

# Board of Education Regular Meeting

Tuesday, February 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. School / Community Session

II.A. Public Participation

## III. Board of Education Student Representatives' Report

**Speaker (s):** Lucy Fritzingler and Eli Ackerman

## IV. Superintendent's Report

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

IV.A. CABE Award Presentation/Legislative Update

**Speaker (s):** CABE Executive Director Patrice McCarthy

IV.B. Accountability Report

## V. Board Members' Comments

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

## VII. Board of Selectmen Liaison

**Speaker (s):** Scott Murphy

## 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

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

X.A. Curriculum and Student Development

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

X.B. Facilities Committee

**Speaker (s):** Members: Emily Rosenthal, Chair, Steven Pynn, Galen Cawley

X.C. Finance Committee

**Speaker (s):** Members: Galen Cawley, Chair, Diane Infantine-Vyce, Emily Rosenthal

X.D. Personnel Committee

**Speaker (s):** Members: Maureen Lewis, Chair; Catherine Miller, Mary Ann Connelly

X.E. Policy Committee

**Speaker (s):** Members: Diane Infantine-Vyce, Chair; Maureen Lewis

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

X.E.1.a. Policy #5060.1.1 Travel and Exchange Programs/Admission of Exchange and Foreign Students

X.E.1.b. Policy #5060.3.1 Re-Entry to School

X.E.1.c. Policy #5080.4 Exclusions and Exemptions from School Attendance

X.E.1.d. Policy #5090 Student Rights and Responsibilities

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

X.E.2.a. Policy #5120.3.3 Administration of Student Medications in the Schools

X.E.2.b. Policy #5120.3.4 Management Plan and Guidelines for Students with Food Allergies, Glycogen Storage Disease and/or Diabetes

X.E.2.c. Policy #5144.4 Physical Activity, Unrestricted Play and Student Discipline

X.E.2.d. Policy #5200 Americans with Disabilities Act/Section 504

X.F. LEARN Liaison

**Speaker (s):** Mary Ann Connelly

X.G. Town Marijuana Advisory Committee

**Speaker (s):** Mary Ann Connelly

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.**

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

XIII. **Future Agenda Items**

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

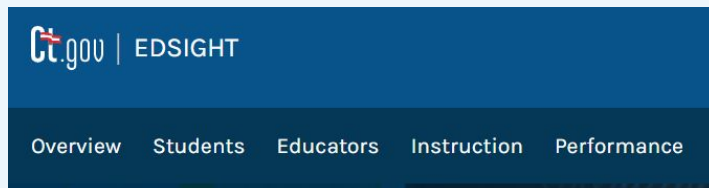
XV. **Adjournment**

XVI. **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.**

# School and District Accountability Index School Year 2021-2022



Public Data available at



February 7, 2023  
BOE presentation

# What is the State Accountability Index?

A method used by the CT State Department of Education to evaluate schools using a number of indicators:

- The Accountability Index is calculated by using a composite of the indicators on a scale of 0-100.
- These scores place them into school categories on a scale of 1-5.
- Schools/districts in categories 1-3 are based on values and cut scores.

# MADISON PUBLIC SCHOOLS: Next Generation Accountability

Index/Rate is derived by converting a student's scale score to an Index score (SBAC, CTAA, NGSS or SAT).

Ultimate target established for all schools and districts statewide.

Points earned on the relevant indicator for the district.

Maximum number of points possible on associated indicator.

Percentage of "max points" earned by the district.

Indicator	Index/Rate	Target	Points Earned	Max Points	% Points Earned	State Average % Points Earned
1a. ELA Performance Index - All Students	74.0	75	49.4	50	98.7	90.2
1b. ELA Performance Index - High Needs Students	59.0	75	39.3	50	78.7	77.5
1c. Math Performance Index - All Students	72.1	75	48.0	50	96.1	84.1
1d. Math Performance Index - High Needs Students	56.9	75	37.9	50	75.8	70.2
1e. Science Performance Index - All Students	66.7	75	44.5	50	88.9	85.0
1f. Science Performance Index - High Needs Students	51.8	75	34.5	50	69.1	72.2
2a. ELA Academic Growth - All Students	57.8%	100%	57.8	100	57.8	59.9
2b. ELA Academic Growth - High Needs Students	52.0%	100%	52.0	100	52.0	55.1
2c. Math Academic Growth - All Students	62.9%	100%	62.9	100	62.9	62.5
2d. Math Academic Growth - High Needs Students	57.6%	100%	57.6	100	57.6	55.2
2e. Progress Toward English Proficiency - Literacy	69.7%	100%	34.8	50	69.7	60.0
2f. Progress Toward English Proficiency - Oral	50.5%	100%	25.2	50	50.5	52.1
4a. Chronic Absenteeism - All Students	2.4%	<=5%	50.0	50	100.0	78.3
4b. Chronic Absenteeism - High Needs Students	6.4%	<=5%	47.1	50	94.2	55.7
5. Preparation for CCR - Percent Taking Courses	87.7%	75%	50.0	50	100.0	100.0
6. Preparation for CCR - Percent Passing Exams	75.0%	75%	50.0	50	100.0	56.7
7. On-track to High School Graduation	99.5%	94%	50.0	50	100.0	93.6
8. 4-year Graduation: All Students (2018 Cohort)	97.3%	94%	100.0	100	100.0	93.9
9. 6-year Graduation: High Needs Students (2016 Cohort)	94.4%	94%	100.0	100	100.0	88.6
10. Postsecondary Entrance (Graduating Class 2018)	88.4%	75%	100.0	100	100.0	94.5
11. Physical Fitness (estimated participation rate = 93.6%)	58.8%	75%	39.2	50	78.4	70.6
12. Arts Access	67.7%	60%	50.0	50	100.0	86.5
<b>Accountability Index</b>			<b>1180.2</b>	<b>1450</b>	<b>81.4</b>	<b>74.2</b>

Represents average performance indices & rates earned by districts across the State.

Indicator No. 3 is the participation rate for every subject for All Students and the High Needs group. This data is reported in a separate table.

# Schools can drop a level for the following reasons:

---

- Participation Rates lower than 95% in any group or subgroup
- Achievement Gap
  - A district/school is identified as having an “achievement gap” if its gap size is substantially different from the average statewide gap in any subject area or subgroup
- Graduation Gap

	2018-2019 Score	Initial Category	Final Category Rule Impact	2021-2022 Score	Initial Category	Final Category Rule Impact
DHHS	86.3	1	Drop to level 2 Gap between HN and Non-HN in ELA/Math/Science & <95% participation for HN students	86.5	1	<b>Remain Level 1</b> <b>School of Distinction:</b> top 10% high performance; no outlier gaps between NonHN and HN students; Participation Rate > 95%
Polson	69.1	3	Drop to level 4 3 year growth HN ELA	72.5	2	<b>Continue in level 4 Focus:</b> 1 year credit ELA HN Growth (need 2 years) <b>Drop to Category 3</b> for outlier gap in all areas
Brown	72.4	2	Drop to level 4 3 year growth HN Math	78.2	2	<b>Continue in level 4 Focus:</b> 1 year credit HN Math growth (need 2 years)
Ryerson	92.3	1	Remain Level 1 <b>School of Distinction:</b> top 10% high performance; Participation Rate > 95%	97.5	1	<b>Remain Level 1</b> <b>School of Distinction:</b> top 10% high performance; Participation Rate > 95%
Jeffrey	83.4	2	Remain Level 2	100.0	1	<b>Remain Level 1</b> <b>School of Distinction:</b> top 10% high performance; Participation Rate > 95%

### 21-22 Score Highlights:

DHHS is in top 5 high schools in the state  
 Jeffrey is number 1 in state  
 Ryerson is number 3 in state

# Brown and Polson

- Polson has one year credit and if they are successful this year, they will be exited as a Focus School.
- Brown has one year credit and if they are successful this year, they will be exited as a Focus School.
- BOTH schools would have an additional credit if the 20-21 test administration counted.
- There will be no newly identified areas as Focus Schools.

