

NEW MILFORD BOARD OF EDUCATION

**New Milford Public Schools
25 Sunny Valley Road, Suite A
New Milford, Connecticut 06776**

**POLICY SUB-COMMITTEE
SPECIAL MEETING NOTICE**

RECEIVED
TOWN CLERK



2023 MAY -1 P 3: 21

NEW MILFORD, CT

DATE:	May 2, 2023
TIME:	6:15 P.M.
PLACE:	Sarah Noble Intermediate School Library Media Center

REVISED AGENDA

New Milford Public Schools Mission Statement

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

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

An individual may address the Board concerning any item on the agenda for the meeting subject to the following provisions:

- A. A three-minute time limit may be allocated to each speaker with a maximum of twenty minutes being set aside per meeting. The Board may, by a majority vote, cancel or adjust these time limits.
 - B. If a member of the public comments about the performance of an employee or a Board member, whether positive, negative, or neutral, and whether named or not, the Board shall not respond to such comments unless the topic is an explicit item on the agenda and the employee or the Board member has been provided with the requisite notice and due process required by law. Similarly, in accordance with federal law pertaining to student confidentiality, the Board shall not respond to or otherwise discuss any comments that might be made pertaining to students.
- 3. A. Policies Recommended for First Review and Approval at the Conclusion of the 2023 School Year**

1. 5116 Pledge of Allegiance
2. 5131.81 Use of Private Technology by Students
3. 5141.23 Management Plan for Food Allergies and/or Glycogen Storage Disease
4. 5141.5 Suicide Prevention and Intervention
5. 5143 Policy Concerning Sunscreen Application in School
6. 5157 Physical Restraint and Seclusion and Exclusionary Time Out
7. 5159 Education Stability Procedures
8. 2110 Uniform Treatment of Recruiters
9. 4119 Prohibition on Recommendations for Psychotropic Drugs

B. Policies Recommended for Deletion Upon Approval of Above Policies in Item 3.A or at the Conclusion of the 2023 School Year

1. 5131.81 Electronic Devices
2. 5133 Behavior of Participants in Athletic Events
3. 5141 Student Health Services
4. 5141.22 Students with Chronic Infectious Diseases
5. 5141.23 Students with Special Health Care Needs
6. 5141.231 Psychotropic Drug Use

7. 5141.25 Students with Special Health Care Needs, Accommodating Students with Special Dietary Needs
8. 5141.3 Health Assessments and Immunizations
9. 5144 Discipline
10. 5144.3 Discipline of Students with Disabilities
11. 5145.14 Students—On Campus Recruitment
12. 5145.6 Student Grievance Procedures
13. 5157 Use of Physical Force and Seclusion
14. 6000 Concept & Roles in Instruction
15. 6010 Goals & Objectives
16. 6113 Released Time
17. 6114.1 Fire and Crisis Response Drills
18. 6114.3 Emergencies & Disaster Preparedness: Bomb Threats
19. 6115 School Ceremonies & Observations

C. Items of Information—Administrative Regulations to be Implemented Upon Approval of Above Policies in Item 3.A

1. 5141.3 R Administrative Regulations Regarding Health Assessments, Screenings and Oral Health Assessments
2. 5141.221 R Administrative Regulations Regarding Immunizations
3. 5141.5 R Administrative Regulations Regarding Suicide Prevention and Intervention
4. 5143 R Administrative Regulations Concerning Sunscreen Application in School
5. 5157 R Administrative Regulations Regarding Physical Restraint and Seclusion and Exclusionary Time Out

4. Public Comment

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5. Adjourn

Sub-Committee Members: **Olga I. Rella, Chairperson**
Tammy McInerney
Leslie Sarich
Sarah Herring

Alternates: **Brian McCauley**
Eric Hansell

**Note from Audit of Series 6000:
Repeal Policy 6115, School Ceremonies & Observations and adopt Model Policy
Pledge of Allegiance in Series 5000, for consistency.**

**Series 5000
Students**

(New) 5116

THE PLEDGE OF ALLEGIANCE

In accordance with Conn. Gen. Stat. Section 10-230(c), the Board of Education shall ensure that a period of time is set aside each school day to allow those students who wish to do so the opportunity to recite the Pledge of Allegiance. This policy shall not be construed to require any person to recite the Pledge of Allegiance, should he or she choose not to do so.

Legal References:

Connecticut General Statutes Section 10-230

Policy Adopted:
Policy Revised:

NEW MILFORD PUBLIC SCHOOLS
New Milford, Connecticut

Note from Shipman & Goodwin:

We have revised this policy to better reflect the array of private technological devices used by students and to clarify that references to remote learning apply only if remote learning has been authorized in accordance with applicable law.

Other: The audit of the 5000 Series recommended deletion of current policy 5131.81—Electronic Devices, as it is outdated. We will use that number for this new policy. Also, once the review of the 5000 Series is completed, policies will be renumbered to eliminate decimal points.

**Series 5000
Students**

(New) 5131.81

USE OF PRIVATE TECHNOLOGY DEVICES BY STUDENTS

Students may possess privately owned technological devices on school property and/or during school-sponsored activities, in accordance with the mandates of this policy and any applicable administrative regulations as may be developed by the Superintendent of Schools.

Definitions

Board Technology Resources

For the purposes of this policy, “Board technology resources” refers to the New Milford Board of Education’s (the “Board’s”) computers and instructional technologies; communications and data management systems; informational technologies and the Internet; and any other technology resources owned and/or used by the school district and accessible by students.

Privately Owned Technological Devices

For the purposes of the this policy, “privately owned technological devices” refers to privately owned desktop computers, personal computing devices, cellular phones, Smartphones, network access devices, radios, personal audio players, CD players, tablets, walkie-talkies, personal gaming systems, Bluetooth speakers, personal data assistants, and other electronic signaling devices.

Use of Privately Owned Technological Devices

Privately owned technological devices may not be used during instructional time, except as specifically permitted by instructional staff or unless necessary for a student to access the district’s digital learning platform or otherwise engage in remote learning if remote learning has been authorized in accordance with applicable law.

On school property, at a school-sponsored activity, while in use for a remote learning activity if remote learning has been authorized in accordance with applicable law, or while being used to access or utilize Board technology resources, the use of any such device for an improper purpose is prohibited. Improper purposes include, but are not limited to:

- Sending any form of a harassing, threatening, or intimidating message, at any time, to any person (such communications may also be a crime);
- Gaining or seeking to gain unauthorized access to Board technology resources;
- Damaging Board technology resources;
- Accessing or attempting to access any material that is obscene, obscene as to minors, or contains pornography;
- Cyberbullying;
- Using such device to violate any school rule, including the unauthorized recording (photographic, video, or audio) of another individual without the permission of the individual or a school staff member; or
- Taking any action prohibited by any Federal or State law.

Search of Privately Owned Technological Devices

A student's privately owned technological device may be searched if the device is on Board property or in a student's possession at a school-sponsored activity and if there are reasonable grounds for suspecting that the search will turn up evidence that the student has violated or is violating either the law or the rules of the school. Any such search shall be reasonably related to the objectives of the search and not excessively intrusive in light of the age and sex of the student and the nature of the infraction.

Responsibility for Privately Owned Technological Devices

Students are responsible for the safety and use of their privately owned technological devices. If a privately owned technological device is stolen, lost, or damaged while the device is on school property or during a school-sponsored activity, a report should be made to the building principal, who will investigate the loss in a manner consistent with procedures for stolen or damaged personal property. Students and parents should be aware that the Board is not liable for any privately owned technological device that is stolen, lost, or damaged while at school or during a school-sponsored activity. For that reason, students are advised not to share or loan their privately owned technological devices with other students.

Disciplinary Action

Misuse of the Board's technology resources and/or the use of privately owned technological devices to access or utilize the Board's technology resources in an inappropriate manner or the use of such devices in any manner inconsistent with this policy will not be tolerated and will result in disciplinary action. For students, a violation of this policy may result in loss of access privileges, a prohibition on the use and/or possession of privately owned technological devices on school property or at school-sponsored activities, and/or suspension or expulsion in accordance with the Board's policies related to student discipline.

Access to Board Technology Resources

The Board may permit students, using their privately owned technological devices, to access the Board's computers and instructional technologies; communications and data management systems; informational technologies and the Internet; and any other technology resources used by the school district and accessible by students. Additionally, it is the expectation of the Board that students who access these resources while using privately owned technology devices will act at all times appropriately in ways that are fully in accord with applicable policies concerning technology use as well as all local, state, and federal laws.

Through the publication and dissemination of this policy statement and others related to use of the Board's computer systems, as well as other instructional means, the Board educates students about the Board's expectations for technology users.

The Board's technology resources shall only be used to access educational information and to promote learning activities both at home and at school. Students are expected to act at all times appropriately in ways that are fully in accord with applicable policies concerning technology use as well as all local, state, and federal laws when using the Board technology resources. Failure to do so will result in the consequences outlined herein and in other applicable policies (including, but not limited to, the Safe School Climate Plan, the Student Discipline Policy and the Use of Computers Policy).

Students must abide by the procedures outlined in this policy and all policies and applicable regulations outlined in the Board's computer use and other applicable policies. Students will be given specific information for log-on and access procedures for using school accounts. No user may deviate from these log-on/access procedures. **Students are advised that the Board's network administrators have the capability to identify users and to monitor all privately owned technological devices while they are logged on to the network.** Students must understand that the Board has reserved the right to conduct monitoring of Board technology resources and can do so *despite* the assignment to individual users of passwords for system security. Any password systems implemented by the Board are designed solely to provide system security from unauthorized users, not to provide privacy to the individual system user. The system's security aspects, message delete function and personal passwords can be bypassed for monitoring purposes.

Therefore, students should be aware that they should not have any expectation of personal privacy in the use of privately owned technological devices to access Board technology resources. This provision applies to any and all uses of the Board's technology resources and any privately owned technological devices that access the same.

Harm to Board Technology Resources

Any act by a student using a privately owned technological device that harms the Board technology resources or otherwise interferes with or compromises the integrity of Board technology resources will be considered vandalism and will be subject to discipline and/or appropriate criminal or civil action.

Closed Forum

This policy shall not be construed to establish a public forum or a limited open forum.

