a contract procuring property or services under a Federal award, including the expenditure of Connecticut School Nutrition Program ("School Nutrition Program") funds by any Windsor Board of Education ("Board") employee or agent.

Article I. Purpose

The purpose of this Code of Conduct is to establish standards of conduct covering real or apparent conflicts of interest and governing the actions of Board employees engaged in the selection, award, and/or administration of contracts procuring property or services under a Federal award, including expending School Nutrition Program funds on goods and/or services. This Code of Conduct also sets forth discipline that may result from violating these standards.

Article II. Code of Conduct Provisions

In addition to other applicable policies and regulations promulgated by the Board, the Board expects the following conduct of all persons who are engaged in the award and administration of contracts supported by Federal funds, including School Nutrition Program funds:

1. No employee, officer, or agent of the Board shall participate in the selection, award and/or administration of a contract supported by Federal funds if a conflict of interest, real or apparent, would be involved. Conflicts of interest arise when one of the following has a financial or other interest in, or a tangible personal benefit from, the firm selected for the award:
    a. The employee, officer, or agent of the Board;
    b. Any immediate family member of the Board employee, officer, or agent (spouse, sibling, parent, child);
    c. The partner of the Board employee, officer, or agent; or
    d. An organization that employs or is about to employ one of the above.
2. The Board's employees, officers, or agents shall neither solicit nor accept gratuities, favors, travel packages, incentives or anything of monetary value from contractors, potential contractors, or parties to sub-agreements related to programs funded by the Federal government, in whole or in part.

3. The Board's employees, officers, or agents shall disclose any actual or potential conflict of interest to the Superintendent of Schools or his/her designee. Thereafter, as required by law, the Board shall disclose in writing any potential conflict of interest to the Connecticut State Department of Education.

Failure of any Board employee to abide by this code of conduct may result in disciplinary action, up to and including termination. The Board reserves the right to pursue legal actions for violations as permitted by law.

Legal References:

Federal Regulations and Guidance

2 C.F.R. § 200.112 Conflict of Interest.

2 C.F.R. § 200.318 General Procurement Standards.

2 C.F.R. § 400.2 Conflict of Interest.

United States Department of Agriculture, Contracting with Food Service Management Companies: Guidance for School Food Authorities, https://fns-prod.azureedge.net/sites/default/files/cn/SP40_CACFP12_SFSP14-2016a2.pdf (May 2016).

United States Department of Agriculture, Contracting with Food Service Management Companies: Guidance for State Agencies, https://fns-prod.azureedge.net/sites/default/files/cn/SP40_CACFP12_SFSP14-2016a1.pdf (May 2016).

United States Department of Agriculture, Written Codes of Conduct and Performance of Employees Engaged in Award and Administration of Contracts, SP 09-2015, CACFP 03-2015, SFSP 02-2015, https://fns-prod.azureedge.net/sites/default/files/cn/SP09_CACFP%2003_SFSP02-2015os.pdf (November 2014).

Connecticut Statutes, Regulations and Guidance

Conn. Gen. Stat. § 1-79 Definitions.

Conn. Gen. Stat. § 10-215 Lunches, breakfasts and other feeding programs for public school children and employees.

Conn. Gen. Stat. § 10-215b Duties of State Board of Education re feeding programs.

Conn. Gen. Stat. § 10-216 Payment of expenses.

Regs. Conn. State. Agencies § 10-215b-1 Competitive foods.

State of Connecticut, Department of Education, Operational Memorandum No. 10-16, Written Code of Conduct and Performance of Employees Engaged in Award and Administration Contracts, https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Memos/OM2016/OM10-16.pdf (August 2016).

Adopted:

SHIPMAN & GOODWIN LLP
COUNSELORS AT LAW

Rational for New Policy

3542.43 Meal Charging Policy

State law requires schools to include in any policy or procedure concerning the collection of unpaid charges for school lunches, breakfasts or other such meal, certain statutory elements. This new policy addresses the state statutory requirements and includes the requirements of the U.S. Department of Agriculture's Food and Nutrition Services Child Nutrition Programs.

NEW

Business **P 3542.43**

MEAL CHARGING POLICY

The Windsor Board of Education (the "Board") recognizes the importance of providing nutritious food to students in the Windsor Public Schools (the "District").

The Board is a sponsor of the United States Department of Agriculture (USDA) Food and Nutrition Services' Child Nutrition Programs, including the National School Lunch Program (NSLP) and the School Breakfast Program (SBP), and the District shall adhere to the federal and state guidelines and regulations pertaining to these school Child Nutrition Programs. In accordance with federal law, the Board will make a public announcement and notify parents and guardians of the eligibility criteria for free and reduced price meals and provide information regarding how a household may make an application for these benefits. Such notice and application will generally be distributed at the beginning of each school year.

Charging Meals

The District uses an automated prepayment system for student meal accounts. Students whose accounts have insufficient funds, and who do not bring a meal or other funds to school to pay for meals, may charge meals to their meal accounts. Students will be informed of their right to purchase a meal, which excludes a la carte items, for any school breakfast, lunch or other meal offered by the District, even if the student's account has insufficient funds.

The Board prohibits publicly identifying or shaming a student for any unpaid meal charges, including, but not limited to, the following:

- Delaying or refusing to serve a meal to such student;
- Designating a specific meal option for the student; or
- Otherwise taking any disciplinary action against the student.

Collection of Unpaid Meal Charges

The District's efforts to recover from households money owed due to the charging of meals must not have a negative impact on the children involved and shall focus primarily on the adults in the household responsible for providing funds for meal purchases. The District shall consider whether the benefits of potential collections outweigh the costs that would be incurred to achieve those collections.

For purposes of this policy, "delinquent debt" means unpaid meal charges.

The District will contact the parents/guardians of students who charge meals to their meal accounts in order for the District to collect the delinquent debt. The first such communication will be a written communication, by mail or e-mail, after three meals have been charged. Subsequent written and verbal communications with parents/guardians concerning delinquent debt will be made by the building administrator or designee, as may be necessary and appropriate. All communications regarding unpaid meal charges shall be made directly and discreetly to parents/guardians. Written communications with parents/guardians regarding collection of a student's unpaid meal charges shall direct the family to the district website for the free and reduced lunch application and will include information on local food pantries and the Connecticut Department of Social Services'

supplemental nutrition assistance program, and a link to the District's or Town's website that lists any community services available to Town residents.

In the event a student's unpaid meal charges are equal to or more than the cost of thirty (30) meals, the parents/guardians of such student will be referred to the District's homeless education liaison.

The Board shall comply with applicable federal and state laws and other federal or state requirements concerning the collection of unpaid meal charges including, but not limited to, requirements relating to delinquent debt and "bad debt," as defined by federal law, and record-keeping relating thereto. The Board may accept gifts, donations, or grants from any public or private sources for the purpose of paying off any unpaid charges for school lunches, breakfasts or other such feeding.

Dissemination of Policy

This policy shall be provided in writing to all households at the start of each school year and to households transferring to the District during the school year. This policy shall be provided to all District staff responsible for its enforcement. In addition, school social workers, nurses, the homeless liaison, and other staff members assisting children in need or who may be contacted by families with unpaid meal charges shall be informed of this policy.

The District shall maintain, to the extent required by law, documentation of the methods used to communicate this policy to households and District staff responsible for policy enforcement.

The District shall provide this policy to the Connecticut State Department of Education during Administrative Reviews.

The Superintendent or designee may, if necessary and appropriate, develop administrative regulations in furtherance of this policy.

Legal References:

State law:

Connecticut General Statutes

§ 10-215 Lunches, breakfasts and other feeding programs for public school children and employees.

State of Connecticut, Department of Education, School Health, Nutrition and Family Services Operational Memorandum No. 11-22, "Connecticut Statutory Requirements for Unpaid Meal Charges in Public Schools," June 15, 2022.

State of Connecticut, Department of Education, Bureau of Health/Nutrition, Family Services and Adult Education Operational Memorandum No. 4-17, "Guidance on Unpaid Meal Charges and Collection of Delinquent Meal Payments," Nov. 2, 2016.

Federal law:

7 C.F.R. Part 210 National School Lunch Program.

7 C.F.R. Part 220 School Breakfast Program.

7 C.F.R. Part 245 Determining Eligibility for Free and Reduced Price Meals and Free Milk in Schools.

U.S. Department of Agriculture, Food and Nutrition Service, Policy Memo SP 46-2016, "Unpaid Meal Charges: Local Meal Charge Policy," July 8, 2016.

U.S. Department of Agriculture, Food and Nutrition Service, Policy Memo SP 47-2016, "Unpaid Meal Charges: Clarification on Collection of Delinquent Meal Payments," July 8, 2016.

U.S. Department of Agriculture, Food and Nutrition Service, Policy Memo SP 57-2016, "Unpaid Meal Charges: Guidance and Q&A," Sept. 16, 2016.

APPROVED:_____
REVISED: _____

SHIPMAN & GOODWIN LLP
COUNSELORS AT LAW

Rational for Revised Policy/Regulation

4116.3 Prohibition of Alcohol or Drug Usage

2015

Alcohol, Tobacco and Drug Free Workplace (NEW TITLE)

This policy was revised to prohibit employee use of palliative marijuana on school property, or employees' being under the influence of same, consistent with Conn. Gen. State. Section 21a-408a through 408q. The policy was also revised to include the definition of a "vapor product," consistent with Public Act 15-206, "An Act Regulating Electronic Nicotine Delivery Systems and Vapor Products."

2019

Alcohol, Tobacco and Drug Free Workplace

The Alcohol, Tobacco and Drug Free Workplace policy was revised to conform to the changes to the 1000 series smoking policy, and now also prohibits smoking on property owned, leased, contracted for, or utilized by the Board.

Fall 2021 (Complete Re-Write)

Alcohol, Tobacco and Drug Free Workplace (Version 10v11)

We have revised this policy in light of Sections 86 and 87 of June Special Session, Public Act No. 21-1. The law revised the definition of smoke and smoking, clarifies that the prohibition against using an electronic nicotine delivery system or vapor product on school grounds or in a school to also prohibit use of an "electronic cannabis delivery system" in such locations. We further revised the policy to clarify that, while Connecticut law allows for the legal use of marijuana under certain circumstances, because marijuana use is still prohibited under federal law, the use of marijuana at work, or outside of work if it impairs an employee's ability to perform their job, constitutes a violation of this policy.