Madison Public Schools <i>Smarter Balanced Growth</i>	Average Percentage of Target Achieved for Students with High Needs BY GRADE LEVEL & BUILDING								
	2017-18 ELA	2018-19 ELA	District Calculated Prediction 2020-21 ELA	2021-22 ELA	2017-18 MATH	2018-19 MATH	District Calculated Prediction 2020-21 MATH	2021-22 MATH	
	Average Brown	40.0%	48.4%	61.2% (does not count)	64.7%	46.2%	48.6%	54.1% (does not count)	62.7%
State Bottom 10% Threshold	50.12	47.46		51.75	49.86	49.58		55.91	
CREDIT YEARS					Identified Year	0		+1	
Average Polson	38.1%	46.9%	59.1% (does not count)	41.1%	73.0%	52.1%	61.2% (does not count)	46.7%	
State Bottom 10% Threshold	43.08%	43.19%		42.86%	40.60%	40.32%		43.13%	
CREDIT YEARS	Identified Year	+1		0					
Indicates below State BOTTOM 10% threshold score.									

# Three Consecutive Years of Data...

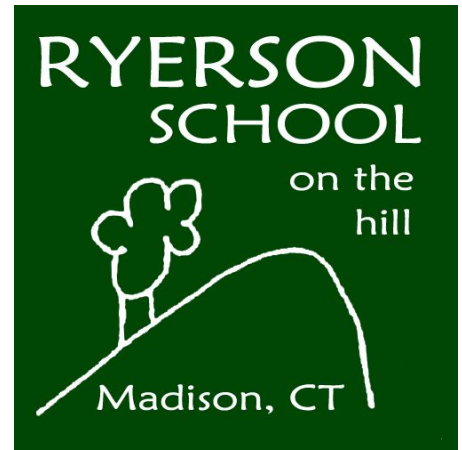
## Is examined each year to Identify New Focus Schools

- collected in Math, ELA and Science for ALL students as well as the High Needs Subgroup
- K-8 schools will use growth scores (Indicators 2b and 2d) and
- HS the Subject Performance Index (SPI: Indicator 1) and for Science beginning in 23-24 SY.

## IF you are a Focus School (Category 4)

- The school had 3 consecutive years of students in the High Needs subgroup in the bottom 10% of their group in Math, ELA or Science to be identified.
- Focus schools need to demonstrate 2 years of growth in 2 out of 3 years and have over 95% participation for all students including High Needs to exit.
- If they are re-identified in the next band, they are placed in Category 5

Indicator	Index/Rate	Target	Points Earned	Max Points	% Points Earned	State % Points Earned
1a. ELA Performance Index - All Students	80.7	75	100.0	100	100.0	85.6
1b. ELA Performance Index - High Needs Students	.	75	.	.	.	72.3
1c. Math Performance Index - All Students	75.5	75	100.0	100	100.0	78.2
1d. Math Performance Index - High Needs Students	.	75	.	.	.	63.6
1e. Science Performance Index - All Students	.	75	.	.	.	81.9
1f. Science Performance Index - High Needs Students	.	75	.	.	.	68.4
2a. ELA Academic Growth - All Students	.	100%	.	.	.	60.4
2b. ELA Academic Growth - High Needs Students	.	100%	.	.	.	56.2
2c. Math Academic Growth - All Students	.	100%	.	.	.	65.2
2d. Math Academic Growth - High Needs Students	.	100%	.	.	.	59.1
2e. Progress Toward English Proficiency - Literacy	.	100%	.	.	.	64.9
2f. Progress Toward English Proficiency - Oral	.	100%	.	.	.	57.4
4a. Chronic Absenteeism - All Students	5.2%	<=5%	49.5	50	99.1	25.1
4b. Chronic Absenteeism - High Needs Students	8.5%	<=5%	43.0	50	86.0	0.0
5. Preparation for CCR - Percent Taking Courses	.	75%	.	.	.	100.0
6. Preparation for CCR - Percent Passing Exams	.	75%	.	.	.	58.0
7. On-track to High School Graduation	.	94%	.	.	.	87.9
8. 4-year Graduation: All Students (2021 Cohort)	.	94%	.	.	.	95.3
9. 6-year Graduation: High Needs Students (2019 Cohort)	.	94%	.	.	.	90.6
10. Postsecondary Entrance (Graduating Class 2021)	.	75%	.	.	.	88.2
11. Physical Fitness (estimated participation rate = .)	.	75%	.	.	.	61.1
12. Arts Access	.	60%	.	.	.	87.4
<b>Accountability Index</b>	.	.	292.5	300	97.5	69.7



**2021-2022**  
 CSDE Accountability Index:  
**97.5%**

**School Category: 1**  
*School of Distinction*



Gap Indicators

Indicator	Non-High Needs Rate	High Needs Rate	Size of Gap	State Gap Mean +1 Stdev	Is Gap an Outlier?
ELA Performance Index Gap	75.0	.	.	16.6	
Math Performance Index Gap	75.0	.	.	18.5	
Science Performance Index Gap	.	.	.	17.9	
Graduation Rate Gap (2019 Cohort)	.	.	.	.	

Assessment Participation Rates

Indicator	Participation Rate (%)
ELA - All Students	100.0
ELA - High Needs Students	.
Math - All Students	100.0
Math - High Needs Students	.