Legal References:

Conn. Gen. Stat. § 10-233j

Conn. Gen. Stat. § 31-48d

Conn. Gen. Stat. §§ 53a-182; 53a-183; 53a-250, *et seq.*

Electronic Communication Privacy Act of 1986, Public Law 99-508, codified at 28 U.S.C. §§ 2510 through 2520

Policy Adopted:

NEW MILFORD PUBLIC SCHOOLS

Policy Revised:

New Milford, Connecticut

Note from Shipman & Goodwin:

We have added a new policy concerning sunscreen application in school, in accordance with Public Act 19-60. Students six (6) years of age and older may now self-apply sunscreen in school prior to outdoor activities, with the signed permission of the parent or guardian. This model policy also includes a sample permission form.

Audit of Series 5000: Repeal 5141.23 Students with Chronic Infectious Diseases and Replace with this policy.

**5000 Series
Students**

(New) 5141.23

MANAGEMENT PLAN AND GUIDELINES FOR STUDENTS WITH FOOD ALLERGIES, GLYCOGEN STORAGE DISEASE AND/OR DIABETES

The New Milford Public Schools (the “district”) recognize that food allergies, glycogen storage disease (“GSD”) and diabetes may be life threatening. For this reason, the district is committed to developing strategies and practices to minimize the risk of accidental exposure to life-threatening food allergens and to ensure prompt and effective medical response should a student suffer an allergic reaction while at school. The district is also committed to appropriately managing and supporting students with glycogen storage disease and diabetes. The district further recognizes the importance of collaborating with parents, adult students (defined as students age eighteen (18) and older) and appropriate medical staff in developing such practices and encourages strategies to enable the student to become increasingly proactive in the care and management of the student’s food allergy, glycogen storage disease or diabetes, as developmentally appropriate. To this end, the district adopts the following guidelines related to the management of life-threatening food allergies, glycogen storage disease, and diabetes for students enrolled in district schools.

I. Identifying Students with Life-Threatening Food Allergies, Diabetes and/or Glycogen Storage Disease

Early identification of students with life-threatening food allergies, diabetes and/or glycogen storage disease is important. The district therefore encourages parents/guardians of students and adult students with life-threatening food allergies to notify the school of the allergy, providing as much medical documentation about the extent and nature of the food allergy as is known, as well as any known effective treatment for the allergy. The district also encourages parents/guardians of students and adult students with GSD and diabetes to notify the school of the disease, providing as much medical documentation about the type of GSD or diabetes, nature of the disease, and current treatment of the student.

Students with life-threatening food allergies and diabetes are virtually always students with disabilities and should be referred to a Section 504 team, which will make a final determination concerning the student’s eligibility for services under Section 504 of the Rehabilitation Act of 1973 (“Section 504”). The Section 504 team may determine that the only services needed are in the student’s Individualized Health Care Plan (“IHCP”) and/or Emergency Care Plan (“ECP”); in that case, the IHCP and/or ECP will also serve as the student’s Section 504 plan. The Section 504 team will also ensure that parents receive appropriate notice and are informed of their rights under Section 504, including their right to request an impartial hearing if they disagree with the provisions in the Section 504 plan.

Students with GSD and less severe food allergies should be referred to a Section 504 team if there is reason to believe that the student's GSD or food allergy substantially limits a major life activity. To determine whether a food allergy is severe enough to substantially limit a major life activity, the team should consider the impact on the student when the student has been exposed to the allergen and has not yet received treatment.

Major life activities include, but are not limited to:

(i) Caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, interacting with others, and working; and

(ii) The operation of a major bodily function, including functions of the immune system, special sense organs and skin; normal cell growth; and digestive, genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal, and reproductive functions. The operation of a major bodily function includes the operation of an individual organ within a body system.

II. Individualized Health Care Plans and Emergency Care Plans

1. If the district obtains medical documentation that a student has a life-threatening food allergy, GSD, or diabetes, the district shall develop an IHCP for the student. Each IHCP should contain information relevant to the student's participation in school activities.
2. The IHCP shall be developed by a group of individuals, which shall include the parents, the adult student, if applicable, and appropriate school personnel. Such personnel may include, but are not limited to, the school nurse, school or food service administrator(s), classroom teacher(s) and the student, if appropriate. The school may also consult with the school's medical advisor, as needed.
3. IHCPs are developed for students with special health needs or whose health needs require daily interventions. The IHCP describes how to meet the student's health and safety needs within the school environment and should address the student's needs across school settings. Information to be contained in an IHCP should include a description of the functional health issues (diagnoses); student objectives for promoting self-care and age-appropriate independence; and the responsibilities of parents, school nurse and other school personnel. The IHCP may also include strategies to minimize the allergic student's risk for exposure. For the student with life-threatening food allergies, GSD, or diabetes, the IHCP may include strategies designed to ameliorate risks associated with such disease and support the student's participation in the classroom. IHCPs for such students may include considerations such as:
 - a. classroom environment, including allergy-free considerations, or allowing the student with GSD or diabetes to have food/dietary supplements when needed;
 - b. cafeteria safety;
 - c. participation in school nutrition programs;

- d. snacks, birthdays and other celebrations;
 - e. alternatives to food rewards or incentives;
 - f. hand-washing;
 - g. location of emergency medication;
 - h. who will provide emergency and routine care in school, including monitoring of continuous glucose monitor (CGM) alerts as may be appropriate, in school;
 - i. risk management during lunch and recess times;
 - j. special events;
 - k. field trips, fire drills and lockdowns;
 - l. extracurricular activities;
 - m. school transportation;
 - n. the provision of food or dietary supplements by the school nurse, or any school employee approved by the school nurse;
 - o. staff notification, including substitutes, and training; and
 - p. transitions to new classrooms, grades and/or buildings.
4. The IHCP should be reviewed annually, or whenever there is a change in the student's ECP, changes in self-monitoring and self-care abilities of the student, or following an emergency event requiring the administration of medication or the implementation of other emergency protocols.
5. For a student with a life-threatening food allergy, GSD, or diabetes, the IHCP shall not prohibit a parent or guardian, or a person designated by such parent or guardian, to provide food or dietary supplements to a student with a life-threatening food allergy, GSD, or diabetes on school grounds during the school day.
6. In addition to the IHCP, the district shall also develop an ECP for each student identified as having a life-threatening food allergy. The ECP is part of the IHCP and describes the specific directions about what to do in a medical emergency. For the student with a life-threatening food allergy, the ECP should include the following information:
- a. The student's name and other identifying information, such as date of birth, grade and photo;
 - b. The student's specific allergy;
 - c. The student's signs and symptoms of an allergic reaction;
 - d. The medication, if any, or other treatment to be administered in the event of exposure;
 - e. The location and storage of the medication;
 - f. Who will administer the medication (including self-administration options, as appropriate);
 - g. Other emergency procedures, such as calling 911, contacting the school nurse, and/or calling the parents or physician;
 - h. Recommendations for what to do if the student continues to experience symptoms after the administration of medication; and
 - i. Emergency contact information for the parents/family and medical provider.

7. In addition to the IHCP, the district shall also develop an ECP for each student identified as having GSD and/or diabetes. The ECP is part of the IHCP and describes the specific directions about what to do in a medical emergency. For the student with GSD or diabetes, the ECP should include the following information, as may be appropriate:
 - a. The student's name and other identifying information, such as date of birth, grade and photo;
 - b. Information about the disease or disease specific information (*e.g.*, type of GSD or diabetes);
 - c. Whether the student uses a CGM, and how the CGM will be monitored in school;
 - d. The student's signs and symptoms of an adverse reaction (such as hypoglycemia);
 - e. The medication, if any, or other treatment to be administered in the event of an adverse reaction or emergency (*e.g.*, Glucagon or insulin)
 - f. The location and storage of the medication;
 - g. Who will administer the medication (including self-administration options, as appropriate);
 - h. Other emergency procedures, such as calling 911, contacting the school nurse, and/or calling the parents or physician;
 - i. Recommendations for what to do if the student continues to experience symptoms after the administration of medication; and
 - j. Emergency contact information for the parents/family and medical provider.
8. In developing the ECP, the school nurse should obtain current medical documentation from the parents/family and the student's health care provider, including the student's emergency plan and proper medication orders. If needed, the school nurse or other appropriate school personnel, should obtain consent to consult directly with the student's health care providers to clarify medical needs, emergency medical protocols and medication orders.
9. A student identified as having a life-threatening food allergy, GSD, or diabetes is entitled to an IHCP and an ECP, regardless of the student's status as a student with a disability, as that term is understood under Section 504, or the Individuals with Disabilities Education Act ("IDEA").
10. The district shall ensure that the information contained in the IHCP and ECP is distributed to any school personnel responsible for implementing any provisions of the IHCP and/or ECP, and that any procedures in the IHCP and/or ECP comply with the district's policies and procedures regarding the administration of medications to students.
11. When making eligibility determinations under Section 504 and/or the IDEA, schools must consider the student's needs on an individualized, case-by-case basis.

III. Training/Education

1. The district shall provide appropriate education and training for school personnel regarding the management of students with life-threatening food allergies, GSD and diabetes. Such training may include an overview of life-threatening food allergies, GSD and diabetes; prevention strategies; IHCPs and ECPs; monitoring of blood glucose alerts transmitted by the CGM of the student to a dedicated receiver, tablet/smartphone application, or other appropriate technology during the school day and during school-sponsored activities; and food safety and sanitation. Training shall also include, as appropriate for each school (and depending on the specific needs of the individual students at the school), training in the administration of medication with cartridge injectors (*e.g.*, epi-pens), and/or the specific preventative strategies to minimize the risk of exposure to life-threatening allergens and prevent adverse reactions in students with GSD and diabetes (such as the provision of food or dietary supplements for students). School personnel will be also be educated on how to recognize symptoms of allergic reactions and/or symptoms of low blood sugar, as seen with GSD and diabetes, and what to do in the event of an emergency. Staff training and education will be coordinated by the Director of Special Services and Pupil Personnel or designee. Any such training regarding the administration of medication shall be done in accordance with state law and Board policy.
2. Each school within the district shall also provide age-appropriate information to students about food allergies, GSD and diabetes, how to recognize symptoms of an allergic reaction and/or low blood sugar emergency and the importance of adhering to the school's policies regarding food and/or snacks.

