



# Policy Committee

## Exhibits

### **Policies for Review, First Reading:**

- 1361 Visitors and Observations in the Schools
- 5123 Restorative Practices Response Policy
- 6080.1.2 Title I Programs / Parental Involvement
- 6151 Class Size
- 6153 Field Trips
  - Rescind: 5100.8 Student Travel/6100.16.1 Student Travel

### **Policies for Review, Waive Second Reading:**

- 5120.3.3 Administration of Student Medications in the Schools
- 5113 Attendance, Truancy and Chronic Absenteeism
- 6100.10 Selection of Instructional Materials

## Policy Summary

May 6, 2025

### **Policies for Review, First Reading:**

#### **1361 Visitors and Observations in the Schools**

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

#### **5123 Restorative Practices Response Policy**

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

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

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 The current policy is outdated.

#### **6151 Class Size**

This is not mandatory policy and it may be repealed.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

#### **6153 Field Trips**

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

##### **5100.8 Student Travel/6100.16.1 Student Travel**

*The administration would like these two policies rescinded – relevant content added to the field trips policy administrative reg.*

We recommend repealing this policy and replacing it with the S&G Model Field Trips (see Series 5000). The District may wish to develop administrative regulations for this policy to address some of the more specific provisions in the current policy (ex: budgets, transportation, parent permission). In any event, we recommend prohibiting school staff

from acting as "private agents" for non-school sponsored student travel. We recommend that this be specifically prohibited.

## **Policies for Review, Waive Second Reading**

### **5120.3.3 Administration of Medications**

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

### **5113 Attendance, Truancy and Chronic Absenteeism**

We have revised this policy and the accompanying regulations in light of Section 4 of Public Act 23-160, which addresses the right of a student, who is also a parent, to request permission from the board of education to attend adult education classes. We also added language to reflect the requirement, established by Section 16 of Public Act 22-47, that when a student is truant, the school district implement the truancy intervention model developed by the CSDE that accounts for mental and behavioral health, if the CSDE has developed such model; otherwise, the district will implement a truancy intervention plan that meets state law requirements. We have also added flexibility to the ways in which parents/guardians can report student absences and personnel can notify parents/guardians of student absences. Finally, we have made technical and clarifying edits to the regulations and accompanying forms.

### **6100.10 Selection of Instructional Materials**

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

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

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

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

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

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

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

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

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46  
47 Legal References:

48 Conn. Gen. Stat. § 10-222m

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50 Conn. Gen. Stat. § 54-192h

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

56  
57 Connecticut State Department of Education, Guidance to K-12 Public Schools Pertaining to  
58 Immigration Activities (January 28, 2025).

59  
60 “Guidelines Regarding Independent Educational Evaluations at Public Expense and In- School  
61 Observations,” Connecticut State Department of Education (Mar. 28, 2018).

62  
63 Date of Adoption: January 4, 2022

64  
65 First Reading: May 6, 2025

**#1361 Regulation**  
**Visitors to the Schools**

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**ADMINISTRATIVE REGULATIONS  
REGARDING VISITORS AND OBSERVATIONS IN SCHOOLS**

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

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

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

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

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

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

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



Legal References:

Conn. Gen. Stat. § 10-222m

Conn. Gen. Stat. § 54-192h

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

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

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

**Restorative Practices Response**

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

For purposes of this policy:

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

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

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

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

Legal References:

Conn. Gen. Stat. § 10-222aa

Conn. Gen. Stat. § 10-222dd

Conn. Gen. Stat. § 10-222jj

First Reading: May 6, 2025

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**Title I: Parent and Family Engagement**