Indicator	Index/Rate	Target	Points Earned	Max Points	% Points Earned	State % Points Earned
1a. ELA Performance Index - All Students	80.6	75	100.0	100	100.0	85.6
1b. ELA Performance Index - High Needs Students	.	75	.	.	.	72.3
1c. Math Performance Index - All Students	77.9	75	100.0	100	100.0	78.2
1d. Math Performance Index - High Needs Students	.	75	.	.	.	63.6
1e. Science Performance Index - All Students	.	75	.	.	.	81.9
1f. Science Performance Index - High Needs Students	.	75	.	.	.	68.4
2a. ELA Academic Growth - All Students	.	100%	.	.	.	60.4
2b. ELA Academic Growth - High Needs Students	.	100%	.	.	.	56.2
2c. Math Academic Growth - All Students	.	100%	.	.	.	65.2
2d. Math Academic Growth - High Needs Students	.	100%	.	.	.	59.1
2e. Progress Toward English Proficiency - Literacy	.	100%	.	.	.	64.9
2f. Progress Toward English Proficiency - Oral	.	100%	.	.	.	57.4
4a. Chronic Absenteeism - All Students	2.3%	<=5%	50.0	50	100.0	25.1
4b. Chronic Absenteeism - High Needs Students	1.7%	<=5%	50.0	50	100.0	0.0
5. Preparation for CCR - Percent Taking Courses	.	75%	.	.	.	100.0
6. Preparation for CCR - Percent Passing Exams	.	75%	.	.	.	58.0
7. On-track to High School Graduation	.	94%	.	.	.	87.9
8. 4-year Graduation: All Students (2021 Cohort)	.	94%	.	.	.	95.3
9. 6-year Graduation: High Needs Students (2019 Cohort)	.	94%	.	.	.	90.6
10. Postsecondary Entrance (Graduating Class 2021)	.	75%	.	.	.	88.2
11. Physical Fitness (estimated participation rate = .)	.	75%	.	.	.	61.1
12. Arts Access	.	60%	.	.	.	87.4
<b>Accountability Index</b>	.	.	300.0	300	100.0	69.7



**2021-2022**  
**CSDE Accountability Index:**  
**100%**

**School Category: 1**  
***School of Distinction***



Gap Indicators

Indicator	Non-High Needs Rate	High Needs Rate	Size of Gap	State Gap Mean +1 Stdev	Is Gap an Outlier?
ELA Performance Index Gap	75.0	.	.	16.6	
Math Performance Index Gap	75.0	.	.	18.5	
Science Performance Index Gap	.	.	.	17.9	
Graduation Rate Gap (2019 Cohort)	.	.	.	.	

Assessment Participation Rates

Indicator	Participation Rate (%)
ELA - All Students	99.0
ELA - High Needs Students	100.0
Math - All Students	99.0
Math - High Needs Students	100.0

Indicator	Index/Rate	Target	Points Earned	Max Points	% Points Earned	State % Points Earned
1a. ELA Performance Index - All Students	81.4	75	50.0	50	100.0	85.6
1b. ELA Performance Index - High Needs Students	66.3	75	44.2	50	88.3	72.3
1c. Math Performance Index - All Students	76.1	75	50.0	50	100.0	78.2
1d. Math Performance Index - High Needs Students	59.3	75	39.5	50	79.0	63.6
1e. Science Performance Index - All Students	76.5	75	50.0	50	100.0	81.9
1f. Science Performance Index - High Needs Students	62.4	75	41.6	50	83.2	68.4
2a. ELA Academic Growth - All Students	76.9%	100%	76.9	100	76.9	60.4
2b. ELA Academic Growth - High Needs Students	64.7%	100%	64.7	100	64.7	56.2
2c. Math Academic Growth - All Students	76.3%	100%	76.3	100	76.3	65.2
2d. Math Academic Growth - High Needs Students	62.7%	100%	62.7	100	62.7	59.1
2e. Progress Toward English Proficiency - Literacy	.	100%	.	.	.	64.9
2f. Progress Toward English Proficiency - Oral	.	100%	.	.	.	57.4
4a. Chronic Absenteeism - All Students	4.9%	<=5%	50.0	50	100.0	25.1
4b. Chronic Absenteeism - High Needs Students	15.1%	<=5%	29.9	50	59.7	0.0
5. Preparation for CCR - Percent Taking Courses	.	75%	.	.	.	100.0
6. Preparation for CCR - Percent Passing Exams	.	75%	.	.	.	58.0
7. On-track to High School Graduation	.	94%	.	.	.	87.9
8. 4-year Graduation: All Students (2021 Cohort)	.	94%	.	.	.	95.3
9. 6-year Graduation: High Needs Students (2019 Cohort)	.	94%	.	.	.	90.6
10. Postsecondary Entrance (Graduating Class 2021)	.	75%	.	.	.	88.2
11. Physical Fitness (estimated participation rate = 100.0%)	43.2%	75%	28.8	50	57.6	61.1
12. Arts Access	.	60%	.	.	.	87.4
<b>Accountability Index</b>	.	.	664.6	850	<b>78.2</b>	69.7



**2021-2022**

**CSDE Accountability Index:  
78.2%**

**School Category: 4  
Focus**

Gap Indicators

Indicator	Non-High Needs Rate	High Needs Rate	Size of Gap	State Gap Mean +1	Is Gap an Outlier?
ELA Performance Index Gap	75.0	66.3	8.7	16.6	N
Math Performance Index Gap	75.0	59.3	15.7	18.5	N
Science Performance Index Gap	75.0	62.4	12.6	17.9	N
Graduation Rate Gap (2019 Cohort)	.	.	.	.	.

Assessment Participation Rates

Indicator	Participation Rate (%)
ELA - All Students	99.1
ELA - High Needs Students	96.0
Math - All Students	99.1
Math - High Needs Students	96.0
Science - All Students	98.2
Science - High Needs Students	91.7



**2021-2022**  
**CSDE Accountability Index:**  
**72.5%**

**School Category: 4**  
**Focus**

Indicator	Index/Rate	Target	Points Earned	Max Points	% Points Earned	State % Points Earned
1a. ELA Performance Index - All Students	75.3	75	50.0	50	100.0	85.6
1b. ELA Performance Index - High Needs Students	57.3	75	38.2	50	76.5	72.3
1c. Math Performance Index - All Students	75.1	75	50.0	50	100.0	78.2
1d. Math Performance Index - High Needs Students	55.2	75	36.8	50	73.6	63.6
1e. Science Performance Index - All Students	72.2	75	48.1	50	96.2	81.9
1f. Science Performance Index - High Needs Students	50.5	75	33.7	50	67.4	68.4
2a. ELA Academic Growth - All Students	55.8%	100%	55.8	100	55.8	60.4
2b. ELA Academic Growth - High Needs Students	41.1%	100%	41.1	100	41.1	56.2
2c. Math Academic Growth - All Students	69.1%	100%	69.1	100	69.1	65.2
2d. Math Academic Growth - High Needs Students	46.7%	100%	46.7	100	46.7	59.1
2e. Progress Toward English Proficiency - Literacy	.	100%	.	.	.	64.9
2f. Progress Toward English Proficiency - Oral	.	100%	.	.	.	57.4
4a. Chronic Absenteeism - All Students	4.8%	<=5%	50.0	50	100.0	25.1
4b. Chronic Absenteeism - High Needs Students	7.7%	<=5%	44.6	50	89.2	0.0
5. Preparation for CCR - Percent Taking Courses	.	75%	.	.	.	100.0
6. Preparation for CCR - Percent Passing Exams	.	75%	.	.	.	58.0
7. On-track to High School Graduation	97.3%	94%	50.0	50	100.0	87.9
8. 4-year Graduation: All Students (2021 Cohort)	.	94%	.	.	.	95.3
9. 6-year Graduation: High Needs Students (2019 Cohort)	.	94%	.	.	.	90.6
10. Postsecondary Entrance (Graduating Class 2021)	.	75%	.	.	.	88.2
11. Physical Fitness (estimated participation rate = 100.0%)	58.0%	75%	38.7	50	77.3	61.1
12. Arts Access	.	60%	.	.	.	87.4
<b>Accountability Index</b>	.	.	652.9	900	<b>72.5</b>	69.7

Gap Indicators

Indicator	Non-High Needs Rate	High Needs Rate	Size of Gap	State Gap Mean +1 Stdev	Is Gap an Outlier?
ELA Performance Index Gap	75.0	57.3	17.7	16.6	Y
Math Performance Index Gap	75.0	55.2	19.8	18.5	Y
Science Performance Index Gap	75.0	50.5	24.5	17.9	Y
Graduation Rate Gap (2019 Cohort)	.	.	.	.	.