IV. Prevention

Each school within the district will develop appropriate practices to minimize the risk of exposure to life-threatening allergens, as well as the risks associated with GSD and diabetes. Practices that may be considered include, but are not limited to:

1. Encouraging handwashing;
2. Discouraging students from swapping food at lunch or other snack/meal times;
3. Encouraging the use of non-food items as incentives, rewards or in connection with celebrations;
4. Training staff in recognizing symptoms of anaphylaxis and hypoglycemia; and
5. Planning for school emergencies, to include consideration of the need to access medication, food and/or dietary supplements.

V. Communication

1. As described above, the school nurse shall be responsible for coordinating the communication among parents, a student's individual health care provider and the school regarding a student's life-threatening allergic condition, GSD and/or diabetes. School staff responsible for implementing a student's IHCP will be notified of their responsibilities and provided with appropriate information as to how to minimize risk of exposure and/or alterations in blood sugar levels and how to respond in the event of such emergency.

2. Each school will ensure that there are appropriate communication systems available within each school (*e.g.*, telephones, cell phones, walkie-talkies) and for off-site activities (*e.g.*, field trips) to ensure that school personnel are able to effectively respond in case of emergency.
3. The district shall develop standard letters to be sent home to parents, whenever appropriate, to alert them to food restrictions within their student's classroom or school.
4. All district staff are expected to follow district policy and/or federal and state law regarding the confidentiality of student information, including medical information about the student.
5. The district shall make the Management Plan and Guidelines for Students with Food Allergies, Glycogen Storage Disease and/or Diabetes available on the Board's website or the website of each school under the Board's jurisdiction.
6. The district shall provide annual notice to parents and guardians regarding the Management Plan and Guidelines for Students with Food Allergies, Glycogen Storage Disease and/or Diabetes. Such notice shall be provided in conjunction with the annual written statement provided to parents and guardians regarding pesticide applications in the schools.

VI. Monitoring the District's Plan and Procedures

The district should conduct periodic assessments of its Management Plan and Guidelines for Students with Food Allergies, Glycogen Storage Disease and/or Diabetes. Such assessments should occur at least annually and after each emergency event involving the administration of medication to a student with a life-threatening food allergy, GSD or diabetes to determine the effectiveness of the process, why the incident occurred, what worked and what did not work.

The Superintendent shall annually attest to the Department of Education that the District is implementing the Management Plan and Guidelines for Students with Food Allergies, Glycogen Storage Disease and/or Diabetes.

Legal References:

State Law/Regulations/Guidance:

- | | |
|----------------------------|---|
| Conn. Gen. Stat. § 10-212a | Administration of medications in schools, at athletic events and to children in school readiness programs. |
| Conn. Gen. Stat. § 10-212c | Life-threatening food allergies and glycogen storage disease: Guidelines; district plans. |
| Conn. Gen. Stat. § 10-220i | Transportation of students carrying cartridge injectors. |
| Conn. Gen. Stat. § 10-231c | Pesticide applications at schools without an integrated pest management plan. Prior notice. |
| Conn. Gen. Stat. § 19a-900 | Use of cartridge injectors by staff members of before or after school program, day camp or day care facility. |
| Conn. Gen. Stat. § 52-557b | "Good samaritan law". Immunity from liability for emergency medical assistance, first aid or medication by |

injection. Immunity from liability re automatic external defibrillators. School personnel not required to administer or render emergency first aid or administer medication by injection.

Regs. Conn. State Agencies § 10-212a-1 through 10-212a-7 Administration of Medication by School Personnel

Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools (Includes Guidelines for Managing Glycogen Storage Disease), Connecticut State Department of Education (Updated 2012).

Federal Law:

Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794

Individuals with Disabilities Education Act, 20 U.S.C. § 1400 et seq.

The Americans with Disabilities Act of 1990 (ADA), 42 U.S.C. § 12101 et seq.

Policy Approved:

NEW MILFORD PUBLIC SCHOOLS

Policy Revised:

New Milford, Connecticut

**Note from Shipman & Goodwin:
As per the audit of the 5000 Series, the current Suicide Prevention and Intervention policy should be repealed and this policy adopted for consistency.**

**Series 5000
Students**

5141.5

SUICIDE PREVENTION AND INTERVENTION

The New Milford Board of Education (the “Board”) recognizes that suicide is a complex issue and that schools are not mental health treatment centers. School personnel may recognize a potentially suicidal youth and, in such cases, may make a preliminary determination of level of risk. The Board directs the school staff to refer students who come to their attention as being at risk of attempting suicide for professional assessment and treatment services outside of the school.

The Board recognizes the need for youth suicide prevention procedures and will establish programs to assist staff to identify risk factors, intervention procedures, and procedures for referral to outside services. Training will be provided for teachers and other school staff and students to provide awareness and assistance in this area.

Any Board employee who has knowledge of a suicidal threat, attempt or ideation must immediately report this information to the building principal or his/her designee, who will, in turn, notify appropriate Pupil Personnel Services staff. Pupil Personnel Services staff, with administrative assistance, if necessary, will contact the student's family and appropriate resources outside and within the school system. Information concerning a student's suicide attempt, threat or risk will be shared with others to the degree necessary to protect that student and others.

Legal Reference:

Connecticut General Statutes § 10-221(e)

Policy Adopted:

NEW MILFORD PUBLIC SCHOOLS

Policy Revised:

New Milford, Connecticut

**ADMINISTRATIVE REGULATIONS
REGARDING
SUICIDE PREVENTION AND INTERVENTION**

Management of Suicidal Risk

The school cannot be expected to thoroughly evaluate and eliminate suicidal risk. Nevertheless, the New Milford Board of Education (the "Board") is committed to respond in a supportive manner, both aggressively and immediately, to a student who has attempted, has threatened, or is seriously considering attempting suicide. The following procedures shall be implemented toward this end.

- I. Any staff member who becomes aware of a student who may be at risk of suicide must immediately notify the building principal or his/her designee. This must be done even if the student has confided in the staff person and asked that his/her communication be kept confidential. The principal or designee will then notify an appropriate Pupil Personnel Services staff member.
- II. The Pupil Personnel Services staff member shall interview the student, consider available background information and determine whether the student is "at-risk" or in "imminent danger."
- III. If the student is assessed to be "at-risk":
 - A. The Pupil Personnel Services staff member shall notify the student's parent/guardian and request a meeting with them as soon as possible, preferably that same day.
 - B. When the parent/guardian arrives at school, the Pupil Personnel Services staff member shall meet with him/her to discuss:
 1. the seriousness of the situation;
 2. the need for an immediate suicide risk evaluation at a medical or mental health facility, or other appropriate evaluation(s);
 3. the need for continued monitoring of the student at home if he/she is released following the evaluation;
 4. referral to appropriate professional services outside the school system; and
 5. a request for the parent/guardian to sign a release of information form permitting communication between the school and the facility to which the student will be taken, the student's therapist and other appropriate individuals.

- C. The Pupil Personnel Services staff member shall document in writing the course of events, including what transpired at the meeting, and the outcome.
 - D. If the parent/guardian does not follow through, thereby leaving the student "at-risk", a medical referral to the Department of Children and Families (DCF) should be made (if the student is less than 18 years of age). The parent/guardian should be notified as soon as possible that such a referral has been made.
 - E. The Pupil Personnel Services staff member may notify other staff, as necessary to protect the student and others.
 - F. The Pupil Personnel Services staff member may refer the student to the school's Child Study Team, Mental Health Team, Crisis Intervention Team, Student Assistance Team, Planning Placement Team or other staff as appropriate for further consultation and planning.
 - G. The Pupil Personnel Services staff member or the team shall monitor the student's progress and shall consult as necessary with family, outside professionals and school staff.
- IV. If the student is assessed to be "in imminent danger":
- A. The Pupil Personnel Services staff member shall ensure that the student is not left alone.
 - B. The Pupil Personnel Services staff member shall notify the parent/guardian and request that the student be picked up at school and taken to a medical or mental health professional for thorough suicidal risk evaluation.
 - C. When the parent/guardian arrives at school, the Pupil Personnel Services staff member shall meet with him/her to discuss:
 - 1. the seriousness of the situation;
 - 2. the need for an immediate suicide risk evaluation at a medical or mental health facility, or other appropriate evaluation(s);
 - 3. the need for continued monitoring of the student at home if he/she is released following the evaluation;
 - 4. referral to appropriate professional services outside the school system; and
 - 5. a request for the parent/guardian to sign a release of information form permitting communication between the school and the facility

to which the student will be taken, the student's therapist and other appropriate individuals.

- D. The Pupil Personnel Services staff member shall document in writing the course of events, including what transpired at the meeting, and the outcome.
- E. The Pupil Personnel Services staff member shall inform the principal of the course of events and the outcome.
- F. The Pupil Personnel Services staff member may notify other staff, as necessary to protect the student and others.
- G. The Pupil Personnel Services staff member may refer the student to the school's Child Study Team, Mental Health Team, Crisis Intervention Team, Student Assistance Team, Planning and Placement Team or other staff as appropriate for further consultation and planning.
- H. If the parent/guardian is unable to come to school:
 - 1. The Pupil Personnel Services staff member shall provide, over the telephone, information as to available resources outside and within the school system, and shall plan follow-up contacts.
 - 2. The Pupil Personnel Services staff member will notify the parent/guardian of his/her intent to and arrange transport of the student to an appropriate evaluation/treatment site by means of emergency vehicle (e.g., ambulance or police cruiser).
 - 3. Police may be notified if the student poses a threat to the safety of him/herself or others, or as dictated by other circumstances.
 - 4. The Pupil Personnel Services staff member shall document in writing the course of events and the outcome.
 - 5. The Pupil Personnel Services staff member shall inform the principal of the course of events and the outcome.
- I. If the parent/guardian does not agree with the school's determination that the student is in imminent danger or for any other reason refuses to take action:
 - 1. The Pupil Personnel Services staff member shall meet with the building principal to develop an immediate plan focused on protection of the student.
 - 2. The Pupil Personnel Services staff member shall notify the parent/guardian of the plan and shall either a) inform the parent/guardian that the Department of Children and Families

(DCF) will be contacted and a medical neglect referral made, if the parent/guardian remains uncooperative and the student is less than 18 years of age; or b) inform the parent or guardian and student that the police will be called if the parent or guardian or student remains uncooperative.

