

Board of Education Regular Meeting

Tuesday, March 7, 2023 7:30 PM

Town Campus Hammonasset Room/Zoom, 10 Campus Drive , Madison, CT 06443

I. Call to Order / Attendance

I.A. Pledge of Allegiance

II. Appointment of Board Member

II.A. Action Item: Motion to appoint Christine Maisano to the Board of Education for a term to expire Nov. 1, 2025.

III. Executive Session

III.A. Action Item: Motion to enter into Executive Session to discuss the proposed UPSEU/Madison BOE Nurses collective bargaining agreement

IV. School / Community Session

IV.A. Public Participation

V. Board of Education Student Representatives' Report

Speaker(s): Lucy Fritzingler and Eli Ackerman

VI. Superintendent's Report

Speaker(s): Craig A. Cooke, Ph.D.

VI.A. Staff Member Recognition: Paige Przybylski

VI.B. Board Member Appreciation Month

VI.C. Enrollment Projection Update

VI.D. Proposed 2023-24 Budget Reduction

VII. Board Members' Comments

VIII. Audience Response to Information Presented (Ref. Bylaw #9540.10)

IX. Board of Selectmen Liaison

Speaker(s): Scott Murphy

X. Consent Agenda (Ref. Bylaw #9540.2 and #9540.8)

X.A. Line Item Transfers

X.B. Budget Expenditures

XI. Action Item: Motion to approve the Consent Agenda

XII. Board Committees / Liaison Updates (Ref. Bylaw #9450)

XII.A. Curriculum and Student Development

Speaker(s): Members: Steve Pynn, Chair; Catherine Miller, Jen Gordon

XII.B.	Facilities Committee	Speaker (s) : Members: Emily Rosenthal, Chair, Steven Pynn, Galen Cawley
XII.C.	Finance Committee	Speaker (s) : Members: Galen Cawley, Chair, Diane Infantine-Vyce, Emily Rosenthal
XII.D.	Personnel Committee	Speaker (s) : Members: Maureen Lewis, Chair; Catherine Miller, Mary Ann Connelly
XII.E.	Policy Committee	Speaker (s) : Members: Diane Infantine-Vyce, Chair; Maureen Lewis, Jen Gordon
XII.E.1.	Policies for Rescission, Second Reading:	
XII.E.1.a.	#5060.1.1 – Travel and Exchange Programs/Admission of Exchange and Foreign Students	
XII.E.1.b.	#5060.3.1 - Re-Entry to School	
XII.E.1.c.	#5080.4 - Exclusions and Exemptions from School Attendance	
XII.E.1.d.	#5090 – Student Rights and Responsibilities	
XII.E.2.	Policies for a Second Reading:	
XII.E.2.a.	#5120.3.3 - Administration of Student Medication in the Schools	
XII.E.2.b.	#5120.3.4 – Management Plan and Guidelines for Students with Food Allergies, Glycogen Storage Disease, and/or Diabetes	
XII.E.2.c.	#5144.4 - Physical Activity, Undirected Play and Student Discipline	
XII.E.2.d.	#5200 - Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act	
XII.F.	LEARN Liaison	Speaker (s) : Mary Ann Connelly
XII.G.	Town Marijuana Advisory Committee	Speaker (s) : Mary Ann Connelly
XIII.	Action Item: Designation of Standing Committee Membership (Ref. Bylaw #9450)	
XIII.A.	Curriculum & Student Development Committee	
XIII.B.	Facilities Committee	
XIII.C.	Finance Committee	
XIII.D.	Personnel Committee	

XIII.E. Policy Committee

XIII.F. LEARN Liaison
Christine Maisano

XIII.G. Town Marijuana Advisory Committee
Mary Ann Connelly

XIII.H. CIP
Galen Cawley and Emily Rosenthal

XIV. **Action Item: Motion to rescind the following policies: #5060.1.1 – Travel and Exchange Programs/Admission of Exchange and Foreign Students, #5060.3.1 - Re-Entry to School, #5080.4 - Exclusions and Exemptions from School Attendance, #5090 – Student Rights and Responsibilities**

XV. **Action Item: Motion to approve the following policies: #5120.3.3 - Administration of Student Medication in the Schools, #5120.3.4 – Management Plan and Guidelines for Students with Food Allergies, Glycogen Storage Disease, and/or Diabetes, #5144.4 - Physical Activity, Undirected Play and Student Discipline, #5200 - Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act**

XVI. **Action Item: Motion to approve reducing the Board of Education Approved 2023-2024 Budget by \$50,000**

XVII. **Action item: Motion to approve the proposed UPSEU/Madison BOE Nurses collective bargaining agreement**

XVIII. **Action Item: Motion to approve the minutes of the February 7, 2023 Board of Education Meeting (Ref. Bylaw #9540.9)**

XIX. **Future Agenda Items**

XX. **Meetings / Dates of Importance (see attached)**

XXI. **Adjournment**

XXII. **The Town of Madison does not discriminate on the basis of disability, and the meeting facilities are ADA accessible. Individuals who need assistance are invited to make their needs known by contacting the Town ADA/Human Resources Director, Debra Ferrante, at 203-245-6310 or by email at ferranted@madisonct.org at least five (5) business days prior to the meeting.**



10-Year Enrollment Projections (Update)

February 2023



Enrollment Overview

- This is the third study in three years that we have commissioned through SLAM Collaborative/Milone & Macbroom. We receive a NESDEC study each year as part of our membership in NESDEC.
- SLAM Study predicts continued growth in student enrollment but at a lower rate than NESDEC study.
- Predicted enrollment supports the additional classrooms (4) added to our new elementary school.
- Enrollment projections are helpful for planning purposes however actual enrollment must be considered first.
- Enrollment amongst schools is harder to predict as fluctuations can occur, for example, Ryerson grade 2 is larger than Jeffrey Grade 2.



Enrollment Projection Performance

	K	1	2	3	4	5	6	7	8	9	10	11	12	PK
Actual 2022-23	170	173	166	169	166	188	169	168	185	195	201	214	218	44
Projected 2022-23	158	166	161	169	169	178	168	166	183	200	204	222	221	45
Difference	12	7	5	0	-3	10	1	2	2	-5	-3	-8	-3	-1
% Difference	7.6%	4.2%	3.1%	0.0%	-1.8%	5.6%	0.6%	1.2%	1.1%	-2.5%	-1.5%	-3.6%	-1.4%	-2.2%

	K-3	4-5	6-8	9-12	K-12
Actual	509	523	522	828	2382
Projected	485	516	517	847	2365
Difference	24	7	5	-19	17
% Difference	4.9%	1.4%	1.0%	-2.2%	0.7%

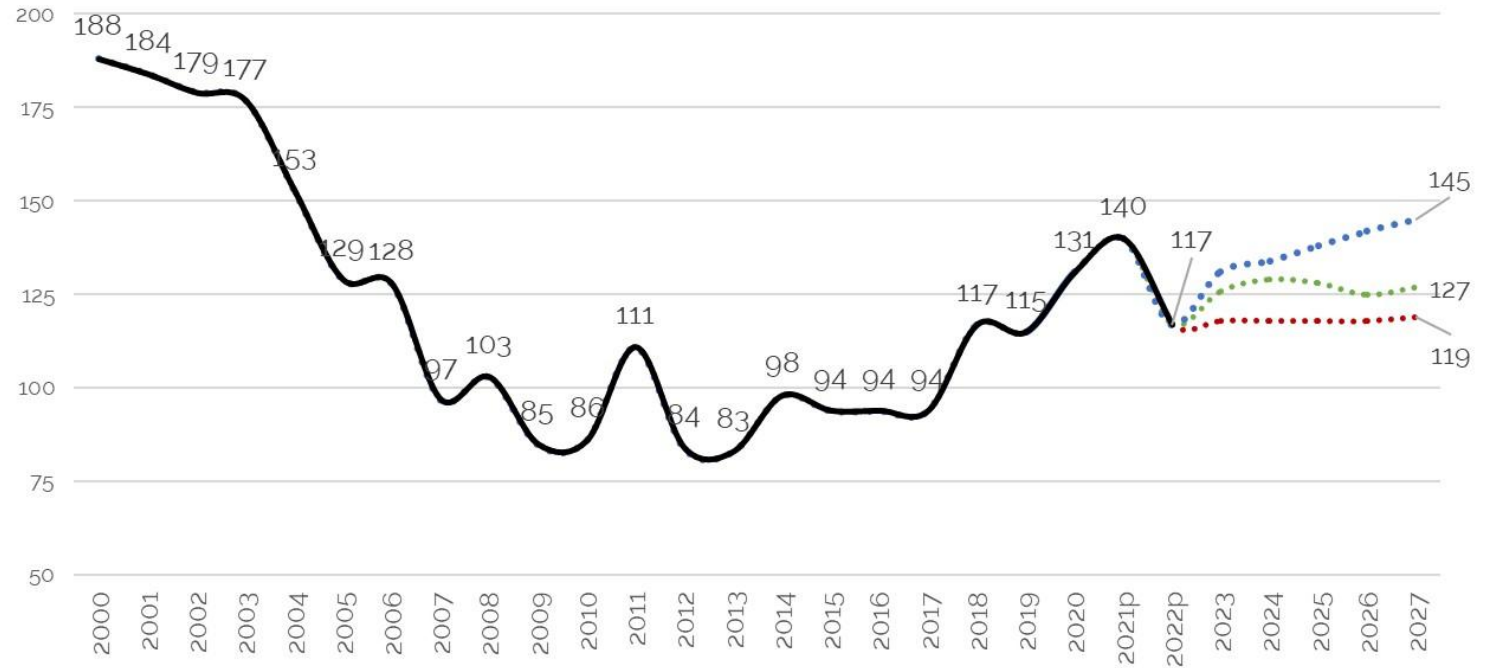
- Actual K-12 enrollment was 17 students (0.7%) greater than projections
- Actual K-3 enrollment was 24 students greater (+5.4%) than projected, with greatest deviation in Kindergarten (+12 students)
- Actual Intermediate and Middle School was slightly greater than projected at +7 & +5 students, respectively
- Actual High school enrollment was 19 students lower than projected



Madison's Births

- After a period of stability from 2015-2017 at 94 births, births increased for four straight years peaking at 140 in 2021
- Births for 2022, returned to 2018-19 levels, however, births remain elevated averaging 124 over the last 5-years
- These larger birth cohorts will begin entering kindergarten in 2023.

Madison Actual and Projected Births: 2000 to 2027



Source: Connecticut Department of Public Health. Data for 2000-2021
2022 is based on Town Clerk Births



Enrollment Projections (Medium) Model

Year	Birth Year	Births	K	1	2	3	4	5	6	7	8	9	10	11	12	PK	PK-12 Total	K-12 Total	K-3 Total	4-5 Total	6-8 Total	9-12 Total	K-5 Total	PK-5 Total
2022-23	2017	94	170	173	166	169	166	188	169	168	185	195	201	214	218	44	2,426	2,382	678	354	522	828	1,032	1,076
2023-24	2018	117	175	179	181	175	175	175	192	168	171	192	196	200	215	45	2,439	2,394	710	350	531	803	1,060	1,105
2024-25	2019	115	174	184	187	191	181	184	179	191	171	177	193	195	201	45	2,453	2,408	736	365	541	766	1,101	1,146
2025-26	2020	131	182	183	193	197	197	190	188	178	194	177	178	192	195	45	2,489	2,444	755	387	560	742	1,142	1,187
2026-27	2021	140	186	192	191	204	204	207	194	187	181	201	178	177	192	45	2,539	2,494	773	411	562	748	1,184	1,229
2027-28	2022	117	173	195	200	201	210	214	211	193	189	187	202	177	177	45	2,574	2,529	769	424	593	743	1,193	1,238
2028-29	2023	126	178	182	204	211	207	220	218	210	195	195	188	201	177	45	2,631	2,586	775	427	623	761	1,202	1,247
2029-30	2024	129	179	187	190	215	218	217	224	217	213	201	196	187	201	45	2,690	2,645	771	435	654	785	1,206	1,251
2030-31	2025	128	179	188	195	200	222	229	221	223	220	220	202	195	187	45	2,726	2,681	762	451	664	804	1,213	1,258
2031-32	2026	125	177	188	196	205	206	233	234	220	226	227	221	201	195	45	2,774	2,729	766	439	680	844	1,205	1,250
2032-33	2027	127	178	186	196	206	211	216	238	233	223	233	228	220	201	45	2,814	2,769	766	427	694	882	1,193	1,238

- Districtwide Projections for Low and High Models are included in Appendix B



Elementary Projections (Medium)

Historic and Projected Enrollment by School (K-3)

School	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	2028-29	2029-30	2030-31	2031-32	2032-33
Jeffrey	362	385	411	419	423	421	425	421	417	420	421
Ryerson	316	325	325	336	350	348	350	350	345	346	345
Total:	678	710	736	755	773	769	775	771	762	766	766

- Jeffrey averages about 55% of total K-3 student share, Ryerson with remaining 45%
- Jeffrey reaches peak enrollment of 425 students in 2028-29, ~17% increase from current enrollment
- Ryerson reaches peak enrollment in 2026-27 with 350 students, ~11% increase from current enrollment

Projections by elementary school and grade are included in Appendix A



Elementary Facility Planning Projections

PreK-5 Individual Elementary Schools Projections

	Low Projections			Medium Projections			High Projections		
	North Elem (K-5)	South Elem (PK-5)	Total (Low Proj)	North Elem (K-5)	South Elem (PK-5)	Total (Medium Proj)	North Elem (K-5)	South Elem (PK-5)	Total (High Proj)
2023-24	518	568	1,086	533	572	1,105	533	577	1,110
2024-25	530	580	1,110	552	594	1,146	558	599	1,157
2025-26	543	592	1,135	573	614	1,187	581	623	1,204
2026-27	556	605	1,161	593	636	1,229	604	647	1,251
2027-28	557	604	1,161	598	640	1,238	613	655	1,268
2028-29	555	603	1,158	602	645	1,247	621	663	1,284
2029-30	556	604	1,160	605	646	1,251	627	668	1,295
2030-31	556	606	1,162	608	650	1,258	634	676	1,310
2031-32	552	602	1,154	604	646	1,250	636	679	1,315
2032-33	545	596	1,141	597	641	1,238	635	679	1,314

* Includes 45 Pre-K students each year at South Elem for Low, Medium and High Projections

- In consideration of the enrollment driver trends, MPS should continue benchmarking space needs against the medium projection model
- Peak PK-5 enrollment for the “South” Elementary School reaches 650 students in 2030-31.



District Projection Summary

- Based on our analysis, the Medium Projection Model reflects the most likely trajectory for future enrollment
- Elementary enrollment is projected to continue to grow, driven by increased births from 2018-2022 (avg. 124), and increased in-migration of families with young school aged children
- Polson Middle School is projected to grow slowly over the next 5-years, reaching ~590 students by 2027-28. Beyond 2027-28, enrollment increases moderately as larger cohorts replace smaller cohorts with enrollment reaching ~695 students by 2032-33
- Daniel Hand High School is projected to continue to decline as smaller grade cohorts continue to matriculate through high school. Enrollment will trough at ~740 around the projection mid- point. For the last 5-years, enrollment increases, averaging 815 students and reaching ~880 students by 2032-33
- **Projected enrollment for Planned PK-5 school construction project has a peak enrollment of 650 students in the next 8-years**



Madison Public Schools

10 Campus Drive
Madison, CT 06443
(203) 245-6300

TO: Madison Board of Education Finance Committee

FROM: Craig A. Cooke, Ph.D., Superintendent of Schools

SUBJECT: Potential 2023-2024 Budget Reduction

The Madison Board of Education approved the 2023-2024 budget on January 17, 2023. The budget has been sent to the Board of Selectmen and Board of Finance. Since the Board's approval of the budget, the administration continued our work to find budget savings. Through our work in conjunction with the Town of Madison, we have identified further savings which would slightly reduce our budget proposal for the coming fiscal year.

In February, the District was able to lock into rates for liability insurance and electricity that are lower than initially estimated. In light of this new information, I ask the Board of Education to consider reducing the Board of Education Approved 2023-2024 Budget by a total of \$50,000. The cost breakdown of the reduction is detailed below:

-\$20,000	CIRMA Liability Insurance
-\$30,000	Electricity
<hr/>	
-\$50,000	Total Reduction

Similar reductions are being made to the proposed Town budget. With the Finance Committee's support, this proposal will be brought to the full Board for discussion and possible action at the March 7, 2023 Board of Education meeting.