Assessment Participation Rates

Indicator	Participation Rate (%)
ELA - All Students	98.2
ELA - High Needs Students	95.4
Math - All Students	98.2
Math - High Needs Students	95.4
Science - All Students	96.9
Science - High Needs Students	94.7

Indicator	Index/Rate	Target	Points Earned	Max Points	% Points Earned	State % Points Earned
1a. ELA Performance Index - All Students	64.9	75	129.7	150	86.5	85.6
1b. ELA Performance Index - High Needs Students	54.1	75	108.2	150	72.1	72.3
1c. Math Performance Index - All Students	66.8	75	133.6	150	89.1	78.2
1d. Math Performance Index - High Needs Students	55.8	75	111.6	150	74.4	63.6
1e. Science Performance Index - All Students	62.0	75	82.6	100	82.6	81.9
1f. Science Performance Index - High Needs Students	52.4	75	69.8	100	69.8	68.4
2a. ELA Academic Growth - All Students	.	100%	.	.	.	60.4
2b. ELA Academic Growth - High Needs Students	.	100%	.	.	.	56.2
2c. Math Academic Growth - All Students	.	100%	.	.	.	65.2
2d. Math Academic Growth - High Needs Students	.	100%	.	.	.	59.1
2e. Progress Toward English Proficiency - Literacy	.	100%	.	.	.	64.9
2f. Progress Toward English Proficiency - Oral	.	100%	.	.	.	57.4
4a. Chronic Absenteeism - All Students	3.2%	<=5%	50.0	50	100.0	25.1
4b. Chronic Absenteeism - High Needs Students	10.8%	<=5%	38.5	50	76.9	0.0
5. Preparation for CCR - Percent Taking Courses	82.3%	75%	50.0	50	100.0	100.0
6. Preparation for CCR - Percent Passing Exams	69.2%	75%	46.2	50	92.3	58.0
7. On-track to High School Graduation	97.0%	94%	50.0	50	100.0	87.9
8. 4-year Graduation: All Students (2021 Cohort)	99.3%	94%	100.0	100	100.0	95.3
9. 6-year Graduation: High Needs Students (2019 Cohort)	95.6%	94%	100.0	100	100.0	90.6
10. Postsecondary Entrance (Graduating Class 2021)	87.0%	75%	100.0	100	100.0	88.2
11. Physical Fitness (estimated participation rate = 99.5%)	50.9%	75%	34.0	50	67.9	61.1
12. Arts Access	66.7%	60%	50.0	50	100.0	87.4
<b>Accountability Index</b>	.	.	1254.2	1450	86.5	69.7



**2021-2022**  
**CSDE Accountability Index:**  
**86.5%**

**School Category: 1**  
**School of Distinction**



Gap Indicators

Indicator	Non-High Needs Rate	High Needs Rate	Size of Gap	State Gap Mean +1 Stdev	Is Gap an Outlier?
ELA Performance Index Gap	67.1	54.1	13.0	16.6	N
Math Performance Index Gap	69.1	55.8	13.3	18.5	N
Science Performance Index Gap	64.0	52.4	11.6	17.9	N
Graduation Rate Gap (2019 Cohort)	94.0	95.6	-1.6	4.8	N

Assessment Participation Rates

Indicator	Participation Rate (%)
ELA - All Students	98.2
ELA - High Needs Students	100.0
Math - All Students	98.2
Math - High Needs Students	100.0
Science - All Students	96.3
Science - High Needs Students	97.3

## MADISON PUBLIC SCHOOLS LINE ITEM TRANSFERS 2.7.23

LINE	SOURCE	EFF DATE	ORG	OBJECT	ACCOUNT	COMMENT	INCR/DECR	AMOUNT
1	BUA	01/03/2023	SE23010D	53300	1000-9102-2100-230-10-00000-53300	PT SPED PC at Brown (Consult.)	INCR	31,200
2	BUA	01/03/2023	SE23040B	51110	1000-9102-1000-230-40-00000-51110	PT SPED PC at Brown	DECR	31,200
1	BUA	01/10/2023	BF55410K	54309	1000-9104-2600-554-10-00000-54309	to increase custodial supplies	DECR	32,000
2	BUA	01/10/2023	BF55110K	56130	1000-9103-2600-551-10-00000-56130	to increase custodial supplies	INCR	32,000
1	BUA	01/11/2023	BF55410K	54309	1000-9104-2600-554-10-00000-54309	transfer to disposal / trash	DECR	12,000
2	BUA	01/11/2023	BF55820K	56206	1000-9103-2600-558-20-00000-56206	transfer to disposal / trash	DECR	10,000
3	BUA	01/11/2023	BF55210K	54210	1000-9103-2600-552-10-00000-54210	transfer to disposal / trash	INCR	22,000