3. The Pupil Personnel Services staff member shall arrange for an emergency vehicle to transport the student to the hospital or an appropriate mental health facility; shall inform hospital staff of the situation; shall plan follow-up in relation to hospital staff or mental health facility staff decisions as to how to proceed.
 4. The Pupil Personnel Services staff member shall consult and cooperate with DCF and/or the police as necessary.
 5. The Pupil Personnel Services staff member shall document in writing the course of events and the outcome.
- J. When a student assessed to have been "in imminent danger" returns to the school, the Pupil Personnel Services staff member or the appropriate school-based team (if such referral has been made) shall coordinate consultation with outside professionals, supportive services in school, and changes in the instructional program, when necessary.

Suicide Education/Prevention - Students and Staff

- I. As part of the New Milford Public Schools' Health Education Curriculum and Developmental Guidance Curriculum, students will be educated regarding suicide risk factors and danger signals, and how they might appropriately respond if confronted with suicidal behavior, verbalizations, or thoughts.
- II. Annually, in-service training for school staff will be held in each school building to discuss suicide risk factors, danger signals, and the procedures outlined in these regulations.

Legal Reference:

Connecticut General Statutes § 10-221(e)

Regulation Adopted:
Regulation Revised:

NEW MILFORD PUBLIC SCHOOLS
New Milford, Connecticut

**Note from Shipman & Goodwin Audit:
This is not a mandatory policy, but best practice.**

**Series 5000
Students**

(New) 5143

POLICY CONCERNING SUNSCREEN APPLICATION IN SCHOOL

The New Milford Board of Education (the “Board”) permits the application of sunscreen by students within the New Milford Public Schools (the “District”), in accordance with State law. Specifically, notwithstanding the provisions of Connecticut General Statutes § 10-212a and the Board’s policy and/or administrative regulations concerning the administration of medication in school, any student who is six (6) years of age or older may possess and self-apply an over-the-counter sunscreen product while in school prior to engaging in any outdoor activity.

For a student to apply sunscreen prior to engaging in any outdoor activity, the following elements must be met:

1. The student’s parent or guardian must sign the Board’s written authorization and submit the authorization to the school nurse; and
2. The student and the student’s parent or guardian, where applicable, must comply with any individual school procedures concerning the possession and self-application of sunscreen in school.

The Board authorizes the Superintendent or his/her designee to develop administrative regulations to implement this policy.

Legal References:

- | | |
|----------------------------|---|
| Conn. Gen. Stat. § 10-212a | Administration of medications in schools, at athletic events and to children in school readiness programs |
| Conn. Gen. Stat. § 10-212h | Self-application of sunscreen by students |

Policy Adopted:
Policy Revised:

NEW MILFORD PUBLIC SCHOOLS
New Milford, Connecticut

**ADMINISTRATIVE REGULATIONS
CONCERNING SUNSCREEN APPLICATION IN SCHOOL**

The New Milford Public Schools (the "District") permits the application of sunscreen by students within the District, in accordance with State law and Board of Education ("Board") policy and administrative regulations. Specifically, notwithstanding the provisions of Connecticut General Statutes § 10-212a and the Board's policy and/or administrative regulations concerning the administration of medication in school, any student who is six (6) years of age or older may possess and self-apply an over-the-counter sunscreen product while in school prior to engaging in any outdoor activity.

- A. For a student to apply sunscreen prior to engaging in any outdoor activity, the following elements must be met:
1. The student's parent or guardian must sign the Board's written authorization and submit the authorization to the school nurse; and
 2. The student and the student's parent or guardian, where applicable, must comply with individual school procedures concerning the possession and self-application of sunscreen in school.
- B. Individual schools shall develop processes and procedures for the self-application of over-the-counter sunscreen in school by students age six (6) and older prior to engaging in an outdoor activity, which processes and procedures must include that (a) the student's parent or guardian must sign the Board's written authorization and submit the authorization to the school nurse and (b) a student may only apply sunscreen that belongs to and has been brought into school by the individual student; and may include the following:
1. The location for self-application of sunscreen.
 2. The time during the school day for self-application while in school.
 3. The labeling of the sunscreen.

Legal References:

Conn. Gen. Stat. § 10-212a Administration of medications in schools, at athletic events and to children in school readiness programs

Conn. Gen. Stat. § 10-212h Self-application of sunscreen by students

Regulation Adopted:
Regulation Revised:

NEW MILFORD PUBLIC SCHOOLS
New Milford, Connecticut

[School Letterhead]

**WRITTEN AUTHORIZATION FOR THE
POSSESSION AND APPLICATION OF SUNSCREEN IN SCHOOL**

Name of Child: _____ Date of Birth: _____

Address of Child: _____

Name of
Parent(s): _____

Address of
Parent(s): _____
(if different from child)

Connecticut law permits students six (6) years of age or older to possess and self-apply an over-the-counter sunscreen product while in school prior to engaging in any outdoor activity, with signed parent/guardian consent.

I, _____, the parent/guardian of _____,
Print name of parent/guardian Print name of student

permit my child to possess and self-apply an over-the-counter sunscreen product while in school prior to engaging in any outdoor activity. I understand and agree that the _____ Board of Education assumes no responsibility or liability whatsoever with regard to the possession or application of the over-the-counter sunscreen, including but not limited to whether, or the manner in which, the sunscreen is applied; the expiration of the sunscreen; and/or any reaction the student may have to the application of the sunscreen.

Signature of Parent/Guardian

Date

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

**Note from Shipman & Goodwin Audit:
Recommend repeal of 5157 Use of Physical Force and Seclusion and adopt Model Policy
Physical Restraint and Seclusion of Students and Use of Exclusionary Time Out**

**5000 Series
Students**

5157

**PHYSICAL RESTRAINT AND SECLUSION OF STUDENTS AND USE OF
EXCLUSIONARY TIME OUT**

The New Milford Board of Education (the “Board”) seeks to foster a safe and positive learning environment for all students. Board employees will restrict the use of physical restraint and seclusion of students to emergency situations, in accordance with this policy and accompanying administrative regulations and applicable law. Physical restraint or seclusion of a student may be necessary in an emergency situation to maintain the safety of the student or another individual. The Board also regulates the use of exclusionary time out in accordance with this policy and accompanying regulations and applicable law.

The Board authorizes the Superintendent or his/her designee to develop and implement administrative regulations in accordance with this policy and applicable law. The Board of Education mandates compliance with this policy and the associated administrative regulations at all times. Violations of this policy and/or associated administrative regulations by a Board staff member or other individual working at the direction of, or under the supervision of, the Board, may result in disciplinary action, up to and including possible termination of employment status and/or termination of contract for services.

Nothing within the associated administrative regulations shall be construed to interfere with the Board’s responsibility to maintain a safe school setting, in accordance with Connecticut General Statutes § 10-220. Under no circumstances shall employees or individuals under the supervision of the Board use corporal punishment with students or physically manage students for purposes of discipline.

Legal References:

Conn. Gen. Stat. § 10-76b
Conn. Gen. Stat. § 10-76d
Conn. Gen. Stat. § 10-236b
Conn. Gen. Stat. §§ 53a-18 to 53a-22
Reg. Conn. State Agencies. §§ 10-76b-5 to 10-76b-11

Other References:

Restraint and Seclusion: Resource Document, United States Department of Education, available at <http://www2.ed.gov/policy/seclusion/restraints-and-seclusion-resources.pdf>.

Understanding the Laws and Regulations Governing the Use of Restraint and Seclusion, Connecticut State Department of Education (July 2018).

Guidance Related to Recent Legislation Regarding Restraint and Seclusion, Connecticut
State Department of Education (Revised, July 2018).

Policy Approved:
Policy Revised:

NEW MILFORD PUBLIC SCHOOLS
New Milford, Connecticut

**ADMINISTRATIVE REGULATIONS CONCERNING
PHYSICAL RESTRAINT AND SECLUSION OF STUDENTS AND USE OF
EXCLUSIONARY TIME OUT**

The New Milford Public Schools (the “District”) seeks to foster a safe and positive learning environment for all students. District employees will restrict the use of physical restraint and seclusion of students to emergency situations, in accordance with these administrative regulations and the associated policy and applicable law. Physical restraint or seclusion of a student may be necessary in an emergency situation to maintain the safety of the student or another individual. District employees will restrict the use of exclusionary time out with students to those instances permitted by applicable law, as described in these administrative regulations and applicable law.

The following sets forth the procedures for compliance with the relevant state law and regulations concerning the physical restraint and seclusion of, and use of exclusionary time out with, students in the District. The Superintendent mandates compliance with these regulations at all times. Violations of these regulations by a New Milford Board of Education (“Board”) staff member or other individual working at the direction of, or under the supervision of, the Board, may result in disciplinary action, up to and including possible termination of employment status and/or termination of contract for services.

Nothing within these regulations shall be construed to interfere with the responsibility of the District to maintain a safe school setting, in accordance with Connecticut General Statutes § 10-220.

I. Definitions:

- A. Exclusionary Time Out: A temporary, continuously monitored separation of a student from an ongoing activity in a non-locked setting, for the purpose of calming such student or deescalating such student’s behavior.
- B. Life-Threatening Physical Restraint: Any physical restraint or hold of a person that (1) restricts the flow of air into a person’s lungs, whether by chest compression or any other means, or (2) immobilizes or reduces the free movement of a person’s arms, legs or head while the person is in the prone position.
- C. Psychopharmacological Agent: Any medication that affects the central nervous system, influencing thinking, emotion or behavior.
- D. Physical Restraint: Any mechanical or personal restriction that immobilizes or reduces the free movement of a person’s arms, legs or head, including, but not limited to, carrying or forcibly moving a person from one location to another. The term does not include: (1) briefly holding a person in order to calm or comfort the person; (2) restraint involving the minimum contact necessary to safely escort a person from one area to another; (3) medical devices, including,

but not limited to, supports prescribed by a health care provider to achieve proper body position or balance; (4) helmets or other protective gear used to protect a person from injuries due to a fall; (5) helmets, mitts and similar devices used to prevent self-injury when the device is (i) part of a documented treatment plan or an Individualized Education Program (“IEP”); or (ii) prescribed or recommended by a medical professional, as defined in section 38a-976 of the Connecticut General Statutes, and is the least restrictive means available to prevent such injury; or (6) an exclusionary time out.