It is recommended that the current administrative regulation be deleted.

Current

Section:	**Personnel - Certified/Non-Certified**
Subject:	**PROHIBITION OF ALCOHOL OR DRUG USAGE** **P-4116.3**

BOARD OF EDUCATION POLICY
WINDSOR PUBLIC SCHOOLS
WINDSOR, CT

The Windsor Board of Education recognizes that employees should be drug-free so that the most effective teaching and learning experiences may take place. This policy is an integral part of the Windsor Public Schools Drug, Alcohol and Tobacco Prevention Program and represents one component of a district-wide effort to respond effectively to drug, mood-altering substance and alcohol related activities that may occur at school or at school sponsored activities.

The use, distribution, sale or possession of controlled drugs or alcohol, as defined in Section 21a-240 of the Connecticut General Statutes, on school property or during any school-sponsored activity shall be prohibited.

Any Windsor Board of Education employee is in violation of this policy if on a school bus, school grounds, during a school session, or anywhere at a school sponsored activity is under the influence of alcohol, drugs or mood-altering substances or unlawfully manufactures, possesses, uses, dispenses, distributes, sells or aids in the procurement of alcohol, narcotics, restricted drugs, mood-altering substances or drug paraphernalia. Such employee shall be subject to discipline up to and including termination, referral for prosecution, and intervention pursuant to the provisions and procedures outlined in the Administrative Regulations. Copies of these standards of conduct and sanctions shall be provided to all employees.

Drug and alcohol awareness, education and prevention programs for employees shall be adopted and maintained, teaching that the use of illicit drugs and the prohibited possession and use of alcohol is wrong and harmful. The employee program shall include information about the dangers of drug abuse in the workplace, the Board's policy of maintaining a drug-free workplace, the availability of any drug counseling, rehabilitation, and employee assistance programs and the penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

As a condition of employment, employees shall abide by the terms of this policy and shall notify the Board of Education of any criminal drug statute conviction for a violation occurring in the workplace within five days of the conviction. The Federal Agency(ies) which grant(s) funds to the Board of Education shall be notified of the conviction within ten days, and appropriate personnel action will be taken against the employee within thirty days as set forth in the Board's administrative regulations.

Section:	**Personnel - Certified/Non-Certified**
Subject:	**PROHIBITION OF ALCOHOL OR DRUG USAGE** **P-4116.3**

BOARD OF EDUCATION POLICY
WINDSOR PUBLIC SCHOOLS
WINDSOR, CT

The Board reserves the right to use any extraordinary measures deemed necessary to control substance use even if the same is not provided for specifically in any rule or regulation enumerated herein.

By special use permit the Town Manager can make exception in regard to the use of alcohol in the portion of the L. P. Wilson facility which has been rented by a Town agency.

This policy is not intended to restrict the legitimate use of prescription medications.

Legal Reference:

Drug-Free Workplace Act. 102 Stat. 4305-4308.

Drug-Free Schools and Community Act, P.L. 99-570, as amended by P.L. 101-226 (1991)

21 U.S.C. 812, Controlled Substances Act, I through V, 202.

21 C.F.R. 1300.11 through 1300.15 regulation.

54 Fed. Reg. 4946 (1989)

Connecticut General Statutes

1-21b Smoking prohibited in certain places.

Policy adopted: January 18, 2006

Current

Section: **Personnel - Certified/Non-Certified**

Subject: **PROHIBITION OF ALCOHOL OR DRUG USAGE** **AR-4116.3**

ADMINISTRATIVE REGULATION
WINDSOR PUBLIC SCHOOLS
WINDSOR, CT

1. Drugs, Alcohol and Tobacco Prevention Program

   A. As an integral part of the Windsor Public Schools Drug, Alcohol and Tobacco Prevention Program, these regulations represent one component of a district-wide effort to respond effectively to drug, mood-altering substance and alcohol-related situations that may occur at school or at school sponsored activities.

   B. These procedures are intended to provide a consistent disciplinary means to respond to drug, mood-altering substance and alcohol related incidents. The Windsor Public Schools will provide a safe and healthy environment for employees with due consideration for their legal rights and responsibilities.

2. Counseling and Rehabilitation Program

   A. The Employee Assistance Program (EAP), offered at this time through the Capitol Region Education Council (CREC), will refer employees to licensed drug and alcohol counselors and rehabilitation programs.

   B. Employees concerned about substance and alcohol use are encouraged to refer themselves and colleagues to the EAP.

3. Disciplinary Action: Employees who are found to have violated the school district's policy on the use, distribution, sale or possession of alcohol or controlled drugs shall be subject to disciplinary action.

   A. Definitions:

      a) Cooperative Behavior - shall be defined as the willingness of an employee to work with appropriate personnel in a reasonable and helpful manner, complying with requests and recommendations made by that personnel.

ADMINISTRATIVE REGULATION
WINDSOR PUBLIC SCHOOLS
WINDSOR, CT

b) Uncooperative Behavior - shall be defined as resistance or refusal, either verbal, physical or passive, on the part of the employee to comply with the reasonable requests or recommendations of administrative personnel. Defiance, assault, deceit, and flight shall constitute examples of uncooperative behavior. Uncooperative behavior shall also include the refusal to comply with the recommendations of the employee assistance program.

c.) **Conviction** - Conviction means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violation of the Federal and State (including the District of Columbia) criminal drug statutes.

B. Specific discipline will include one or more of the following:

a.) Written reprimand

b.) Suspension with or without pay

c.) Mandatory participation in a rehabilitation program

d.) Termination of employment

C. Procedures:

a.) If any school employee is suspected of manufacturing, possessing, using, dispensing, distributing or selling an illicit drug, the following shall occur:

1.) The police will be notified.

2.) The appropriate administrator or his/her designee will investigate the allegations. The administrator or his/her designee may suspend the employee with or without pay during such investigation.

3.) If the employee is convicted or if the investigation establishes that such misconduct occurred, termination of employment may result.

ADMINISTRATIVE REGULATION
WINDSOR PUBLIC SCHOOLS
WINDSOR, CT

b.) If an employee is suspected of dispensing or selling alcohol on school property, the following will occur:

1.) The police will be notified.

2.) The appropriate administrator or his/her designee will investigate the allegations. The administrator or his/her designee may suspend the employee with or without pay during such investigation.

3.) If the employee is convicted or if the investigation establishes that such misconduct occurred, termination of employment may result.

c.) If an employee possesses or uses or is under the influence of alcohol on school property or at school functions, the following will occur:

1.) If currently under the influence, the employee will be sent home without pay.

2.) If an employee recognizes his/her problem and demonstrates cooperative behavior, appropriate progressive disciplinary action will be taken. Such discipline may include:

(i) Oral counseling by the appropriate administrator

(ii) Recommendation of the Employee Assistance Program (EAP)

(iii) Letter of reprimand

(iv) Suspension

(v) Termination

ADMINISTRATIVE REGULATION
WINDSOR PUBLIC SCHOOLS
WINDSOR, CT

3.) If the person refuses to recognize the problem or will not participate in an EAP (Uncooperative behavior), appropriate progressive disciplinary action will be taken. Such discipline may include:

(i) A letter of reprimand

(ii) Suspension

(iii) Termination

4. Biennial Review

a.) During the fall of even numbered years, the Director of Human Resources will conduct a review of the implementation of the Board of Education's policy prohibiting alcohol and drug abuse.

b.) The review will consider:

1.) The effectiveness of the program

2.) Changes needed to make the program more effective

3.) The consistency of disciplinary sanctions

c.) All records, documents, and results of the biennial review will be kept on file for three years.

5. Employees who have been disciplined because of violations of Policy 4118.232, at the discretion of the Superintendent, may be required to undergo periodic physical examination including mandatory blood tests and/or urinalysis. The results of such an examination and/or testing shall be made available to the School Medical Advisor.

Section:	**Personnel - Certified/Non-Certified**	
Subject:	**PROHIBITION OF ALCOHOL OR DRUG USAGE**	**AR-4116.3**

ADMINISTRATIVE REGULATION
WINDSOR PUBLIC SCHOOLS
WINDSOR, CT

Legal Reference:

Drug-Free Workplace Act. 102 Stat. 4305-4308.

Drug-Free Schools and Community Act, P.L. 99-570, as amended by P.L. 101-226 (1991)

21 U.S.C. 812, Controlled Substances Act, I through V, 202.

21 C.F.R. 1300.11 through 1300.15 regulation.

54 Fed. Reg. 4946 (1989)

Connecticut General Statutes

1-21b Smoking prohibited in certain places.

Administrative Regulation approved: January 18, 2006

Elizabeth E. Feser, Ed.D.
Superintendent of Schools

New

Personnel **P 4116.3**

ALCOHOL, TOBACCO AND DRUG-FREE WORKPLACE

PURPOSE

The purpose of this policy is to establish a workplace that is free of the effects of alcohol and second-hand smoke, and free from drug abuse. By accomplishing this purpose, the Board of Education (the "Board") also seeks to promote a safe, healthy working environment for all employees and to reduce absenteeism, tardiness, and other job performance problems that may be caused by alcohol and/or drug abuse. This policy is adopted in accordance with state law and the Drug Free Workplace Act.

STATEMENT OF POLICY

Employees shall not be involved with the unlawful manufacture, distribution, possession, or use of an illegal drug, a controlled substance, or alcohol, and shall not be under the influence of such substances while on school property or while conducting Board business on or off school property. Any employee who discovers illegal drugs, a controlled substance, or alcohol on school property shall notify the Superintendent or the Superintendent's designee who shall investigate the matter.

An employee must report any conviction under a criminal drug statute for violations occurring on or off school property while on Board business to the Superintendent or his/her designee within five (5) days after the conviction. The Board will notify any agency awarding a grant to the Board of such conviction within ten (10) days thereafter.

Employees shall only use prescription drugs on school property, or during the conduct of Board business, that have been prescribed to them by a licensed medical practitioner, and such drugs shall be used only as prescribed. However, in accordance with Conn. Gen. Stat. § 21a-408a through 408q, the Board specifically prohibits the palliative use of marijuana on school property, at a school-sponsored activity, or during the conduct of Board business, and specifically prohibits employees from being under the influence of intoxicating substances, including marijuana used for palliative purposes, during work hours.