## 2022-2023 MADISON PUBLIC SCHOOLS EXPENDITURE REPORT 2.7.23

OBJECT	ACCOUNT DESCRIPTION	ORIGINAL APPROP	TRNFRS /ADJSMT	REVISED BUDGET	YTD EXPENDED	ENCUMBRANCES	AVAILABLE BUDGET	% USED
51060	51060 REDUCTION/BUDGET	(38,800)		(38,800)	(38,800)			100.00
51108	51108 AP TESTING	15,000		15,000			15,000	0.00
51109	51109 11TH COURSE STIPENDS	16,000		16,000	2,667	1,333	12,000	25.00
51110	51110 TEACHERS	23,649,736	(120,206)	23,529,530	10,521,603	12,858,228	149,699	99.40
51111	51111 ADMINISTRATORS	2,166,498	38,242	2,204,740	1,301,685	903,055		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		514,980	196,089	169,805	149,087	71.10
51114	51114 EARLY RETIREMENT	64,533		64,533			64,533	0.00
51116	51116 DIRECTORS / MANAGERS	370,307	8,442	378,749	333,390	44,883	476	99.90
51120	51120 OFFICE STAFF	1,583,925	(6,911)	1,577,014	817,483	711,886	47,645	97.00
51121	51121 INSTRUCTIONAL PARAPROFES	1,957,271		1,957,271	816,512	837,110	303,648	84.50
51122	51122 CUSTODIANS	1,679,728		1,679,728	784,263	875,088	20,378	98.80
51123	51123 MEDIA / TECH PARAPROFESS	290,910		290,910	142,595	143,827	4,489	98.50
51124	51124 SECURITY / SUSPENSION	433,174	112,800	545,974	376,626	169,219	130	100.00
51126	51126 SCHOOL HEALTH SERVICES	358,863	(6,580)	352,283	163,842	179,520	8,921	97.50
51128	51128 ATHLETIC TRAINER	42,690		42,690	22,361	20,329		100.00
51129	51129 ATTENDANCE INCENTIVE	14,500		14,500			14,500	0.00
51130	51130 THERAPISTS / OCCUP & PHY	428,528		428,528	188,552	239,976		100.00
51210	51210 SUBSTITUTE TEACHERS	550,000	12,893	562,893	289,208	153,567	120,119	78.70
51212	51212 SUBS / SCHOOL HEALTH SER	16,320	21,576	37,896	18,708		19,188	49.40
51221	51221 CLASSIFIED SUBS	14,000	4,911	18,911	11,133		7,778	58.90
51320	51320 OVERTIME	63,575	7,415	70,990	41,810		29,180	58.90
51321	51321 CUSTODIAL/CASUAL LABOR	93,806		93,806	55,404		38,403	59.10
52130	52130 LIFE INSURANCE	51,200		51,200	26,976	18,592	5,632	89.00
52200	52200 SOCIAL SECURITY	630,623		630,623	508,855		121,768	80.70
52201	52201 MEDICARE	502,324		502,324	(11,020)		513,344	-2.20
52202	52202 FSA ADMINISTRATION	1,750		1,750	625		1,125	35.70
52300	52300 PENSION-DEF BENEFIT	1,131,899		1,131,899	963,038		168,861	85.10
52301	52301 PENSION-DEF CONTRIBUTION	35,000		35,000	22,570		12,430	64.50
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	42,746	30,109	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	40,475		69,525	36.80
53222	53222 EVALUATION SERVICES	139,500	(2,625)	136,875	46,921	50,040	39,914	70.80

## 2022-2023 MADISON PUBLIC SCHOOLS EXPENDITURE REPORT 2.7.23

OBJECT	ACCOUNT DESCRIPTION	ORIGINAL APPROP	TRNFRS /ADJSMT	REVISED BUDGET	YTD EXPENDED	ENCUMBRANCES	AVAILABLE BUDGET	% USED
53224	53224 STAFF DEVELOPMENT	234,023	(26,624)	207,400	100,762	46,766	59,872	71.10
53225	53225 NEASC ACCREDITATION SERV	4,676	310	4,986	4,928		58	98.80
53230	53230 STUDENT SUPPORT SERVICES	54,000		54,000	6,242	1,350	46,408	14.10
53231	53231 ADULT EDUCATION	45,000		45,000	42,000		3,000	93.30
53300	53300 PROF / TECH SVCES	1,280,366	16,086	1,296,453	752,459	461,904	82,090	93.70
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	59,344	13,856	22,000	76.90
54220	54220 SNOW REMOVAL	64,946		64,946	6,537	2,963	55,446	14.60
54300	54300 REPAIRS & MAINT	575,047		575,047	466,113	46,751	62,182	89.20
54307	54307 TECH / INFRASTRUCTURE	42,000		42,000	167	11,833	30,000	28.60
54309	54309 EMERGENCY MAINTENANCE	50,000	(44,000)	6,000	5,403		597	90.10
54310	54310 KITCHEN MAINTENANCE	13,401		13,401	8,329	1,348	3,724	72.20
54313	54313 TREATMENT PLANT REPAIRS	29,000		29,000	6,713	1,784	20,503	29.30
54320	54320 REPAIR / CONTRACTS	36,500		36,500	21,157	12,312	3,031	91.70
54330	54330 ALARM SERVICES	12,372		12,372	2,987		9,385	24.10
54340	54340 TELEPHONE MAINTENANCE	14,024		14,024	2,751		11,273	19.60
54420	54420 RENTAL AGREEMENTS	30,851	100	30,952	2,890	5,432	22,630	26.90
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	3,723	1,160	27,084	15.30
55111	55111 REGULAR TRANSPORTATION	2,022,500		2,022,500	879,425		1,143,075	43.50
55113	55113 FUEL / TRANSPORTATION	283,000		283,000	116,303	51,433	115,264	59.30
55114	55114 SCHOOL CHOICE TRANSPORT	70,000		70,000	28,266		41,734	40.40
55120	55120 SPED TRANSPORTATION	1,261,079		1,261,079	787,254	333,579	140,246	88.90
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	77,707	59,670	12,801	91.50
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	228	1,000	3,422	26.40
55500	55500 PRINTING & BINDING	45,333		45,333	26,002	15,517	3,814	91.60
55501	55501 PRINTING / INSTRU SUPPLI	34,662	2,439	37,101	14,448	4,852	17,801	52.00
55608	55608 TUITION / TYPICALS	(70,000)		(70,000)	(40,378)		(29,623)	57.70
55610	55610 EXT PLACEMENTS / PUBLIC	525,714		525,714	497,895	296,474	(268,656)	151.10
55630	55630 EXT PLACEMENTS / PRIVATE	1,844,581	(23,220)	1,821,361	1,085,204	941,588	(205,431)	111.30
55640	55640 SCHOOL CHOICE TUITION	76,000		76,000			76,000	0.00