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

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

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

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

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

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

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

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

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

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

### **School-Parent Compact**

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

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

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

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

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

123  
124 **Legal References:**

125  
126 **Connecticut General Statutes:**

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

128  
129 **Federal Law:**

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

131 20 U.S.C. § 7801. Definitions

132  
133  
134 First Reading: May 6, 2025

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

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**Title I Programs**

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

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

**Title I Parental Involvement**

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

**District-Level Parental Involvement Compact**

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

**#6080.1.2 (cont.)****School-Level Parental Involvement Compact**

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

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

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

Policy adopted: October 21, 2008



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

Grade	Class Size
Pre-K	16 - 18
Kindergarten, Grades 1 and 2	16 - 20
Grades 3 <del>through and 5</del> 4	19 - 24
Grades <del>6</del> 5 through 8	19 - 24
Grades 9 through 12	Level I, II: 1 <del>5</del> 7 - 24 Level III: 12 <del> - 20</del>

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

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

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

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

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

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

Date of Adoption: May 7, 1973

Date Revised: October 17, 1989

Date Revised: January 6, 2015

First Reading: May 6, 2025

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

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

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

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

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

~~(cf. 5100.8 Student Travel)~~

~~(cf. 6100.16.1 Educational Travel)~~

Date of Adoption: October 3, 2006

First Reading: May 6, 2025

## **#5142 Regulation Field Trips & Student Travel**

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The Superintendent of Schools or superintendent's designee will develop and implement procedures outlining the requirements for student travel. These procedures may include a preapproved list of activities. To protect the Madison Public Schools (the "District") from liability, District employees, volunteers, independent contractors, or students will not participate in any activities, special events, or trips which are not approved or sponsored by the District. The District will not assume any liability for any student travel which was not preapproved by the Superintendent or his/her designee.

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

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

### **General Guidelines for Student Travel**

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

### **Student Travel Outside the Continental United States**

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

### **Non-School Sponsored Educational Travel**

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

42  
43 **Forms**

44 Field Trip and Student Travel requests shall be completed on District request forms available in schools  
45 and on the District website and submitted to the designated responsible administrator. Other written or  
46 oral requests shall not be considered.  
47

**#5100.8  
Student Travel**

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

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

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

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

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**5100.8 (Continued)**

Madison Public Schools  
Madison, Connecticut

- District Vehicles: Without the prior, express, written authorization of the Superintendent or his/her designee, vehicles owned, leased or in the care, custody and control of the district, will not be driven.
- Commercial, Chartered & Public Transportation: By contract or any other means, district employees, volunteers, or students will not agree to have the district assume any liability for operation of commercial, charter or public transportation.
- Non-District Vehicles: Vehicles not owned, leased or in the care, custody and control of the district may not be driven by any employee or volunteer on district business unless each such vehicle meets the district insurance requirements and Superintendent approval.

Date of Adoption: January 23, 1996

**#6100.16.1**  
**Student Travel**

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

**General Guidelines for Student Travel**

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



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

### **Student Travel Outside the Continental United States**

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

### **Non-School Sponsored Educational Travel**

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

(cf: Student Travel, Policy 5100.8)

Date of Adoption: February 25, 1997

Date of Revision: June 17, 2014

**#5120.3.3**

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

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A. Definitions

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

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

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

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

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

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

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

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

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

Error means:

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

(a) administer a medication to a student;

- (b) administer medication within the time designated by the prescribing physician;  
(c) administer the specific medication prescribed for a student;  
(d) administer the correct dosage of medication;  
(e) administer medication by the proper route;  
(f) administer the medication according to generally accepted standards of practice; or

- (2) the administration of medication to a student which is not ordered, or which is not authorized in writing by the parent or guardian of such student, except for the administration of epinephrine or naloxone for the purpose of emergency first aid as set forth in Sections D and E below.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Principal means the administrator in the school.

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

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

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

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

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

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

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

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

B. General Policies on Administration of Medications

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

- (a) the written medication order of an authorized prescriber;
- (b) the written authorization of the student's parent or guardian or eligible student; and
- (c) the written permission of a parent for the exchange of information between the prescriber and the school nurse necessary to ensure safe administration of such medication.