- E. School Employee: (1) Any individual employed by the District who is a teacher, substitute teacher, administrator, superintendent, guidance counselor, psychologist, social worker, nurse, physician, paraprofessional, coach; and (2) any other individual who, in the performance of his or her duties, has regular contact with students and who provides services to or on behalf of students enrolled in the District pursuant to a contract with the District.
- F. Seclusion: The confinement of a person in a room from which the student is physically prevented from leaving. Seclusion does not include the following: (i) an exclusionary time out; or (ii) any confinement of a student in which the person is physically able to leave the area of confinement including, but not limited to, in-school suspension.
- G. Student: a child who is
 - 1. enrolled in grades kindergarten to twelve, inclusive, in a public school under the jurisdiction of a local or regional board of education;
 - 2. receiving special education and related services in an institution or facility operating under a contract with a local or regional board of education pursuant to subsection (d) of section 10-76d of the Connecticut General Statutes;
 - 3. enrolled in a program or school administered by a regional education service center established pursuant to section 10-66a of the Connecticut General Statutes; OR
 - 4. receiving special education and related services from an approved private special education program.

II. Life-Threatening Physical Restraint

- A. No school employee shall under any circumstance use a life-threatening physical restraint on a student.
- B. Nothing in this section shall be construed as limiting any defense to criminal prosecution for the use of deadly physical force that may be available under sections 53a-18 to 53a-22, inclusive, of the Connecticut General Statutes.

III. Procedures for Physical Restraint and Seclusion of Students

- A. No school employee shall use physical restraint or seclusion on a student EXCEPT as an emergency intervention to prevent immediate or imminent injury to the student or to others.
- B. Seclusion shall not be used as a planned intervention in a student's behavioral intervention plan, individualized education program or plan pursuant to Section 504 of the Rehabilitation Act.
- C. No school employee shall use physical restraint or seclusion on a student unless the school employee has received training in accordance with state law and/or the District's training plans as described in Section XI below, upon implementation thereof.
- D. Physical restraint and seclusion of a student shall never be used as a disciplinary measure or as a convenience.
- E. School employees must explore ALL less restrictive alternatives prior to using physical restraint or seclusion for a student.
- F. School employees must comply with all regulations promulgated by the Connecticut State Department of Education in their use of physical restraint and seclusion with a student.
- G. Monitoring
 - 1. Physical restraint: A school employee must continually monitor any student who is physically restrained. The monitoring must be conducted by either:
 - a. direct observation of the student; or
 - b. observation by way of video monitoring within physical proximity sufficient to provide aid as may be needed.
 - 2. Seclusion: A school employee must frequently monitor any student who is placed in seclusion. The monitoring must be conducted by either:
 - a. direct observation of the student; or
 - b. observation by way of video monitoring within physical proximity sufficient to provide aid as may be needed.
- H. Length
 - 1. Any period of physical restraint or seclusion:

- a. shall be limited to that time necessary to allow the student to compose him or herself and return to the educational environment; and
 - b. shall not exceed fifteen (15) minutes, except as provided below.
2. If any instance of physical restraint or seclusion of a student used as an emergency intervention exceeds fifteen (15) minutes, one of the following individuals, who have received training in the use of physical restraint or seclusion, will determine whether continued physical restraint or seclusion is necessary to prevent immediate or imminent injury to the student or to others:
 - a. an administrator, or such administrator's designee;
 - b. a school health or mental health personnel; or
 - c. a board certified behavior analyst.
3. The individual identified under subsection 2 (a-c) shall make a new determination every thirty (30) minutes thereafter regarding whether such physical restraint or seclusion is necessary to prevent immediate or imminent injury to the student or to others.
 - I. A school employee must regularly evaluate the student being physically restrained or secluded for signs of physical distress. The school employee must record each evaluation in the educational record of the person being physically restrained or secluded.

IV. Seclusion Room Requirements

Seclusion can happen in any location, although the District may designate an area or room for this purpose. Regardless of location, any room used for seclusion must:

- A. be of a size that is appropriate to the chronological and developmental age, size and behavior of the student;
- B. have a ceiling height that is comparable to the ceiling height of the other rooms in the building in which the seclusion room is located;
- C. be equipped with heating, cooling, ventilation and lighting systems that are comparable to the systems that are used in the other rooms of the building in which the seclusion room is located;
- D. be free of any object that poses a danger to the student who is being placed in the seclusion room;
- E. conform to applicable building code requirements.

If the door or doors to a room used for seclusion are to be locked, latched or otherwise secured, a modification from the State Fire Marshal's office shall be secured prior to the installation of a locking mechanism. If a door-locking mechanism is used, the student shall be constantly monitored notwithstanding any other provisions of the Connecticut General Statutes or Regulations to the contrary. The locking mechanism to be used shall be a device that shall be readily released by staff as soon as possible but in no case longer than within two minutes of the onset of an emergency and is connected to the fire alarm system so that the locking mechanism is released automatically when a fire alarm is sounded. An "emergency," for purposes of this subsection, includes but is not limited to the following:

1. the need to provide direct and immediate medical attention to the student;
 2. fire;
 3. the need to remove the student to a safe location during a building lockdown; or
 4. other critical situations that may require immediate removal of the student from seclusion to a safe location.
- F. have an unbreakable observation window or fixture located in a wall or door, which allows the student a clear line of sight beyond the area of seclusion, to permit frequent visual monitoring of the student and any school employee in such room. The requirement for an unbreakable observation window does not apply if it is necessary to clear and use a classroom or other room in the school building as a seclusion room for a student.

V. Use of Psychopharmacologic Agent

- A. No school employee may use a psychopharmacologic agent on a student without that student's consent and the consent of the student's parent/guardian, except:
1. as an emergency intervention to prevent immediate or imminent injury to the student or to others; or
 2. as an integral part of the student's established medical or behavioral support or educational plan, or, if no such plan has been developed, as part of a licensed practitioner's initial orders.
- B. The use of psychopharmacologic agents, alone or in combination, may be used only in doses that are therapeutically appropriate and not as a substitute for other appropriate treatment.
- C. Any administration of a psychopharmacologic agent must ONLY be done in accordance with applicable federal and state law and the Board of Education's Administration of Medication Policy.

VI. Procedures for Exclusionary Time Out

- A. No school employee may use exclusionary time out as a form of discipline for a student.
- B. At least one school employee must remain with the student, or be immediately available to the student such that the student and the employee are able to communicate verbally, throughout the exclusionary time out.
- C. The space used for an exclusionary time out must be clean, safe, sanitary and appropriate for the purpose of calming the student or deescalating the student's behavior.
- D. The exclusionary time period must end as soon as possible.
- E. Consistent with subsection D above, the exclusionary time out period may vary depending on the student's chronological and developmental age, individual needs and behavior.

VII. Required Meetings

- A. Students not eligible for special education (and not being evaluated for eligibility for special education)
 - 1. In the event that physical restraint or seclusion is used on a student **four (4) or more times within twenty (20) school days**, a team composed of an administrator, one or more of the student's teachers, a parent or guardian of the student, and, if any, a school mental health professional, shall convene to:
 - a. conduct or revise a behavioral assessment of the student;
 - b. create or revise any applicable behavior intervention plan; and
 - c. determine whether such student may require a referral for consideration for special education pursuant to federal and state law.
 - 2. The requirement to convene this meeting shall not supersede the District's obligation to refer a student to a planning and placement team ("PPT") as may be required in accordance with federal and state law.
- B. Students eligible for special education (and students being evaluated for eligibility for special education)
 - 1. In the event that physical restraint or seclusion is used on a student **four (4) or more times within twenty (20) school days**, the student's PPT shall convene to:
 - a. conduct or revise a functional behavioral assessment ("FBA");

- b. create or revise any applicable behavior intervention plan (“BIP”), including but not limited to, such student’s individualized education program (“IEP”); and
 - c. review or revise the student’s IEP, as appropriate.
 - 2. In the event that the exclusionary time out process is unsuccessful in addressing a student’s problematic behavior, the student’s PPT shall convene as soon as practicable to determine alternative interventions or strategies to address the student’s behavior.
- C. A District and/or school administrator(s) shall determine the school employee(s) responsible for reviewing the number of occurrences of the use of physical restraint or seclusion on a monthly basis to ensure that the appropriate meeting(s) has been convened following the fourth occurrence of physical restraint or seclusion in a twenty (20) day period.

VIII. Crisis Intervention Team

- A. Each school year, each school in the District must identify a crisis intervention team consisting of any teacher, administrator, school paraprofessional or other school employee designated by the school principal (in coordination with other appropriate administrators), and who has direct contact with students.
- B. Members of crisis intervention teams shall respond to any incident in which the use of physical restraint or seclusion may be necessary as an emergency intervention to prevent immediate or imminent injury to a student or others.
- C. The District shall maintain a list of the members of the crisis intervention team for each school.

IX. Documentation and Communication

- A. After each incident of physical restraint or seclusion, and no later than the school day following the incident, a school employee must complete the form provided by the District for reporting incidents of physical restraint and seclusion. The incident form must be included in the educational file of the student who was physically restrained or secluded. The information documented on the form must include the following:
 - 1. in the case of an emergency use, the nature of the emergency and what other steps, including attempts at verbal de-escalation, were taken to prevent the emergency from arising if there were indications that such an emergency was likely to arise;
 - 2. a detailed description of the nature of the restraint or seclusion;
 - 3. the duration of the restraint or seclusion;

4. the effect of the restraint or seclusion on the student's established behavioral support or educational plan; AND
 5. whether the seclusion of a student was conducted pursuant to an IEP.
- B. A school employee must notify the parent or guardian of a student of each incident that the student is physically restrained or secluded.
1. A school employee must make a reasonable attempt to immediately notify a parent or guardian after a student is initially placed in physical restraint or seclusion; in all circumstances, a school employee shall notify the parent or guardian within twenty-four (24) hours after a student is initially placed in physical restraint or seclusion.
 2. Notification must be made by telephone, e-mail, or other method which may include, but is not limited to, sending a note home with the student.
 3. The parent or guardian of a student who has been physically restrained or placed in seclusion shall be sent a copy of the completed incident report of such action no later than two (2) business days after the use of physical restraint or seclusion, regardless of whether the parent received the notification described in subsections 1 and 2 above.
 4. The Director of Special Services and Pupil Personnel or designee, shall determine what school employees shall be permitted to ensure that required parent/guardian notifications are made.
- C. The Director of Special Services and Pupil Personnel, or designee, must, at each initial PPT meeting for a student, inform the child's parent, guardian, or surrogate parent, or the student if such student is an emancipated minor or eighteen years of age or older, of the laws relating to physical restraint and seclusion as expressed through this regulation, and of the laws and regulations adopted by the Connecticut State Department of Education relating to physical restraint and seclusion.
1. The Director of Special Services and Pupil Personnel, or designee, shall provide to the child's parent, guardian, or surrogate parent, or the student if such student is an emancipated minor or eighteen years of age or older, at the first PPT meeting following the student's referral to special education the plain language notice of rights regarding physical restraint and seclusion developed by the Connecticut State Department of Education.
 2. The plain language notice developed by the Connecticut State Department of Education shall also be provided to the student's parent, guardian, or surrogate parent, or the student if such student is an emancipated minor or eighteen years of age or older at the first PPT meeting at which the use of seclusion as a behavior intervention is included in the student's IEP.