Cc: William McMinn, Director of Facilities
Stacy Nobitz, Director of Finance

Madison Public Schools

Revised 2.28.23

2023-2024

	2022-2023 Approved	2023-2024 Recommended	Change from prior year budget	% Change	% of total increase
General Education	\$ 33,898,092	\$ 34,413,687	\$ 515,595	1.52%	0.86%
Special Education / Student Services	\$ 11,283,637	\$ 11,756,254	\$ 472,617	4.19%	0.78%
School Facilities / Daily Services	\$ 5,194,958	\$ 5,495,388	\$ 300,430	5.85%	0.50%
Planned and Cycled Maintenance	\$ 389,500	\$ 439,500	\$ 50,000	12.84%	0.08%
Health Insurance / Self Funding	\$ 7,991,700	\$ 8,743,065	\$ 751,365	9.40%	1.25%
Operational Budget	\$ 58,757,887	\$60,847,894	\$2,090,007	3.56%	3.47%
Debt Service / School Bonds	\$ 1,497,530	\$ 952,800	\$ (544,730)	-36.38%	-0.90%
Total Comprehensive BOE Budget	\$ 60,255,417	\$61,800,694	\$1,545,277	2.56%	2.56%

Discussion with FC 2.28.23 FC

Madison Public Schools
Board of Education Approved, 1.17.23
2023-2024

	2022-2023 Approved	2023-2024 Recommended	Change from prior year budget	% Change	% of total increase
General Education	\$ 33,898,092	\$ 34,433,687	\$ 535,595	1.58%	0.89%
Special Education / Student Services	\$ 11,283,637	\$ 11,756,254	\$ 472,617	4.19%	0.78%
School Facilities / Daily Services	\$ 5,194,958	\$ 5,525,388	\$ 330,430	6.44%	0.55%
Planned and Cycled Maintenance	\$ 389,500	\$ 439,500	\$ 50,000	12.84%	0.08%
Health Insurance / Self Funding	\$ 7,991,700	\$ 8,743,065	\$ 751,365	9.40%	1.25%
Operational Budget	\$ 58,757,887	\$60,897,894	\$2,140,007	3.64%	3.55%
Debt Service / School Bonds	\$ 1,497,530	\$ 952,800	\$ (544,730)	-36.38%	-0.90%
Total Comprehensive BOE Budget	\$ 60,255,417	\$61,850,694	\$1,595,277	2.65%	2.65%

BOE APPROVED 1.17.23

MADISON PUBLIC SCHOOLS LINE ITEM TRANSFERS 3.7.23

LINE	SOURCE	EFF DATE	ORG	OBJECT	ACCOUNT	COMMENT	INCR/DECR	AMOUNT
1	BUA	02/15/2023	SE22610B	55630	1000-9102-1000-226-10-00000-55630	Private to Eval	DECR	35,169
2	BUA	02/15/2023	SE23010D	53222	1000-9102-2100-230-10-00000-53222	Private to Eval	INCR	35,169

2022-2023 MADISON PUBLIC SCHOOLS EXPENDITURE REPORT 3.7.23

OBJECT	ACCOUNT DESCRIPTION	TRNFRS			YTD EXPENDED	ENCUMBRANCES	AVAILABLE	
		ORIGINAL APPROP	/ADJSMT	REVISED BUDGET			BUDGET	% USED
51060	51060 REDUCTION/BUDGET	(38,800)		(38,800)	(38,800)			100.00
51108	51108 AP TESTING	15,000		15,000	616		14,384	4.10
51109	51109 11TH COURSE STIPENDS	16,000		16,000	4,393		11,607	27.50
51110	51110 TEACHERS	23,649,736	(130,106)	23,519,630	12,430,371	10,928,089	161,170	99.30
51111	51111 ADMINISTRATORS	2,166,498	38,242	2,204,740	1,464,967	739,773		100.00
51112	51112 EPED	308,997	(5,367)	303,630	145,483	144,656	13,491	95.60
51113	51113 CO CURRICULAR	514,980	12,261	527,241	196,089	169,805	161,348	69.40
51114	51114 EARLY RETIREMENT	64,533	(9,000)	55,533			55,533	0.00
51116	51116 DIRECTORS / MANAGERS	370,307	8,442	378,749	341,550	36,723	476	99.90
51120	51120 OFFICE STAFF	1,583,925	(6,911)	1,577,014	939,251	577,045	60,718	96.10
51121	51121 INSTRUCTIONAL PARAPROFES	1,957,271	(9,123)	1,948,148	979,379	692,043	276,726	85.80
51122	51122 CUSTODIANS	1,679,728		1,679,728	927,631	709,456	42,642	97.50
51123	51123 MEDIA / TECH PARAPROFESS	290,910		290,910	168,028	117,880	5,002	98.30
51124	51124 SECURITY / SUSPENSION	433,174	112,800	545,974	409,336	136,508	130	100.00
51126	51126 SCHOOL HEALTH SERVICES	358,863	(6,580)	352,283	195,337	148,024	8,921	97.50
51128	51128 ATHLETIC TRAINER	42,690	5,862	48,552	27,600	20,952		100.00
51129	51129 ATTENDANCE INCENTIVE	14,500		14,500			14,500	0.00
51130	51130 THERAPISTS / OCCUP & PHY	428,528		428,528	222,835	205,693		100.00
51210	51210 SUBSTITUTE TEACHERS	550,000	22,793	572,793	346,797	122,715	103,282	82.00
51212	51212 SUBS / SCHOOL HEALTH SER	16,320	21,576	37,896	24,140		13,756	63.70
51221	51221 CLASSIFIED SUBS	14,000	4,911	18,911	12,568		6,343	66.50
51320	51320 OVERTIME	63,575	7,415	70,990	51,999		18,991	73.20
51321	51321 CUSTODIAL/CASUAL LABOR	93,806		93,806	60,264		33,543	64.20
52130	52130 LIFE INSURANCE	51,200		51,200	34,758	10,810	5,632	89.00
52200	52200 SOCIAL SECURITY	630,623		630,623	591,912		38,711	93.90
52201	52201 MEDICARE	502,324		502,324	(11,020)		513,344	-2.20
52202	52202 FSA ADMINISTRATION	1,750		1,750	744	119	887	49.30
52300	52300 PENSION-DEF BENEFIT	1,131,899		1,131,899	963,038	39,143	129,718	88.50
52301	52301 PENSION-DEF CONTRIBUTION	35,000		35,000	26,960		8,040	77.00
52500	52500 UNEMPLOYMENT	40,000		40,000	11,266		28,734	28.20
52600	52600 WORKER'S COMP	265,102	(4,922)	260,180	255,848		4,332	98.30
52700	52700 DISABILITY INSURANCE	74,000		74,000	54,993	17,862	1,145	98.50
53000	53000 UNBUDGETED EXPENSE	75,000		75,000			75,000	0.00
53101	53101 LABOR & LEGAL SVCES	110,000		110,000	47,288	7,131	55,581	49.50
53222	53222 EVALUATION SERVICES	139,500	13,544	153,044	64,211	39,823	49,009	68.00
53224	53224 STAFF DEVELOPMENT	234,023	(9,034)	224,990	129,263	36,831	58,896	73.80

2022-2023 MADISON PUBLIC SCHOOLS EXPENDITURE REPORT 3.7.23

OBJECT	ACCOUNT DESCRIPTION	ORIGINAL APPROP	TRNFRS		YTD EXPENDED	ENCUMBRANCES	AVAILABLE	
			/ADJSMT	REVISED BUDGET			BUDGET	% USED
53225	53225 NEASC ACCREDITATION SERV	4,676	310	4,986	4,928		58	98.80
53230	53230 STUDENT SUPPORT SERVICES	54,000	(2,000)	52,000	7,606	1,350	43,044	17.20
53231	53231 ADULT EDUCATION	45,000		45,000	42,000		3,000	93.30
53300	53300 PROF / TECH SVCES	1,280,366	13,320	1,293,687	840,595	396,311	56,780	95.60
53305	53305 PROF TECH MEDICAL	15,630	4,500	20,130	19,853		277	98.60
54210	54210 DISPOSAL / RECYCLING	73,200	22,000	95,200	66,701	28,499		100.00
54220	54220 SNOW REMOVAL	64,946		64,946	6,537	2,963	55,446	14.60
54300	54300 REPAIRS & MAINT	575,047	(424)	574,623	472,696	42,314	59,613	89.60
54307	54307 TECH / INFRASTRUCTURE	42,000		42,000	167	24,333	17,500	58.30
54309	54309 EMERGENCY MAINTENANCE	50,000	(44,000)	6,000	5,403		597	90.10
54310	54310 KITCHEN MAINTENANCE	13,401		13,401	10,152		3,249	75.80
54313	54313 TREATMENT PLANT REPAIRS	29,000		29,000	7,901	1,210	19,889	31.40
54320	54320 REPAIR / CONTRACTS	36,500		36,500	29,430	7,028	42	99.90
54330	54330 ALARM SERVICES	12,372		12,372	3,978	795	7,599	38.60
54340	54340 TELEPHONE MAINTENANCE	14,024		14,024	3,109		10,915	22.20
54420	54420 RENTAL AGREEMENTS	30,851	100	30,952	12,890	8,361	9,701	68.70
54600	54600 TREE SERVICES	8,828		8,828	5,000		3,828	56.60
54900	54900 PURCHASE SVCES	163		163			163	0.00
55110	55110 STUDENT ACTIV TRANS	31,178	788	31,966	5,429	2,680	23,857	25.40
55111	55111 REGULAR TRANSPORTATION	2,022,500		2,022,500	1,088,049		934,451	53.80
55113	55113 FUEL / TRANSPORTATION	283,000		283,000	133,008	34,461	115,531	59.20
55114	55114 SCHOOL CHOICE TRANSPORT	70,000		70,000	35,424		34,576	50.60
55120	55120 SPED TRANSPORTATION	1,261,079		1,261,079	925,576	108,158	227,344	82.00
55201	55201 GENERAL INSURANCE	324,050	2,922	326,972	320,972		6,000	98.20
55203	55203 STUDENT INSURANCE	14,375		14,375	14,375			100.00
55301	55301 TELECOMMUNICATIONS	152,178	(2,000)	150,178	91,277	47,796	11,105	92.60
55302	55302 POSTAGE	20,915	1,870	22,786	17,082	2,977	2,726	88.00
55303	55303 REPORTS/PUBLIC RELATIONS	4,650		4,650	1,228		3,422	26.40
55500	55500 PRINTING & BINDING	45,333	(748)	44,585	30,225	11,294	3,066	93.10
55501	55501 PRINTING / INSTRU SUPPLI	34,662	2,439	37,101	16,371	3,148	17,582	52.60
55608	55608 TUITION / TYPICALS	(70,000)		(70,000)	(42,723)		(27,278)	61.00
55610	55610 EXT PLACEMENTS / PUBLIC	525,714		525,714	574,557	219,813	(268,656)	151.10
55630	55630 EXT PLACEMENTS / PRIVATE	1,844,581	(60,712)	1,783,869	1,255,472	818,478	(290,081)	116.30
55640	55640 SCHOOL CHOICE TUITION	76,000		76,000			76,000	0.00
55641	55641 EXTENDED YEAR SERVICES /	106,000	30,029	136,029	130,529		5,500	96.00
55643	55643 EXT PLACEMENT/ GENERAL E	10,000		10,000	359		9,641	3.60

2022-2023 MADISON PUBLIC SCHOOLS EXPENDITURE REPORT 3.7.23

OBJECT	ACCOUNT DESCRIPTION	ORIGINAL APPROP	TRNFRS		YTD EXPENDED	ENCUMBRANCES	AVAILABLE	
			/ADJSMT	REVISED BUDGET			BUDGET	% USED
55801	55801 TRAVEL (STAFF)	27,569	(962)	26,607	10,801	3,260	12,546	52.80
55802	55802 TRAVEL (BOE)	320		320			320	0.00
55900	55900 MISC PURCH SERVICES	8,850	2,000	10,850	4,990	5,840	20	99.80
56101	56101 OFFICE SUPPLIES	40,453	4,574	45,028	28,477	1,493	15,058	66.60
56110	56110 INSTRUCTIONAL SUPPLIES	409,005	64,263	473,268	341,025	59,390	72,853	84.60
56120	56120 INSTRUCTIONAL SOFTWARE	37,885	4,845	42,730	33,706	5,876	3,149	92.60
56130	56130 CUSTODIAL SUPPLIES	82,132	32,000	114,132	86,340	2,800	24,992	78.10
56131	56131 MAINTENANCE SUPPLIES	78,000		78,000	48,469	15,635	13,896	82.20
56140	56140 FIELDS MAINTENANCE	112,900		112,900	87,060	1,355	24,485	78.30
56206	56206 GAS SERVICES	274,012	(10,000)	264,012	133,077	31,697	99,238	62.40
56207	56207 HEATING FUEL	10,944		10,944			10,944	0.00
56210	56210 WATER	43,503		43,503	18,081		25,422	41.60
56220	56220 ELECTRICITY	785,257		785,257	445,530	11,460	328,267	58.20
56260	56260 EQUIPMENT MAINTENANCE	21,672		21,672	14,516		7,156	67.00
56410	56410 TEXTBOOKS & REPLACEMENT	33,668	500	34,168	22,504	2,251	9,412	72.50
56411	56411 TEXTBOOKS / NEW	36,500		36,500	9,034		27,466	24.70
56420	56420 AWARDS	5,000		5,000	766		4,234	15.30
56421	56421 MEDIA SUPPLIES	34,074	563	34,637	18,428	6,441	9,768	71.80
56422	56422 PERIODICALS	25,600		25,600	23,900	298	1,402	94.50
56423	56423 PRINT COLLECTION	48,000	(5,389)	42,611	13,118	5,445	24,048	43.60
56550	56550 STAFF UNIFORMS	5,258		5,258	5,258			100.00
56551	56551 UNIFORMS / STUDENT GROUP	25,000	(18,805)	6,195	6,195			100.00
56900	56900 SUPPLIES	69,487	(20,571)	48,916	20,846	1,837	26,233	46.40
57301	57301 EQUIPMENT	204,539	18,117	222,655	104,052	27,805	90,798	59.20
57302	57302 OS SOFTWARE	297,100		297,100	221,205	23,500	52,395	82.40
57303	57303 EQUIP - LEASE/PURCHASE	39,120		39,120			39,120	0.00
57304	57304 COMPUTER HARDWARE	549,550	6,685	556,235	439,875	65,621	50,739	90.90
57400	57400 PUBLIC SAFETY	6,623		6,623		1,193	5,430	18.00
58100	58100 DUES, FEES & MEMBSHPS	62,483	(218)	62,265	52,409	2,814	7,042	88.70
58101	58101 ATHLETIC EVENT FEES	11,000		11,000	7,362	1,060	2,578	76.60
59999	59999 RESERVE APPROPRIATION		25,536	25,536	25,536			100.00
Grand Total		50,376,687	138,336	50,515,024	29,437,810	16,940,122	4,137,092	91.80

#5060.1.1**Travel and Exchange Programs/
Admission of Exchange and Foreign Students**

Foreign Exchange Students Attending Madison Public Schools

The Madison Board of Education recognizes the value of foreign exchange programs for students. These unique opportunities to experience the culture of another country can be effective and memorable learning experiences for students.

To ensure that students entering the Madison Public Schools from another country as foreign exchange students have a positive experience, the following guidelines have been developed.

1. The Superintendent will determine, on an individual basis, if a foreign exchange student may or may not attend public school in Madison. Factors that may be considered include, but are not limited to, space, appropriateness of placement, etc.
2. Advance notice must be provided to the Madison Public Schools prior to the finalization of arrangements to accept an exchange student. Exchange organizations sponsoring students must be approved by the administration and may include but are not limited to the Council on Standards for International Educational Travel, Center for Cultural Interchange, American Institute for Foreign Study (AIFS) Foundation, and American Field Service.
3. Exchange students must meet all district and State entrance requirements, including, but not limited to, age, place of residence, and immunizations.
4. Agencies, groups and/or families sponsoring foreign exchange students in Madison shall submit to the Office of the Superintendent all required District

#5060.1.1 (cont.)

- registration materials, including health and educational records. These records will be a factor in the decision regarding attendance.
5. All living arrangements for foreign exchange students are the responsibility of the sponsoring agency and families. This includes changes in living arrangements after the student has arrived and throughout his/her stay. Neither the Madison Board of Education nor any of its employees will assume responsibility in this area. If the student ceases to live within the boundaries of Madison, it is within the discretion of the Madison Public Schools to disenroll the student.
 6. Foreign exchange students are subject to the same academic and behavioral standards as all other students while enrolled in Madison schools.
 7. The district will provide the most appropriate program available for each foreign exchange student, but should not be expected to offer English As A Second Language services or to make special accommodations that would cause the school to exceed class sizes or teacher loads.
 8. It is understood that foreign exchange students shall not be eligible for a Daniel Hand High School diploma, but may be given a certificate of attendance for the period of time in Madison and may participate in graduation ceremonies if appropriate.
 9. A certificate of attendance will include the student's name and dates of attendance, and will be signed by the Superintendent of Schools and the building principal. A record of the academic course of study will be completed and issued with the certificate. The record will include courses taken, grades, units of credit, length of class periods, number of periods per week, and the student's performance as evaluated by each teacher. This dated record will also include an explanation of the grading system and carry the official seal of the Madison Public Schools.

#5060.1.1 (cont.)**Madison Students Participating in Foreign Exchange Programs**

Just as the Board of Education recognizes the value of hosting exchange students in Madison, it also recognizes that students from Madison may benefit from opportunities to experience education in another country.