## 2022-2023 MADISON PUBLIC SCHOOLS EXPENDITURE REPORT 2.7.23

OBJECT	ACCOUNT DESCRIPTION	ORIGINAL APPROP	TRNFRS /ADJSMT	REVISED BUDGET	YTD EXPENDED	ENCUMBRANCES	AVAILABLE BUDGET	% USED
55641	55641 EXTENDED YEAR SERVICES /	106,000	24,529	130,529	130,529			100.00
55643	55643 EXT PLACEMENT/ GENERAL E	10,000		10,000	359		9,641	3.60
55801	55801 TRAVEL (STAFF)	27,569	(143)	27,426	9,051	4,381	13,994	49.00
55802	55802 TRAVEL (BOE)	320		320			320	0.00
55900	55900 MISC PURCH SERVICES	8,850	2,000	10,850	4,190	6,640	20	99.80
56101	56101 OFFICE SUPPLIES	40,453	(705)	39,748	24,547	3,604	11,597	70.80
56110	56110 INSTRUCTIONAL SUPPLIES	409,005	59,235	468,240	301,473	61,162	105,605	77.40
56120	56120 INSTRUCTIONAL SOFTWARE	37,885	4,895	42,780	33,706	5,876	3,199	92.50
56130	56130 CUSTODIAL SUPPLIES	82,132	32,000	114,132	80,907	7,423	25,802	77.40
56131	56131 MAINTENANCE SUPPLIES	78,000		78,000	43,632	11,568	22,800	70.80
56140	56140 FIELDS MAINTENANCE	112,900		112,900	86,290	9,161	17,449	84.50
56206	56206 GAS SERVICES	274,012	(10,000)	264,012	123,056	4,248	136,708	48.20
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	401,360	43,497	340,399	56.70
56260	56260 EQUIPMENT MAINTENANCE	21,672		21,672	14,516		7,156	67.00
56410	56410 TEXTBOOKS & REPLACEMENT	33,668	(500)	33,168	21,024	2,544	9,600	71.10
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		34,074	16,465	5,566	12,044	64.70
56422	56422 PERIODICALS	25,600		25,600	23,242	648	1,711	93.30
56423	56423 PRINT COLLECTION	48,000	(5,389)	42,611	13,118		29,493	30.80
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	(18,871)	50,616	17,166	4,520	28,929	42.80
57301	57301 EQUIPMENT	204,539	23,256	227,794	96,414	32,965	98,415	56.80
57302	57302 OS SOFTWARE	297,100		297,100	191,343	34,862	70,895	76.10
57303	57303 EQUIP - LEASE/PURCHASE	39,120		39,120			39,120	0.00
57304	57304 COMPUTER HARDWARE	549,550	6,685	556,235	421,051	82,309	52,875	90.50
57400	57400 PUBLIC SAFETY	6,623		6,623		1,193	5,430	18.00
58100	58100 DUES, FEES & MEMBSHPS	62,483	(226)	62,257	50,958	2,106	9,193	85.20
58101	58101 ATHLETIC EVENT FEES	11,000		11,000	6,437	457	4,106	62.70
59999	59999 RESERVE APPROPRIATION		25,536	25,536	25,536			100.00
<b>Grand Total</b>		<b>50,376,687</b>	<b>138,336</b>	<b>50,515,024</b>	<b>25,616,759</b>	<b>20,190,500</b>	<b>4,707,764</b>	<b>90.70</b>

**#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;

- 48  
49  
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  
98  
99  
100  
101  
102  
103  
104  
105  
106  
107  
108  
109  
110  
111  
112  
113  
114  
115  
116  
117  
118  
119  
120  
121  
122  
123  
124  
125  
126  
127  
128  
129  
130  
131  
132  
133  
134  
135  
136  
137  
138  
139  
140  
141

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

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

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

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

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

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

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

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

Principal means the administrator in the school.

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

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

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

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

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

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

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

B. General Policies on Administration of Medications

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

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

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

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

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

#5120.3.3(e)

189  
190  
191  
192  
193  
194  
195  
196  
197  
198  
199  
200  
201  
202  
203  
204  
205  
206  
207  
208  
209  
210  
211  
212  
213  
214  
215  
216  
217  
218  
219  
220  
221  
222  
223  
224  
225  
226  
227  
228  
229  
230  
231  
232  
233  
234  
235  
236

- (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)

237  
238  
239  
240  
241  
242  
243  
244  
245  
246  
247  
248  
249  
250  
251  
252  
253  
254  
255  
256  
257  
258  
259  
260  
261  
262  
263  
264  
265  
266  
267  
268  
269  
270  
271  
272  
273  
274  
275  
276  
277  
278  
279  
280  
281  
282  
283  
284

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)

- 285  
286  
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  
332

#5120.3.3(h)

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

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

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

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

#5120.3.3(i)

379  
380  
381  
382  
383  
384  
385  
386  
387  
388  
389  
390  
391  
392  
393  
394  
395  
396  
397  
398  
399  
400  
401  
402  
403  
404  
405  
406  
407  
408  
409  
410  
411  
412  
413  
414  
415  
416  
417  
418  
419  
420  
421  
422  
423

- (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.~~

**#5120.3.3(m)**

~~(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.

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

749  
750  
751  
752  
753  
754  
755  
756  
757  
758  
759  
760  
761  
762  
763  
764  
765  
766  
767  
768  
769  
770  
771  
772  
773  
774  
775  
776  
777  
778  
779  
780  
781  
782  
783  
784  
785  
786  
787  
788  
789  
790  
791  
792  
793  
794  
795

- (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.]

1059  
1060  
1061  
1062  
1063  
1064  
1065  
1066  
1067 K. Handling, Storage and Disposal of Medications

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

- 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 (a) non-controlled drugs shall be destroyed in the presence of at least one witness;  
1136  
1137 (b) controlled drugs shall be destroyed in pursuant to Section 21a-262-3 of the  
1138 Regulations of Connecticut State Agencies; and  
1139  
1140 (c) accidental destruction or loss of controlled drugs must be verified in the presence  
1141 of a second person, including confirmation of the presence or absence of residue,  
1142 and jointly documented on the student medication administration record and on a  
1143 medication error form pursuant to Section 10-212a(b) of the Connecticut General  
1144 Statutes. If no residue is present, notification must be made to the Department of  
1145 Consumer Protection pursuant to Section 21a-262-3 of the Regulations of  
1146 Connecticut State Agencies.  
1147  
1148
- 1149 (11) Medications to be administered by coaches of intramural or interscholastic athletic  
1150 events or licensed athletic trainers shall be stored:
- 1151 (a) in containers for the exclusive use of holding medications;  
1152  
1153 (b) in locations that preserve the integrity of the medication;  
1154  
1155 (c) under the general supervision of the coach or licensed athletic trainer trained in  
1156 the administration of medication; and  
1157  
1158 (d) in a locked secured cabinet when not under the general supervision of the coach or  
1159 licensed athletic trainer during intramural or interscholastic athletic events.  
1160  
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:

- 1171  
1172  
1173  
1174  
1175  
1176  
1177  
1178  
1179  
1180  
1181  
1182  
1183  
1184  
1185  
1186  
1187  
1188  
1189  
1190  
1191  
1192  
1193  
1194  
1195  
1196  
1197  
1198  
1199  
1200  
1201  
1202  
1203  
1204  
1205  
1206  
1207  
1208  
1209  
1210  
1211  
1212  
1213  
1214  
1215  
1216
- (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

1287  
1288  
1289  
1290  
1291  
1292  
1293  
1294  
1295  
1296  
1297  
1298  
1299  
1300  
1301  
1302  
1303  
1304  
1305  
1306  
1307  
1308  
1309  
1310  
1311  
1312  
1313  
1314  
1315  
1316  
1317  
1318  
1319  
1320

[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.

#5120.3.4

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

---

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

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

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

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

63

- 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.

157  
158  
159  
160  
161  
162  
163  
164  
165  
166  
167  
168  
169  
170  
171  
172  
173  
174  
175  
176  
177  
178  
179  
180  
181  
182  
183  
184  
185  
186  
187

- 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.

284

285

286

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](#)

---

**Physical Activity, Undirected Play and Student Discipline**

---

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

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

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.

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

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

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

In an effort to promote physical exercise and undirected play, the Board prohibits school employees from disciplining elementary school students by preventing them from participating in the full 20 minutes of time devoted to physical exercise or additional time devoted to undirected 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.  
50

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

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

71 B. *Undirected Play Period*  
72

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

77  
78 **Prohibition on Compulsion of Physical Activity as a Form of Discipline:**

79  
80 For all students, the Board prohibits school employees from disciplining students by requiring  
81 students to engage in physical activity as a form of discipline during the regular school day.