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

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

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

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

the student's self-administration of medication, and such written order is provided to the school nurse;

(ii) there is a written authorization from the student's parent or guardian regarding the possession of an inhaler by the student at all times in order to protect the child against serious harm or death and authorizing the student's self-administration of medication, and such written authorization is provided to the school nurse;

(iii) the conditions set forth in subsection (b) above have been met, except that the school nurse's review of a student's competency to self-administer an inhaler for asthma in the school setting shall not be used to prevent a student from retaining and self-administering an inhaler for asthma. Students may self-administer medication with only the written authorization of an authorized prescriber and written authorization from the student's parent or guardian or eligible student; and

(iv) the conditions for self-administration meet any regulations as may be imposed by the State Board of Education in consultation with the Commissioner of Public Health.

(d) a student diagnosed with an allergic condition who is able to self-administer medication shall be permitted to retain possession of a cartridge injector at all times while attending school, in order to provide for prompt treatment to protect such child against serious harm or death, provided all of the following conditions are met:

(i) an authorized prescriber provides a written order requiring the possession of a cartridge injector by the student at all times in order to provide for prompt treatment in order to protect the child against serious harm or death and authorizing the student's possession, self-administration, or possession and self-administration of medication, and such written order is provided to the school nurse;

(ii) there is a written authorization from the student's parent or guardian regarding the possession of a cartridge injector by the student at all times in order to protect the child against serious harm or death and authorizing the student's possession, self-administration, or possession and self-administration of medication, and such written authorization is provided to the school nurse;

(iii) the conditions set forth in subsection (b) above have been met, except that the school nurse's review of a student's competency to self-administer cartridge injectors for medically-diagnosed allergies in the school setting shall not be used to prevent a student from retaining and self-administering a

cartridge injector for medically-diagnosed allergies. Students may self-administer medication with only the written authorization of an authorized prescriber and written authorization from the student's parent or guardian or eligible student; and

(iv) the conditions for self-administration meet any regulations as may be imposed by the State Board of Education in consultation with the Commissioner of Public Health.

(e) a student with a medically diagnosed life-threatening allergic condition may possess, self-administer, or possess and self-administer medication, including but not limited to medication administered with a cartridge injector, to protect the student against serious harm or death, provided the following conditions are met:

(i) the parent or guardian of the student has provided written authorization for the student to possess, self-administer, or possess and self-administer such medication; and

(ii) a qualified medical professional has provided a written order for the possession, self-administration, or possession and self-administration.

(f) a coach of intramural or interscholastic athletic events or licensed athletic trainer who has been trained in the administration of medication in accordance with Section J of this policy, during intramural or interscholastic athletic events, may administer inhalant medications prescribed to treat respiratory conditions and/or medication administered with a cartridge injector for students with medically diagnosed allergic conditions which may require prompt treatment to protect the student against serious harm or death, provided all of the following conditions are met:

(i) the school nurse has determined that a self-administration plan is not viable;

(ii) the school nurse has provided to the coach a copy of the authorized prescriber's order and parental permission form;

(iii) the parent/guardian has provided the coach or licensed athletic trainer with the medication in accordance with Section K of this policy, and such medication is separate from the medication stored in the school health office for use during the school day; and

(iv) the coach or licensed athletic trainer agrees to the administration of emergency medication and implements the emergency care plan, identified in Section H of this policy, when appropriate.



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

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

- (iv) the principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by the Board, coach or school ~~paraprofessional-paraeducator~~ annually completes the training program established by the Connecticut State Department of Education and the Association of School Nurses of Connecticut as required by Connecticut General Statutes § 10-212a, and the school nurse and medical advisor, if any, have attested, in writing, that such training has been completed; and
- (v) the principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by the Board, coach or school ~~paraprofessional-paraeducator~~ receives monthly reviews by the school nurse to confirm competency to administer antiepileptic medication.
- (i) a director of a school readiness program or a before or after school program, or the director's designee, provided that the medication is administered:
- (i) only to a child enrolled in such program; and
- (ii) in accordance with Section L of this policy.
- (j) a licensed practical nurse, after the school nurse has established the medication plan, provided that the licensed practical nurse may not train or delegate the administration of medication to another individual, and provided that the licensed practical nurse can demonstrate one of the following:
- (i) training in administration of medications as part of their basic nursing program;
- (ii) successful completion of a pharmacology course and subsequent supervised experience; or
- (iii) supervised experience in the administration of medication while employed in a health care facility.
- (4) Medications may also be administered by a parent or guardian to his/her own child on school grounds.
- (5) Investigational drugs or research or study medications may be administered only by a licensed nurse. For FDA-approved medications being administered according to a study protocol, a copy of the study protocol shall be provided to the school nurse along with the name of the medication to be administered and the acceptable range of dose of such medication to be administered.