Any Madison student considering attending a program as an exchange student should consult as soon as possible with school administration and guidance. Arrangements and evaluation of programs can take many months. At least six months prior to leaving, any student seeking to attend school in a foreign country as an exchange student, shall request permission from the school Principal to have course work to be completed in the foreign country approved for transfer of credit. The student must work closely with his/her guidance counselor to determine which courses from the exchange school are eligible for credit in the Madison Public Schools, and how the student will fulfill requirements for graduation from the Madison Public Schools. The Principal of the school in Madison will make the final decision concerning credit transfers and the weight (if any) of such courses in determining the student's grade point average and class rank. Nothing in this policy, however, is intended to diminish or waive any requirements for high school graduation for students who have studied abroad.

Students who do not bring an official transcript with them at the time they register for their courses upon their return to Madison will resume their education at the same grade level and with the same remaining graduation requirements to be fulfilled as existed before their departure.

Date of Adoption: February 27, 1996

Date of Revision: October 7, 2008

**#5060.3.1
Re-Entry To School**

If, in the course of the school year, a student chooses to withdraw from school, the following re-entry procedure is in effect:

- A student may be re-admitted to the school; however, the days missed will be assessed under the absence policy.
- Students may apply to the school administration for credit for college courses or adult education courses taken during his/her absence from the regular high school program.
- When a student chooses to be re-admitted he/she does so as a decision-making young adult. The administration will not tolerate any abrogation of the rules and regulations of the school.

Date of Adoption: February 27, 1996

#5080.4**Exclusions and Exemptions From School Attendance**

Every student who resides in the district who is at least seven years of age, or who is less than seven years of age and has previously been enrolled in first grade, but not more than sixteen years of age, and who is not legally exempt from this requirement will attend the public schools in the district or in some other district to which the student may legally be transferred, for at least 180 days of the regular school term.

The following students are subject to exemptions from usual attendance requirements within the district:

- one who attends a private or parochial school;
- one who is handicapped as defined by law and who cannot be appropriately served by the district in accordance with the requirements of the law;
- one who has a temporary and remedial physical or mental handicap which renders attendance unfeasible, and who has a certificate from a qualified physician which specifies the condition, indicates the prescribed treatment, and covers the anticipated time of absence;
- one who has been suspended in accordance with the requirements of law;
- one who has been expelled in accordance with the requirements of law and who has been assigned to an alternative educational program, as appropriate; and
- one who attends a non-public home-based educational program.

The parent establishing such a program will certify, in writing, upon forms furnished by the district for that purpose, a statement containing the name, age, place of residence, and number of hours of attendance of each student enrolled in said program. These forms will be submitted to the Department of Special Educational and Regional Programs.

Periodic assessments of student progress are required and the results must be submitted to the district or to a private or parochial school in the state.

Date of Adoption: 6/6/95

Student Rights and Responsibilities

Students have the right to a quality education and the responsibility to put forth their best efforts during the educational process. Students have the right to expect school personnel to be qualified in providing that education. Students have the responsibility to respect the rights of other students and all persons involved in the education process.

The rights and responsibilities of students, including standards of conduct, will be made available to students and their parents through handbooks distributed annually.

(cf. Policy #5020 Equal Educational Opportunity)

(cf. Policy #5020.1 Nondiscrimination)

(cf Policy #5090.1 Student Due Process Rights)

Date of Adoption: 6/6/95

#5120.3.3

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

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;

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- 50 (b) administer medication within the time designated by the prescribing physician;
- 51 (c) administer the specific medication prescribed for a student;
- 52 (d) administer the correct dosage of medication;
- 53 (e) administer medication by the proper route;
- 54 (f) administer the medication according to generally accepted standards of practice; or
- 55
- 56 (2) the administration of medication to a student which is not ordered, or which is not
- 57 authorized in writing by the parent or guardian of such student, except for the
- 58 administration of epinephrine or naloxone for the purpose of emergency first aid as set
- 59 forth in Sections D and E below.

60

61 Guardian means one who has the authority and obligations of guardianship of the person of a

62 minor, and includes: (1) the obligation of care and control; and (2) the authority to make

63 major decisions affecting the minor's welfare, including, but not limited to, consent

64 determinations regarding marriage, enlistment in the armed forces and major medical,

65 psychiatric or surgical treatment.

66

67 Intramural athletic events means tryouts, competition, practice, drills, and transportation to

68 and from events that are within the bounds of a school district for the purpose of providing an

69 opportunity for students to participate in physical activities and athletic contests that extend

70 beyond the scope of the physical education program.

71

72 Interscholastic athletic events means events between or among schools for the purpose of

73 providing an opportunity for students to participate in competitive contests that are highly

74 organized and extend beyond the scope of intramural programs and includes tryouts,

75 competition, practice, drills and transportation to and from such events.

76

77 Investigational drug means any medication with an approved investigational new drug (IND)

78 application on file with the Food and Drug Administration (FDA), which is being

79 scientifically tested and clinically evaluated to determine its efficacy, safety and side effects

80 and which has not yet received FDA approval.

81

82 Licensed athletic trainer means a licensed athletic trainer employed by the school district

83 pursuant to Chapter 375a of the Connecticut General Statutes.

84

85 Medication means any medicinal preparation, both prescription and non-prescription,

86 including controlled drugs, as defined in Conn. Gen. Stat. Section 21a-240. This definition

87 includes Aspirin, Ibuprofen or Aspirin substitutes containing Acetaminophen.

88

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

90

91 Medication plan means a documented plan established by the school nurse in conjunction

92 with the parent and student regarding the administration of medication in school. Such plan

93 may be a stand-alone plan, part of an individualized health care plan, an emergency care plan

94 or a medication administration form.

95
96
97 Medication order means the authorization by an authorized prescriber for the administration
98 of medication to a student which shall include the name of the student, the name and generic
99 name of the medication, the dosage of the medication, the route of administration, the time of
100 administration, the frequency of administration, the indications for medication, any potential
101 side effects including overdose or missed dose of the medication, the start and termination
102 dates not to exceed a 12-month period, and the written signature of the prescriber.

103
104 Nurse means an advanced practice registered nurse, a registered nurse or a practical nurse
105 licensed in Connecticut in accordance with Chapter 378, Conn. Gen. Stat.

106
107 Occupational Therapist means an occupational therapist employed full time by the local or
108 regional board of education and licensed in Connecticut pursuant to Chapter 376a of the
109 Connecticut General Statutes.

110
111 Optometrist means an optometrist licensed to provide optometry pursuant to Chapter 380 of
112 the Connecticut General Statutes.

113
114 Paraprofessional means a health care aide or assistant or an instructional aide or assistant
115 employed by the local or regional board of education who meets the requirements of such
116 board of employment as a health care aide or assistant or instructional aide or assistant.

117
118 Physical therapist means a physical therapist employed full time by the local or regional
119 board of education and licensed in Connecticut pursuant to Chapter 376 of the Connecticut
120 General Statutes.

121
122 Physician means a doctor of medicine or osteopathy licensed to practice medicine in
123 Connecticut pursuant to Chapter 370 of the Connecticut General Statutes, or licensed to
124 practice medicine in another state.

125
126 Podiatrist means an individual licensed to practice podiatry in Connecticut pursuant to
127 Chapter 375 of the Connecticut General Statutes.

128
129 Principal means the administrator in the school.

130
131 Research or study medications means FDA-approved medications being administered
132 according to an approved study protocol. A copy of the study protocol shall be provided to
133 the school nurse along with the name of the medication to be administered and the acceptable
134 range of dose of such medication to be administered.

135
136 School means any educational facility or program which is under the jurisdiction of the Board
137 excluding extracurricular activities.

138
139 School nurse means a nurse appointed in accordance with Conn. Gen. Stat. Section 10-212.

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#5120.3.3(d)

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

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

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

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

B. General Policies on Administration of Medications

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

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

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

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

- (a) a full-time principal, a full-time teacher, or a full-time licensed physical or occupational therapist employed by the school district. A full-time principal, teacher, licensed physical or occupational therapist employed by the school district may administer oral, topical, intranasal or inhalant medications. Such individuals may administer injectable medications only to a student with a medically diagnosed allergic condition that may require prompt treatment to protect the student against serious harm or death.

#5120.3.3(e)

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- (b) students with chronic medical conditions who are able to possess, self-administer, or possess and self-administer medication, provided all of the following conditions are met:
 - (i) an authorized prescriber provides a written medication order, including the recommendation for possession, self-administration, or possession and self-administration;
 - (ii) there is a written authorization for possession, self-administration, or possession and self-administration from the student's parent or guardian or eligible student;
 - (iii) the school nurse has developed a plan for possession, self-administration, or possession and self-administration, and general supervision, and has documented the plan in the student's cumulative health record;
 - (iv) the school nurse has assessed the student's competency for self-administration and deemed it safe and appropriate, including that the student: is capable of identifying and selecting the appropriate medication by size, color, amount or other label identification; knows the frequency and time of day for which the medication is ordered; can identify the presenting symptoms that require medication; administers the medication appropriately; maintains safe control of the medication at all times; seeks adult supervision whenever warranted; and cooperates with the established medication plan;
 - (v) the principal, appropriate teachers, coaches and other appropriate school personnel are informed the student is possessing, self-administering, or possessing and self-administering prescribed medication;
 - (vi) such medication is transported to school and maintained under the student's control in accordance with this policy; and
 - (vii) controlled drugs, as defined in this policy, may not be possessed or self-administered by students, except in extraordinary situations, such as international field trips, with approval of the school nurse supervisor and the school medical advisor in advance and development of an appropriate plan.
- (c) a student diagnosed with asthma who is able to self-administer medication shall be permitted to retain possession of an asthmatic inhaler at all times while attending school, in order to provide for prompt treatment to protect such child against serious harm or death, provided all of the following conditions are met:
 - (i) an authorized prescriber provides a written order requiring the possession of an inhaler by the student at all times in order to provide for prompt treatment in order to protect the child against serious harm or death and authorizing

#5120.3.3(f)

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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

#5120.3.3(g)

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287 cartridge injector for medically-diagnosed allergies. Students may self-
288 administer medication with only the written authorization of an authorized
289 prescriber and written authorization from the student’s parent or guardian or
290 eligible student; and
291
292 (iv) the conditions for self-administration meet any regulations as may be
293 imposed by the State Board of Education in consultation with the
294 Commissioner of Public Health.
295
296 (e) a student with a medically diagnosed life-threatening allergic condition may
297 possess, self-administer, or possess and self-administer medication, including but
298 not limited to medication administered with a cartridge injector, to protect the
299 student against serious harm or death, provided the following conditions are met:
300
301 (i) the parent or guardian of the student has provided written authorization for
302 the student to possess, self-administer, or possess and self-administer such
303 medication; and
304
305 (ii) a qualified medical professional has provided a written order for the
306 possession, self-administration, or possession and self-administration.
307
308 (f) a coach of intramural or interscholastic athletic events or licensed athletic trainer
309 who has been trained in the administration of medication, during intramural or
310 interscholastic athletic events, may administer inhalant medications prescribed to
311 treat respiratory conditions and/or medication administered with a cartridge
312 injector for students with medically diagnosed allergic conditions which may
313 require prompt treatment to protect the student against serious harm or death,
314 provided all of the following conditions are met:
315
316 (i) the school nurse has determined that a self-administration plan is not viable;
317
318 (ii) the school nurse has provided to the coach a copy of the authorized
319 prescriber’s order and parental permission form;
320
321 (iii) the parent/guardian has provided the coach or licensed athletic trainer with
322 the medication in accordance with Section K of this policy, and such
323 medication is separate from the medication stored in the school health office
324 for use during the school day; and
325
326 (iv) the coach or licensed athletic trainer agrees to the administration of
327 emergency medication and implements the emergency care plan, identified
328 in Section H of this policy, when appropriate.
329
330 (g) an identified school paraprofessional who has been trained in the administration
331 of medication, provided medication is administered only to a specific student in
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#5120.3.3(h)

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335 order to protect that student from harm or death due to a medically diagnosed
336 allergic condition, except as provided in Section D below, and the following
337 additional conditions are met:

- 338
339 (i) there is written authorization from the student's parents/guardian to
340 administer the medication in school;
341
342 (ii) medication is administered pursuant to the written order of (A) a physician
343 licensed under chapter 370 of the Connecticut General Statutes, (B) an
344 optometrist licensed to practice optometry under chapter 380 of the
345 Connecticut General Statutes, (C) an advanced practice registered nurse
346 licensed to prescribe in accordance with section 20-94a of the Connecticut
347 General Statutes, or (D) a physician assistant licensed to prescribe in
348 accordance with section 20-12d of the Connecticut General Statutes;
349
350 (iii) medication is administered only with approval by the school nurse and
351 school medical advisor, if any, in conjunction with the school nurse
352 supervisor and under the supervision of the school nurse;
353
354 (iv) the medication to be administered is limited to medications necessary for
355 prompt treatment of an allergic reaction, including, but not limited to, a
356 cartridge injector; and
357
358 (v) the paraprofessional shall have received proper training and supervision
359 from the school nurse in accordance with this policy and state regulations.

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361 (h) a principal, teacher, licensed athletic trainer, licensed physical or occupational
362 therapist employed by the Board, coach or school paraprofessional, provided
363 medication is antiepileptic medication, including by rectal syringe, administered
364 only to a specific student with a medically diagnosed epileptic condition that
365 requires prompt treatment in accordance with the student's individual seizure
366 action plan, and the following additional conditions are met:

- 367
368 (i) there is written authorization from the student's parents/guardians to
369 administer the medication;
370
371 (ii) a written order for such administration has been received from the student's
372 physician licensed under Chapter 370 of the Connecticut General Statutes;
373
374 (iii) the principal, teacher, licensed athletic trainer, licensed physical or
375 occupational therapist employed by the Board, coach or school
376 paraprofessional is selected by the school nurse and school medical advisor,
377 if any, and voluntarily agrees to administer the medication;
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#5120.3.3(i)

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

C. Diabetic Students

- (1) The 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.
- ~~(3)~~(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;
 - (d) The school nurse shall provide general supervision to the selected school employee;

- 469 (e) The selected school employee annually completes any training required by the
470 school nurse and school medical advisor in the administration of medication with
471 injectable equipment used to administer glucagon;
472
- 473 (f) The school nurse and school medical advisor have attested in writing that the
474 selected school employee completed the required training; and
475
- 476 (g) The selected school employee voluntarily agrees to serve as one who may
477 administer medication with injectable equipment used to administer glucagon to a
478 student with diabetes that may require prompt treatment in order to protect the
479 student against serious harm or death.
480

481 D. Epinephrine for Purposes of Emergency First Aid Without Prior Authorization
482

- 483 (1) For purposes of this Section D, “regular school hours” means the posted hours during
484 which students are required to be in attendance at the individual school on any given
485 day.
486
- 487 (2) The school nurse shall maintain epinephrine in cartridge injectors for the purpose of
488 emergency first aid to students who experience allergic reactions and do not have prior
489 written authorization of a parent or guardian or a prior written order of a qualified
490 medical professional for the administration of epinephrine.
491
- 492 (a) The school nurse, in consultation with the school nurse supervisor, shall
493 determine the supply of epinephrine in cartridge injectors that shall be available in
494 the individual school.
495
- 496 (b) In determining the appropriate supply of epinephrine in cartridge injectors, the
497 nurse may consider, among other things, the number of students regularly in the
498 school building during the regular school day and the size of the physical building.
499
- 500 (3) The school nurse or school principal shall select principal(s), teacher(s), licensed
501 athletic trainer(s), licensed physical or occupational therapist(s) employed by the Board,
502 coach(es) and/or school paraprofessional(s) to maintain and administer the epinephrine
503 in cartridge injectors for the purpose of emergency first aid as described in Paragraph
504 (2) above, in the absence of the school nurse.
505
- 506 (a) More than one individual must be selected by the school nurse or school principal
507 for such maintenance and administration in the absence of the school nurse.
508
- 509 (b) The selected personnel, before conducting such administration, must annually
510 complete the training made available by the Department of Education for the
511 administration of epinephrine in cartridge injectors for the purpose of emergency
512 first aid.
513

- 514 (c) The selected personnel must voluntarily agree to complete the training and
515 administer epinephrine in cartridge injectors for the purpose of emergency first
516 aid.
517
- 518 (4) Either the school nurse or, in the absence of the school nurse, at least one of the selected
519 and trained personnel as described in Paragraph (3) above shall be on the grounds of
520 each school during regular school hours.
521
- 522 (a) The school principal, in consultation with the school nurse supervisor, shall
523 determine the level of nursing services and number of selected and trained
524 personnel necessary to ensure that a nurse or selected and trained personnel is
525 present on the grounds of each school during regular school hours.
526
- 527 (b) If the school nurse, or a substitute school nurse, is absent or must leave school
528 grounds during regular school hours, the school nurse, school administrator or
529 designee shall send an email to all staff indicating that the selected and trained
530 personnel identified in Paragraph (3) above shall be responsible for the emergency
531 administration of epinephrine.
532
- 533 (5) The administration of epinephrine pursuant to this section must be done in accordance
534 with this policy, including but not limited to the requirements for documentation and
535 record keeping, errors in medication, emergency medical procedures, and the handling,
536 storage and disposal of medication, and the Regulations adopted by the Department of
537 Education.
538
- 539 (6) The parent or guardian of any student may submit, in writing, to the school nurse or
540 school medical advisor, if any, that epinephrine shall not be administered to such
541 student pursuant to this section.
542
- 543 (a) The school nurse shall notify selected and trained personnel of the students whose
544 parents or guardians have refused emergency administration of epinephrine.
545
- 546 (b) The Board shall annually notify parents or guardians of the need to provide such
547 written notice.
548
- 549 (7) Following the emergency administration of epinephrine by selected and trained
550 personnel as identified in this section:
551
- 552 (a) Such emergency administration shall be reported immediately to:
553
- 554 (i) The school nurse or school medical advisor, if any, by the personnel who
555 administered the epinephrine; and
556
- 557 (ii) The student's parent or guardian, by the school nurse or personnel who
558 administered the epinephrine.
559
- 560 (b) A medication administration record shall be:

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

~~E. Naloxone for Purposes of Emergency First Aid~~

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

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

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

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

~~(2) The school nurse, in consultation with the Superintendent and the building principal, shall provide notice to parents and guardians of the Board's policies and procedures regarding the emergency administration of naloxone in the event of a known or suspected opioid overdose.~~

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

~~(4) The administration of naloxone pursuant to this section must be effected in accordance with this policy and procedures regarding the acquisition, maintenance, and administration established by the Superintendent in consultation with the Board's medical advisor.~~

~~(5) Following the emergency administration of naloxone by a school nurse:~~

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

608
609 ~~(i) The Board medical advisor; and~~

610
611 ~~(ii) The Superintendent; and~~

612
613 ~~(iii) The student's parent or guardian.~~

614
615 ~~(b) A medication administration record shall be:~~

616
617 ~~(i) Maintained by the school nurse who administered the naloxone as soon as~~
618 ~~possible, but no later than the next school day; and~~

619
620 ~~(ii) filed in or summarized on the student's cumulative health record, in accordance~~
621 ~~with Section F of this policy.~~

622
623
624 E. Opioid Antagonists for Purposes of Emergency First Aid Without Prior Authorization

625
626 (1) For purposes of this Section E, "regular school hours" means the posted hours
627 during which students are required to be in attendance at the individual school on
628 any given day. "Regular school hours" does not include after-school events such
629 as athletics or extracurricular activities that take place outside the posted hours.