The Board prohibits smoking, including smoking using an electronic nicotine delivery system (e.g., e-cigarettes), electronic cannabis delivery system, or vapor product, and the use of tobacco products in any area of a school building, on school property, including property owned, leased, contracted for, or utilized by the Board, or at any school-sponsored activity.

While Connecticut law allows for the legal use of marijuana under certain circumstances, because marijuana use is still prohibited under federal law, the use of marijuana at work, or outside of work if it impairs an employee's ability to perform their job, constitutes a violation of this policy.

Violations of this policy may result in disciplinary action, up to and including possible termination of employment.

DEFINITIONS

"Any area" means the interior of a school building and the outside area within twenty-five feet of any doorway, operable window or air intake vent of a school building.

"Cannabis" means marijuana, as defined in Conn. Gen. Stat. § 21a-240.

"Controlled substance" means a controlled substance in schedules I through V of section 202 of the Comprehensive Drug Abuse Prevention and Control Act of 1970 (21 U.S.C. 812), including marijuana.

"Electronic cannabis delivery system" means an electronic device that may be used to simulate smoking in the delivery of cannabis to a person inhaling the device and includes, but is not limited to, a vaporizer, electronic pipe, electronic hookah and any related device and any cartridge or other component of such device.

"Electronic nicotine delivery system" means an electronic device used in the delivery of nicotine to a person inhaling from the device, and includes, but is not limited to, an electronic cigarette, electronic cigar, electronic cigarillo, electronic pipe or electronic hookah and any related device and any cartridge or other component of such device, including, but not limited to, electronic cigarette liquid or synthetic nicotine.
"School property" means any land and all temporary and permanent structures comprising the district's school and administrative office buildings and includes, but is not limited to, classrooms, hallways, storage facilities, theatres, gymnasiums, fields, and parking lots.

"School-sponsored activity" means any activity sponsored, recognized, or authorized by a board of education and includes activities conducted on or off school property.

"Smoke" or "smoking" means the burning of a lighted cigar, cigarette, pipe or any other similar device, whether containing, wholly or in part, tobacco, cannabis or hemp.

"Vapor product" means any product that employs a heating element, power source, electronic circuit or other electronic, chemical or mechanical means, regardless of shape or size, to produce a vapor that may or may not include nicotine or cannabis and is inhaled by the user of such product.

EMPLOYEE ASSISTANCE

In appropriate circumstances, the Board shall provide an employee with an opportunity for rehabilitation in overcoming addiction to, dependence upon or other problem with alcohol or drugs.

Employees who feel they have developed an addiction to, dependence upon, or other problem with alcohol or drugs are encouraged to seek assistance. Certain benefits for alcoholism or drug addiction are provided under the Board's group medical insurance plan.

An employee may be given an opportunity to participate in a rehabilitation program that requires absence from work for bona fide treatment. Such absence may be charged to the employee's accrued and unused sick leave, subject to the provisions of the employee's collective bargaining agreement and/or any applicable Board policies and regulations.

Any request for assistance with a drug or alcohol problem will be treated as confidential and only those persons "needing to know" will be made aware of such request.

Legal References:

Connecticut General Statutes:

Conn. Gen. Stat. § 10-233a(h) (definition of school-sponsored activity)

Conn. Gen. Stat. § 19a-342

Conn. Gen. Stat. § 19a-342a

Conn. Gen. Stat. § 21a-408a through 408q (palliative use of marijuana)

June Special Session, Public Act No. 21-1

United States Code:

Pro-Children Act of 2001, 20 U.S.C. § 7973, as amended by the Every Student Succeeds Act, Public Law 114-95, § 4001

Drug Free Workplace Act, 41 U.S.C. § 8101 et seq.

ADOPTED:_____
REVISED:_____

Rational for Revised Policy/Administrative Regulation

P/AR 5113 Student Attendance, Truancy and Chronic Absenteeism

Attendance, Truancy and Chronic Absenteeism

We have revised this policy and the accompanying administrative regulations in light of guidance from the State Department of Education regarding mental health wellness days. We further revised the regulations in light of section 16 of Public Act No. 22-47, which requires boards of education to update their policies and procedures concerning truant students to include provision of notice to the parent or guardian of a child who is truant. The notice to parents must include information concerning the existence and availability of the 2-1-1 Infoline program, and other pediatric mental and behavioral health screening services and tools. The Act also requires that the policies and procedures concerning truant students, beginning July 1, 2023, require a school mental health specialist to conduct an evaluation of truant students to determine if additional behavioral health interventions are necessary for the well-being of the child. We revised the regulations to include this requirement beginning July 1, 2023.

STUDENT ATTENDANCE, TRUANCY AND CHRONIC ABSENTEEISM

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

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

Legal References:

Public Act No. ~~21-46~~22-47

~~June Special Session, Public Act No. 21-2~~

~~Public Act No. 21-199~~

Connecticut General Statutes § 10-220

Connecticut General Statutes § 10-184

Connecticut General Statutes § 10-186

Connecticut General Statutes § 10-198a

Connecticut General Statutes § 10-198b

Connecticut General Statutes § 10-198c

Connecticut General Statutes § 10-198d

Connecticut General Statutes § 10-198e

Connecticut General Statutes § 10-198f

Connecticut State Department of Education, *Guidelines for Reporting Student Attendance in the Public School Information System* (January 2008)

Connecticut State Board of Education Memorandum, *Definitions of Excused and Unexcused Absences* (June 27, 2012)

Connecticut State Department of Education, *Guidelines for Implementation of the Definitions of Excused and Unexcused Absences and Best Practices for Absence Prevention and Intervention* (April 2013)

Connecticut State Department of Education, *Reducing Chronic Absence in Connecticut's Schools: A Prevention and Intervention Guide for Schools and Districts* (April 2017)

Connecticut State Department of Education Memorandum, *Youth Service Bureau Referral for Truancy and Defiance of School Rules* (February 22, 2018)

Connecticut State Department of Education, *Youth Service Bureau Referral Guide* (February 2018)

Connecticut State Department of Education Memorandum, *Mental Health Wellness Days* (January 24, 2022)

ADOPTED_____
REVISED:_____

ADMINISTRATIVE REGULATIONS REGARDING ATTENDANCE, TRUANCY AND CHRONIC ABSENTEEISM

I. Attendance and Truancy

A. Definitions for Section I

1. "Absence" - any day during which a student is not considered "in attendance" at the student's assigned school, or on a school-sponsored activity (e.g. field trip), for at least one half of the school day.

2. "Disciplinary absence" - any absence as a result of school or District disciplinary action. Any student serving an out-of-school suspension or expulsion should be considered absent. Such absence is not considered excused or unexcused for attendance and truancy purposes.

3. "Educational evaluation" - for purposes of this policy, an educational evaluation is an assessment of a student's educational development, which, based upon the student's presenting characteristics, would assess (as appropriate) the following areas: health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status and motor abilities.

4. "Excused absence" - a student is considered excused from school if the school has received written documentation describing the reason for the absence within ten (10) school days of the student's return to school, or if the student has been excluded from school in accordance with Conn. Gen. Stat. § 10-210 (regarding communicable diseases), and the following criteria are met:

   a. Any absence before the student's tenth (10^{th}) absence is considered excused when the student's parent/guardian approves such absence and submits appropriate written documentation in accordance with this regulation.

   b. For the student's tenth (10^{th}) absence and all absences thereafter, a student's absences from school are, with appropriate documentation in accordance with this

regulation, considered excused only for the following reasons:

i. student illness (verified by an appropriately licensed medical professional);

ii. religious holidays;

iii. mandated court appearances (documentation required);

iv. funeral or death in the family, or other emergency beyond the control of the student's family;

v. extraordinary educational opportunities pre-approved by the District administrators and in accordance with Connecticut State Department of Education guidance and this regulation; or

vi. lack of transportation that is normally provided by a District other than the one the student attends.

c. A student, age five (5) to eighteen (18), inclusive, whose parent or legal guardian is an active duty member of the armed forces who has been called for duty, is on leave from or has immediately returned from deployment to a combat zone or combat support posting, shall be granted ten (10) days of excused absences in any school year, and, in the discretion of the administration, additional excused absences to visit such student's parent or legal guardian with respect to the parent's leave or deployment. In the case of such excused absences, the student and parent or legal guardian are responsible for obtaining assignments from the student's teacher prior to any period of excused absence, and for ensuring that such assignments are completed by the student prior to the student's return to school.

"Excused absence" excludes a student's engagement in (1) virtual classes, (2) virtual meetings, (3) activities on time-logged electronic systems, and (4) the completion and submission of assignments, if such engagement accounts for not less than one-half of the school day during remote learning.

5. "In Attendance" - any day during which a student is present at the student's assigned school, or an activity sponsored by the school, for at least half of the regular school day.

6. "Mental health wellness day" - a school day during which a student attends to such student's emotional and psychological well-being in lieu of attending school.

7. "Remote learning" means instruction by means of one or more Internet-based software platforms as part of a remote learning model as may be authorized by the Windsor Board of Education (the "Board") in accordance with applicable law.

8. "Student" - a student enrolled in the Windsor Public Schools (the "District").

9. "Truant" - any student five (5) to eighteen (18) years of age, inclusive, who has four (4) unexcused absences from school in any one month or ten (10) unexcused absences from school in any school year.

10. "Unexcused absence" - any absence from a regularly scheduled school day for at least one half of the school day, which is not excused or considered a disciplinary absence.

    "Unexcused absence" excludes a student's engagement in (1) virtual classes, (2) virtual meetings, (3) activities on time-logged electronic systems, and (4) the completion and submission of assignments, if such engagement accounts for not less than one-half of the school day during remote learning.

    The determination of whether an absence is excused will be made by the building principal or designee. Parents or other persons having control of the child may appeal that decision to the Superintendent or designee, whose decision shall be final.