C. Diabetic Students

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

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

466 D. Epinephrine for Purposes of Emergency First Aid Without Prior Authorization  
467

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

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

- 545
- 546 (i) Submitted to the school nurse by the personnel who administered the
- 547 epinephrine as soon as possible, but no later than the next school day; and
- 548
- 549 (ii) filed in or summarized on the student's cumulative health record, in
- 550 accordance with Section E of this policy.
- 551
- 552

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

554

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

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

trained personnel necessary to ensure that a nurse or selected and trained personnel is present on the grounds of each school during regular school hours.

(b) If the school nurse, or a substitute school nurse, is absent or must leave school grounds during regular school hours, the school nurse, school administrator or designee shall use an effective and reasonable means of communication to notify one or more qualified school employees and other staff in the school that the selected and trained personnel identified in Paragraph (6) above shall be responsible for the emergency administration of opioid antagonists.

(c) If a Board employee becomes aware of a student experiencing a known or suspected opioid overdose on school grounds but outside of regular school hours and opioid antagonists and/or the school nurse or other qualified school employee is not available to administer opioid antagonists for the purpose of emergency first aid, the Board employee will call 9-1-1.

(8) The administration of opioid antagonists pursuant to this policy must be effected in accordance with this policy and procedures regarding the acquisition, maintenance, and administration established by the Superintendent in consultation with the Board's medical advisor.

(9) The parent or guardian of any student may submit, in writing, to the school nurse or school medical advisor, if any, that opioid antagonists shall not be administered to such student pursuant to this section.

(a) The school nurse shall notify selected and trained personnel of the students whose parents or guardians have refused emergency administration of opioid antagonists.

(b) The Board shall annually notify parents or guardians of the need to provide such written notice of refusal.

(10) Following the emergency administration of an opioid antagonist by a school nurse or selected and trained personnel as identified in this section:

(a) Immediately following the emergency administration of an opioid antagonist by a school nurse or selected and trained personnel as identified in this section, the person administering the opioid antagonist must call 911.

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

(i) The school nurse or school medical advisor, if any, by the personnel who administered the opioid antagonist;

(ii) The Superintendent of Schools; and



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

- 694 (11) In the event that any provisions of this Section E conflict with regulations adopted
- 695 by the Connecticut State Department of Education concerning the use, storage and
- 696 administration of opioid antagonists in schools, the Department's regulations shall
- 697 control.]
- 698
- 699

700 F. Documentation and Record Keeping

701

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

- (2) All records are either to be made in ink and shall not be altered, or recorded electronically in a record that cannot be altered.
- (3) Written orders of authorized prescribers, written authorizations of parent or guardian, the written parental permission for the exchange of information by the prescriber and school nurse to ensure safe administration of such medication, and the completed medication administration record for each student shall be filed in the student's cumulative health record or, for before-and-after school programs and school readiness programs, in the child's program record.
- (4) Authorized prescribers may make verbal orders, including telephone orders, for a change in medication order. Such verbal orders may be received only by a school nurse and must be followed by a written order, which may be faxed, and must be received within three (3) school days.
- (5) Medication administration records will be made available to the Department of Education for review until destroyed pursuant to Section 11-8a and Section 10-212a(b) of the Connecticut General Statutes.
- (a) The completed medication administration record for non-controlled medications may, at the discretion of the school district, be destroyed in accordance with Section M8 of the Connecticut Record Retention Schedules for Municipalities, so long as it is superseded by a summary on the student health record.
- (b) The completed medication administration record for controlled medications shall be maintained in the same manner as the non-controlled medications. In addition, a separate medication administration record needs to be maintained in the school for three (3) years pursuant to Section 10-212a(b) of the Connecticut General Statutes.
- (6) Documentation of any administration of medication by a coach or licensed athletic trainer shall be completed on forms provided by the school and the following procedures shall be followed:
- (a) a medication administration record for each student shall be maintained in the athletic offices;
- (b) administration of a cartridge injector medication shall be reported to the school nurse at the earliest possible time, but no later than the next school day;
- (c) all instances of medication administration, except for the administration of cartridge injector medication, shall be reported to the school nurse at least monthly, or as frequently as required by the individual student plan; and
- (d) the administration of medication record must be submitted to the school nurse at the end of each sport season and filed in the student's cumulative health record.