82  
83 **Definition:**

84  
85 ~~For the purposes of this policy, a “school employee” is defined as (1) a teacher, substitute~~  
86 ~~teacher, school administrator, school superintendent, guidance counselor, school counselor,~~  
87 ~~psychologist, social worker, nurse, physician, school paraprofessional or coach employed by the~~  
88 ~~Board or working in the district schools, or (2) any other individual who, in the performance of~~  
89 ~~his or her duties, has regular contact with students and who provides services to or on behalf of~~  
90 ~~students enrolled in the district schools pursuant to a contract with the Board.~~

91  
92 **Disciplinary Action for Failure to Follow Policy:**

93  
94 Any employee who fails to comply with the requirements of this policy may be subject to  
95 discipline, up to and including termination of employment. Any contracted individual who  
96 provides services to or on behalf of students enrolled in the district and who fails to comply with  
97 the requirements of this policy may be subject to having ~~his/her~~ the individual’s contract for  
98 services suspended by the district.

101  
102  
103  
104  
105  
106  
107  
108  
109  
110  
111  
112  
113  
114  
115  
116  
117  
118  
119  
120  
121  
122  
123  
124  
125  
126  
127  
128

**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

---

**Americans with Disabilities Act/Section 504**

---

1  
2  
3  
4 Section 504 of the Rehabilitation Act of 1973 (“Section 504”) prohibits discrimination against  
5 individuals with a disability in any program receiving Federal financial assistance. Similarly, Title  
6 II of the Americans with Disabilities Act of 1990 (“Title II” or “ADA”) prohibits discrimination  
7 against individuals with a disability by state and local governments. To be protected under Section  
8 504 and the ADA (“collectively, “Section 504/ADA”), an individual must (1) have a physical or  
9 mental impairment that substantially limits one or more major life activities; (2) have a record of  
10 such an impairment; or (3) be regarded as having such an impairment.

11  
12 In order to fulfill its obligation under Section 504/ADA, the Madison Public Schools recognize a  
13 responsibility to avoid discrimination in policies and practices regarding its personnel, students,  
14 parents/guardians and members of the public who participate in school sponsored programs, which  
15 may require reasonable modifications to such policies and practices. In this regard, the Madison  
16 Public Schools prohibit discrimination against any person with a disability in any of the services,  
17 programs or activities of the school system.

18  
19 The ~~school district~~ District has specific responsibilities under Section 504 to identify, evaluate and  
20 provide an educational placement for students who have a physical or mental impairment that  
21 substantially limits a major life activity. The school district’s obligation includes providing access  
22 to a free appropriate public education (“FAPE”) for students determined to be eligible under  
23 Section 504/ADA. Under Section 504, FAPE is defined as the provision of regular or special  
24 education and related services that are designed to meet the individual educational needs of a  
25 student with a disability as adequately as the needs of students without disabilities are met, and  
26 that are provided without cost (except for fees similarly imposed on nondisabled students/parents).

27  
28 If ~~the parent/guardian of~~ a student’s parent/guardian disagrees ~~disagrees~~ with the decisions made  
29 by the professional staff of the school district with respect to the identification, evaluation or  
30 educational placement of his/her/their child, ~~the~~ such parents/guardians ~~has~~ have ~~has the~~ a right to  
31 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”):

39  
40 Office for Civil Rights, Boston Office  
41 U.S. Department of Education  
42 8<sup>th</sup> 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.

50  
51 Legal References:

52  
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>

61  
62 *Dear Colleague Letter*, United States Department of Education, Office for Civil Rights (January  
63 19, 2012)

64  
65 [\*Supporting Students with Disabilities and Avoiding the Discriminatory Use of Student Discipline\*](#)  
66 [\*Under Section 504 of the Rehabilitation Act of 1973\*](#), 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](#)  
69 [term](#)

70  
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

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.  
92

- 93  
94  
95  
96  
97  
98  
99  
100  
101  
102  
103  
104  
105  
106  
107  
108  
109  
110  
111  
112  
113  
114  
115  
116  
117  
118  
119  
120  
121  
122  
123  
124  
125  
126  
127  
128  
129  
130  
131  
132  
133  
134  
135  
136  
137  
138
- 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:

- 139  
140  
141  
142  
143  
|144  
145  
146  
147  
148  
149  
150  
151  
152  
153  
154  
155  
156  
157  
158  
159  
160  
161  
162  
163  
|164  
165  
166  
167  
168  
169  
170  
171  
172  
173  
174  
175  
176  
177  
178  
179  
180  
181  
182  
|183  
184
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.

185  
186  
187  
188  
189  
190  
191  
192  
193  
194  
195  
196  
197  
198  
199  
200  
201  
202  
203  
204  
205  
206  
207  
208  
209  
210  
211  
212  
213  
214  
215  
216  
217  
218  
219  
220  
221  
222  
223  
224  
225  
226  
227  
228  
229

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  
278  
279  
280  
281  
282  
283  
284  
285  
286
- d. Communicate the results of ~~his/her~~ the investigation in writing to the complainant and any persons named as parties to the complaint (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 designee.
  - e. In the event that the Section 504/ADA Coordinator or designee has a conflict of interest that prevents ~~him/her~~ such individual from serving in this role, the complaint shall be forwarded to the Superintendent who shall appoint an investigator who does not have a conflict of interest.

287 B. Review by Superintendent of Schools

- 288  
289  
290  
291  
292  
293  
294  
295  
296  
297  
298  
299  
300  
301  
302  
303  
304  
305  
306  
307  
308  
309  
310  
311  
312  
313  
314  
315  
316  
317  
318  
319  
320
- 1. If the complainant is not satisfied with the findings and conclusions of the investigation, the ~~appealing- dissatisfied~~ party may present the complaint and written outcome to the Superintendent for review and reconsideration (an “Appeal”) within thirty (30) calendar days of receiving the findings. This process provides an opportunity for the appealing party to bring information to the Superintendent’s attention that would change the outcome of the investigation. In submitting ~~the complaint and written outcome for review~~ an Appeal, the appealing party must explain why ~~he/she~~ such party ~~they~~ 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.
  - 2. 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 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 of ~~his/her~~ the Superintendent’s or designee’s decision within ten (10) school days following the receipt of the ~~written request for review~~ Appeal, or if the ~~request~~ Appeal is received during summer recess, as quickly as possible but no later than ten (10) school days after the start of the following school year.
  - 3. If the complainant is not satisfied with the Superintendent or designee’s decision or proposed resolution, ~~he/she~~ such individual may request that the Superintendent submit the matter to a neutral mediator or to an impartial hearing officer. This request for mediation or a hearing should be made within fifteen (15) school days of the Superintendent or designee’s decision.