B. Mental Health Wellness Days

Any student enrolled in grades kindergarten to twelve, inclusive, shall be permitted to take two mental health wellness days during the school year, during which day such student shall not be required to attend school. No student shall take mental health wellness days during consecutive school days. Mental health wellness days shall be excused when permission by the student's parent/guardian is documented by the student's school, regardless of the number of absences a student has accrued in the school year. Mental health wellness days will not be included in reporting or

referrals related to truancy. Mental health wellness day will count as an "absence" for determining chronic absenteeism, as defined in Section II of this policy.

C. Written Documentation Requirements for Absences

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

2. The first nine (9) days of absence will be excused upon receipt of a signed note from the student's parent/guardian, a signed note from a school official that spoke in person with the parent/guardian regarding the absence, or a note confirming the absence by the school nurse or by a licensed medical professional, as appropriate.

3. For the student's tenth (10^{th}) absence, and all absences thereafter, documentation of the absence must be submitted in accordance with paragraphs 1 and 2 above, and must also include the reason for the absence and the following additional information:

   a. student illness:

      i. a signed note from a medical professional, who may be the school nurse, who has evaluated the student confirming the absence and giving an expected return date; or

      ii. a signed note from school nurse who has spoken with the student's medical professional and confirmed the absence, including the date and location of the consultation.

   b. religious holidays: none.

   c. mandated court appearances:

      i. a police summons;

      ii. a subpoena;

      iii. a notice to appear;

      iv. a signed note from a court official; or

v. any other official, written documentation of the legal requirement to appear in court.

d. funeral or death in the family, or other emergency beyond the control of the student's family: a written document explaining the nature of the emergency.

e. extraordinary educational opportunity pre-approved by the District administrators and in accordance with Connecticut State Department of Education guidance and this policy: written pre-approval from the administration, in accordance with this regulation.

f. lack of transportation that is normally provided by a District other than the one the student attends: none.

4. Neither e-mail nor text message shall serve to satisfy the requirement of written documentation. In rare and extraordinary circumstances, a building administrator may, in the administrator's own discretion, accept the delivery of written documentation through a scanned copy sent by e-mail.

5. The District reserves the right to randomly audit written documentation received, through telephone and other methods of communication, to determine its authenticity.

6. Any absence that is not documented in accordance with this regulation within ten (10) school days after the incidence of absence will be recorded as unexcused. If documentation is provided within ten (10) school days, but is incomplete, the building principal may, at the principal's own discretion, grant up to a five (5) school day extension for provision of the completed documentation.

D. Extraordinary Educational Opportunities

1. To qualify as an extraordinary educational opportunity, the opportunity must:

a. be educational in nature and must have a learning objective related to the student's course work or plan of study;

b. be an opportunity not ordinarily available to the student;

c. be grade and developmentally appropriate; and

d. include content that is highly relevant to the student; while some opportunities will be relevant to all students, others will contain very specific content that would limit their relevance to a smaller group of students.

2. Family vacations do not qualify as extraordinary educational opportunities.

3. All requests for approval of extraordinary educational opportunities must:

   a. be submitted to the building principal in writing prior to the opportunity, but no later than ten (10) school days prior to the opportunity except in exceptional circumstances at the discretion of the building administrator;

   b. contain the signatures of both the parent/guardian and the student;

   c. include an outline of the learning objective of the opportunity and include detail as to how the objective is linked to the student's coursework or plan of study; and

   d. include additional documentation, where available, about the opportunity.

4. The building principal shall provide a response in writing and include the following:

   a. either approval or denial of the request;

   b. brief reason for any denial;

   c. any requirements placed upon the student as a condition of approval;

   d. the specific days approved as excused absences for the opportunity; and

   e. the understanding that the building administrator may withdraw its approval if the opportunity is canceled or the student fails to meet the agreed-upon requirements of the approval.

5. All decisions of the building principal relating to extraordinary educational opportunities shall be final.

6. Students who are granted excusal from school to participate in extraordinary educational opportunities are expected to share their experiences with other students and/or school staff when they return.

7. Approval for an extraordinary educational opportunity is determined on a case-by-case basis and the analysis of individualized factors. An opportunity approved for one student may not be approved for another.

E. Truancy Exceptions:

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

2. Until June 30, 2023, a student seventeen (17) years of age shall not be considered truant if the parent or person having control over such student consents to such student's withdrawal from school. Such parent or person shall personally appear at the school District office and sign a withdrawal form indicating such consent. Such withdrawal form must include an attestation from a guidance counselor or school administrator from the school that the District provided the parent (or person having control of the child) with information on the educational options available in the school system and community.

3. Beginning July 1, 2023, a student who is eighteen (18) years of age or older may withdraw from school. Such student shall personally appear in person at the school District office and sign a withdrawal form. Such withdrawal form must include an attestation from a guidance counselor or school administrator from the school that the District provided such student with information on the educational options available in the school system and community.

4. Beginning July 1, 2023, a student seventeen (17) years of age shall not be considered truant if the parent or person having control over such child withdraws such child from school and enrolls such child in an adult education program pursuant to Conn. Gen. Stat. § 10-69. Such parent or person shall personally appear at the school District office and sign an adult education withdrawal and enrollment form. Such adult education withdrawal and enrollment form shall include an attestation (1) from a school counselor or

school administrator of the school that the District has provided such parent or person with information on the educational options available in the school system and in the community, and (2) from such parent or person that such child will be enrolled in an adult education program upon such child's withdrawal from school.

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

F. Readmission to School Following Voluntary Withdrawal

1. Except as noted in paragraph 2 below, if a student voluntarily withdraws from school (in accordance with Section E.2 or E.4, above) and subsequently seeks readmission, the Board may deny school accommodations to the student for up to ninety (90) school days from the date of the student's withdrawal from school.

2. If a student who has voluntarily withdrawn from school (in accordance with Section E.2 or E.4, above) seeks readmission within ten (10) school days of the student's withdrawal, the Board shall provide school accommodations to the student not later than three (3) school days after the student requests readmission.

G. Determinations of Whether a Student is "In Attendance":

1. A student serving an out of school suspension or expulsion shall be reported as absent unless the student receives an alternative educational program for at least one half of the regular school day. In any event, the absence is considered a disciplinary absence, and will not be designated as excused or unexcused.

2. On early dismissal days and days shortened due to inclement weather, the regular school day for attendance purposes is considered to be the amount of instructional time offered to students on that day. For example, if school is open for four hours on a shortened day scheduled, a student must be present for a minimum of two hours in order to be considered "in attendance."

3. Students placed on homebound instruction due to illness or injury in accordance with applicable regulations and requirements are counted as being "in attendance" for every day that they receive instruction from an appropriately certified teacher for an amount of time deemed adequate in accordance with applicable law.

H. Procedures for students in grades K-8*

1. Notification

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

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

2. Monitoring

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

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

1. Intervention

a. When a student is truant, the building principal or designee shall schedule a meeting with the parent (or other person having control of such student) and appropriate school personnel to review and evaluate the reasons for the student's

truancy. This meeting shall be held no later than **ten (10) days** after the student becomes truant. The District shall document the meeting, and if parent or other person declines to attend the meeting, or is otherwise is non-responsive, that fact shall also be documented and the meeting shall proceed with school personnel in attendance.

b. When a student is truant, the Superintendent or designee shall coordinate services with and referrals of students to community agencies providing child and family services, as appropriate. The District shall document efforts to contact and include families and to provide early intervention in truancy matters.

c. When a student is truant, the Superintendent or designee shall provide notice to the student's parent or guardian of the information concerning the existence and availability of the 2-1-1 Infoline program, and other pediatric mental and behavioral health screening services and tools described in Conn. Gen. Stat. § 17a-22r.

d. Beginning July 1, 2023, when a student is truant, an appropriate school mental health specialist, as determined by the District, shall conduct an evaluation of the student to determine if additional behavioral health interventions are necessary for the well-being of the child. "School mental health specialist" means any person employed by the District to provide mental health services to students, including but not limited to a school social worker, school psychologist, trauma specialist, behavior technician, board certified behavior analyst, school counselor, licensed professional counselor or licensed marriage and family therapist.

e. If the Commissioner of Education determines that any school under the jurisdiction of the Board has a disproportionately high rate of truancy, the District shall implement in that school a truancy intervention model identified by the Department of Education pursuant to Conn. Gen. Stat. § 10-198e.

~~d~~f. In addition to the procedures specified in subsections (a) through (c) above, a regular education student who is experiencing attendance problems should be referred to the building's Multi-Tiered System of Supports Team (MTSS) to consider the need for additional interventions and/or assistance. The Team will also consider whether the student should be referred to a planning and placement team ("PPT") meeting to

review the student's need and eligibility for special education. A special education student who is experiencing attendance problems should be referred to a PPT meeting for program review.

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

J. Attendance Records

All attendance records developed by the Board shall include the individual student's state-assigned student identifier (SASID).

II. Chronic Absenteeism

A. Definitions for Section II

1. "Chronically absent child" - a child who is enrolled in a school under the jurisdiction of the Board and whose total number of absences at any time during a school year is equal to or greater than ten percent (10%) of the total number of days that such student has been enrolled at such school during such school year.

2. "Absence" - an excused absence, unexcused absence or disciplinary absence, as those terms are defined by the State Board of Education pursuant to Conn. Gen. Stat. § 10-198b and these administrative regulations.

3. "District chronic absenteeism rate" - the total number of chronically absent children under the jurisdiction of the Board in the previous school year divided by the total number of students under the jurisdiction of the Board for such school year.

4. "School chronic absenteeism rate" - the total number of chronically absent students for a school in the previous school year divided by the total number of students enrolled in such school for such school year.

B. Establishment of Attendance Review Teams

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

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

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

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

C. Composition and Role of Attendance Review Teams

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

Each attendance review team shall be responsible for reviewing the cases of truants and chronically absent students, discussing school interventions and community referrals for such truants and chronically absent students and making any additional recommendations for such truants and chronically absent children and their parents or guardians. Each attendance review team shall meet at least monthly.

D. State Chronic Absenteeism Prevention and Intervention Plan

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

III. Reports to the State Regarding Truancy Data

Annually, the Board shall include information regarding the number of truants and chronically absent children in the strategic school profile report for each school under its jurisdiction and for the District as a whole submitted to the Commissioner of Education. Measures of truancy include the type of data that is required to be collected by the Department of Education regarding attendance and unexcused absences in order for the department to comply with federal reporting requirements and the actions taken by the Board to reduce truancy in the District.