630
631 (2) For purposes of this section, an "opioid antagonist" means naloxone
632 hydrochloride (e.g., Narcan) or any other similarly acting and equally safe drug
633 that the FDA has approved for the treatment of a drug overdose.

634
635 (3) In accordance with Connecticut law and this policy, a school nurse may maintain
636 opioid antagonists for the purpose of administering emergency first aid to students
637 who experience a known or suspected opioid overdose and do not have a prior
638 written authorization of a parent or guardian or a prior written order of a qualified
639 medical professional for the administration of such opioid antagonist.

640
641 (a) The school nurse, in consultation with the Board's medical advisor, shall
642 determine the supply of opioid antagonists that shall be maintained in the
643 individual school.

644
645 (b) In determining the appropriate supply of opioid antagonists, the nurse may
646 consider, among other things, the number of students regularly in the
647 school building during the regular school day and the size of the physical
648 building.

649
650 (c) The school nurse shall be responsible for the safe storage of opioid
651 antagonists maintained in a school and shall ensure any supply of opioid
652 antagonists maintained is stored in a secure manner, in accordance with
653 the manufacturer's instructions, and in a location where it can be obtained
654 in a timely manner if administration is necessary.

655
656 (d) The school nurse shall be responsible for maintaining an inventory of
657 opioid antagonists maintained in the school, tracking the date(s) of
658 expiration of the supply of opioid antagonists maintained in a school, and,
659 as appropriate, refreshing the supply of opioid antagonists maintained in
660 the school.

661
662 (4) The school nurse, in consultation with the Superintendent and the building
663 principal, shall provide notice to parents and guardians of the Board’s policies and
664 procedures regarding the emergency administration of opioid antagonists in the
665 event of a known or suspected opioid overdose.

666
667 (5) A school nurse shall be approved to administer opioid antagonists for the purpose
668 of emergency first aid, as described in Paragraph (3) above, in the event of a
669 known or suspected opioid overdose, in accordance with this policy and provided
670 that such nurse has completed a training program in the distribution and
671 administration of an opioid antagonist (1) developed by the State Department of
672 Education, Department of Consumer Protection, and Department of Public
673 Health, or (2) under a local agreement, entered into by the Board on July 1, 2022
674 or thereafter, with a prescriber or pharmacist for the administration of opioid
675 antagonists for the purpose of emergency first aid, which training shall also
676 address the Board’s opioid antagonist storage, handling, labeling, recalls, and
677 record keeping.

678
679 (6) The school nurse or school principal shall select principal(s), teacher(s), licensed
680 athletic trainer(s), coach(es), school paraprofessional(s), and/or licensed physical
681 or occupational therapist(s) employed by the Board to maintain and administer the
682 opioid antagonists for the purpose of emergency first aid as described in
683 Paragraph (3) above, in the absence of the school nurse.

684
685 (a) More than one individual must be selected by the school nurse or school
686 principal for such maintenance and administration in the absence of the
687 school nurse.

688
689 (b) The selected personnel, before administering an opioid antagonist pursuant
690 to this section, must complete a training program in the distribution and
691 administration of an opioid antagonist (1) developed by the State
692 Department of Education, Department of Consumer Protection, and
693 Department of Public Health, or (2) under a local agreement, entered into
694 by the Board on July 1, 2022 or thereafter, with a prescriber or pharmacist
695 for the administration of opioid antagonists for the purpose of emergency
696 first aid, which training shall also address the Board’s opioid antagonist
697 storage, handling, labeling, recalls, and record keeping.

698 (c) All school personnel shall be notified of the identity of qualified school
699 employees authorized to administer an opioid antagonist in the absence of
700 the school nurse.

702 (7) Either the school nurse or, in the absence of the school nurse, at least one of the
703 selected and trained personnel as described in Paragraph (6) above, shall be on the
704 grounds of each school during regular school hours.

706 (a) The school principal, in consultation with the school nurse supervisor,
707 shall determine the level of nursing services and number of selected and
708 trained personnel necessary to ensure that a nurse or selected and trained
709 personnel is present on the grounds of each school during regular school
710 hours.

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

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

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

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

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

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

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

743 (a) Immediately following the emergency administration of an opioid
744 antagonist by a school nurse or selected and trained personnel as identified
745 in this section, the person administering the opioid antagonist must call
746 911.

748 (ab) Such emergency administration shall be reported immediately to:

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- (i) The school nurse or school medical advisor, if any, by the personnel who administered the opioid antagonist;
 - (ii) The Superintendent of Schools; and
 - (iii) The student’s parent or guardian.
- (bc) A medication administration record shall be:
- (i) Created by the school nurse or submitted to the school nurse by the personnel who administered the opioid antagonist, as soon as possible, but no later than the next school day; and
 - (ii) filed in or summarized on the student’s cumulative health record, in accordance with Section F of this policy.
- (11) In the event that any provisions of this Section E conflict with regulations adopted by the Connecticut State Department of Education concerning the use, storage and administration of opioid antagonists in schools, the Department’s regulations shall control.]

F. Documentation and Record Keeping

- (1) Each school or before-and-after school program and school readiness program where medications are administered shall maintain an individual medication administration record for each student who receives medication during school or program hours. This record shall include the following information:
 - (a) the name of the student;
 - (b) the student’s state-assigned student identifier (SASID);
 - (c) the name of the medication;
 - (d) the dosage of the medication;
 - (e) the route of the administration, (e.g., oral, topical, inhalant, etc.);
 - (f) the frequency of administration;
 - (g) the name of the authorized prescriber;
 - (h) the dates for initiating and terminating the administration of medication, including extended-year programs;
 - (i) the quantity received at school and verification by the adult delivering the medication of the quantity received;
 - (j) the date the medication is to be reordered (if any);
 - (k) any student allergies to food and/or medication(s);
 - (l) the date and time of each administration or omission, including the reason for any omission;
 - (m) the dose or amount of each medication administered;
 - (n) the full written or electronic legal signature of the nurse or other authorized school personnel administering the medication; and

- 796 (o) for controlled medications, a medication count which should be conducted and
797 documented at least once a week and co-signed by the assigned nurse and a
798 witness.
799
- 800 (2) All records are either to be made in ink and shall not be altered, or recorded
801 electronically in a record that cannot be altered.
802
- 803 (3) Written orders of authorized prescribers, written authorizations of parent or guardian,
804 the written parental permission for the exchange of information by the prescriber and
805 school nurse to ensure safe administration of such medication, and the completed
806 medication administration record for each student shall be filed in the student's
807 cumulative health record or, for before-and-after school programs and school readiness
808 programs, in the child's program record.
809
- 810 (4) Authorized prescribers may make verbal orders, including telephone orders, for a
811 change in medication order. Such verbal orders may be received only by a school nurse
812 and must be followed by a written order, which may be faxed, and must be received
813 within three (3) school days.
814
- 815 (5) Medication administration records will be made available to the Department of
816 Education for review until destroyed pursuant to Section 11-8a and Section 10-212a(b)
817 of the Connecticut General Statutes.
818
- 819 (a) The completed medication administration record for non-controlled medications
820 may, at the discretion of the school district, be destroyed in accordance with Section
821 M8 of the Connecticut Record Retention Schedules for Municipalities, so long as it
822 is superseded by a summary on the student health record.
823
- 824 (b) The completed medication administration record for controlled medications shall be
825 maintained in the same manner as the non-controlled medications. In addition, a
826 separate medication administration record needs to be maintained in the school for
827 three (3) years pursuant to Section 10-212a(b) of the Connecticut General Statutes.
828
- 829 (6) Documentation of any administration of medication by a coach or licensed athletic
830 trainer shall be completed on forms provided by the school and the following
831 procedures shall be followed:
832
- 833 (a) a medication administration record for each student shall be maintained in the
834 athletic offices;
835
- 836 (b) administration of a cartridge injector medication shall be reported to the school
837 nurse at the earliest possible time, but no later than the next school day;
838
- 839 (c) all instances of medication administration, except for the administration of
840 cartridge injector medication, shall be reported to the school nurse at least
841 monthly, or as frequently as required by the individual student plan; and
842

- 843 (d) the administration of medication record must be submitted to the school nurse at
844 the end of each sport season and filed in the student's cumulative health record.
845

846 G. Errors in Medication Administration

- 847
848 (1) Whenever any error in medication administration occurs, the following procedures shall
849 apply:
850
- 851 (a) the person making the error in medication administration shall immediately
852 implement the medication emergency procedures in this Policy if necessary;
853
 - 854 (b) the person making the error in medication administration shall in all cases
855 immediately notify the school nurse, principal, school nurse supervisor, and
856 authorized prescriber. The person making the error, in conjunction with the
857 principal, shall also immediately notify the parent or guardian, advising of the
858 nature of the error and all steps taken or being taken to rectify the error, including
859 contact with the authorized prescriber and/or any other medical action(s); and
860
 - 861 (c) the principal shall notify the Superintendent or the Superintendent's designee.
862
- 863 (2) The school nurse, along with the person making the error, shall complete a report using
864 the authorized medication error report form. The report shall include any corrective
865 action taken.
866
- 867 (3) Any error in the administration of medication shall be documented in the student's
868 cumulative health record or, for before-and-after school programs and school readiness
869 programs, in the child's program record.
870
- 871 (4) These same procedures shall apply to coaches and licensed athletic trainers during
872 intramural and interscholastic events, except that if the school nurse is not available, a
873 report must be submitted by the coach or licensed athletic trainer to the school nurse the
874 next school day.
875

876 H. Medication Emergency Procedures

- 877
878 (1) Whenever a student has a life-threatening reaction to administration of a medication,
879 resolution of the reaction to protect the student's health and safety shall be the foremost
880 priority. The school nurse and the authorized prescriber shall be notified immediately,
881 or as soon as possible in light of any emergency medical care that must be given to the
882 student.
883
- 884 (2) Emergency medical care to resolve a medication emergency includes but is not limited
885 to the following, as appropriate under the circumstances:
886
- 887 (a) use of the 911 emergency response system;
 - 888 (b) application by properly trained and/or certified personnel of appropriate
889 emergency medical care techniques, such as cardio-pulmonary resuscitation;

- 890 (c) administration of emergency medication in accordance with this policy;
- 891 (d) contact with a poison control center; and
- 892 (e) transporting the student to the nearest available emergency medical care facility
- 893 that is capable of responding to a medication emergency.

894

895 (3) As soon as possible, in light of the circumstances, the principal shall be notified of the

896 medication emergency. The principal shall immediately thereafter contact the

897 Superintendent or the Superintendent's designee, who shall thereafter notify the parent

898 or guardian, advising of the existence and nature of the medication emergency and all

899 steps taken or being taken to resolve the emergency and protect the health and safety of

900 the student, including contact with the authorized prescriber and/or any other medical

901 action(s) that are being or have been taken.

902

903 I. Supervision

904

905 (1) The school nurse is responsible for general supervision of administration of medications

906 in the school(s) to which that nurse is assigned.

907

908 (2) The school nurse's duty of general supervision includes, but is not limited to, the

909 following:

910

911 (a) availability on a regularly scheduled basis to:

912

913 (i) review orders or changes in orders and communicate these to personnel

914 designated to give medication for appropriate follow-up;

915

916 (ii) set up a plan and schedule to ensure medications are given properly;

917

918 (iii) provide training to licensed nursing personnel, full-time principals, full-time

919 teachers, full-time licensed physical or occupational therapists employed by

920 the school district, coaches of intramural and interscholastic athletics,

921 licensed athletic trainers and identified paraprofessionals designated in

922 accordance with Section B(3)(g), above, which training shall pertain to the

923 administration of medications to students, and assess the competency of

924 these individuals to administer medication;

925

926 (iv) support and assist other licensed nursing personnel, full-time principals, full-

927 time teachers, full-time licensed physical or occupational therapists

928 employed by the school district, coaches of intramural and/or interscholastic

929 athletics, licensed athletic trainers and identified paraprofessionals

930 designated in accordance with Section B(3)(g), above, to prepare for and

931 implement their responsibilities related to the administration of specific

932 medications during school hours and during intramural and interscholastic

933 athletics as provided by this policy;

934

935 (v) provide appropriate follow-up to ensure the administration of medication

936 plan results in desired student outcomes, including providing proper

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

939
940 (vi) provide consultation by telephone or other means of telecommunications,
941 which consultation may be provided by an authorized prescriber or other
942 nurse in the absence of the school nurse.

943
944 (b) In addition, the school nurse shall be responsible for:

945
946 (i) implementing policies and procedures regarding the receipt, storage, and
947 administration of medications;

948
949 (ii) reviewing, on a periodic basis, all documentation pertaining to the
950 administration of medications for students;

951
952 (iii) performing observations of the competency of medication administration by
953 full-time principals, full-time teachers, full-time licensed physical or
954 occupational therapists employed by the school district, coaches of
955 intramural and/or interscholastic athletics and licensed athletic trainers in
956 accordance with Section B(3)(f), above, and identified paraprofessionals
957 designated in accordance with Section B(3)(g), above, who have been newly
958 trained to administer medications; and,

959
960 (iv) conducting periodic reviews, as needed, with licensed nursing personnel,
961 full-time principals, full-time teachers, full-time licensed physical or
962 occupational therapists employed by the school district, coaches of
963 intramural and/or interscholastic athletics and licensed athletic trainers in
964 accordance with Section B(3)(f), above, and identified paraprofessionals
965 designated in accordance with Section B(3)(g), above, regarding the needs
966 of any student receiving medication.

967
968 J. Training of School Personnel

969
970 (1) Full-time principals, full-time teachers, full-time licensed physical or occupational
971 therapists employed by the school district, coaches of intramural and/or interscholastic
972 athletics and licensed athletic trainers in accordance with Section B(3)(f), above, and
973 identified paraprofessionals designated in accordance with Section B(3)(g), above, who
974 are designated to administer medications shall at least annually receive training in their
975 safe administration, and only trained full-time principals, full-time teachers, full-time
976 licensed physical or occupational therapists employed by the school district, coaches of
977 intramural and/or interscholastic athletics and licensed athletic trainers in accordance
978 with Section B(3)(f), above, and identified paraprofessionals designated in accordance
979 with Section B(3)(g), above, shall be allowed to administer medications.

980
981 (2) Training for full-time principals, full-time teachers, full-time licensed physical or
982 occupational therapists employed by the school district, coaches of intramural and/or
983 interscholastic athletics and licensed athletic trainers in accordance with Section

B(3)(f), above, and identified paraprofessionals designated in accordance with Section B(3)(g), above, shall include, but is not necessarily limited to, the following:

- (a) the general principles of safe administration of medication;
- (b) the procedures for administration of medications, including the safe handling and storage of medications, and the required record-keeping; and
- (c) specific information related to each student’s medication plan, including the name and generic name of the medication, indications for medication dosage, routes, time and frequency of administration, therapeutic effects of the medication, potential side effects, overdose or missed doses of the medication, and when to implement emergency interventions.