- D. The Director of Special Services and Pupil Personnel, or designee, must be notified of the following:
1. each use of physical restraint or seclusion on a student;
 2. the nature of the emergency that necessitated its use;
 3. whether the seclusion of a student was conducted pursuant to an IEP;
AND
 4. if the physical restraint or seclusion resulted in physical injury to the student.

X. Responsibilities of the Director of Special Services and Pupil Personnel:

- A. The Director of Special Services and Pupil Personnel, or designee, must compile annually the instances of physical restraint and seclusion within the District, the nature of each instance of physical restraint and seclusion, and whether instances of seclusion were conducted pursuant to IEPs.
- B. The Director of Special Services and Pupil Personnel, or designee, must report to the Connecticut State Department of Education within two (2) business days any instance of physical restraint or seclusion that resulted in physical injury (serious and non-serious) to the student.

XI. Professional Development Plan and Training

- A. The District shall provide training regarding the physical restraint and seclusion of students to the members of the crisis intervention team for each school in the District identified in Section VIII, above. The District may provide such training to any teacher, administrator, school paraprofessional or other school employee, designated by the school principal and who has direct contact with students. The District shall provide such training annually and the training shall include, but not be limited to:
1. Beginning with the school year commencing July 1, 2017, an annual overview of the relevant laws and regulations regarding the use of physical restraint and seclusion on students and the proper uses of physical restraint and seclusion. Such overview shall be provided by the Department of Education in a manner and form as prescribed by the Commissioner of Education.
 2. The creation of a plan to provide training regarding the prevention of incidents requiring physical restraint or seclusion of students. This plan shall be implemented not later than July 1, 2018.
 3. The creation of a plan to provide training regarding the proper means of physical restraint or seclusion of a student, including, but not limited to:
 - a. verbal defusing or de-escalation;

- b. prevention strategies;
- c. various types of physical restraint;
- d. the differences between life-threatening physical restraint and other varying levels of physical restraint;
- e. the differences between permissible physical restraint and pain compliance techniques;
- f. monitoring methods to prevent harm to a student who is physically restrained or in seclusion; and
- g. recording and reporting procedures on the use of physical restraint and seclusion.

This plan shall be implemented not later than July 1, 2018.

- B. Each member of a crisis intervention team must be recertified in the use of physical restraint and seclusion pursuant to Section XI.A.3, above, on an annual basis.

XII. Review and Revision of Policies, Regulations and Procedures

- A. The District shall make available policies and procedures regarding the physical restraint and seclusion of students and the use of exclusionary time out on the District's Internet web site and procedures manual.
- B. The District shall update any policies, regulations and/or procedures regarding the physical restraint and seclusion of students and the use of exclusionary time out within sixty (60) days after the State Department of Education's adoption or revision of regulations regarding the same. Any and all such updates shall be made available in accordance with subsection A of this section.

Legal References:

Conn. Gen. Stat. § 10-76b
 Conn. Gen. Stat. § 10-76d
 Conn. Gen. Stat. § 10-236b
 Conn. Gen. Stat. §§ 53a-18 to 53a-22
 Conn. Agencies Reg. §§ 10-76b-5 to 10-76b-11

Other References:

Restraint and Seclusion: Resource Document, United States Department of Education, available at <http://www2.ed.gov/policy/seclusion/restraints-and-seclusion-resources.pdf>.

Understanding the Laws and Regulations Governing the Use of Restraint and Seclusion,
Connecticut State Department of Education (July 2018).

Guidance Related to Recent Legislation Regarding Restraint and Seclusion, Connecticut
State Department of Education (Revised, July 2018).

Regulation Approved:
Regulation Revised:

NEW MILFORD PUBLIC SCHOOLS
New Milford, Connecticut

Note from Shipman & Goodwin:
We have revised these procedures to make minor technical edits.
This is not mandatory, but is best practice and recommended by CSDE.

Series 5000
Students

(New) 5159

(PUT ON NEW MILFORD PUBLIC SCHOOL DISTRICT LETTERHEAD)

**EDUCATIONAL STABILITY PROCEDURES FOR TRANSPORTATION
COORDINATION WITH THE DEPARTMENT OF CHILDREN AND FAMILIES**

I. APPLICATION OF PROCEDURES

These procedures apply to circumstances when a child who is a resident of the New Milford Public Schools (the “District”), or is otherwise the responsibility of the District, is placed in foster care, or moved to a new foster care placement by the Department of Children and Families (“DCF”), is placed by DCF pursuant to a 96-hour hold or an order of temporary custody, or is committed to DCF as neglected, abused or uncared for, and DCF has determined that it is in the best interest of the child to remain in the District’s school (“school of origin”) in accordance with 20 U.S.C. § 6312, Every Student Succeeds Act (“ESSA”), and/or Conn. Gen. Stat. § 17a-16a, Educational Stability.

II. COLLABORATION

The District has collaborated with DCF to develop these procedures, as required by 20 U.S.C. § 6312, ESSA.

III. NOTIFICATION

- A. DCF is required to notify the District by phone or email immediately upon learning that a child has had a change in foster care placement, been placed in out-of-home care pursuant to a 96-hour hold or an order of temporary custody, or is committed to DCF as neglected, abused or uncared for and it has been determined that it is in the child’s best interest to remain in the school of origin.
- B. DCF is required to orally notify the District of DCF placement of a child within one (1) business day of such placement, and is further required to provide the District with a Form 603 concerning such DCF placement of a child within two (2) business days of the placement to document this information.
- C. The District shall permit the child to continue to attend the child’s school of origin upon receiving such verbal and/or written information from DCF.

IV. TRANSPORTATION OPTIONS

- A. The District and DCF will collaborate to select cost-effective, reliable and safe transportation for children to their schools of origin, in accordance with these procedures.
- B. For children eligible under the Individuals with Disabilities Education Act (“IDEA”) or Section 504 of the Rehabilitation Act (“Section 504”), the District will assess whether the child receives transportation as a related service as documented in the child’s Individualized Education Program (“IEP”) or Section 504 Plan, and will notify DCF of the result of such assessment. If the child’s IEP or Section 504 Plan includes transportation as a related service, the District shall provide such transportation, albeit from the new home placement determined by DCF.
- C. For students not eligible under the IDEA or Section 504, the District and DCF will examine existing transportation options available for the child, including incorporating the child into an existing bus route, modifying an existing bus route and other no-cost or lost-cost options.
- D. In all cases, District shall not be responsible for any transportation costs over the amount the District would otherwise pay for the child if the child’s home placement had not been changed by DCF.

V. COORDINATION OF TRANSPORTATION

- A. DCF and the District will collaborate regarding the logistics of which agency shall coordinate the school of origin transportation and which agency shall reimburse the other (and how) for either the initial cost (borne by the District) or additional cost (borne by DCF) due to the placement or re-placement made by DCF.
- B. Under no circumstances shall the District be required to fund transportation costs in excess of the transportation costs the District would otherwise fund if the child’s home placement had not been changed by DCF.

VI. TIMELINE

DCF and the District shall finalize the transportation services for the child within five (5) school days after DCF has informed the District of the best interest determination. In the interim, DCF will ensure that transportation is provided to permit the student to remain in the school of origin.

VII. RESOLUTION

In the event that the District and DCF cannot come to an agreement concerning either the logistics of arranging transportation services or the payment/reimbursement therefore, either agency may seek guidance on the relevant responsibilities under the ESSA and Connecticut law and regulations from the Connecticut State Department of Education.

Legal Resources:

20 U.S.C. § 6312, Every Student Succeeds Act (“ESSA”)

Conn. Gen. Stat. § 17a-16a

Policy Adopted:

Policy Revised:

NEW MILFORD PUBLIC SCHOOLS

New Milford, Connecticut

**Note from Shipman & Goodwin Audit:
Repeal 5141.5 Students – On Campus Recruiting and adopt model policy Uniform
Treatment of Recruiters for consistency and consider moving to the 2000 Series, as
it is an obligation for the administration.**

**Series 2000
Administration**

(NEW) 2110

UNIFORM TREATMENT OF RECRUITERS

Subject to the provisions of law, all recruiters, including commercial, military and nonmilitary concerns, recruiters representing institutions of higher education, and prospective employers shall be provided equal opportunities of access to students enrolled in the district's secondary school[s]. Access may be granted through programs conducted by the Guidance Department. Such programs may consist of career days, college fairs, individual school visitations, and in-school recruiting.

Except as provided below, military recruiters and institutions of higher education shall, upon request, be given access to the names, addresses and telephone numbers of secondary school students.

On an annual basis, the school district will notify parents of secondary school students of their right to object to the disclosure of the student's name, address and telephone number to military recruiters or to an institution of higher education. If a secondary school student or the parent of a secondary school student objects in writing to the disclosure of a student's name, address or telephone number to a military recruiter or an institution of higher education, then the district shall not disclose the student's name, address or telephone number to a military recruiter or an institution of higher education. The objection shall remain in force until the district re-issues the annual notification referenced above, after which time the parents and/or secondary school student must inform the school district in writing again of their objection to the disclosure of the information described above.