IV. Evolving State Department of Education and State Board of Education Guidance

The Board will comply with any and all guidance issued by the State Department of Education and/or State Board of Education regarding attendance requirements, including during periods of remote learning.

Legal References:

~~Public Act No. 21-46~~

~~June Special Session, Public Act No. 21-2~~

Public Act No. ~~21-199~~22-47

Connecticut General Statutes § 10-220

Connecticut General Statutes § 10-184

Connecticut General Statutes § 10-186

Connecticut General Statutes § 10-198a

Connecticut General Statutes § 10-198b

Connecticut General Statutes § 10-198c

Connecticut General Statutes § 10-198d

Connecticut General Statutes § 10-198e

Connecticut General Statutes § 10-198f

Connecticut State Department of Education, *Guidelines for Reporting Student Attendance in the Public School Information System* (January 2008)

Connecticut State Board of Education Memorandum, *Definitions of Excused and Unexcused Absences* (June 27, 2012)

Connecticut State Department of Education, *Guidelines for Implementation of the Definitions of Excused and Unexcused Absences and Best Practices for Absence Prevention and Intervention* (April 2013)

Connecticut State Department of Education, *Reducing Chronic Absence in Connecticut's Schools: A Prevention and Intervention Guide for Schools and Districts* (April 2017)

Connecticut State Department of Education Memorandum, *Youth Service Bureau Referral for Truancy and Defiance of School Rules* (February 22, 2018)

Connecticut State Department of Education, *Youth Service Bureau Referral Guide* (February 2018)

Connecticut State Department of Education Memorandum, *Mental Health Wellness Days* (January 24, 2022)

APPROVED:_____
REVISED:_____

~~7/29/21~~9/9/22

Rational for Revised Policy/Regulation

5141.21 Administration of Student Medication in the Schools

The policy concerning Administration of Student Medications in Schools has been revised in accordance with Public Act 18-185. This Act clarifies that students with life-threatening allergic conditions may possess, self-administer, or possess and self-administer medication at school under certain conditions. Further, the Act adds required training for bus drivers concerning the emergency administration of epinephrine to students with life-threatening allergic conditions.

In addition, to add clarity and language to the section regarding the Administration of Naloxone for Purposes of Emergency First Aid, we have added "Dean of Students" as one of the individuals able to administer naloxone for the purpose of emergency first aid. The nursing supervisor has assured these additional staff members have received the proper training of its administration.

Current

P5141.21

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

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

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

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

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

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

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

Error means:

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

(a) administer a medication to a student;

(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 Section D 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 local or regional board of education 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.

Paraprofessional means a health care aide or assistant or an instructional aide or assistant employed by the local or regional board of education who meets the requirements of such board of employment as a health care aide or assistant or instructional aide or assistant.

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

Physician means a doctor of medicine or osteopathy licensed to practice medicine in Connecticut pursuant to Chapters 370 and 371 of the Connecticut General Statutes, or licensed to practice medicine in another state.

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 local or regional board of education as the supervisor or, if no designation has been made by the board, the lead or coordinating nurse assigned by the board.

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 Section D, 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 Section D, 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 medication, or possess and self-administer 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 child 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 child 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 child 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 or injector at all times while attending school, in order to provide for prompt treatment to protect such child 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 child 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 child 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 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, except as provided in Section D below, 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 (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; and

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

(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 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 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; and

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

(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; and

(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 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 child 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 his/her 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 Windsor Board of Education (the "Board") permits blood glucose testing by students who have a written order from a physician or an advanced practice registered nurse stating the need and capability of such student to conduct self-testing.

(2) The Board will not restrict the time or location of blood glucose testing by a student with diabetes on school grounds who has written authorization from a parent or guardian and a written order from a physician or an advanced practice registered nurse stating that such child is capable of conducting self-testing on school grounds.

(3) In the absence or unavailability of the school nurse, select school employees may administer medication with injectable equipment used to administer glucagon to a student with diabetes that may

require prompt treatment in order to protect the student against serious harm or death, under the following conditions:

(a) The student's parent or guardian has provided written authorization;

(b) A written order for such administration has been received from the student's physician licensed under Chapter 370 of the Connecticut General Statutes;

(c) The school employee is selected by either the school nurse or principal and is a principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by a school district, coach or school paraprofessional;

(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 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 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 send an email to all staff indicating 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 Section E of this policy.

E. Naloxone for Purposes of Emergency First Aid

(1) Pursuant to a standing order of the Board's medical advisor and authorization from the Superintendent of Schools, and in accordance with Connecticut law and this policy, a school nurse may maintain naloxone, for the purpose of administering emergency first aid to students who experience a known or suspected opioid overdose.

(a) The school nurse, in consultation with the Board's medical advisor, shall determine the supply of naloxone that shall be maintained in the individual school.

(b) The school nurse shall be responsible for the safe storage of naloxone maintained in a school and shall ensure any supply of naloxone maintained is stored in accordance with the manufacturer's instructions.

(c) The school nurse shall be responsible for maintaining an inventory of naloxone maintained in the school, tracking the date(s) of expiration of the supply of naloxone maintained in a school, and, as appropriate, refreshing the supply of naloxone maintained in the school.

(2) 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 naloxone in the event of a known or suspected opioid overdose.

(3) A school nurse shall be approved to administer naloxone for the purpose of emergency first aid, as described in Paragraph (1) above, in the event of a known or suspected opioid overdose, provided that such nurse has completed appropriate training, as identified by the Board's medical advisor, which shall include training in the identification of opioid abuse and overdose.

(3) The administration of naloxone pursuant to this section 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.

(4) Following the emergency administration of naloxone by a school nurse:

(a) Such emergency administration shall be reported immediately to:

(i) The Board medical advisor; and

(ii) The Superintendent; and

(iii) The student's parent or guardian.

(b) A medication administration record shall be:

(i) Maintained by the school nurse who administered the naloxone 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.

F. Documentation and Record Keeping

(1) Each school or before-and-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, (i.e., 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; and,

(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 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-and-after school programs and school readiness programs, in the child'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, so long as it 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-and-after school programs and school readiness programs, in the child's program record.

(4) These same procedures shall apply to coaches and licensed athletic trainers during intramural and interscholastic events, except that if the school nurse is not available, a report must be submitted by the coach or licensed athletic trainer to the school nurse the next school day.

H. Medication Emergency Procedures

(1) Whenever a student has a life-threatening reaction to administration of a medication, resolution of the reaction to protect the student's health and safety shall be the foremost priority. The school nurse and the authorized prescriber shall be notified immediately, or as soon as possible in light of any emergency medical care that must be given to the student.

(2) Emergency medical care to resolve a medication emergency includes but is not limited to the following, as appropriate under the circumstances:

(a) use of the 911 emergency response system;

(b) application by properly trained and/or certified personnel of appropriate emergency medical care techniques, such as cardio-pulmonary resuscitation;

(c) administration of emergency medication in accordance with this policy;

(d) contact with a poison control center; and

(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 to identified paraprofessionals designated in accordance with Section B(3)(fg), 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 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 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 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 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 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 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 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.

(4) 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 trainer or trainers.

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

K. Handling, Storage and Disposal of Medications

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

in accordance with Sections D and E above, must be 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 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 and naloxone intended for emergency first aid in accordance with Sections D 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-and-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-and-after school program and school readiness program. One set of keys shall be maintained under the direct control of the school nurse or nurses and an additional set shall be under the direct control of the principal and, if necessary, the program director or lead teacher who has been trained in the general principles of the administration of medication shall also have a set of keys.

(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-and-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-and-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 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-and-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 JK of this policy. Where possible, a separate supply of medication shall be stored at the site of the before-and-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-and-after school programs shall be reviewed annually by the school medical advisor and school nurse supervisor.

M. Review and Revision of Policy

In accordance with the provisions of Conn. Gen. Stat. Section 10-212a (2), the Board shall review this policy periodically, and at least biennially, with the advice and approval of the school medical advisor or other qualified licensed physician, and the school nurse supervisor or other qualified licensed physician. 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:

Section 10-206

Section 10-212

Section 10-212a

Section 10-220j

Section 19a-900

Section 21a-240

Section 52-557b

Public Act 18-185, "An Act Concerning the Recommendations of the Task Force on Life-Threatening Food Allergies in Schools"

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)

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Windsor Public Schools

Windsor, CT

NEW

PROPOSED

Students **P 5141.21**

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

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

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

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

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

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

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

Error means:

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

(a) administer a medication to a student;
(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 local or regional board of education 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.

Paraprofessional means a health care aide or assistant or an instructional aide or assistant employed by the local or regional board of education who meets the requirements of such board of employment as a health care aide or assistant or instructional aide or assistant.

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

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/Dean of Students 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 local or regional board of education as the supervisor or, if no designation has been made by the board, the lead or coordinating nurse assigned by the board.

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 Section D, 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 Section D, 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 child 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 child 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 child 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 child 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 child 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 child 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 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, except as provided in Section D below, 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 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 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 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 child 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 his/her 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 Windsor Board of Education (the "Board") permits blood glucose testing by students who have a written order from a physician or an advanced practice registered nurse stating the need and capability of such student to conduct self-testing.

(2) The Board will not restrict the time or location of blood glucose testing by a student with diabetes on school grounds who has written authorization from a parent or guardian and a written order from a physician or an advanced practice registered nurse stating that such child is capable of conducting self-testing on school grounds.

(3) In the absence or unavailability of the school nurse, select school employees may administer medication with injectable equipment used to administer glucagon to a student with diabetes that may require prompt treatment in order to protect the student against serious harm or death, under the following conditions:

(a) The student's parent or guardian has provided written authorization;

(b) A written order for such administration has been received from the student's physician licensed under Chapter 370 of the Connecticut General Statutes;

(c) The school employee is selected by either the school nurse or principal and is a principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by a school district, coach or school paraprofessional;

(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 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 send an email to all staff indicating 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 additional trained 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 Section E of this policy.

E. Naloxone for Purposes of Emergency First Aid

(1) Pursuant to a standing order of the Board's medical advisor and authorization from the Superintendent of Schools, and in accordance with Connecticut law and this policy, a school nurse may maintain naloxone, for the purpose of administering emergency first aid to students who experience a known or suspected opioid overdose.