(3) The principal(s), teacher(s), licensed athletic trainer(s), licensed physical or occupational therapist(s) employed by the Board, coach(es) and/or school paraprofessional(s) who administer epinephrine as emergency first aid, pursuant to Section D above, shall annually complete the training program developed by the Departments of Education and Public Health and training in cardiopulmonary resuscitation and first aid.

(4) The principal(s), teacher(s), licensed athletic trainer(s), licensed physical or occupational therapist(s), coach(es) and/or school paraprofessional(s) who administer opioid antagonists as emergency first aid, pursuant to Section E above, shall annually complete a training program in the distribution and administration of an opioid antagonist (1) developed by the State Department of Education, Department of Consumer Protection, and Department of Public Health, or (2) under a local agreement, entered into by the Board on July 1, 2022 or thereafter, with a prescriber or pharmacist for the administration of opioid antagonists for the purpose of emergency first aid, which training shall also address the Board’s opioid antagonist storage, handling, labeling, recalls, and record keeping.]

~~(4)~~(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.

1030 ~~(5)~~(6) Licensed practical nurses may not conduct training in the administration of
1031 medication to another individual.

1032
1033 ~~(6)~~(7) Bus Drivers

1034
1035 (a) Not later than June 30, 2019, the Board shall provide training to all of its school bus
1036 drivers, which training may be completed using an online module, on topics
1037 including, but not limited to, the following:

1038 (i) the identification of the signs and symptoms of anaphylaxis;

1039 (ii) the administration of epinephrine by a cartridge injector;

1040 (iii) the notification of emergency personnel; and

1041 (iv) the reporting of an incident involving a student and a life-threatening allergic
1042 reaction.

1043
1044 (b) On and after July 1, 2019, the Board shall provide the training described in
1045 subsections J(6)(a), above as follows:

1046 (i) In the case of a school bus driver who is employed by the Board, such training
1047 shall be provided to such school bus driver following the issuance or renewal
1048 of a public passenger endorsement to operate a school bus pursuant to Conn.
1049 Gen. Stat. 14-44(a), to such school bus driver; and

1050 (ii) In the case of a school bus driver who is not employed by the Board at the
1051 time when such endorsement is issued or renewed to such school bus driver,
1052 upon the hiring of such school bus driver by the Board, except the Board is not
1053 required to provide such training to any school bus driver who has previously
1054 received such training following the most recent issuance or renewal of such
1055 endorsement to such school bus driver.]

1056 (c) In the event that the Board employs school bus drivers, the Board will
1057 comply with all documentation and record-keeping requirements required
1058 by law.]

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1066
1067 K. Handling, Storage and Disposal of Medications

1068 (1) All medications, except those approved for transporting by students for self-medication,
1069 those administered by coaches of intramural or interscholastic athletics or licensed
1070 athletic trainers in accordance with Section B(3)(f) above, and epinephrine or naloxone
1071 to be used for emergency first aid in accordance with Sections D and E above, must be
1072 delivered by the parent, guardian, or other responsible adult to the nurse assigned to the
1073 student's school or, in the absence of such nurse, the school principal who has been
1074 trained in the appropriate administration of medication. Medications administered by
1075 coaches of intramural or interscholastic athletics or licensed athletic trainers must be
1076

1077 delivered by the parent or guardian directly to the coach or licensed athletic trainer in
1078 accordance with Section B(3)(f) above.

1079
1080 (2) The nurse shall examine on-site any new medication, medication order and the required
1081 authorization to administer form, and, except for epinephrine and naloxone to be used
1082 as emergency first aid in accordance with Sections D and E above, shall develop a
1083 medication administration plan for the student before any medication is given to the
1084 student by any school personnel. No medication shall be stored at a school without a
1085 current written order from an authorized prescriber.

1086
1087 (3) The school nurse shall review all medication refills with the medication order and
1088 parent authorization prior to the administration of medication, except for epinephrine
1089 and naloxone intended for emergency first aid in accordance with Sections D and E
1090 above.

1091
1092 (4) Emergency Medications

1093
1094 (a) Except as otherwise determined by a student's emergency care plan, emergency
1095 medications shall be stored in an unlocked, clearly labeled and readily accessible
1096 cabinet or container in the health room during school hours under the general
1097 supervision of the school nurse or, in the absence of the school nurse, the principal
1098 or the principal's designee who has been trained in the administration of
1099 medication.

1100
1101 (b) Emergency medication shall be locked beyond the regular school day or program
1102 hours, except as otherwise determined by a student's emergency care plan.

1103
1104 (5) All medications, except those approved for keeping by students for self-medication,
1105 shall be kept in a designated and locked location used exclusively for the storage of
1106 medication. Controlled substances shall be stored separately from other drugs and
1107 substances in a separate, secure, substantially constructed, locked metal or wood
1108 cabinet.

1109
1110 (6) Access to stored medications shall be limited to persons authorized to administer
1111 medications. Each school or before-and-after school program and school readiness
1112 program shall maintain a current list of such authorized persons.

1113
1114 (7) All medications, prescription and non-prescription, shall be delivered and stored in their
1115 original containers and in such a manner that renders them safe and effective.

1116
1117 (8) At least two sets of keys for the medication containers or cabinets shall be maintained
1118 for each school building or before-and-after school program and school readiness
1119 program. One set of keys shall be maintained under the direct control of the school
1120 nurse or nurses and an additional set shall be under the direct control of the principal
1121 and, if necessary, the program director or lead teacher who has been trained in the
1122 general principles of the administration of medication shall also have a set of keys.

1123

- 1124 (9) Medications that must be refrigerated shall be stored in a refrigerator at no less than 36
1125 degrees Fahrenheit and no more than 46 degrees Fahrenheit. The refrigerator must be
1126 located in the health office that is maintained for health services with limited access.
1127 Non-controlled medications may be stored directly on the refrigerator shelf with no
1128 further protection needed. Controlled medication shall be stored in a locked box that is
1129 affixed to the refrigerator shelf.
1130
- 1131 (10) All unused, discontinued or obsolete medications shall be removed from storage areas
1132 and either returned to the parent or guardian or, if the medication cannot be returned to
1133 the parent or guardian, the medication shall be destroyed in collaboration with the
1134 school nurse:
1135
- 1136 (a) non-controlled drugs shall be destroyed in the presence of at least one witness;
 - 1137
 - 1138 (b) controlled drugs shall be destroyed in pursuant to Section 21a-262-3 of the
1139 Regulations of Connecticut State Agencies; and
 - 1140
 - 1141 (c) accidental destruction or loss of controlled drugs must be verified in the presence
1142 of a second person, including confirmation of the presence or absence of residue,
1143 and jointly documented on the student medication administration record and on a
1144 medication error form pursuant to Section 10-212a(b) of the Connecticut General
1145 Statutes. If no residue is present, notification must be made to the Department of
1146 Consumer Protection pursuant to Section 21a-262-3 of the Regulations of
1147 Connecticut State Agencies.
1148
- 1149 (11) Medications to be administered by coaches of intramural or interscholastic athletic
1150 events or licensed athletic trainers shall be stored:
1151
- 1152 (a) in containers for the exclusive use of holding medications;
 - 1153
 - 1154 (b) in locations that preserve the integrity of the medication;
 - 1155
 - 1156 (c) under the general supervision of the coach or licensed athletic trainer trained in
1157 the administration of medication; and
 - 1158
 - 1159 (d) in a locked secured cabinet when not under the general supervision of the coach or
1160 licensed athletic trainer during intramural or interscholastic athletic events.
1161
- 1162 (12) In no event shall a school store more than a three (3) month supply of a medication for a
1163 student.
1164

1165 L. School Readiness Programs and Before-and-After School Programs
1166

- 1167 (1) As determined by the school medical advisor, if any, and school nurse supervisor, the
1168 following procedures shall apply to the administration of medication during school
1169 readiness programs and before-and-after school programs run by the Board, which are
1170 exempt from licensure by the Office of Early Childhood:

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

1217 submitted by the program director, lead teacher or school administrator to the school
1218 nurse the next school day.

1219
1220 (4) Training for directors or directors' designees, lead teachers or school administrators in
1221 the administration of medication shall be provided in accordance with Section J of this
1222 policy.

1223
1224 (5) All medications must be handled and stored in accordance with Section K of this
1225 policy. Where possible, a separate supply of medication shall be stored at the site of
1226 the before-and-after or school readiness program. In the event that it is not possible for
1227 the parent or guardian to provide a separate supply of medication, then a plan shall be in
1228 place to ensure the timely transfer of the medication from the school to the program and
1229 back on a daily basis.

1230
1231 (6) Documentation of any administration of medication shall be completed on forms
1232 provided by the school and the following procedures shall be followed:

1233
1234 (a) a medication administration record for each student shall be maintained by the
1235 program;

1236
1237 (b) administration of a cartridge injector medication shall be reported to the school
1238 nurse at the earliest possible time, but no later than the next school day;

1239
1240 (c) all instances of medication administration, except for the administration of
1241 cartridge injector medication, shall be reported to the school nurse at least
1242 monthly, or as frequently as required by the individual student plan; and

1243
1244 (d) the administration of medication record must be submitted to the school nurse at
1245 the end of each school year and filed in the student's cumulative health record.

1246
1247 (7) The procedures for the administration of medication at school readiness programs and
1248 before-and-after school programs shall be reviewed annually by the school medical
1249 advisor, if any, and school nurse supervisor.

1250
1251 M. Review and Revision of Policy

1252
1253 In accordance with the provisions of Conn. Gen. Stat. Section 10-212a(a)(2) and Section
1254 10-212a-2 of the Regulations of Connecticut State Agencies, the Board shall review this
1255 policy periodically, and at least biennially, with the advice and approval of the school
1256 medical advisor, if any, or other qualified licensed physician, and the school nurse
1257 supervisor. Any proposed revisions to the policy must be made with the advice and
1258 approval of the school medical advisor, school nurse supervisor or other qualified licensed
1259 physician.

1260
1261 Legal References:

1262
1263 Connecticut General Statutes:

- 1264 Section 10-206
1265 Section 10-212
1266 Section 10-212a
1267 Section 10-212c
1268 Section 10-220j
1269 Section 14-276b
1270 Section 19a-900
1271 Section 21a-240
1272 Section 52-557b
1273
1274 Regulations of Conn. State Agencies:
1275 Sections 10-212a-1 through 10-212a-10, inclusive
1276
1277 Memorandum of Decision, In Re: Declaratory Ruling/Delegation by Licensed Nurses to
1278 Unlicensed Assistive Personnel, Connecticut State Board of Examiners for Nursing (April 5,
1279 1995)
1280
1281 [Storage and Administration of Opioid Antagonists in Schools: Guidelines for Local and Regional](#)
1282 [Boards of Education, Connecticut State Department of Education \(October 1, 2022\)](#)
1283
1284 Date Adopted: October 11, 2022
1285 [First Reading: February 7, 2023](#)
1286 [Second Reading: March 7, 2023](#)
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[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.

**Management Plan and Guidelines for Students with Food Allergies,
Glycogen Storage Disease and/or Diabetes**

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2
3
4
5 The Madison Public Schools (the “district”) recognize that food allergies, glycogen storage
6 disease and diabetes may be life threatening. For this reason, the district is committed to
7 developing strategies and practices to minimize the risk of accidental exposure to life threatening
8 food allergens and to ensure prompt and effective medical response should a student suffer an
9 allergic reaction while at school. The district is also committed to appropriately managing and
10 supporting students with glycogen storage disease and diabetes. The district further recognizes
11 the importance of collaborating with parents, adult students (defined as students age eighteen
12 (18) and older) and appropriate medical staff in developing such practices and encourages
13 strategies to enable the student to become increasingly proactive in the care and management of
14 ~~his/her~~ the student’s food allergy, glycogen storage disease or diabetes, as developmentally
15 appropriate. To this end, the district adopt the following guidelines related to the management of
16 life threatening food allergies, glycogen storage disease, and diabetes for students enrolled in
17 district schools.

18
19 **I. Identifying Students with Life-Threatening Food Allergies, Diabetes and/or Glycogen**
20 **Storage Disease**

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

29
30 Students with life-threatening food allergies and diabetes are virtually always students with
31 disabilities and should be referred to a Section 504 team, which will make a final
32 determination concerning the student’s eligibility for services under Section 504. The

33 Section 504 team may determine that the only services needed are in the student's
34 Individualized Health Care Plan (IHCP) and/or Emergency Care Plan (ECP); in that case, the
35 IHCP and/or ECP will also serve as the student's Section 504 plan. The Section 504 team
36 will also ensure that parents receive appropriate notice and are informed of their rights under
37 Section 504, including their right to request an impartial hearing if they disagree with the
38 provisions in the Section 504 plan.

39
40 Students with GSD and less severe food allergies should be referred to a Section 504 team if
41 there is reason to believe that the student's GSD or food allergy substantially limits a major
42 life activity. To determine whether a food allergy is severe enough to substantially limit a
43 major life activity, the team should consider the impact on the student when the student has
44 been exposed to the allergen and has not yet received treatment.

45
46 Major life activities include, but are not limited to:

47
48 (i) Caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking,
49 standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading,
50 concentrating, thinking, communicating, interacting with others, and working; and

51
52 (ii) The operation of a major bodily function, including functions of the immune system,
53 special sense organs and skin; normal cell growth; and digestive, genitourinary, bowel,
54 bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic,
55 lymphatic, musculoskeletal, and reproductive functions. The operation of a major bodily
56 function includes the operation of an individual organ within a body system.

57
58 **II. Individualized Health Care Plans and Emergency Care Plans**

- 59 1. If the district obtains medical documentation that a student has a life-threatening food
60 allergy, GSD, or diabetes, the district shall develop an (IHCP) for the student. Each
61 IHCP should contain information relevant to the student's participation in school
62 activities.

- 64 2. The IHCP shall be developed by a group of individuals, which shall include the parents,
65 the adult student, if applicable, and appropriate school personnel. Such personnel may
66 include, but are not limited to, the school nurse, school or food service administrator(s),
67 classroom teacher(s) and the student, if appropriate. The school may also consult with
68 the school's medical advisor, as needed.
69
- 70 3. IHCPs are developed for students with special health needs or whose health needs
71 require daily interventions. The IHCP describes how to meet the student's health and
72 safety needs within the school environment and should address the student's needs
73 across school settings. Information to be contained in an IHCP should include a
74 description of the functional health issues (diagnoses); student objectives for promoting
75 self-care and age appropriate independence; and the responsibilities of parents, school
76 nurse and other school personnel. The IHCP may also include strategies to minimize
77 the allergic student's risk for exposure. For the student with life-threatening food
78 allergies, GSD, or diabetes, the IHCP may include strategies designed to ameliorate
79 risks associated with such disease and support the student's participation in the
80 classroom. IHCPs for such students may include such considerations:
81
- 82 a. classroom environment, including allergy free considerations, or allowing the
83 student with GSD or diabetes to have food/dietary supplements when needed;
 - 84 b. cafeteria safety;
 - 85 c. participation in school nutrition programs;
 - 86 d. snacks, birthdays and other celebrations;
 - 87 e. alternatives to food rewards or incentives;
 - 88 f. hand-washing;
 - 89 g. location of emergency medication;
 - 90 h. who will provide emergency and routine care in school; including monitoring of
91 continuous glucose monitor (CGM) alerts as may be appropriate, in school;
 - 92 i. risk management during lunch and recess times;
 - 93 j. special events;
 - 94 k. field trips, fire drills and lockdowns;

- 95 l. extracurricular activities;
96 m. school transportation;
97 n. the provision of food or dietary supplements by the school nurse, or any school
98 employee approved by the school nurse;
99 o. staff notification, including substitutes, and training; and
100 p. transitions to new classrooms, grades and/or buildings.
101
- 102 4. The IHCP should be reviewed annually, or whenever there is a change in the student's
103 ECP, changes in self-monitoring and self-care abilities of the student, or following an
104 emergency event requiring the administration of medication or the implementation of
105 other emergency protocols.
106
- 107 5. For a student with a life-threatening food allergy, GSD, or diabetes, the IHCP shall not
108 prohibit a parent or guardian, or a person designated by such parent or guardian, to
109 provide food or dietary supplements to a student with a life threatening food allergy,
110 GSD, or diabetes on school grounds during the school day.
111
- 112 6. In addition to the IHCP, the district shall also develop an ECP for each student
113 identified as having a life-threatening food allergy. The ECP is part of the IHCP and
114 describes the specific directions about what to do in a medical emergency. For the
115 student with a life-threatening food allergy, the ECP should include the following
116 information:
117
- 118 a. The student's name and other identifying information, such as date of birth, grade
119 and photo;
120 b. The student's specific allergy;
121 c. The student's signs and symptoms of an allergic reaction;
122 d. The medication, if any, or other treatment to be administered in the event of
123 exposure;
124 e. The location and storage of the medication;

- 125 f. Who will administer the medication (including self-administration options, as
126 appropriate);
- 127 g. Other emergency procedures, such as calling 911, contacting the school nurse,
128 and/or calling the parents or physician;
- 129 h. Recommendations for what to do if the student continues to experience symptoms
130 after the administration of medication; and
- 131 i. Emergency contact information for the parents/family and medical provider.
132
- 133 7. In addition to the IHCP, the district shall also develop an ECP for each student
134 identified as having GSD and/or diabetes. The ECP is part of the IHCP and describes
135 the specific directions about what to do in a medical emergency. For the student with
136 GSD or diabetes, the ECP should include the following information, as may be
137 appropriate:
- 138
- 139 a. The student’s name and other identifying information, such as date of birth, grade
140 and photo;
- 141 b. Information about the disease or disease specific information (i.e. type of GSD or
142 diabetes);
- 143 c. Whether the student uses a CGM, and how the CGM will be monitored in
144 school;
- 145 ~~b.~~
- 146 ~~e.d.~~ The student’s signs and symptoms of an adverse reaction (such as hypoglycemia);
- 147 ~~d.e.~~ The medication, if any, or other treatment to be administered in the event of an
148 adverse reaction or emergency (i.e. Glucagon or insulin)
- 149 ~~e.f.~~ The location and storage of the medication;
- 150 ~~f.g.~~ Who will administer the medication (including self-administration options, as
151 appropriate);
- 152 ~~g.h.~~ Other emergency procedures, such as calling 911, contacting the school nurse,
153 and/or calling the parents or physician;
- 154 ~~h.i.~~ Recommendations for what to do if the student continues to experience symptoms
155 after the administration of medication; and
- 156 ~~i.j.~~ Emergency contact information for the parents/family and medical provider.