G. Errors in Medication Administration

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

H. Medication Emergency Procedures

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

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

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

I. Supervision

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

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

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

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

- (i) implementing policies and procedures regarding the receipt, storage, and administration of medications;
- (ii) reviewing, on a periodic basis, all documentation pertaining to the administration of medications for students;
- (iii) performing observations of the competency of medication administration by full-time principals, full-time teachers, full-time licensed physical or occupational therapists employed by the school district, coaches of intramural and/or interscholastic athletics and licensed athletic trainers in accordance with Section B(3)(f), above, and identified ~~paraprofessionals~~paraeducators designated in accordance with Section B(3)(g), above, who have been newly trained to administer medications; and,
- (iv) conducting periodic reviews, as needed, with licensed nursing personnel, full-time principals, full-time teachers, full-time licensed physical or occupational therapists employed by the school district, coaches of intramural and/or interscholastic athletics and licensed athletic trainers in accordance with Section B(3)(f), above, and identified ~~paraprofessionals~~paraeducators designated in accordance with Section B(3)(g), above, regarding the needs of any student receiving medication.

#### J. Training of School Personnel

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

- (2) Training for full-time principals, full-time teachers, full-time licensed physical or occupational therapists employed by the school district, coaches of intramural and/or interscholastic athletics and licensed athletic trainers in accordance with Section B(3)(f), above, and identified ~~paraprofessionals-paraeducators~~ designated in accordance with Section B(3)(g), above, shall include, but is not necessarily limited to, the following:
- (a) the general principles of safe administration of medication;
  - (b) the procedures for administration of medications, including the safe handling and storage of medications, and the required record-keeping; and
  - (c) specific information related to each student's medication plan, including the name and generic name of the medication, indications for medication dosage, routes, time and frequency of administration, therapeutic effects of the medication, potential side effects, overdose or missed doses of the medication, and when to implement emergency interventions.
- (3) The principal(s), teacher(s), licensed athletic trainer(s), licensed physical or occupational therapist(s) employed by the Board, coach(es) and/or school ~~paraprofessional~~paraeducator(s) who administer epinephrine as emergency first aid, pursuant to Sections B and D above, shall annually complete the training program developed by the Departments of Education and Public Health and training in cardiopulmonary resuscitation and first aid, as described in Connecticut General Statutes § 10-212g.
- (4) The principal(s), teacher(s), licensed athletic trainer(s), licensed physical or occupational therapist(s), coach(es) and/or school ~~paraprofessional~~paraeducator(s) who administer opioid antagonists as emergency first aid, pursuant to Section E above, shall annually complete a training program in the distribution and administration of an opioid antagonist (1) developed by the State Department of Education, Department of Consumer Protection, and Department of Public Health, or (2) under a local agreement, entered into by the Board on July 1, 2022 or thereafter, with a prescriber or pharmacist for the administration of opioid antagonists for the purpose of emergency first aid, which training shall also address the Board's opioid antagonist storage, handling, labeling, recalls, and record keeping.
- (5) The Board shall maintain documentation of medication administration training as follows:
- (a) dates of general and student-specific trainings;
  - (b) content of the trainings;
  - (c) individuals who have successfully completed general and student-specific administration of medication training for the current school year; and

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

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

~~(7) — Bus Drivers~~

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

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

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

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

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

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

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

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

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

K. Handling, Storage and Disposal of Medications

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

delivered by the parent, guardian, or other responsible adult to the nurse assigned to the student's school or, in the absence of such nurse, the school principal who has been trained in the appropriate administration of medication. Medications administered by coaches of intramural or interscholastic athletics or licensed athletic trainers must be delivered by the parent or guardian directly to the coach or licensed athletic trainer in accordance with Section B(3)(f) above.