(a) The school nurse, in consultation with the Board's medical advisor, shall determine the supply of naloxone that shall be maintained in the individual school.

(b) The school nurse shall be responsible for the safe storage of naloxone maintained in a school and shall ensure any supply of naloxone maintained is stored in accordance with the manufacturer's instructions.

(c) The school nurse shall be responsible for maintaining an inventory of naloxone maintained in the school, tracking the date(s) of expiration of the supply of naloxone maintained in a school, and, as appropriate, refreshing the supply of naloxone maintained in the school.

(2) 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 naloxone in the event of a known or suspected opioid overdose.

(3) A school nurse, administrator or Dean of Students shall be approved to administer naloxone for the purpose of emergency first aid, as described in Paragraph (1) above, in the event of a known or suspected opioid overdose, provided that such nurse, administrator or Dean of Students has

completed appropriate training, as identified by the Board's medical advisor, which shall include training in the identification of opioid abuse and overdose.

(4) The administration of naloxone pursuant to this section 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.

(5) Following the emergency administration of naloxone by a school nurse, administrator or Dean of Students:

(a) Such emergency administration shall be reported immediately to:

(i) The Board medical advisor; and

(ii) The Superintendent; and

(iii) The student's parent or guardian.

(b) A medication administration record shall be:

(i) Maintained by staff who administered the naloxone 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.

F. Documentation and Record Keeping

(1) Each school or before-and-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 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-and-after school programs and school readiness programs, in the child'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, so long as it 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-and-after school programs and school readiness programs, in the child's program record.

(4) These same procedures shall apply to coaches and licensed athletic trainers during intramural and interscholastic events, except that if the school nurse is not available, a report must be submitted by the coach or licensed athletic trainer to the school nurse the next school day.

H. Medication Emergency Procedures

(1) Whenever a student has a life-threatening reaction to administration of a medication, resolution of the reaction to protect the student's health and safety shall be the foremost priority. The school nurse and the authorized prescriber shall be notified immediately, or as soon as possible in light of any emergency medical care that must be given to the student.

(2) Emergency medical care to resolve a medication emergency includes but is not limited to the following, as appropriate under the circumstances:

(a) use of the 911 emergency response system;
(b) application by properly trained and/or certified personnel of appropriate emergency medical care techniques, such as cardio-pulmonary resuscitation;
(c) administration of emergency medication in accordance with this policy;
(d) contact with a poison control center; and
(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 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 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 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 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 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 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

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 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.

(4) 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.

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

K. Handling, Storage and Disposal of Medications

(1) All medications, except those approved for transporting by students for self-medication, those administered by coaches of intramural or

interscholastic athletics or licensed athletic trainers in accordance with Section B(3)(f) above, and epinephrine or naloxone to be used for emergency first aid in accordance with Sections D and E above, must be 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 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 and naloxone intended for emergency first aid in accordance with Sections D 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-and-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-and-after school program and school readiness program. One set of keys shall be maintained under the direct control of the school nurse or nurses and an additional set shall be under the direct control of the principal and, if necessary, the program director or lead teacher who has been trained in the general principles of the administration of medication shall also have a set of keys.

(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-and-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-and-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 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-and-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-and-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-and-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:
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 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)

ADOPTED: _____
REVISED: _____
07/31/18
Technical Rev. 9/15/20



SHIPMAN & GOODWIN LLP

COUNSELORS AT LAW

Rational for Revised Policy and Form

P/F 6142.1 Curricular Exemptions

Fall 2022 (Complete Re-Write)

We have revised this policy to include "firearm safety programs" on the list of curricular exemptions. This exemption is an existing requirement under state law, but had not previously been included in our model policy because many boards did not provide instruction in this area. Boards of education are required, by statute, to provide HIV/AIDS instruction and implement the sexual abuse and assault awareness and prevention program described in this policy. Boards of education may, but are not required to, provide family life education and firearms safety programs. For instruction in any of these areas, as well as dissection, state law provides that parents and guardians may submit a written request for a curricular exemption, which must be granted in accordance with specific statutory requirements. We have revised this policy to address firearms safety programs and exemption from such instruction.

CURRICULAR EXEMPTIONS

Mandatory Curricular Exemptions:

Upon the written request of a parent or guardian received by the school district prior to planned instruction in the areas set forth below, the Board shall permit curricular exemptions for instruction in the following areas:

1. Dissection;

2. Family life education; or

3. HIV/AIDS.

Definitions:

"Dissection Instruction" is defined as instruction in which a student must participate in, or observe, the dissection of any animal.

"Family Life Education Instruction" is defined as instruction pertaining to family planning, human sexuality, parenting, nutrition and the emotional, physical, psychological, hygienic, economic and social aspects of family life.

"HIV/AIDS Instruction" is defined as ongoing and systematic instruction on Acquired Immune Deficiency Syndrome (AIDS) offered by the district pursuant to state law.

Written Request for Mandatory Exemption:

Parents who wish to exercise such exemptions must notify the school district in writing within the first two weeks of school.

Permissive Curricular Exemptions:

Except for the mandatory curricular exemptions noted above, or otherwise required by law, the Board does not require teachers to exempt students from any other aspect of the curriculum.

Alternative Assignments:

1. Any student excused from participating in, or observing, the dissection of any animal as part of classroom instruction shall be required to complete an alternate assignment to be determined by the teacher.

2. Any student excused from any other aspect of the curriculum may be required by the teacher to complete an alternative assignment as determined by the teacher.

Legal References:

Conn. Gen. Stat. § 10-16c.
§ 10-19(b).
Public Act 13-273, "An Act Concerning Dissection Choice"

Adopted: June 17, 2014
Windsor Public Schools
Windsor, CT

I request that my child be exempted from instruction in the following areas:

Check all that apply:

1. Dissection [ ]
2. Family life education [ ]
3. HIV/AIDS [ ]

"Dissection Instruction" is defined as instruction in which a student must participate in, or observe, the dissection of any animal." Students who have objections to animal dissection may discuss those objections with the appropriate teacher/administrator. Objections to dissection can be initiated by the parent or student, in writing, and may be based on religious grounds, ethical grounds, or if the process is repulsive to the student. The teacher will give students raising an objection to dissection an alternative assignment, and the grade will be used in lieu of the dissection grade.

"Family Life Education Instruction" is defined as instruction pertaining to family planning, human sexuality, parenting, nutrition and the emotional, physical, psychological, hygienic, economic and social aspects of family life. Parents may wish to exclude their students from classes dealing with family life education instruction and may do so by contacting the instructor in the first two weeks. An equivalent assignment will be substituted in these cases.

"HIV/AIDS Instruction" is defined as ongoing and systemic instruction on Acquired Deficiency Syndrome (AIDS) offered by the district pursuant to state law. Parents may wish to exclude their students from classes dealing with AIDS and may do so by contacting the instructor in the first two weeks. An equivalent assignment will be substituted in these cases.

I recognize that teachers may require my child to complete alternative assignments in lieu of the curricular instruction planned in the area of exemption.

This form must be completed annually and returned to the school principal by _____. (Date)

_____

Name of Student (Please Print)

_____ _____

Parent's/Guardian's Signature Date

Or

_____ _____

Student's Signature (if 18 years of age) Date

CURRICULAR EXEMPTIONS

Mandatory Curricular Exemptions:

Upon the written request of a parent or guardian received by the school district prior to planned instruction in the areas set forth below, the Windsor Board of Education (the "Board") shall permit curricular exemptions for instruction in the following areas:

1. Dissection;
2. Family life education;
3. HIV/AIDS;
4. Sexual abuse and assault awareness and prevention program; or
5. Firearms safety programs.

Definitions:

"Dissection Instruction" is defined as instruction in which a student must participate in, or observe, the dissection of any animal.

"Family Life Education Instruction" is defined as instruction pertaining to family planning, human sexuality, parenting, nutrition and the emotional, physical, psychological, hygienic, economic and social aspects of family life.

"HIV/AIDS Instruction" is defined as ongoing and systematic instruction on Acquired Immune Deficiency Syndrome (AIDS) offered by the district pursuant to state law.

"Sexual abuse and assault awareness and prevention program" is defined as the state-wide program identified or developed by the Department of Children and Families, in collaboration with the Department of Education and Connecticut Sexual Assault Crisis Services, Inc. (or a similar entity) that includes age-appropriate educational materials designed for children in grades kindergarten to twelve, inclusive, regarding child sexual abuse and assault awareness and prevention that may include, but not be limited to, (A) the skills to recognize (i) child sexual abuse and assault, (ii) boundary violations and unwanted forms of touching and contact, and (iii) ways offenders groom or desensitize victims, and (B) strategies to (i) promote disclosure, (ii) reduce self-blame, and (iii) mobilize bystanders.

Written Request for Mandatory Exemption:

Parents who wish to exercise such exemptions must notify the school district in writing in advance of the instruction to be provided.

Permissive Curricular Exemptions:

Except for the mandatory curricular exemptions noted above, or otherwise required by law, the Board does not require teachers to exempt students from any other aspect of the curriculum.

Alternative Assignments:

1. Any student excused from participating in, or observing, the dissection of any animal as part of classroom instruction shall be required to complete an alternate assignment to be determined by the teacher.

2. Any student excused from participating in the sexual abuse and assault awareness and prevention program or a firearm safety program shall be provided, during the period of time in which the student would otherwise be participating in such program, an opportunity for other study or academic work as determined by the teacher.

3. Any student excused from any other aspect of the curriculum may be required by the teacher to complete an alternative assignment as determined by the teacher.

Legal References:

Conn. Gen. Stat. § 10-16c.
Conn. Gen. Stat. § 10-16e.
Conn. Gen. Stat. § 10-18c.
Conn. Gen. Stat. § 10-18d.
Conn. Gen. Stat. § 10-19(b).
Conn. Gen. Stat. § 17a-101q.

ADOPTED: _____
REVISED: _____

I request that my child be exempted from instruction in the following areas:

Check all that apply:

1. Dissection ___
2. Family life education ___
3. HIV/AIDS ___
4. Sexual abuse and assault awareness and prevention program ___
5. Firearm safety program ___

I recognize that teachers may require my child to complete alternative assignments in lieu of the curricular instruction planned in the area of exemption.