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- 8. In developing the ECP, the school nurse should obtain current medical documentation from the parents/family and the student’s health care provider, including the student’s emergency plan and proper medication orders. If needed, the school nurse or other appropriate school personnel, should obtain consent to consult directly with the student’s health care providers to clarify medical needs, emergency medical protocol and medication orders.

- 9. A student identified as having a life-threatening food allergy, GSD, or diabetes is entitled to an IHCP and an ECP, regardless of ~~his/her~~ the student’s status as a student with a disability, as that term is understood under Section 504 of the Rehabilitation Act of 1973 (“Section 504”), or the Individuals with Disabilities Education Act (“IDEA”).

- 10. The district shall ensure that the information contained in the IHCP and ECP is distributed to any school personnel responsible for implementing any provisions of the IHCP and/or ECP, and that any procedures in the IHCP and/or ECP comply with the district’s policies and procedures regarding the administration of medications to students.

- 11. When making eligibility determinations under Section 504 and/or the IDEA, schools must consider the student’s needs on an individualized, case-by-case basis.

III. Training/Education

- 1. The district shall provide appropriate education and training for school personnel regarding the management of students with life-threatening food allergies, GSD and diabetes. Such training may include an overview of life-threatening food allergies, GSD and diabetes; prevention strategies; IHCPs and ECPs; monitoring of blood glucose alerts transmitted by the CGM of the student to a dedicated receiver, tablet/smartphone application, or other appropriate technology during the school day and during school-sponsored activities and food safety and sanitation. Training shall also include, as appropriate for each school (and depending on the specific needs of the individual

188 students at the school), training in the administration of medication with cartridge
189 injectors (i.e. epi-pens), and/or the specific preventative strategies to minimize the risk
190 of exposure to life-threatening allergens and prevent adverse reactions in students with
191 GSD and diabetes (such as the provision of food or dietary supplements for students).
192 School personnel will be also be educated on how to recognize symptoms of allergic
193 reactions and/or symptoms of low blood sugar, as seen with GSD and diabetes, and
194 what to do in the event of an emergency. Staff training and education will be
195 coordinated by **the Coordinator of Health Services**. Any such training regarding the
196 administration of medication shall be done accordance with state law and Board policy.

- 197
- 198 2. Each school within the district shall also provide age-appropriate information to
199 students about food allergies, GSD and diabetes, how to recognize symptoms of an
200 allergic reaction and/or low blood sugar emergency and the importance of adhering to
201 the school’s policies regarding food and/or snacks.

202

203 **IV. Prevention**

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

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

214

215 **V. Communication**

- 216 1. As described above, the school nurse shall be responsible for coordinating the
217 communication among parents, a student’s individual health care provider and the
218 school regarding a student’s life-threatening allergic condition, GSD and/or diabetes.

219 School staff responsible for implementing a student’s IHCP will be notified of their
220 responsibilities and provided with appropriate information as to how to minimize risk
221 of exposure and/or alterations in blood sugar levels and how to respond in the event of
222 such emergency.

223
224 2. Each school will ensure that there are appropriate communication systems available
225 within each school (i.e. telephones, cell phones, walkie-talkies) and for off-site
226 activities (i.e. field trips) to ensure that school personnel are able to effectively respond
227 in case of emergency.

228
229 3. The district shall develop standard letters to be sent home to parents, whenever
230 appropriate, to alert them to food restrictions within their student’s classroom or school.

231
232 4. All district staff are expected to follow district policy and/or federal and state law
233 regarding the confidentiality of student information, including medical information
234 about the student.

235
236 5. The district shall make the Management Plan and Guidelines for Students with Food
237 Allergies, Glycogen Storage Disease and/or Diabetes available on the Board’s website
238 or the website of each school under the Board's jurisdiction.

239
240 6. The district shall provide annual notice to parents and guardians regarding the
241 Management Plan and Guidelines for Students with Food Allergies, Glycogen Storage
242 Disease and/or Diabetes. Such notice shall be provided in conjunction with the annual
243 written statement provided to parents and guardians regarding pesticide applications in
244 the schools.

245

246 **VI. Monitoring the District’s Plan and Procedures**

247 The district should conduct periodic assessments of its Management Plan and Guidelines
248 for Students with Food Allergies, Glycogen Storage Disease and/or Diabetes. Such
249 assessments should occur at least annually and after each emergency event involving the

250 administration of medication to a student with a life-threatening food allergy, GSD or
251 diabetes to determine the effectiveness of the process, why the incident occurred, what
252 worked and what did not work.

253
254 The Superintendent shall annually attest to the Department of Education that the District is
255 implementing the Management Plan and Guidelines for Students with Food Allergies,
256 Glycogen Storage Disease and/or Diabetes.

257

258 **Legal References:**

259 **State Law/Regulations/Guidance:**

260

- 261 Conn. Gen. Stat. § 10-212a Administration of Medications in Schools
262 Conn. Gen. Stat. § 10-212c Life-threatening food allergies and Glycogen Storage
263 Disease: Guidelines; district plans
264 Conn. Gen. Stat. § 10-220i Transportation of students carrying cartridge injectors
265 Conn. Gen. Stat. § 10-231c Pesticide applications at schools without an integrated pest
266 management plan.
267 Conn. Gen. Stat. § 19a-900 Use of cartridge injectors by staff members of before or
268 after school program, day camp or day care facility.
269 Conn. Gen. Stat. § 52-557b “Good Samaritan law”. Immunity from liability for
270 emergency, medical assistance, first aid or medication by
271 injector. School personnel not required to administer or
272 render. Immunity from liability re automatic external
273 defibrillators.
274 Regs. Conn. State Agencies § 10-212a-1 through 10-212a-7 Administration of
275 Medication by School Personnel
276 Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools
277 (Includes Guidelines for Managing Glycogen Storage Disease), Connecticut State
278 Department of Education (Updated 2012).

279

280 **Federal Law:**

- 281 Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794
282 Individuals with Disabilities Education Act, 20 U.S.C. § 1400 et seq.
283 The Americans with Disabilities Act of 1990 (ADA), 42 U.S.C. § 12101 et seq.

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287 Date of Adoption: October 1, 2002

288 Date of Revision: March 22, 2016

289 Date of Revision: November 12, 2019

290

291 [First Reading: February 7, 2023](#)

292 [Second Reading: March 7, 2023](#)

#5144.4

Physical Activity, Undirected Play and Student Discipline

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4 ~~It is the policy of the Board to promote the health and well-being of district students by~~
5 ~~encouraging healthy lifestyles including promoting physical exercise and activity as part of the~~
6 ~~school day.~~

7 It is the policy of the Madison Board of Education (the “Board”) to promote the health and
8 well-being of district students by encouraging healthy lifestyles including promoting physical
9 exercise and activity as part of the school day.

10
11 For the purposes of this policy, a “school employee” is defined as (1) a teacher, substitute
12 teacher, school administrator, school superintendent, guidance counselor, school counselor,
13 psychologist, social worker, nurse, physician, school paraprofessional or coach employed by the
14 Board or working in the district schools, or (2) any other individual who, in the performance of
15 his or hertheir duties, has regular contact with students and who provides services to or on
16 behalf of students enrolled in the district schools pursuant to a contract with the Board.

17
18 ~~Prohibition on~~ **Deprivation of Physical Exercise Period or Undirected Play Period as a**
19 **Form of Discipline:**

20
21 For elementary school students, the Board includes a time of not less than twenty (20) minutes in
22 total, during the regular school day, to be devoted to physical exercise, except that a planning and
23 placement team (“PPT”) may develop a different schedule for students requiring special
24 education and related services.

25
26 The administration may include additional time, beyond the twenty minutes required for physical
27 exercise, devoted to undirected play during the regular school day for elementary school students.

28
29 In an effort to promote physical exercise and undirected play, the Board prohibits school
30 employees from disciplining elementary school students by preventing them from participating in
31 the full 20 minutes of time devoted to physical exercise or additional time devoted to undirected
32 play during the regular school day, except in accordance with this policy or as determined by a

33 student's Section 504 team or PPT. instances where the student's behavior poses a health and/or
34 safety concern or as determined by a student's Section 504 or planning and placement team.

36 A. *Physical Exercise Period*
37

38 School employees may prevent or otherwise restrict a student from participating in the entire
39 time devoted to physical exercise in the regular school day as a form of discipline only under
40 the following circumstances:

42 1) When a student poses a danger to the health or safety of other students or school
43 personnel; or
44

45 2) If there are two or more periods devoted to physical exercise in a school day, then
46 when the prevention or restriction of physical exercise is limited to the period
47 devoted to physical exercise that is the shortest in duration, provided that the
48 student still participates in at least twenty minutes of physical exercise in a school
49 day.
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51 School employees may prevent or restrict a student from participating in the entire time
52 devoted to physical exercise in the regular school day as a form of discipline, in accordance
53 with this policy, only one time during a school week, unless the student is a danger to the
54 health or safety of other students or school personnel.
55

56 School employees may not prevent or restrict a student from participating in the entire time
57 devoted to physical exercise in the regular school day if such prevention or restriction is related to
58 the student's failure to complete school work on time or to the student's academic performance.
59

60 This policy distinguishes between a) discipline that is imposed before the time devoted to
61 physical exercise begins and b) discipline imposed during such time devoted to physical
62 exercise or methods used to redirect a student's behavior during such time. School personnel
63 may impose discipline during time devoted to physical exercise as a result of student's behavior
64 during such time, if such discipline is in accordance with Board policies and procedures. School
65 personnel may also use methods to redirect a student's behavior, in the event such behavior
66 warrants redirection, during the time devoted to physical exercise. For clarity, the prohibition
67 against preventing or restricting a student's participation in the time devoted to physical

exercise shall apply to student conduct that occurs prior to the physical exercise time, rather than during the physical exercise time.

B. Undirected Play Period

School employees may not discipline elementary school students by preventing them from participating in the full time devoted to undirected play, if any, during the regular schoolday, except when a student poses a danger to the health or safety of other students or school personnel, or as determined by a student’s Section 504 team or PPT.

Prohibition on Compulsion of Physical Activity as a Form of Discipline:

For all students, the Board prohibits school employees from disciplining students by requiring students to engage in physical activity as a form of discipline during the regular school day.

Definition:

~~For the purposes of this policy, a “school employee” is defined as (1) a teacher, substitute teacher, school administrator, school superintendent, guidance counselor, school counselor, psychologist, social worker, nurse, physician, school paraprofessional or coach employed by the Board or working in the district schools, or (2) any other individual who, in the performance of his or her duties, has regular contact with students and who provides services to or on behalf of students enrolled in the district schools pursuant to a contract with the Board.~~

Disciplinary Action for Failure to Follow Policy:

Any employee who fails to comply with the requirements of this policy may be subject to discipline, up to and including termination of employment. Any contracted individual who provides services to or on behalf of students enrolled in the district and who fails to comply with the requirements of this policy may be subject to having ~~his/her~~ the individual’s contract for services suspended by the district.

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Legal References:

Connecticut General Statutes:

~~Public Act 19-173. An Act Concerning the Inclusion of Additional Time Devoted to Undirected Play to the Regular School Day.~~

§ 10-221o Lunch periods. Recess. Boards to adopt policies addressing the limitations of physical exercise

§ 10-221u Boards to adopt policies addressing the use of physical activity as discipline

Public Act No. 22-81 “An Act Expanding Preschool and Mental and Behavioral Services for Children”

Date of Adoption: August 28, 2018
Date of Revision: November 12, 2019
First Reading: February 7, 2023
Second Reading: March 7, 2023

Americans with Disabilities Act/Section 504

Section 504 of the Rehabilitation Act of 1973 (“Section 504”) prohibits discrimination against individuals with a disability in any program receiving Federal financial assistance. Similarly, Title II of the Americans with Disabilities Act of 1990 (“Title II” or “ADA”) prohibits discrimination against individuals with a disability by state and local governments. To be protected under Section 504 and the ADA (“collectively, “Section 504/ADA”), an individual must (1) have a physical or mental impairment that substantially limits one or more major life activities; (2) have a record of such an impairment; or (3) be regarded as having such an impairment.

In order to fulfill its obligation under Section 504/ADA, the Madison Public Schools recognize a responsibility to avoid discrimination in policies and practices regarding its personnel, students, parents/guardians and members of the public who participate in school sponsored programs, which may require reasonable modifications to such policies and practices. In this regard, the Madison Public Schools prohibit discrimination against any person with a disability in any of the services, programs or activities of the school system.

The ~~school district~~ District has specific responsibilities under Section 504 to identify, evaluate and provide an educational placement for students who have a physical or mental impairment that substantially limits a major life activity. The school district’s obligation includes providing access to a free appropriate public education (“FAPE”) for students determined to be eligible under Section 504/ADA. Under Section 504, FAPE is defined as the provision of regular or special education and related services that are designed to meet the individual educational needs of a student with a disability as adequately as the needs of students without disabilities are met, and that are provided without cost (except for fees similarly imposed on nondisabled students/parents).

If ~~the parent/guardian of~~ a student’s parent/guardian disagrees ~~disagrees~~ with the decisions made by the professional staff of the school district with respect to the identification, evaluation or educational placement of his/her/their child, ~~the~~ such parents/guardians ~~has~~ have ~~has the~~ a right to request an impartial due process hearing.

33 In addition, a student or parent/guardian of a student may also file an internal grievance/complaint
34 on these issues or any other type of discrimination on the basis of disability by or within the district
35 by utilizing the grievance/complaint procedures outlined in the Board’s Administrative
36 Regulations Regarding Students and Section 504 of Rehabilitation Act of 1973 and Title II of
37 Americans with Disabilities Act, and/or may file a complaint with the Office for Civil Rights, U.S.
38 Department of Education (“OCR”):

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40 Office for Civil Rights, Boston Office
41 U.S. Department of Education
42 8th Floor
43 5 Post Office Square
44 Boston, MA 02109- 3921
45 (617) 289-0111
46

47 Anyone who wishes to file a grievance/complaint with the district, or who has questions or
48 concerns about this policy, should contact the Director of Special Education, the Section
49 504/ADA Coordinator for the Madison Public Schools, at 203-245-6341.