Legal References:

- Conn. Gen. Stat. §10-221b Boards of education to establish written uniform policy re treatment of recruiters
- Every Student Succeeds Act § 8025, 20 U.S.C. § 7908
Armed Forces recruiter access to students and student recruiting information
- National Defense Authorization Act for Fiscal Year 2002 § 544, 10 U.S.C. § 503
Enlistments: recruiting campaigns; compilation of directory information

Policy Adopted:
Policy Revised:

NEW MILFORD PUBLIC SCHOOLS
New Milford, Connecticut

**From Shipman & Goodwin Series 5000 Audit:
Repeal Policy 5141.231 Psychotropic Drug Use and adopt Model Policy on
Prohibition on Recommendations for Psychotropic Drugs in Series 4000, Personnel,
for consistency.**

**Series 4000
Personnel**

(New) 4119

PROHIBITION ON RECOMMENDATIONS FOR PSYCHOTROPIC DRUGS

In accordance with Conn. Gen. Stat. § 10-212b, the Board of Education prohibits school personnel from recommending the use of psychotropic drugs for any child. Moreover, personnel may not require that a child obtain a prescription for a controlled substance (as defined in the Controlled Substances Act, 21 U.S.C. § 801 et seq.) in order for the child to: 1) attend school; 2) receive an initial evaluation or reevaluation to determine a child's eligibility for special education; or 3) receive special education and related services. Notwithstanding the foregoing, school health or mental health personnel may recommend that a child be evaluated by an appropriate medical practitioner and school personnel may consult with such practitioner with the consent of the parent(s) or guardian(s) of such child, in accordance with the procedures outlined below.

I. Definitions

For purposes of this policy, the following definitions apply:

- A. Psychotropic drugs means prescription medications for behavioral or social-emotional concerns, such as attentional deficits, impulsivity, anxiety, depression and thought disorders, and includes, but is not limited to, stimulant medication and antidepressants.
- B. Recommend means to directly or indirectly suggest that a child should use psychotropic drugs.
- C. School health or mental health personnel means:
 - 1. school nurses or nurse practitioners appointed pursuant to Conn. Gen. Stat. § 10-212;
 - 2. school medical advisors appointed pursuant to Conn. Gen. Stat. § 10-205;
 - 3. school psychologists;
 - 4. school social workers;
 - 5. school counselors;
 - 6. school administrators;

7. other school personnel (such as a teacher designated as a child's Case Manager) who have been identified by a Planning and Placement Team, Section 504 team, Student Assistance Team or similar group of district professionals as the person responsible for communication with a parent or guardian about a child's need for medical evaluation;
8. a school professional staff member designated by the Superintendent to communicate with a child's parent or guardian about a child's need for medical evaluation.

II. Procedures

- A. A school health or mental health personnel, as defined above, may communicate with other school personnel about a child who may require a recommendation for a medical evaluation, provided that 1) there is a legitimate educational interest in sharing such information; and 2) such communication shall remain confidential, to the extent required by law.
- B. A school health or mental health personnel, as defined above, may communicate a recommendation to a parent or guardian that a child be evaluated by a medical practitioner provided that 1) based on such person's professional experience, objective factors indicate that a medical evaluation may be necessary to address concerns relating to the child's education and overall mental health; and 2) any communication includes the basis for the recommendation.
- C. If a parent or guardian determines that it is necessary to share medical information, including results of any medical evaluation, with school personnel, he or she may do so at any time. School personnel who receive such information directly from a parent must maintain the confidentiality of such information, to the extent required by law.
- D. Any school personnel with a legitimate educational interest in obtaining information from a child's medical practitioner outside the school who is not a school employee must obtain prior, written consent from the child's parent or guardian to communicate with such outside medical practitioners. Any school health or mental health personnel, as defined above, may request written consent from the parent or guardian. To be valid, the written consent must: 1) be signed by the child's parent or guardian; 2) be dated; 3) provide the child's name; 4) provide the name of the medical practitioner and relevant contact information, to the extent known; and 5) indicate the scope of the consent.

Nothing in this policy shall be construed to prevent school personnel from consulting with a medical practitioner who has information concerning a child, as long as the school district has obtained consent from the parent(s) or guardian(s) of the child, in accordance with Section II.D., above. Nothing in this policy shall prevent a Planning and Placement Team from recommending a medical evaluation as part of an initial evaluation or

reevaluation, as needed to determine a child's (i) eligibility for special education and related services, or (ii) educational needs for an individualized education program.

Legal References:

- | | |
|----------------------------|--|
| Conn. Gen. Stat. § 10-76d | Duties and powers of boards of education to provide special education programs and services. |
| Conn. Gen. Stat. § 10-212b | Policies prohibiting the recommendation of psychotropic drugs by school personnel. |
| 34 C.F.R. § 300.174 | Prohibition on mandatory medication. |

Policy Adopted:
Policy Revised:

NEW MILFORD PUBLIC SCHOOLS
New Milford, Connecticut

Note from Shipman & Goodwin:

We have revised this policy to conform with Public Act No. 21-95, regarding the implementation of vision screenings, and Public Act No. 21-121, regarding the reporting requirements for children with a diagnosis of asthma. Under the new law, districts must report, on a triennial basis, the total number of children having a diagnosis of asthma at the time of enrollment, in grade six or seven, and in grade nine or ten (rather than grade ten or eleven, as previously required). Note: If the district altered its health assessment requirements for the 2020-2021 school year in light of the COVID-19 public health emergency, and it reverts back to its usual timeline for assessment requirements, the district should ensure that it has health assessments on file for each student in accordance with existing state law.

Other: This regulations should be reviewed by the supervisory health professionals in the district.

**Series 5000
Students**

(NEW) 5141.3

**ADMINISTRATIVE REGULATIONS REGARDING HEALTH
ASSESSMENTS/SCREENINGS AND ORAL HEALTH ASSESSMENTS**

I. Health Assessments:

The New Milford Board of Education (the “Board”) requires each student enrolled in the New Milford Public Schools (the “District”) to undergo health assessments as mandated by state law. The purpose of such health assessments shall be to ascertain whether a student has any physical disability tending to prevent the student from receiving the full benefit of school work and to ascertain whether school work should be modified in order to prevent injury to the student or to secure a suitable program of education for the student. Such health assessments must be conducted by one of the following qualified providers for health assessments: (1) a legally qualified practitioner of medicine; (2) an advanced practice registered nurse or registered nurse, who is licensed under state statute; (3) a physician assistant, who is licensed under state statute; (4) the school medical advisor; or (5) a legally qualified practitioner of medicine, an advanced practice registered nurse or a physician assistant stationed at any military base. The Board will provide written prior notice of the health assessments required under these administrative regulations to the parent or guardian of each student subject to assessment. The parent or guardian shall be provided a reasonable opportunity to be present during such assessment or the parent or guardian may provide for such assessment. No health assessment shall be made of any public school student unless it is made in the presence of the parent or guardian or in the presence of another school employee. Any student who fails to obtain the health assessments required by these administrative regulations may be denied continued attendance in the District.

II. Health Assessments Required:

Prior to enrollment in the District, each student must undergo a health assessment, which shall include:

(a) a physical examination which includes hematocrit or hemoglobin tests, height, weight, blood pressure, and a chronic disease assessment which shall include, but not be limited to, asthma. The assessment form shall include (1) a check box for the provider conducting the assessment, to indicate an asthma diagnosis, (2) screening questions relating to appropriate public health concerns to be answered by the parent or guardian, and (3) screening questions to be answered by such provider;

(b) an updating of immunizations as required by state law;

(c) vision, hearing, speech and gross dental screenings;

(d) such other information, including health and developmental history, as the physician feels is necessary and appropriate.

The pre-enrollment assessment shall also include tests for tuberculosis, sickle cell anemia or Cooley's anemia, and tests for lead levels in the blood if, after consultation with the school medical advisor and the local health department, the Board determines that such tests are necessary. Such tests must be conducted by a registered nurse acting pursuant to the written order of a physician, or physician's assistant, licensed under state law, or an advanced practice registered nurse, licensed under state law.

Each student enrolled in the District must undergo a health assessment in grade seven and in grade ten, which shall include:

(a) a physical examination which includes hematocrit or hemoglobin tests, height, weight, blood pressure, and a chronic disease assessment which shall include, but not be limited to, asthma as defined by the Commissioner of Public Health pursuant to subsection (c) of section 19a-62a of the Connecticut General Statutes. The assessment form shall include (1) a check box for the provider conducting the assessment, to indicate an asthma diagnosis, (2) screening questions relating to appropriate public health concerns to be answered by the parent or guardian, and (3) screening questions to be answered by such provider;

(b) an updating of immunizations as required by state law;

(c) vision, hearing, postural and gross dental screenings;

(d) such other information, including health and developmental history, as the physician feels is necessary and appropriate.

The grade six/seven and grade nine/ten assessments shall also include tests for tuberculosis and sickle cell anemia or Cooley's anemia if, after consultation with the school medical advisor and the local health department, the Board determines that such tests are necessary. Such tests must be conducted by a registered nurse acting pursuant to the written order of a physician, or physician's assistant, licensed under state law, or of an advanced practice registered nurse, licensed under state law.

The Board shall provide such assessments free of charge to students whose parents or guardians meet the eligibility requirements for free and reduced price meals under the National School Lunch Program or for free milk under the special milk program.

III. Oral Health Assessments:

- A. Prior to enrollment in the District, in grade seven and in grade ten, the Board shall request that each student undergo an oral health assessment. Such oral health assessments must be conducted by one of the following qualified providers for oral health assessments: (1) a dentist licensed under state law; (2) a dental hygienist licensed under state law; (3) a legally qualified practitioner of medicine trained in conducting oral health assessments as a part of a training program approved by the Commissioner of Public Health; (4) a physician assistant licensed under state law and trained in conducting oral health assessments as part of a training program approved by the Commissioner of Public Health; or (5) an advanced practice registered nurse licensed under state statute and trained in conducting oral health assessments as part of a training program approved by the Commissioner of Public Health.
- B. The oral health assessment identified in subsection A above shall include a dental examination by a dentist, or a visual screening and risk assessment for oral health conditions by a dental hygienist, legally qualified practitioner of medicine, physician assistant, or advanced practice registered nurse. The assessment form shall include a check box for the qualified provider conducting the assessment to indicate any low, moderate or high risk factors associated with any dental or orthodontic appliance, saliva, gingival condition, visible plaque, tooth demineralization, carious lesions, restorations, pain, swelling or trauma.
- C. No oral health assessment shall be made of any public school student unless the parent or guardian of the student consents to such assessment and such assessment is made in the presence of the parent or guardian or in the presence of another school employee. The parent or guardian shall be provided with prior written notice of an oral health assessment and be provided with a reasonable opportunity to opt the child out of such assessment, or the parent or guardian may provide for such oral health assessment.
- D. If the Board hosts a free oral health assessment event where qualified providers (identified in subsection A above) perform oral health assessments of children attending a public school, the Board shall notify the parents and guardians of such children of the event in advance and provide an opportunity for parents and guardians to opt their child(ren) out of such event. The Board shall infer parent/guardian consent for each child whose parent or guardian did not opt the child out of the free oral health assessment event and shall provide such child with a free oral health assessment; however, such child shall not receive dental treatment of any kind unless the child's parent or guardian provides informed consent for such treatment.
- E. Any student who fails to obtain an oral health assessment requested by the Board shall not be denied enrollment or continued attendance in the District.