This form must be completed annually and returned to the school principal by _____.
Date

_____
Name of Student (Please Print)

_____ _____
Parent's/Guardian's Signature Date

Or

_____ _____
Student's Signature (if 18 years of age) Date

Rational for New Policy

6146.11 Weighted Grading and Calculation of Grade Point Averages

Weighted Grading and Calculation of Grade Point Averages

Section 13 of Public Act No. 21-199 revises Conn. Gen. Stat. § 10-220g to provide that a board of education must have a policy concerning the manner in which students' grade point averages are calculated, which policy must include whether grade point averages are weighted or not weighted. The Act further expands the classes and programs for which grades may be weighted. The law previously required that this policy concern only whether grades from honors and advanced placement classes are given more weight than grades from other classes. We have revised this policy, and its title, in accordance with these changes in the law.

NEW

PROPOSED

Instruction **P 6146.11**

WEIGHTED GRADING AND CALCULATION OF GRADE POINT AVERAGES

The Windsor Board of Education (the "Board") understands the importance of parents and students understanding the manner in which grade point averages are calculated within the Windsor Public Schools (the "District"). In accordance with Connecticut law, this policy shall explain the manner in which grade point averages are calculated within the District.

The Board believes that, due to the rigorous nature of certain classes, the grades earned in such classes deserve additional weight for purposes of calculating grade point average and determining class rank. These rigorous classes include the following: honors classes, advanced placement classes, or early college (ECE). Therefore, it is the policy of the Board to grant grades earned in such courses additional weight for the aforementioned purposes.

Calculating Grade Point Average

A student's grade point average shall be calculated in the following manner:

Grade Earned	High Honors/AP/ECE	Honors	College
A+ = 97+	5.33	4.83	4.33
A = 93-96	5.00	4.50	4.00
A- = 90-92	4.67	4.17	3.67
B+ = 87-89	4.33	3.83	3.33
B = 83-86	4.00	3.50	3.00

B- = 80-82	**3.67**	**3.17**	**2.67**
C+ = 77-79	**3.33**	**2.83**	**2.33**
C = 73-76	**3.00**	**2.50**	**2.00**
C- = 70-72	**2.67**	**2.17**	**1.67**
D+ = 67-69	**2.33**	**1.83**	**1.33**
D = 63-66	**2.00**	**1.50**	**1.00**
D- = 60-62	**1.67**	**1.17**	**0.67**
F= 50-59	**0.00**	**0.00**	**0.00**

The Superintendent or designee shall be responsible for implementing this policy and developing procedures in furtherance of this policy, if necessary.

Legal Reference:

Connecticut General Statutes § 10-220g

Public Act 21-199, "An Act Concerning Various Revisions and Additions to the Statutes Relating to Education and Workforce Development"

ADOPTED:_____
REVISED:_____

Rational for New Policy and Regulation

6148 Policy to Improve Completion Rates of the Free Application for Federal Student Aid (FAFSA)

Policy to Improve Completion Rates of the Free Application for Federal Student Aid (FAFSA)

Public Act No. 21-199 also directs boards of education, not later than July 1, 2022, to adopt a policy to improve completion rates of the FAFSA by students enrolled in grade twelve or an adult education program maintained by the board. We have drafted a policy that meets statutory requirements, as well as administrative regulations that offer suggestions for how to implement the policy. The suggested procedures are not required by law.

NEW

Instruction **P 6148**

POLICY TO IMPROVE COMPLETION RATES OF THE FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA)

The Windsor Board of Education (the "Board") understands that completion of the Free Application for Federal Student Aid ("FAFSA") is an important step in the path to postsecondary education and is associated with higher rates of college enrollment. The Board is committed to improving the completion rates of the FAFSA for students enrolled in the Windsor Public Schools (the "District").

In order to improve the completion rates of the FAFSA by students enrolled in grade twelve in the District, and students enrolled in the District's adult education program, the District shall develop a systematic program through which such students are educated about the purpose and content of the FAFSA, encouraged to complete the FAFSA, and assisted in the completion of the FAFSA, as may be necessary and appropriate. The Board directs the Superintendent or designee to develop administrative regulations in furtherance of this policy. The Board further directs the Superintendent or designee to conduct periodic assessments of such regulations, at least annually, to determine effectiveness in improving completion rates of the FAFSA.

Any information contained in a FAFSA, held by the Board, shall not be a public record for purposes of the Freedom of Information Act and thus shall not be subject to disclosure under the provisions of section 1-210 of the Connecticut General Statutes.

Each year, the Superintendent or designee will report to the Board the FASFA completion rate for each high school in the District and for the District's adult education program.

The Board may accept gifts, grants and donations, including in-kind donations, to implement the provisions of this policy.

Legal Reference:

Conn. Gen. Stat. § 10a-11i
Conn. Gen. Stat. § 10-223m

ADOPTED:_____
REVISED:_____

6/19/2022

NEW

ADMINISTRATIVE REGULATIONS ADDRESSING IMPROVING THE COMPLETION RATES OF FAFSA

In order to improve the completion rates of the Free Application for Federal Student Aid ("FAFSA") by students enrolled in the Windsor Public Schools (the "District") and students enrolled in the District's adult education program, the District will:

- Develop a FAFSA Task Force to identify challenges, successes, and next steps in improving the completion rates of the FAFSA among students in grade twelve and students enrolled in the District's adult education program.
- Track data from such students regarding FAFSA completion, including date of completion.
- Identify FAFSA coaches who will be assigned a caseload of students to assist students in completing the FAFSA and monitor their completion rates.
- Provide incentives to students who have completed the FAFSA, which may include but are not limited to, spirit days and giveaways, if funding permits.
- Conduct annual presentations to students about the purpose and importance of the FAFSA and the District's resources available to help students in completing the FAFSA.
- Provide professional development to identified District staff regarding the FAFSA and best practices for supporting students in completing the FAFSA.

Legal Reference:

Conn. Gen. Stat. § 10-223m

Regulation approved:

Rational for New Policy and Regulation

6172.2 Addressing Enrollment in an Advanced Course or Program and Challenging Curriculum

Policy Addressing Enrollment in an Advanced Course or Program and Challenging Curriculum

Last year, the Connecticut Legislature passed Public Act No. 21-199, which requires boards of education, not later than July 1, 2022, to adopt (or revise) policies concerning (1) eligibility criteria for student enrollment in an advanced course or program and (2) challenging curriculum. In May 2022, we issued a model policy that complied with the CSDE's draft guidance regarding these topics. The CSDE guidance has now finalized its guidance, and we have revised our model policy and drafted administrative regulations that reflect the revised guidance.

POLICY ADDRESSING ENROLLMENT IN AN ADVANCED COURSE OR PROGRAM AND CHALLENGING CURRICULUM

The Windsor Board of Education (the "Board") understands the importance of providing opportunities for students to enroll in an advanced course or program and offering students challenging curriculum in the Windsor Public Schools (the "District"). In accordance with Connecticut law, this policy shall explain the manner in which the District determines eligibility for enrollment in advanced courses or programs and creates academic plans for students in the District.

I. Definitions

For purposes of this policy:

"Advanced course or program" means an honors class, advanced placement class, dual enrollment, dual credit, early college or any other advanced or accelerated course or program offered by the Board in grades nine to twelve, inclusive.

"Advanced placement" program is a program authorized by the College Board that offers college-level courses and exams that students take in high school.

"Dual credit/Dual enrollment" courses are college courses offered by high schools in partnership with a college or university. Students taking these courses in high school are simultaneously enrolled with the partner higher education institution. Students who successfully complete a dual credit/dual enrollment course earn credit toward high school graduation as well as college course credit that appears on a student transcript issued by a college or university.

"Prior academic performance" means the course or courses that a student has taken, the grades received for such course or courses and a student's grade point average.

II. Eligibility Criteria

Consistent with state law, the District will identify students in grades eight and nine who may be eligible to take or enroll in an advanced course or program. Students will be eligible to enroll in advanced courses or programs throughout their high school career, even if they are not identified as eligible in grades eight or nine.

Eligibility for enrollment in an advanced course or program shall not be based exclusively on a student's prior academic performance. There are multiple methods by which a student may satisfy the eligibility criteria for enrollment in an advanced course or program, including:

- Recommendations from teachers, administrators, school counselors or other school personnel.

- A student's prior academic performance, as determined by evidence-based indicators of how a student will perform in an advanced course or program.
- The District administration may, in its discretion, identify and publicize additional criteria, including but not limited to student or parent request. Any such criteria shall be established prior to the commencement of an academic term.

III. Creation of an Academic Plan/Challenging Curriculum

The District will create an academic plan for each student who is identified in grade eight or nine as eligible for enrollment in an advanced course or program. Such plan will be designed to enroll the student in one or more advanced courses or programs and allow the student to earn college credit or result in career readiness. Such academic plan will also be aligned with:

- The courses or programs offered by the Board,
- The student's student success plan, created pursuant to Conn. Gen. Stat. § 10-221a(j),
- High school graduation requirements, and
- Any other policies or standards adopted by the Board relating to the eligibility for student enrollment in advanced courses or programs.

The academic plan may be part of the student's success plan, which plan is required for each student by Conn. Gen. Stat. §10-221a.

A student, or the student's parent or guardian, may decline to implement the provisions of an academic plan created for such student.

IV. Guiding Principles and Implementation

The Board recognizes that course access and academic planning should be guided by considerations beyond traditional course eligibility criteria. Specifically, the Board recognizes that academic achievement and engagement in middle school are strong precursors to high school success. In addition, the Board recognizes the importance of engaging with a student's parents and/or guardians throughout the student's educational experience, reducing barriers to opportunities for advanced courses and programs, and providing a wide range of advanced courses that appeal to students with various interests.

The Superintendent or designee shall be responsible for implementing this policy and developing procedures in furtherance of this policy and in accordance with guidance provided by the Connecticut Department of Education.