- (2) The nurse shall examine on-site any new medication, medication order and the required authorization to administer form, and, except for epinephrine and naloxone to be used as emergency first aid in accordance with Sections D and E above, shall develop a medication administration plan for the student before any medication is given to the student by any school personnel. No medication shall be stored at a school without a current written order from an authorized prescriber.
- (3) The school nurse shall review all medication refills with the medication order and parent authorization prior to the administration of medication, except for epinephrine and naloxone intended for emergency first aid in accordance with Sections D and E above.
- (4) Emergency Medications
  - (a) Except as otherwise determined by a student's emergency care plan, emergency medications shall be stored in an unlocked, clearly labeled and readily accessible cabinet or container in the health room during school hours under the general supervision of the school nurse or, in the absence of the school nurse, the principal or the principal's designee who has been trained in the administration of medication.
  - (b) Emergency medication shall be locked beyond the regular school day or program hours, except as otherwise determined by a student's emergency care plan.
- (5) All medications, except those approved for keeping by students for self-medication, shall be kept in a designated and locked location used exclusively for the storage of medication. Controlled substances shall be stored separately from other drugs and substances in a separate, secure, substantially constructed, locked metal or wood cabinet.
- (6) Access to stored medications shall be limited to persons authorized to administer medications. Each school or before-and-after school program and school readiness program shall maintain a current list of such authorized persons.
- (7) All medications, prescription and non-prescription, shall be delivered and stored in their original containers and in such a manner that renders them safe and effective.
- (8) At least two sets of keys for the medication containers or cabinets shall be maintained for each school building or before-and-after school program and school readiness program. One set of keys shall be maintained under the direct control of the school nurse or nurses and an additional set shall be under the direct control of the principal and, if necessary,



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

- (9) Medications that must be refrigerated shall be stored in a refrigerator at no less than 36 degrees Fahrenheit and no more than 46 degrees Fahrenheit. The refrigerator must be located in the health office that is maintained for health services with limited access. Non-controlled medications may be stored directly on the refrigerator shelf with no further protection needed. Controlled medication shall be stored in a locked box that is affixed to the refrigerator shelf.
- (10) All unused, discontinued or obsolete medications shall be removed from storage areas and either returned to the parent or guardian or, if the medication cannot be returned to the parent or guardian, the medication shall be destroyed in collaboration with the school nurse:
- (a) non-controlled drugs shall be destroyed in the presence of at least one witness;
  - (b) controlled drugs shall be destroyed in pursuant to Section 21a-262-3 of the Regulations of Connecticut State Agencies; and
  - (c) accidental destruction or loss of controlled drugs must be verified in the presence of a second person, including confirmation of the presence or absence of residue, and jointly documented on the student medication administration record and on a medication error form pursuant to Section 10-212a(b) of the Connecticut General Statutes. If no residue is present, notification must be made to the Department of Consumer Protection pursuant to Section 21a-262-3 of the Regulations of Connecticut State Agencies.
- (11) Medications to be administered by coaches of intramural or interscholastic athletic events or licensed athletic trainers shall be stored:
- (a) in containers for the exclusive use of holding medications;
  - (b) in locations that preserve the integrity of the medication;
  - (c) under the general supervision of the coach or licensed athletic trainer trained in the administration of medication; and
  - (d) in a locked secured cabinet when not under the general supervision of the coach or licensed athletic trainer during intramural or interscholastic athletic events.
- (12) In no event shall a school store more than a three (3) month supply of a medication for a student.