IV. Screenings Required:

The Board will provide annually to each student enrolled in kindergarten and grades one and three to five, inclusive, a vision screening. Such vision screening may be performed using a Snellen chart or an equivalent screening device, or an automated vision screening device. The Superintendent shall give written notice to the parent or guardian of each student (1) who is

found to have any defect of vision or disease of the eyes, with a brief statement describing the defect or disease and a recommendation that the student be examined by an optometrist or ophthalmologist licensed pursuant to state law, and (2) who did not receive such vision screening, with a brief statement explaining why such student did not receive such vision screening.

The Board will provide annually to each student enrolled in kindergarten and grades one and three through five, inclusive, audiometric screening for hearing. The Superintendent shall give written notice to the parent or guardian of each student (1) who is found to have any impairment or defect of hearing, with a brief statement describing the impairment or defect, and (2) who did not receive an audiometric screening for hearing, with a brief statement explaining why such student did not receive an audiometric screening for hearing.

The Board will provide postural screenings for (1) each female student in grades five and seven, and (2) each male student in grade eight or nine. The Superintendent shall give written notice to the parent or guardian of each student (A) who evidences any postural problem, with a brief statement describing such evidence, and (B) who did not receive a postural screening, with a brief statement explaining why such student did not receive such postural screening.

All of the screenings required under these administrative regulations will be performed in accordance with regulations applicable to such screenings as adopted by the State Board of Education.

V. Assessment/Screening Results:

The results of each assessment and screening required or requested by these administrative regulations shall be recorded on forms supplied by the State Board of Education. Each qualified provider performing health assessments or oral health assessments under these administrative regulations shall sign each form and any recommendations concerning a student shall be in writing. Assessment/screening forms shall be included in the cumulative health record of each student and they shall be kept on file in the school attended by the student. If a student transfers to another school district in Connecticut, the student's original cumulative health record shall be sent to the chief administrative officer of the new school district and a true copy retained by the Board. For a student leaving Connecticut, a copy of the records, if requested, should be sent and the original maintained.

Appropriate school health personnel shall review the results of each assessment and screening. If the reviewing school health personnel judge that a student is in need of further testing or treatment, the Superintendent shall give written notice to the parent or guardian of such student and shall make reasonable efforts to ensure that such further testing or treatment is provided. Reasonable efforts shall include determination of whether the parent or guardian has obtained the necessary testing or treatment for the student, and, if not, advising the parent or guardian how such testing or treatment may be obtained. The results of such further testing or treatment shall be recorded, kept on file and reviewed by appropriate school health personnel in the same manner as the results of the health assessments and screenings required or requested under these administrative regulations.

The District shall report to the local health department and the Department of Public Health, on a triennial basis, the total number of children per school and on a district-wide basis

having a diagnosis of asthma (1) at the time of public school enrollment, (2) in grade six or seven, and (3) in grade nine or ten. The report shall contain the asthma information collected as required under Section II of these administrative regulations and shall include information regarding each diagnosed child's age, gender, race, ethnicity and school.

VI. Exemption:

Nothing in these administrative regulations shall be construed to require any student to undergo a physical or medical examination or treatment, or be compelled to receive medical instruction, if the parent or legal guardian of such student or the student, if the student is an emancipated minor or is eighteen (18) years of age or older, notifies the teacher or principal or other person in charge of such student in writing that the student objects on religious grounds to such physical or medical examination or treatment or medical instruction.

VII. Other Non-Emergency Invasive Physical Examinations and Screenings:

- A. In addition to the screenings listed above, the District may, from time to time, require students to undergo additional non-emergency, invasive physical examination(s)/screening(s).
- B. A non-emergency, invasive physical examination or screening is defined as:
 - 1. any medical examination that involves the exposure of private body parts; or
 - 2. any act during such examination that includes incision, insertion, or injection into the body, but does not include a hearing, vision, or scoliosis screening; and
 - 3. is required as a condition of attendance, administered by the school and scheduled by the school in advance; and
 - 4. is not necessary to protect the immediate health and safety of the student, or of other students.
- C. If the district elects to conduct any such examinations, then, at the beginning of the school year, the administration shall give direct notice to parents of affected students of the district's intent to conduct the non-emergency invasive physical examination(s) and/or screening(s) described in this subsection. Such notice shall include the specific or approximate dates during the school year of the administration of such non-emergency invasive physical examination(s)/screening(s).
- D. Upon request, the administration shall permit parents or students over the age of eighteen (18) (or emancipated minors) to opt out of participation in the non-emergency invasive physical examination(s)/screening(s) described in this subparagraph.

VIII. School Representative to Receive Information Concerning Health Assessments:

The Board designates the School Nurse as the representative for receipt of reports from health care providers concerning student health assessments and oral health assessments.

Legal References:

State Law:

Connecticut General Statutes:

- § 10-206 Health assessments
- § 10-206a Free health assessments
- § 10-206d Oral health assessments
- § 10-208 Exemption from examination or treatment
- § 10-209 Records not be public. Provision of reports to schools
- § 10-214 Vision, audiometric and postural screenings: When required; notification of parents re defects; record of results

Public Act No. 21-95, “An Act Concerning Assorted Revisions and Additions to the Education Statutes.”

Public Act No. 21-121, “An Act Concerning the Department of Public Health’s Recommendations Regarding Various Revisions to the Public Health Statutes.”

State of Connecticut Department of Education, Bureau of Health/Nutrition, Family Services and Adult Education, Cumulative Health Records Guidelines (Revised Jan. 2012), https://portal.ct.gov/-/media/SDE/School-Nursing/Publications/CHR_guidelines.pdf

Federal Law:

Elementary and Secondary Education Act of 1965, as amended by the Every Student Succeeds Act, Public Law 114-95, at 20 U.S.C. §§ 1232h(c)(2)(C)(iii) and 1232h(c)(6)(B).

Regulation Adopted:
Policy Revised:

NEW MILFORD PUBLIC SCHOOLS
New Milford, Connecticut

SAMPLE
NOTICE OF FREE ORAL HEALTH ASSESSMENT

The New Milford Public Schools (the "District") shall hold a free oral health assessment event for students on _____ *[insert date and time of event]* at your student's school. The oral health assessment shall consist of *[insert one of the following options depending on the professional staffing the oral health assessment event: (1) a dental examination by a dentist OR (2) a visual screening and risk assessment for oral health conditions by a dental hygienist, legally qualified practitioner of medicine, physician assistant, or advanced practice registered nurse.]* The practitioner conducting the oral health assessment shall indicate any low, moderate or high risk factors associated with any dental or orthodontic appliance, saliva, gingival condition, visible plaque, tooth demineralization, carious lesions, restorations, pain, swelling or trauma. No student shall receive dental treatment of any kind as part of the free oral health assessment event.

This event is free of charge. You may be present during the oral health assessment of your student, if you so wish. When, based on the results of the assessment and in the judgment of school health personnel, your student is in need of further testing or treatment, you will be notified by the District.

You may elect for your student not to participate in the free oral health assessment event. **If you do not want your student to participate, you must sign the form below and return that section of the form to _____ by _____. If you fail to return the form by this date, you have consented to the free oral health assessment and your student will participate. If your student does not participate in the school's event, you will be asked to provide documentation that your student has received an oral health assessment, in accordance with state law.**

If you have questions or concerns regarding the free oral health assessment event, please contact _____.

-

FREE ORAL HEALTH ASSESSMENT EVENT - _____ *[insert date of event]*

Name of student: _____ Student's Date of Birth: _____

Student's Address: _____

Parent/Guardian Name (print):

As the parent/guardian of the above-named student, I elect for my student to not participate in the free oral health assessment. I understand that I will be asked by school officials to provide documentation that my student has received an oral health assessment by a qualified professional. I further understand that this "opt-out" is effective only for the free oral health assessment event being held on the date listed above.

Parent/Guardian Signature

Date

Note from Shipman & Goodwin:

We have revised these administrative regulations to comport with Public Act No. 21-6, which revised the religious exemption to the immunization requirements for school attendance.

Other: This regulation should be reviewed by the supervisory health professionals in the district.

**Series 5000
Students**

(NEW) 5141.221 R

ADMINISTRATIVE REGULATIONS REGARDING IMMUNIZATIONS

I. Immunization Requirements

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

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

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

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

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

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

II. Exemptions Based on Religious Beliefs

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

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

1. such child presented a statement, prior to April 28, 2021, from the parents or guardians of such child that such immunization is contrary

to the religious beliefs of such child or the parents or guardians of such child, and

2. such statement was acknowledged by a judge of a court of record or a family support magistrate, a clerk or deputy clerk of a court having a seal, a town clerk, a notary public, a justice of the peace, an attorney admitted to the bar of the State of Connecticut, or a school nurse.

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

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

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

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

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

1. presented a statement, prior to April 28, 2021, from the parents or guardians of such child that such immunization is contrary to the religious beliefs of such child or the parents or guardians of such child, and
2. such statement was acknowledged by a judge of a court of record or a family support magistrate, a clerk or deputy clerk of a court having a seal, a town clerk, a notary public, a justice of the peace, an attorney admitted to the bar of the State of Connecticut, or a school nurse, but
3. did not present a written declaration from a physician, a physician assistant or an advanced practice registered nurse stating that additional immunizations are in process as recommended by such

physician, physician assistant or advanced practice registered nurse, rather than as recommended under guidelines and schedules specified by the Commissioner of Public Health

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

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

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

The District designates the School Nurse as the representative for receipt of reports from health care providers concerning student immunizations.

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

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

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

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

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

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

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

Regulation Approved: NEW MILFORD PUBLIC SCHOOLS
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