Legal Reference:

Connecticut General Statutes § 10-221a

Connecticut General Statutes § 10-221w

Connecticut General Statutes § 10-221x

Connecticut State Department of Education, *District Guidance for Developing an Advanced Course Participation Policy* (April 2022)

ADOPTED:_____
REVISED:_____

NEW

ADMINISTRATIVE REGULATIONS ADDRESSING ENROLLMENT IN AN ADVANCED COURSE OR PROGRAM AND CHALLENGING CURRICULUM

The Windsor Board of Education (the "Board") understands the importance of providing opportunities for students to enroll in an advanced course or program and offering students challenging curriculum in the Windsor Public Schools (the "District"). In accordance with the Board's Policy Addressing Enrollment in an Advanced Course or Program and Challenging Curriculum, the administration adopts the following regulations:

1. The District will identify students in grades eight and nine who may be eligible to take or enroll in an advanced course or program. Students will be eligible to enroll in advanced courses or programs throughout their high school career, even if they are not identified as eligible in grades eight or nine.

2. Eligibility for enrollment in an advanced course or program shall be based on the following:

    - Recommendations from teachers, administrators, school counselors or other school personnel.
    - Student's prior academic performance.

3. In addition to or as part of student success plans required by Conn. Gen. Stat. § 10-221a(j), the District will create an academic plan for each student who is identified in grade eight or nine as eligible for enrollment in an advanced course or program. A student, or the student's parent or guardian, may decline to implement the provisions of an academic plan created for such student.

4. Such academic plan will be designed to enroll the student in one or more advanced courses or programs and allow the student to earn college credit or result in career readiness.

Legal Reference:

Connecticut General Statutes § 10-221a

Connecticut General Statutes § 10-221w

Connecticut General Statutes § 10-221x

Connecticut State Department of Education, *District Guidance for Developing an Advanced Course Participation Policy* (April 2022)

Regulation approved:

Rational for New Policy

P 6172.6 Credit for Online Courses

Last year, the Connecticut Legislature passed legislation allowing boards of education to authorize remote learning, for the school year beginning July 1, 2022, for students in grades nine through twelve, if school districts (1) provide instruction in compliance with the CSDE's standards for remote learning, and (2) adopt a policy regarding the requirements for student attendance during remote learning. This year, effective July 1, 2022, the Connecticut Legislature passed Public Act No. 22-80, which requires districts to prohibit dual instruction, defined as "the simultaneous instruction by a teacher to students in-person in the classroom and students engaged in remote learning," as part of a remote learning model. The new law also expands the authority of boards of education to permit remote learning for students in grades kindergarten through twelve, beginning with the 2024-2025 school year.

This policy addresses remote learning in the 2022-2023 school year, in accordance with statutory requirements. Beginning with the 2024-2025 school year, boards of education may authorize remote learning for students in grades kindergarten through twelve. As noted in the policy, remote learning for grades 9-12 must also be offered in accordance with the CSDE's Standards for Remote Learning Grades 9-12.

NEW

CREDIT FOR ONLINE COURSES

The Windsor Board of Education ("Board"), in accordance with Connecticut General Statutes § 10-221a, sanctions the receipt of online course credit to be used toward high school graduation requirements, in accordance with this policy. In accordance with Connecticut General Statutes § 10-4w, beginning with the school year commencing July 1, 2022, the Board also authorizes the Windsor Public Schools (the "District") to offer remote learning for students in grades nine through twelve in accordance with this policy. Further, beginning with the school year commencing July 1, 2024, the Board authorizes the District to offer remote learning for students in grades kindergarten through twelve in accordance with this policy.

I. CREDIT FOR ONLINE COURSES

A. Pre-approval of Courses

To receive credit for online courses to be used toward high school graduation requirements, for courses that are not part of the Board's remote learning model, students must, prior to registering for the course, receive approval from the Assistant Superintendent or designee. The decision of the Assistant Superintendent or designee with regard to online course credit approval is final. Pre-approval for online course credit may be granted if the requirements set forth below are met.

B. Requirements for Online Coursework

1. The workload required by the online course is equivalent to that of a similar course taught in a traditional classroom setting;

2. The content of the online course is rigorous and aligned with curriculum guidelines approved by the State Board of Education, where appropriate;

3. The course engages students and has interactive components, which may include, but are not limited to, required interactions between students and their teachers, participation in online demonstrations, discussion boards or virtual labs;

4. The program of instruction for such online coursework is planned, ongoing and systematic;

5. The courses are:

    a. taught by teachers who are certified in Connecticut or another state and have received training on teaching in an online environment, or

b. offered by institutions of higher education that are accredited by the Board of Regents for Higher Education or regionally accredited; and

6. The principal has determined, in the principal's professional judgment, that, given the student's academic and disciplinary history, the student is appropriately suited to engage in online coursework.

C. **Additional Requirements**

Only students in grades 9-12 are eligible to receive credit toward high school graduation by taking online courses. Students who have been pre-approved shall receive such credit upon completing the online course and obtaining a passing grade.

Any expense incurred for taking an online course identified by the student and/or parent to supplement the District's curricular offerings shall be the responsibility of the student/parent and shall not be the responsibility of the Board.

II. REMOTE LEARNING

For the school years commencing July 1, 2022 and July 1, 2023, the Board authorizes remote learning to students in grades nine through twelve in accordance with the requirements set forth below. For the school year commencing July 1, 2024, and for each school year thereafter, the Board authorizes remote learning to students in grades kindergarten through twelve in accordance with the requirements set forth below.

A. Definitions

"Remote learning" means instruction by means of one or more Internet-based software platforms as part of a remote learning model.

B. Remote Learning Model

1. For the school years commencing July 1, 2022 and July 1, 2023, the Board authorizes the District to offer remote learning for students in grades nine through twelve.

2. Beginning with the school year commencing July 1, 2024, and for each school year thereafter, the Board authorizes the District to offer remote learning for students in grades kindergarten through twelve.

3. Student attendance during remote learning will be assessed in accordance with the Board's policy regarding attendance and the Connecticut State Department of Education's guidance on student attendance during remote learning. The District will count as "in attendance" any student who

spends not less than one-half of the school day during such instruction engaged in (a) virtual classes, (b) virtual meetings, (c) activities on time-logged electronic systems, and (d) the completion and submission of assignments.

4. Except as may be required by other applicable law, the Board prohibits dual instruction as part of remote learning.

5. The remote learning programming must:

   a. Articulate clear educational goals;
   b. Clearly organize course offerings in a way that can be easily navigated by students, parents/guardians, teachers, administrators and other stakeholders;
   c. Integrate quality instructional materials to enable and enrich student learning;
   d. Regularly evaluate technology that supports the learning goals and enhances the learning experience;
   e. Contain content that aligns with appropriate learning standards and includes provisions for both intervention and accelerated learning opportunities;
   f. Provide opportunities for student-to-student and student-to-teacher interactions that support active learning;
   g. Integrate research-based Universal Design for Learning (UDL); and
   h. Comply with the Connecticut State Department of Education Standards for Remote Learning.

The Board authorizes the Superintendent of Schools or designee to develop administrative regulations as may be necessary and appropriate to implement this policy.

Legal References

Public Act No. 22-80, "An Act Concerning Childhood Mental and Physical Health Services in Schools"

Connecticut General Statutes § 10-4w

Connecticut General Statutes § 10-220

Connecticut General Statutes § 10-221a

Connecticut State Department of Education, Standards for Remote Learning Grades 9-12 (February 2022), *available at* https://portal.ct.gov/-

/media/SDE/Remote-Learning-Commission/CT-Standards-for-Remote-Learning-Grades-9-12-FINAL.pdf.

APPROVED: _____
REVISED: _____

Section: **Students**

Subject: **AGE OF ATTENDANCE** **P-5112**

BOARD OF EDUCATION POLICY
WINDSOR PUBLIC SCHOOLS
WINDSOR, CT

The Windsor Public Schools shall provide education for all persons between the age of five and twenty years inclusive who have not graduated from a high school or vocational school, except as provided in Section 10-233c and d.

Parents or other persons having control of a child five years of age by December 31 and under eighteen years of age shall cause such child to attend school regularly.

Parents or persons having control of a child may withhold their child from formal education program at age five for one year and then again at age six for one year under the following "opt-out" process:

1. The parent or person having control of the child must personally appear at the registration office;

2. The registration office shall provide the parent or person with information on the educational opportunities in the school system; and

3. The parent or person having control of the child must sign an option form exempting their child from attendance at the public school.

Note: Acknowledgement of Option to Exempt Attendance of Child Five or Six Years of Age from School form attached hereto.

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 ages five to sixteen, inclusive
10-186 Duties of local and regional boards of education re school attendance. Hearings. Appeals to State Board. Establishment of hearing board
10-233a – 10-233f Inclusive; re: suspend, expel, removal of pupils
10-233c Suspension of pupils
10-233d Expulsion of pupils
State Board of Education Regulations
10-76a-1 General definitions (c) (d) (q) (t)

Policy approved: September 18, 2007

Section:	**Students**
Subject:	**AGES OF ATTENDANCE** **AR-5112**

ADMINISTRATIVE REGULATION
WINDSOR PUBLIC SCHOOLS
WINDSOR, CT

1. Parents or other persons having control of a child five years of age by December 31 and under sixteen years of age shall cause such child to attend school regularly.

2. Parents or persons having control of a child may withhold their child from a formal education program at age five for one year and then again at age six for one year under the following "opt-out" process.

   a. The parent or person having control of the child must personally appear at the registration office;

   b. The registration office shall provide the parent or person with information on the educational opportunities in the school system; and

   c. The parent or person having control of the child must sign an option form exempting their child from attendance at the public school.

NOTE: Acknowledgment of Option to Exempt Attendance of Child Five or Six Years of Age from School form attached hereto.

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Regulation Approved: November 17, 1998

Richard H. Silverman

Richard H. Silverman, Ed.D.
Superintendent of Schools

Simsbury Public Schools

5112 PROOF OF AGE Proof of age: Children entering school in Simsbury for the first time must present positive proof of birth date.

5112.1 Age of Entering Kindergarten Children must be five years of age on or before January 1st .

5112.2 Age of Entering First Grade Children must be six years of age on or before January 1st following their entrance into Grade 1, with the following exception: A. Underage children who have attended a qualified public or private kindergarten may be admitted to Grade 1 with the approval of school authorities and upon presentation of a signed statement from the kindergarten that the child is promoted to Grade 1 or the equivalent thereof.

Revised January 10, 2006