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51 Legal References:

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53 29 U.S.C. §§ 705, 794
54 34 C.F.R. Part 104
55 42 U.S.C. § 12101 et seq.
56 28 C.F.R. Part 35
57

58 *Protecting Students with Disabilities, Frequently Asked Questions About Section 504 and the*
59 *Education of Children with Disabilities*, Office for Civil Rights (March 17, 2011), available at
60 <http://www.ed.gov/about/offices/list/ocr/504faq.html>

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62 *Dear Colleague Letter*, United States Department of Education, Office for Civil Rights (January
63 19, 2012)

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65 [Supporting Students with Disabilities and Avoiding the Discriminatory Use of Student Discipline](https://www2.ed.gov/about/offices/list/ocr/docs/504-discipline-guidance.pdf?utm_content=&utm_medium=email&utm_name=&utm_source=govdelivery&utm_term)
66 [Under Section 504 of the Rehabilitation Act of 1973](https://www2.ed.gov/about/offices/list/ocr/docs/504-discipline-guidance.pdf?utm_content=&utm_medium=email&utm_name=&utm_source=govdelivery&utm_term), Office for Civil Rights (July 2022),
67 available at [https://www2.ed.gov/about/offices/list/ocr/docs/504-discipline-](https://www2.ed.gov/about/offices/list/ocr/docs/504-discipline-guidance.pdf?utm_content=&utm_medium=email&utm_name=&utm_source=govdelivery&utm_term)
68 [guidance.pdf?utm_content=&utm_medium=email&utm_name=&utm_source=govdelivery&utm](https://www2.ed.gov/about/offices/list/ocr/docs/504-discipline-guidance.pdf?utm_content=&utm_medium=email&utm_name=&utm_source=govdelivery&utm_term)
69 [term](https://www2.ed.gov/about/offices/list/ocr/docs/504-discipline-guidance.pdf?utm_content=&utm_medium=email&utm_name=&utm_source=govdelivery&utm_term)

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71 Date of Adoption: November 4, 1999
72 Technical Revision: August 22, 2006
73 Technical Revision: June 1, 2010
74 Date of Revision: February 13, 2018
75 Date Adopted: December 15, 2020

- 76 First Reading: February 7, 2023
- 77 Second Reading: March 7, 2023

Regulation #5200
Americans with Disabilities Act/Section 504

**Madison Board of Education Section 504/ADA Grievance/Complaint
Procedures Regarding Discrimination Against Students on the Basis of Disability**

Section 504 of the Rehabilitation Act of 1973 (“Section 504”) and Title II of the Americans with Disabilities Act of 1990 (“Title II” or “ADA”) (collectively, “Section 504/ADA”) prohibit discrimination on the basis of disability. For the purposes of Section 504/ADA, the term “disability” with respect to an individual means: (a) a physical or mental impairment that substantially limits one or more major life activities of such individual; (b) a record of such an impairment; or (c) being regarded as having such an impairment.

I. Definitions

Free appropriate public education (FAPE) for purposes of Section 504, refers to the provision of regular or special education and related aids and services that are designed to meet individual educational needs of students with disabilities as adequately as the needs of students without disabilities are met, that are provided without cost (except for fees [similarly](#) imposed on nondisabled students/parents), and is based upon adherence to procedures that satisfy the Section 504 requirements pertaining to educational setting, evaluation and placement, and procedural safeguards.

Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, interacting with others, and working. A major life activity also includes the operation of a major bodily function, such as the functions of the immune system, special sense organs and skin, normal cell growth, and digestive, genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal, and reproductive systems. The operation of a major bodily function includes the operation of an individual organ within a body system.

Mitigating measures include, but are not limited to, (a) medication, medical supplies, equipment, appliances, low-vision devices (defined as devices that magnify, enhance, or otherwise augment a visual image, but not including ordinary eyeglasses or contact lenses), prosthetics including limbs and devices, hearing aid(s) and cochlear implant(s) or other implantable hearing devices, mobility devices, oxygen therapy equipment and supplies; (b) use of assistive technology; (c) reasonable modifications or auxiliary aids or services; (d) learned behavioral or adaptive neurological modifications; or (e) psychotherapy, behavioral therapy, or physical therapy.

Physical or mental impairment is (a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems, such as: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, immune, circulatory,

47 hemic, lymphatic, skin, and endocrine; (b) any mental or psychological disorder, such as
48 intellectual disability, organic brain syndrome, emotional or mental illness, and specific
49 learning disability; or (c) an impairment that is episodic or in remission if it would
50 substantially limit a major life activity when active. Physical or mental impairment
51 includes, but is not limited to, contagious and noncontagious diseases and conditions such
52 as the following: orthopedic, visual, speech, and hearing impairments, and cerebral palsy,
53 epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes,
54 intellectual disability, emotional illness, dyslexia and other specific learning disabilities,
55 Attention Deficit Hyperactivity Disorder, Human Immunodeficiency Virus infection
56 (whether symptomatic or asymptomatic), tuberculosis, drug addiction, and alcoholism.

57
58 **II. Procedures for Grievances/Complaints Alleging Discrimination on the Basis**
59 **of Disability**

- 60
61 A. Any eligible person, including any student, parent/guardian, staff member
62 or other employee who feels ~~he/she~~ the individual has ~~that they have~~ been
63 discriminated against on the basis of disability (including differential
64 treatment, harassment and retaliation) may submit a written complaint to
65 the district's designated Section 504/ADA Coordinator (*see* contact
66 information below) for the Madison Public Schools (the "District") within
67 thirty (30) school days of the alleged occurrence. Complaints by students
68 and/or parents/guardians alleging discrimination involving students will be
69 investigated under these procedures; complaints by employees or other non-
70 students will be investigated under Administrative Regulation #4116.1 Sex
71 Discrimination and Sexual Harassment.
72
73 B. Timely reporting of complaints facilitates the prompt investigation and
74 resolution of such complaints. If a complaint is filed relating to alleged
75 discrimination occurring more than thirty (30) school days after the alleged
76 occurrence, the Board's ability to investigate the allegations may be limited
77 by the passage of time. Therefore, complaints received after thirty (30)
78 school days of the alleged occurrence shall be investigated to the extent
79 possible, given the passage of time and the impact on available information,
80 witnesses and memory. If a complaint is made verbally, the individual
81 taking the complaint will reduce the complaint to writing.
82
83 C. At any time, when a complaint involves discrimination that is directly
84 related to a claim regarding the identification, evaluation or educational
85 placement of a student under Section 504, the complainant may request that
86 the Section 504/ADA Coordinator submit the complaint directly to an
87 impartial hearing officer and request a due process hearing in accordance
88 with Section III.D. Complaints regarding a student's rights with respect to
89 ~~his/her~~ the student's identification, evaluation or educational placement
90 shall be addressed in accordance with the procedures set forth below in
91 Section III.
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- D. Retaliation against any individual who complains pursuant to the Board’s policy and regulations listed herein is strictly prohibited. The ~~district~~ District will not tolerate any retaliation that ~~occur~~ occurs as a result of the good faith reporting or complaint of disability-based discrimination or as a result of an individual’s participation or ~~cooperating~~ cooperation in the investigation of a complaint. The ~~district~~ District will take necessary actions to prevent retaliation as a result of filing a complaint or the participation in an investigation of a complaint.

 - E. If the Section 504/ADA Coordinator is the subject of the complaint, the complaint should be submitted directly to the Superintendent who may conduct the investigation or appoint a designee to conduct the investigation in accordance with these procedures. If the Superintendent is the subject of the complaint, the Board shall designate an appropriate party to conduct the investigation in accordance with these procedures.

 - F. Complaints will be investigated promptly. Timeframes may be extended as needed given the complexity of the investigation, availability of individuals with relevant information and other extenuating circumstances. Confidentiality will be maintained by all persons involved in the investigation to the extent possible.

 - G. If a disability discrimination complaint raises a concern about bullying behavior, the Section 504 Coordinator shall notify the Safe School Climate Specialist or designee who shall coordinate any bullying investigation with the Section 504 Coordinator, so as to ensure that any such bullying investigation complies with the requirements of applicable Board policies.

 - H. The complaint should contain the following information:
 - 1. The name of the complainant;
 - 2. The date of the complaint;
 - 3. The date(s) of the alleged discrimination;
 - 4. The names of any witnesses or individuals relevant the complaint;
 - 5. A detailed statement describing the circumstances in which the alleged discrimination occurred; and
 - 6. The remedy requested.

 - However, all complaints will be investigated to the extent possible, even if such information is not included in the complaint. In such circumstances, additional information may be requested by the investigator as part of the investigation process.

 - I. Upon receipt of the complaint, the individual investigating the complaint shall:

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1. Provide a copy of the written complaint to the Superintendent of Schools;
 2. Meet separately with the complainant and the respondent within ten (10) school days to discuss the nature of the complaint, identify individuals the complainant and respondent believe have relevant information, and obtain any relevant documents the complainant [and respondent](#) may have;
 3. Provide the complainant and the respondent with a copy of the applicable Board Section 504/ADA Policy and these administrative regulations;
 4. Consider whether and which interim measures might be appropriate for an alleged victim and the respondent pending the outcome of the District’s investigation;
 5. Conduct an investigation of the factual basis of the complaint that is adequate, reliable, and impartial, including conducting interviews with individuals with information and review of documents relevant to the complaint;
 6. Maintain confidentiality to the extent practicable throughout the investigative process in accordance with state and federal law;
 7. Communicate the outcome of the investigation in writing to the complainant, and to the respondent (to the extent permitted by state and federal confidentiality requirements), within fifteen (15) school days from the date the complaint was received by the Section 504/ADA Coordinator or Superintendent. The written notice shall include a finding whether the complaint was substantiated and if so, shall identify how the ~~district~~ [District](#) will remedy any identified violations of Section 504/ADA. The investigator may extend this deadline for no more than fifteen (15) additional school days if needed to complete the investigation. The complainant and the respondent shall be notified of any such extension-;
 8. If a complaint is made during summer recess, the complaint will be reviewed and addressed as quickly as possible given the availability of staff and/or other individuals who may have information relevant to the complaint, and no later than fifteen (15) school days after the start of the following school year. The complainant and the respondent will receive notice if the investigation has been impeded by the summer recess, and interim measures may be implemented as necessary (see sub-paragraph 4);
 9. Ensure that appropriate corrective action is taken whenever allegations are verified. When allegations are verified, ensure that measures to remedy the effects of the discrimination and prevent its recurrence are appropriately considered, and offered, when appropriate. Corrective action should include steps to avoid continuing discrimination-;
 10. In the event the investigator concludes that there is no violation of Section 504/ADA, the ~~district~~ [District](#) may attempt to resolve the complainant’s ongoing concerns, if possible.

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J. If the complainant or the respondent is not satisfied with the findings and conclusions of the investigation, the ~~appealing~~ dissatisfied party may request review and reconsideration of the conclusion of the complaint (an “Appeal”) within thirty (30) days of receipt of the written outcome. In ~~requesting~~ review an Appeal, the appealing party must submit the complaint, the written outcome of the complaint, and explain why ~~he/she~~ such party ~~the appealing party~~ believes the factual information relied upon by the investigator was incomplete, the analysis of the facts was incorrect, and/or the appropriate legal standard was not applied, *and* how this information would change the investigator’s determination in the case. Failure to provide all such information may result in the denial of the ~~review~~ Appeal.

Upon review of ~~a written request~~ an Appeal from the appealing party, the Superintendent shall review the investigative results of the investigator and determine if further action and/or investigation is warranted, or shall appoint a designee to do so. Such action may include consultation with the investigator and other relevant witnesses, a meeting with appropriate individuals to attempt to resolve the complaint or a decision affirming or overruling the investigator’s conclusions or findings. The Superintendent or designee shall provide written notice to the appealing party and the other party of ~~his/her~~ the Superintendent or designee’s decision within ten (10) school days following the written request for review. When ~~a written request for review~~ an Appeal is received during summer recess, the Superintendent or designee shall conduct the review as quickly as possible given the availability of staff and/or other individuals who may have information relevant to the review, and no later than ten (10) school days after the start of the following school year. The Superintendent or designee’s decision shall be final.

III. Grievance/Complaint Resolution Procedures for Complaints Involving a Student’s Identification, Evaluation or Educational Placement

Complaints regarding a student’s identification, evaluation or educational placement shall generally be handled using the procedures described below. **However, at any time, the complainant may request that the Section 504/ADA Coordinator submit the complaint directly to an impartial hearing officer, and request a hearing in accordance with the provisions of subsection D (below).**

A. Submission of Complaint to Section 504/ADA Coordinator

1. In order to facilitate the prompt investigation of complaints, any complaint regarding a student’s identification, evaluation or educational placement under Section 504 should be forwarded to the ~~district’s~~ District’s Section

230 504/ADA Coordinator (*see* contact information below) within thirty (30)
231 school days of the alleged date that the dispute regarding the student's
232 identification, evaluation and/or education placement arose. Timely
233 reporting of complaints facilitates the resolution of potential educational
234 disputes.

- 235
- 236 2. The complaint concerning a student's identification, evaluation or
237 educational placement should contain the following information:
- 238
- 239 a. Full name of the student, age, and grade level;
 - 240 b. Name of parent(s);
 - 241 c. Address and relevant contact information for parent/complainant;
 - 242 d. Date of complaint;
 - 243 e. Specific areas of disagreement relating to the student's identification,
244 evaluation and/or placement; and
 - 245 f. Remedy requested.
- 246

247 However, all complaints will be investigated to the extent possible even if
248 such information is not included in the written complaint. In such
249 circumstances, additional information may be requested by the investigator
250 as part of the investigation process.

- 251
- 252 3. Complaints will be investigated promptly within timeframes identified
253 below. Timeframes may be extended as needed given the complexity of the
254 investigation, availability of individuals with relevant information and other
255 extenuating circumstances.

- 256
- 257 4. Upon receipt of the complaint, the Section 504/ADA Coordinator or the
258 Coordinator's designee shall:

- 259
- 260 a. Forward a copy of the complaint to the Superintendent of Schools;
 - 261
 - 262 b. Meet with the complainant within ten (10) school days to discuss the
263 nature of his/her the complainant's concerns and determine if an
264 appropriate resolution can be reached, or whether interim measures may
265 be appropriate. If a complaint is made during summer recess, the
266 complaint will be reviewed and addressed as quickly as possible given
267 the availability of staff and other individuals who may have information
268 relevant to the complaint, and no later than ten (10) school days after
269 the start of the following school year;
 - 270
 - 271 c. If, following such a meeting, further investigation is deemed necessary,
272 the Section 504/ADA Coordinator or designee shall promptly
273 investigate the factual basis for the complaint, consulting with any
274 individuals reasonably believed to have relevant information, including
275 the student and/or complainant; and

- 276
277 d. Communicate the results of ~~his/her~~ the investigation in writing to the
278 complainant and any persons named as parties to the complaint (to the
279 extent permitted by state and federal confidentiality requirements)
280 within fifteen (15) school days from the date the complaint was received
281 by the Section 504/ADA Coordinator or designee.
282
283 e. In the event that the Section 504/ADA Coordinator or designee has a
284 conflict of interest that prevents ~~him/her~~ such individual from serving
285 in this role, the complaint shall be forwarded to the Superintendent who
286 shall appoint an investigator who does not have a conflict of interest.

287 B. Review by Superintendent of Schools

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289 1. If the complainant is not satisfied with the findings and conclusions of the
290 investigation, the ~~appealing- dissatisfied~~ party may present the complaint and
291 written outcome to the Superintendent for review and reconsideration (an
292 “Appeal”) within thirty (30) calendar days of receiving the findings. This
293 process provides an opportunity for the appealing party to bring information to
294 the Superintendent’s attention that would change the outcome of the
295 investigation. In submitting ~~the complaint and written outcome for review~~ an
296 Appeal, the appealing party must explain why ~~he/she~~ such party ~~they~~ believes
297 the factual information relied upon by the investigator was incomplete, the
298 analysis of the facts was incorrect, and/or the appropriate legal standard was not
299 applied, *and* how this information would change the investigator’s
300 determination in the case. Failure to provide all such information may result in
301 the denial of the ~~review~~ Appeal.
302
303 2. Upon review of a ~~written request~~ an Appeal from the appealing party, the
304 Superintendent shall review the investigative results of the investigator and
305 determine if further action and/or investigation is warranted, or appoint a
306 designee to do so. Such action may include consultation with the investigator
307 and other relevant witnesses, a meeting with appropriate individuals to attempt
308 to resolve the complaint or a decision affirming or overruling the investigator’s
309 conclusions or findings. The Superintendent or designee shall provide written
310 notice to the appealing party of ~~his/her~~ the Superintendent’s or designee’s
311 decision within ten (10) school days following the receipt of the ~~written request~~
312 for review Appeal, or if the ~~request~~ Appeal is received during summer recess,
313 as quickly as possible but no later than ten (10) school days after the start of the
314 following school year.
315
316 3. If the complainant is not satisfied with the Superintendent or designee’s
317 decision or proposed resolution, ~~he/she~~ such individual may request that the
318 Superintendent submit the matter to a neutral mediator or to an impartial
319 hearing officer. This request for mediation or a hearing should be made within
320 fifteen (15) school days of the Superintendent or designee’s decision.