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

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

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

1177 **M. Review and Revision of Policy**  
1178

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

Legal References:

Connecticut General Statutes:

Public Act No. ~~23-52~~24-93, “An Act Concerning Various and Assorted Revisions to the Education Statutes.”

Section 10-206

Section 10-212

Section 10-212a

Section 10-212c

Section 10-212g

Section 10-220j

Section 14-276b

Section 19a-900

Section 21a-240

Section 52-557b

Regulations of Conn. State Agencies:

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

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

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

Date Adopted: March 7, 2023

First Reading: May 6, 2025

[Board of Education/School Letterhead]

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

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address of Child: \_\_\_\_\_

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

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

(if different from child)

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

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_,

Print name of parent/guardian

Print name of student

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

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

\_\_\_\_\_  
Date

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

#5113

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

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

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

**Legal References:**

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

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

Connecticut General Statutes § 10-220

Connecticut General Statutes § 10-184

Connecticut General Statutes § 10-186

Connecticut General Statutes § 10-198a

Connecticut General Statutes § 10-198b

Connecticut General Statutes § 10-198c

Connecticut General Statutes § 10-198d

Connecticut General Statutes § 10-198e

Connecticut General Statutes § 10-198f

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

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

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Definitions of Excused and Unexcused Absences and Best Practices for Absence  
Prevention and Intervention* (April 2013)

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

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

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

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

Connecticut State Department of Education Memorandum, *Adoption of Definitions of  
Remote Absence* (September 7, 2022)

Connecticut State Board of Education Resolution (September 7, 2022)

Date of Adoption: October 6, 2020

Date Revised: April 5, 2022

Date Revised: January 10, 2023

Date Revised: August 20, 2024

First Reading: May 6, 2025

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

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**I. Attendance and Truancy**

A. Definitions for Section I

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



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

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

78

79 B. Mental Health Wellness Days

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

90

91 C. Written Documentation Requirements for Absences

- 92 1. Written documentation must be submitted for each incidence of absence within ten (10)  
93 school days of the student's return to school. Consecutive days of absence are considered  
94 one incidence of absence.
- 95

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

- 127
- 128 4. Under certain circumstances, a building administrator may, in the administrator's own
- 129 discretion, accept the delivery of written documentation through a scanned copy sent by
- 130 e-mail or submission of a report through an online system established for
- 131 parents/guardians to comply with attendance reporting requirements.
- 132
- 133 5. The District reserves the right to randomly audit written documentation received, through
- 134 telephone and other methods of communication, to determine its authenticity.
- 135
- 136 6. Any absence that is not documented in accordance with this regulation within ten (10)
- 137 school days after the incidence of absence will be recorded as unexcused. If
- 138 documentation is provided within ten (10) school days, but is incomplete, the building
- 139 principal may, at his/her the building principal's own discretion, grant up to a five (5)
- 140 school day extension for provision of the completed documentation.
- 141

142 D. Extraordinary Educational Opportunities

143

- 144 1. To qualify as an extraordinary educational opportunity, the opportunity must:
- 145 a. be educational in nature and must have a learning objective related to the student's
- 146 course work or plan of study;
- 147 b. be an opportunity not ordinarily available to the student;
- 148 c. be grade and developmentally appropriate; and
- 149 d. include content that is highly relevant to the student; while some opportunities will be
- 150 relevant to all students, others will contain very specific content that would limit their
- 151 relevance to a smaller group of students.
- 152
- 153 2. Family vacations do not qualify as extraordinary educational opportunities.
- 154
- 155 3. All requests for approval of extraordinary educational opportunities must:

- 156 a. be submitted to the building principal in writing prior to the opportunity, but no later  
157 than ten (10) school days prior to the opportunity except in exceptional circumstances  
158 at the discretion of the building ~~administrator~~principal;
- 159 b. contain the signatures of both the parent/guardian and the student;
- 160 c. include an outline of the learning objective of the opportunity and include detail as to  
161 how the objective is linked to the student's coursework or plan of study; and
- 162 d. include additional documentation, where available, about the opportunity.
- 163