321 C. Mediation Procedures:

- 322
- 323 1. A parent/guardian or student aged 18 or older may request mediation with a
- 324 neutral mediator to attempt to resolve a disagreement with the decisions made
- 325 by the professional staff of the ~~school-district-~~ District with respect to the
- 326 identification, evaluation or educational placement of the student.
- 327
- 328 2. A request for mediation regarding a student’s identification, evaluation or
- 329 educational placement under Section 504 should be forwarded to the ~~district~~
- 330 District’s Section 504/ADA Coordinator within thirty (30) school days of the
- 331 alleged date that the dispute regarding the student’s identification, evaluation,
- 332 and/or education placement arose or within fifteen (15) school days of the
- 333 Superintendent’s decision in reviewing a complaint handled through the
- 334 grievance/complaint procedure described in Section III.B, above. Mediation
- 335 shall only occur by mutual agreement of the parties.
- 336
- 337 3. The request for mediation concerning a disagreement relating to a student’s
- 338 identification, evaluation or educational placement should contain the
- 339 following information:
- 340
- 341 a. Full name of the student, age, and grade level;
- 342 b. Name of parent(s);
- 343 c. Address and relevant contact information for parent/complainant;
- 344 d. Date of complaint;
- 345 e. Specific areas of disagreement relating to the student’s identification,
- 346 evaluation and/or placement; and
- 347 f. Remedy requested.
- 348
- 349 4. Upon receipt of a request for mediation,
- 350
- 351 a. The Section 504/ADA Coordinator shall:
- 352 i. Forward a copy of the request for mediation to the Superintendent of
- 353 Schools; and
- 354 ii. Inform the parent/guardian or student 18 years old or older as to
- 355 whether the ~~district-~~ District agrees to mediation in writing.
- 356
- 357 b. If the ~~district-~~ District agrees to mediation, the Board shall retain a neutral
- 358 mediator who is knowledgeable about the requirements of Section
- 359 504/ADA and has an understanding of a free appropriate public education
- 360 (“FAPE”) under Section 504 and the distinctions between and among
- 361 Section 504, the ADA and the Individuals with Disabilities Education Act
- 362 (“IDEA”).
- 363
- 364 c. If the ~~district-~~ District does not agree to mediation, the Section 504/ADA
- 365 Coordinator shall inform the parent/guardian or student aged 18 or older of
- 366 their right to request an impartial hearing.

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5. The mediator shall inform all parties involved of the date, time and place of the mediation and of the right to have legal counsel or other representation at the complainant's own expense, if desired.
 6. The mediator shall meet with the parties jointly, or separately, as determined by the mediator, and shall facilitate a voluntary settlement of the dispute between the parties, if possible.
 7. All statements, offers, or discussions and/or information shared during the mediation process, but not available from other means, shall be confidential, and may not be used in a subsequent hearing or other administrative or judicial proceeding related to the disagreement that is the subject of the mediation.
 8. If the parties are not able to reach a voluntary settlement of the dispute, the complainant may request an impartial hearing, as described below.

384 D. Impartial Hearing Procedures:

385
386 An impartial due process hearing is available to a parent/guardian of a student, or a
387 student aged 18 years of age or older, who disagrees with the decisions made by the
388 professional staff of the ~~school district~~ District with respect to the identification,
389 evaluation or educational placement of the student, or otherwise makes a claim of
390 discrimination relating to the identification, evaluation or educational placement of the
391 student.

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1. The request for a due process hearing concerning a disagreement relating to a student's identification, evaluation or educational placement should contain the following information:
 - a. Full name of the student, age, and grade level;
 - b. Name of parent(s);
 - c. Address and relevant contact information for parent/complainant;
 - d. Date of complaint;
 - e. Specific areas of disagreement relating to the student's identification, evaluation and/or placement; and
 - f. Remedy requested.
 2. Upon receipt of a request for an impartial due process hearing, the Board shall retain an impartial hearing officer. The impartial hearing officer must be someone who is knowledgeable about the requirements of Section 504/ADA and has an understanding of a free appropriate public education ("FAPE") under Section 504 and the distinctions between and among Section 504, the ADA and the ("IDEA").
 3. The impartial hearing office shall schedule a pre-hearing conference with the District and the parent(s) or student aged 18 years of age or older (and/or legal

413 counsel for the student) to identify the issue(s) for hearing, set the hearing schedule
414 and address other administrative matters related to the hearing, including the option
415 for mediation.

- 416
- 417 4. The impartial hearing officer shall inform all parties involved of the date, time and
418 place of the hearing and of the right to present witnesses, other evidence and to be
419 represented by legal counsel at each party's own expense, if desired.
- 420
- 421 5. The impartial hearing officer shall hear all aspects of the complainant's complaint
422 concerning the identification, evaluation or educational placement of the student
423 and shall reach a decision within forty-five (45) school days of receipt of the request
424 for hearing. The decision shall be presented in writing to the complainant and to
425 the Section 504/ADA Coordinator. The impartial hearing officer's decision shall
426 be final.
- 427
- 428 6. An impartial hearing officer under Section 504 does not have jurisdiction to hear
429 claims alleging discrimination, harassment or retaliation based on an individual's
430 disability unless such a claim is *directly related* to a claim regarding the
431 identification, evaluation, or educational placement of a student under Section 504.
- 432
- 433 7. The time limits noted herein may be extended for good cause shown for reasons
434 including, but not limited to, permitting more time for thorough review of the
435 record, presentation of evidence or opportunity for resolution.
- 436

437 E. Drug/Alcohol Violations

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439 If a student with a disability violates the Board's policies relative to the use or
440 possession of illegal drugs or alcohol, the Board may take disciplinary action against
441 such student for the student's illegal use or possession of drugs or alcohol to the same
442 extent that the Board would take disciplinary action against nondisabled students.
443 Such disciplinary action is not subject to the complaint or due process procedures
444 outlined above.

445

446 IV. The Section 504/ADA Coordinator for the District is:

447

448 **Director of Special Education**
449 **10 Campus Drive**
450 **Madison, CT 06443**
451 **(203) 245-6341**

452

453 V. Complaints to Federal Agencies


454

455 At any time, the complainant has the right to file a formal complaint with the:

456

457 U.S. Department of Education, Office for Civil Rights,
458 8th Floor, 5 Post Office Square, Suite 900,

459 Boston, MA 02109-0111
460 (617) 289-0111
461 <http://www2.ed.gov/about/offices/list/ocr/docs/howto.html>.
462
463
464



MADISON PUBLIC SCHOOLS

NOTICE OF PARENT/STUDENT RIGHTS
UNDER SECTION 504 OF THE REHABILITATION ACT OF 1973
AND TITLE II OF THE AMERICANS WITH DISABILITIES ACT OF 1990

Section 504 of the Rehabilitation Act of 1973 (“Section 504”) is a non-discrimination statute enacted by the United States Congress. Section 504 prohibits discrimination on the basis of disability by recipients of federal funds. Title II of the Americans with Disabilities Act (“ADA” or “Title II”) also prohibits discrimination on the basis of disability by state and local governments. To be protected under Section 504 and the ADA (“collectively, “Section 504/ADA”) as an individual with a disability, an individual must (1) have a physical or mental impairment that substantially limits one or more major life activities; (2) have a record of such an impairment; or (3) be regarded as having such an impairment.

Under Section 504, the ~~school district~~ Madison Public Schools (the “District”) has specific responsibilities to identify, evaluate and provide an educational placement for students with a disability. The ~~school district~~ District’s obligation includes providing such eligible students a free appropriate public education (“FAPE”). Section 504 defines FAPE as the provision of regular or special education and related services that are designed to meet the individual educational needs of a student with a disability as adequately as the needs of students without disabilities are met, and that are provided without cost (except for fees similarly imposed on nondisabled students/parents).

A student is eligible for regular or special education and related services under Section 504 if it is determined that ~~he/she—the student~~ has a mental or physical disability that substantially limits one or more major life activity such as (but not limited to): caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating ~~and~~ or working. A major life activity may also include the operation of a major bodily function, such as an individual’s immune, digestive, respiratory or circulatory systems.

A student can have a disability and be covered by Section 504/ADA even if ~~he/she—the student~~ does not qualify for, or receive, special education services under the IDEA.

The purpose of this notice is to provide parents/guardians and students 18 years of age or older with information regarding their rights under Section 504. Under Section 504, you have the right:

1. To be informed of your rights under Section 504;
2. To have your child take part in and receive benefits from the ~~School~~–District’s education programs without discrimination based on ~~his/her~~ your child’s disability;

- 510 3. For your child to have equal opportunities to participate in academic, nonacademic and
511 extracurricular activities in your school without discrimination based on your child's
512 disability;
- 513
514
- 515 4. To be notified of decisions and the basis for decisions regarding the identification,
516 evaluation, and educational placement of your child under Section 504;
- 517
- 518 5. If you suspect your child may have a disability, to request an evaluation, at no expense
519 to you and to have an eligibility determination under Section 504 (and if eligible,
520 placement decisions made) by a team of persons who are knowledgeable of your child,
521 the assessment data, and any placement options;
- 522
- 523 6. If your child is eligible for services under Section 504, for your child to receive a free
524 appropriate public education (FAPE). This includes the right to receive regular or
525 special education and related services that are designed to meet the individual needs of
526 your child as adequately as the needs of students without disabilities are met;
- 527
- 528 7. For your child to receive reasonable accommodations and services to allow your child
529 an equal opportunity to participate in school, extra-curricular and school-related
530 activities;
- 531
- 532 8. For your child to be educated with peers who do not have disabilities to the maximum
533 extent appropriate;
- 534
- 535 9. To have your child educated in facilities and receive services comparable to those
536 provided to non-disabled students;
- 537
- 538 10. To review all relevant records relating to decisions regarding your child's Section 504
539 identification, evaluation, and educational placement;
- 540
- 541 11. To examine or obtain copies of your child's educational records at a reasonable cost
542 unless the fee would effectively deny you access to the records;
- 543
- 544 12. To request changes in the educational program of your child, to have your request and
545 related information considered by the team, a decision made by the team, and if denied,
546 an explanation for the team's decision/determination;
- 547
- 548 13. To request an impartial due process hearing if you disagree with the ~~school district~~
549 District's decisions regarding your child's Section 504 identification, evaluation or
550 educational placement. The costs for this hearing are borne by the ~~local school district~~
551 District. You and the student have the right to take part in the hearing and to have an
552 attorney represent you at your expense;
- 553
- 554 14. To file a local grievance/complaint with the ~~district~~ District's designated Section
555 504/ADA Coordinator to resolve complaints of discrimination including, but not

556 limited to, claims of discrimination directly related to the identification, evaluation or
557 placement of your child; and

558

559 15. To file a formal complaint with the U.S. Department of Education, Office for Civil
560 Rights.

561

562 The Section 504/ADA Coordinator for this district is:

563

564 **Director of Special Education**

565 **10 Campus Drive**

566 **Madison, CT 06443**

567 **(203) 245-6341**

568

569 For additional assistance regarding your rights under Section 504 and Title II of the
570 Americans with Disabilities Act, you may contact:

571

572 Office for Civil Rights, Boston Office

573 U.S. Department of Education

574 8th Floor

575 5 Post Office Square

576 Boston, MA 02109-0111

577 (617) 289-0111.

578

579

Board of Education Regular Meeting
Tuesday, February 7, 2023 7:30 PM

Town Campus Hammonasset Room/Zoom
10 Campus Drive
Madison, CT 06443

Subject to Approval

Meeting Minutes

Video documentation of these proceedings can be found in the Meetings/Minutes section of the website.

I. Call to Order / Attendance

The public meeting of the Madison Board of Education was called to order by Chairman Seth Klaskin at 7:31 p.m. Mr. Klaskin led the Pledge of Allegiance.

Present: Galen Cawley, Mary Ann Connelly, Seth Klaskin, Maureen Lewis, Catherine Miller, Steven Pynn, Emily Rosenthal

Also present: Craig Cooke, Ph.D., Superintendent; Gail Dahling-Hench, Assistant Superintendent

II. School / Community Session

No members of the public spoke.

III. Board of Education Student Representatives' Report

Lucy Fritzingler and Eli Ackerman

Eli reported that there is a band concert on Feb. 15 and the DHHS Cheerleading team recently won the SCC Championship. Lucy reported that playoffs for many winter sports start soon. She shared that underclassmen have nearly completed the course selection process for next year. She said the process was successfully completed almost entirely online for the first time this year.

IV. Superintendent's Report

Craig A. Cooke, Ph.D.

CABE Award Presentation/Legislative Update - CABE Executive Director Patrice McCarthy presented the Board with the two communication awards it received earlier in the year. She then went over the upcoming budget process at the state level and the various bills moving through the legislature that could impact local districts including bills focused on ECS funding, Excess Cost, and school construction grant reimbursement levels.

Accountability Report - Assistant Superintendent Gail Dahling-Hench gave a report on the Accountability Index. A video of the presentation can be viewed in full on the website.

V. Board Members' Comments

None.

VI. Audience Response to Information Presented (Ref. Bylaw #9540.10)

No members of the public spoke.

VII. Board of Selectmen Liaison

Scott Murphy

Mr. Murphy was not in attendance. Chairman Klaskin read a brief report on his behalf.

VIII. Consent Agenda (Ref. Bylaw #9540.2 and #9540.8)

VIII.A. Line Item Transfers as of January 31, 2023

VIII.B. Budget Expenditures as of January 31, 2023

IX. Action Item: Motion to approve the Consent Agenda.

MOTION: by Rosenthal, seconded by Cawley to approve the Consent Agenda.

AYES: Cawley, Connelly, Klaskin, Lewis, Miller, Pynn, Rosenthal

NAYS: 0

ABSTAIN: 0

MOTION CARRIED: 7 – 0

X. Board Committees / Liaison Updates (Ref. Bylaw #9450)

X.A. Curriculum and Student Development

Members: Steven Pynn, Chair; Catherine Miller

Mr. Pynn reported that the committee meeting took place this evening at Daniel Hand High School. The meeting focused consisted of a tour and presentation of the FAB Lab and its progress after six months of operation. The initial efforts have been around building understanding of the purpose and potential of the lab and building capacity. Toward that end there have been training documents and videos as well as focused trainings of nine teachers in the use of the equipment and cross-curricular possibilities. The primary function of the lab is in support of the Independent Study Project for students although other students are being drawn to the space to explore their particular interests. The staff are endeavoring to be responsive to student interests and are making machines and materials available based upon what students are seeking. An example of this was the sewing machines that generated immediate interest. A number of student projects were displayed and explained including scale architectural models, electronics, etching and engraving using laser, CNC models and projects, 3D printer products and NASA fabrics, to name a few. It was pointed out that this is just the beginning and that the LAB has great potentiality and growing student interest. Of concern is the fact that the primary visionary of this lab is leaving the district to accompany his family out of state. Efforts to bring other staff members up to speed and recruit a similarly experienced leader are under way.

X.B. Facilities Committee

Members: Emily Rosenthal, Chair, Steven Pynn, Galen Cawley

No report.

X.C. Finance Committee

Members: Galen Cawley, Chair, Diane Infantine-Vyce, Emily Rosenthal

No report.

X.D. Personnel Committee

Members: Maureen Lewis, Chair; Catherine Miller, Mary Ann Connelly

No report.

X.E. Policy Committee

Members: Diane Infantine-Vyce, Chair; Maureen Lewis

Chairman Klaskin briefly reviewed the following policies on the agenda for a first reading.

X.E.1. Policies proposed for Rescission, First Reading:

Policy #5060.1.1 Travel and Exchange Programs/Admission of Exchange and Foreign Students

Policy #5060.3.1 Re-Entry to School

Policy #5080.4 Exclusions and Exemptions from School Attendance

Policy #5090 Student Rights and Responsibilities

X.E.2. Policies for a First Reading:

Policy #5120.3.3 Administration of Student Medications in the Schools

Policy #5120.3.4 Management Plan and Guidelines for Students with Food Allergies, Glycogen Storage Disease and/or Diabetes

Policy #5144.4 Physical Activity, Unrestricted Play and Student Discipline

Policy #5200 Americans with Disabilities Act/Section 504

X.F. LEARN Liaison

Mary Ann Connelly

No report.

X.G. Town Marijuana Advisory Committee

Mary Ann Connelly

Mrs. Connelly reported that the committee has met and is looking to possibly bring the issue of allowing dispensaries in Madison to the voters.

XI. Action Item: Motion to approve the donation of \$4,000 from the Ryerson PTO to Ryerson Elementary School to help offset the cost of student field trips.

MOTION: by Rosenthal, seconded by Miller to approve the donation of \$4,000 from the Ryerson PTO to Ryerson Elementary School to help offset the cost of student field trips.

AYES: Cawley, Connelly, Klaskin, Lewis, Miller, Pynn, Rosenthal

NAYS: 0

ABSTAIN: 0
MOTION CARRIED: 7 – 0

XII. Action Item: Motion to approve the minutes of the January 24, 2023 Board of Education Meeting (Ref. Bylaw #9540.9)

MOTION: by Cawley, seconded by Rosenthal to approve the minutes of the January 24, 2023 Board of Education Meeting (Ref. Bylaw #9540.9)

AYES: Cawley, Connelly, Klaskin, Lewis, Miller, Pynn, Rosenthal

NAYS: 0

ABSTAIN: 0

MOTION CARRIED: 7 – 0

XIII. Future Agenda Items

None.

XIV. Meetings / Dates of Importance (see attached)

XV. Adjournment

MOTION: by Rosenthal, seconded by Lewis to adjourn at 9:02 p.m.

AYES: Cawley, Connelly, Klaskin, Lewis, Miller, Pynn, Rosenthal

NAYS: 0

ABSTAIN: 0

MOTION CARRIED: 7 – 0

The Town of Madison does not discriminate on the basis of disability, and the meeting facilities are ADA accessible. Individuals who need assistance are invited to make their needs known by contacting the Town ADA/Human Resources Director, Debra Ferrante, at 203-245-6310 or by email at ferranted@madisonct.org at least five (5) business days prior to the meeting.