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

- 165 a. either approval or denial of the request;
- 166 b. brief reason for any denial;
- 167 c. any requirements placed upon the student as a condition of approval;
- 168 d. the specific days approved as excused absences for the opportunity;
- 169 e. the understanding that the building administrator may withdraw approval if the  
170 opportunity is canceled or the student fails to meet the agreed-upon requirements of  
171 the approval.
- 172

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

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

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

181

182 E. Truancy Exceptions:

183

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

187  
188 2. A student who is eighteen (18) years of age or older may withdraw from school. Such  
189 student shall personally appear in person at the school District office and sign a  
190 withdrawal form. Such withdrawal form must include an attestation from a guidance  
191 counselor or school administrator from the school that the District provided such student  
192 with information on the educational options available in the school system and  
193 community.

194  
195 3. A student seventeen (17) years of age shall not be considered truant if the parent or  
196 person having control over such child withdraws such child from school and enrolls such  
197 child in an adult education program pursuant to Conn. Gen. Stat. § 10-69. Such parent or  
198 person shall personally appear at the District office and sign an adult education  
199 withdrawal and enrollment form. Such adult education withdrawal and enrollment form  
200 shall include an attestation (1) from a school counselor or school administrator of the  
201 school that the District has provided such parent or person with information on the  
202 educational options available in the school system and in the community, and (2) from  
203 such parent or person that such child will be enrolled in an adult education program upon  
204 such child's withdrawal from school.

205 4. A student who is both (1) under seventeen (17) years of age, and (2) a parent may request  
206 permission from the Board to attend adult education classes. The Board may, by a majority vote  
207 of the members of the Board present and voting at a regular or special meeting of the Board  
208 called for such purpose, assign such student to adult education classes.  
209

210 54. If a parent or guardian of an expelled student chooses not to enroll the student in an  
211 alternative program, the student shall not be considered to be “truant.”  
212

213 F. Readmission to School Following Voluntary Withdrawal

214 1. Except as noted in paragraph 2 below, if a student voluntarily withdraws from school (in  
215 accordance with Section E.3, above) and subsequently seeks readmission, the Board may  
216 deny school accommodations to the student for up to ninety (90) school days from the  
217 date of the student’s withdrawal from school.  
218

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

223  
224 G. Determinations of Whether a Student is “In Attendance”:

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

240  
241 H. Procedures for students in grades K-8\*

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

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

2. Monitoring

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

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

1. Intervention

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



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

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

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

#### J. Attendance Records

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

### II. **Chronic Absenteeism**

#### A. Definitions for Section II

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

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

B. Establishment of Attendance Review Teams

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

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

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

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

C. Composition and Role of Attendance Review Teams

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

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

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

D. State Chronic Absenteeism Prevention and Intervention Plan

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

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

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

~~**IV. Evolving State Department of Education Guidance**~~

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

Legal References:

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

Connecticut General Statutes § 10-73d

Connecticut General Statutes § 10-220

Connecticut General Statutes § 10-184

Connecticut General Statutes § 10-186

Connecticut General Statutes § 10-198a

Connecticut General Statutes § 10-198b

Connecticut General Statutes § 10-198c

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Schools: A Prevention and Intervention Guide for Schools and Districts* (April 2017)

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

Connecticut State Department of Education Memorandum, *Adoption of Definition of  
Remote Absence* (September 7, 2022)

Connecticut State Board of Education Resolution (September 7, 2022)

## Selection of Instructional Materials

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

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

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

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

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

- ~~• present balanced views concerning the international, national and local issues and problems of the past, present and future, where applicable;~~
- ~~• stimulate growth in factual knowledge and literary appreciation;~~
- ~~• help students develop abilities in critical reading and thinking;~~
- ~~• create an awareness of and foster an appreciation of cultural diversity and development in the United States and throughout the world;~~

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

**6100.10** (continued)

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

### **Review, Selection and Approval of Foundational Instructional Materials**

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

### **Definition of Foundational Instructional Materials**

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

### **Review, Selection and Approval of Supplemental Instructional Materials**

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

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

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

Date of Adoption: June 24, 1997

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