C. Mediation Procedures:

1. A parent/guardian or student aged 18 or older may request mediation with a neutral mediator to attempt to resolve a disagreement with the decisions made by the professional staff of the ~~school-district~~ District with respect to the identification, evaluation or educational placement of the student.
2. A request for mediation regarding a student’s identification, evaluation or educational placement under Section 504 should be forwarded to the ~~district~~ District’s Section 504/ADA Coordinator within thirty (30) school days of the alleged date that the dispute regarding the student’s identification, evaluation, and/or education placement arose or within fifteen (15) school days of the Superintendent’s decision in reviewing a complaint handled through the grievance/complaint procedure described in Section III.B, above. Mediation shall only occur by mutual agreement of the parties.
3. The request for mediation 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.
4. Upon receipt of a request for mediation,
  - a. The Section 504/ADA Coordinator shall:
    - i. Forward a copy of the request for mediation to the Superintendent of Schools; and
    - ii. Inform the parent/guardian or student 18 years old or older as to whether the ~~district~~ District agrees to mediation in writing.
  - b. If the ~~district~~ District agrees to mediation, the Board shall retain a neutral mediator 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 Individuals with Disabilities Education Act (“IDEA”).
  - c. If the ~~district~~ District does not agree to mediation, the Section 504/ADA Coordinator shall inform the parent/guardian or student aged 18 or older of their right to request an impartial hearing.

- 367  
368  
369  
370  
371  
372  
373  
374  
375  
376  
377  
378  
379  
380  
381  
382  
383
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.

- 392  
393  
394  
395  
396  
397  
398  
399  
400  
401  
402  
403  
404  
405  
406  
407  
408  
409  
410  
411  
412
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

438

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 8<sup>th</sup> 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 8<sup>th</sup> Floor

575 5 Post Office Square

576 Boston, MA 02109-0111

577 (617) 289-0111.

578

579



Office of the Superintendent  
 Madison Public Schools  
 Madison, CT 06443

### Donation (Cash / Property) to the Madison Public Schools

Completion of this form is required prior to the district's consideration of a proposed donation to the Madison Public Schools. This form is to be completed in its entirety and submitted to the building principal / assistant principal, Athletic Director, or Superintendent prior to receipt of any donated goods, services, or funds. Donations valued in excess of \$1,000 must be approved by the Board of Education. (Reference Policy #3281)

Date Form Completed: 1/27/2023

Organization / Individual Making Donation: Ryerson PTO

Address: Ryerson PTO  
982 Durham Road  
Madison, Connecticut 06443  
 (Street, City, State, Zip)

Daytime Phone # 203-930-8014

Description of Donation / Gift: Donation Approximate Value: \$4,000.00

Explain how this gift will be used: Deposit in Ryerson Bank Account to help offset cost of student field trips

Monetary Gift: Explain how the funds will be used: \_\_\_\_\_

Recipient(s) of Donation (school, athletics program, etc.): Ryerson School

Acknowledgments: (optional)

In honor of:

In memory of: \_\_\_\_\_

Acknowledgement Contact: Erica McMillian, PTO President

Acknowledgement Address: 982 Durham Road, Madison, CT 06443

**This request cannot be acted upon before the building Principal / Assistant Principal, Athletic Director, or Superintendent has been consulted concerning this gift. Please provide the name of the person with whom you consulted.**

Signature of Person Consulted: 

Are there conditions of use attached to the gift: Yes  No

If yes, please explain conditions: money to be used to help pay for costs of student field trips.

Are there installation costs, site preparation costs, labor costs, or equipment need for installation, etc? NO


If yes, who will be responsible for the costs? N/A

What is the annual maintenance cost of the donation if any? (be specific) N/A

Are there additional costs to the school district not indicated above? (be specific) N/A

\_\_\_\_\_  
 (Signature of Donor)

For Central Office Use Only

Accepted by Superintendent:   
 Signature

1/31/23  
 Date

Accepted by Board of Education on: \_\_\_\_\_  
 Date

**Subject to Approval**

**Meeting Minutes**

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

I. Call to Order / Attendance

The public meeting of the Madison Board of Education was called to order by Chairman Seth Klaskin at 7:37 p.m. Mr. Klaskin led the Pledge of Allegiance.

Present: Galen Cawley, Mary Ann Connelly, Diane Infantine-Vyce, Seth Klaskin, Maureen Lewis, Cathy Miller, Steve 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

Lucy reported on winter sports and music performances. She shared that high school conferences will take place on Feb. 1. Eli shared that students have reached the midpoint of the school year and reported that the freshman orientation held earlier this month was a success.

IV. Superintendent's Report

Craig Cooke, Ph.D.

Dr. Cooke shared with the Board a budget summary sheet that will be distributed to the community. He said office staff produce this document every year to facilitate sharing factual information about the BOE approved budget. The budget now moves on to the Board of Selectmen and Board of Finance.

Dr. Cooke shared with the board information from CABE regarding the upcoming legislative session and what items it considers a priority for schools.

V. Board Members' Comments

Dr. Infantine-Vyce congratulated the women's fencing team on its recent success and Mrs. Connelly congratulated VIBE on its recent win. Mr. Pynn commented that he attended a legislative breakfast and heard from numerous other districts that they too are worried about the reading program the state is trying to implement at the K-3 level. Chairman Klaskin said in

response to the State trying to force a program on local districts, Madison has submitted a waiver to allow the District to keep using its own curriculum. Chairman Klaskin said he was pleased to sign a letter on behalf of the Board for the District's waiver application.

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

None

VII. Board of Selectmen Liaison

Scott Murphy

Mr. Murphy was not in attendance.

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

VIII.A. Curriculum and Student Development

Members: Steve Pynn, Chair; Catherine Miller, Jen Gordon

No report. The committee will meet Tuesday, Feb. 7, 2023 at 5:30 p.m.

VIII.B. Facilities Committee

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

No report. The committee will meet Tuesday, Feb. 7, 2023 at 6:30 p.m.

VIII.C. Finance Committee

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

No report. The committee has not met.

VIII.D. Personnel Committee

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

Mrs. Lewis reported that the committee has met and has reached a tentative agreement with the new nurses' union. She expects the agreement will be ratified in February and brought to the Board for its approval in March.

VIII.E. Policy Committee

Members: Diane Infantine-Vyce, Chair; Maureen Lewis, Jen Gordon

Dr. Infantine-Vyce reviewed the following policies proposed for a second reading and approval: #2240 Retention of Electronic Records and Information, #4119 Reports of Suspected Abuse or Neglect of Children or Reports of Sexual Assault of Students by School Employees, #5120.3 Health Assessment/Screenings and Oral Health Assessment, #7551 Naming/Renaming of School Buildings, Components of Buildings and/or School Grounds, #9220.2 Oath of Office, #9325.43 Attendance at Meetings via Electronic Communications

VIII.F. LEARN Liaison

Mary Ann Connelly

Mrs. Connelly reported that she attended the most recent LEARN meeting via Zoom. The meeting was focused on budget.

VIII.G. Town Marijuana Advisory Committee

**Speaker(s):** Mary Ann Connelly

Mrs. Connelly reported that the committee will meet Thursday, Jan. 26.

IX. Action Item: Motion to approve the following policies: #2240, Retention of Electronic Records and Information; #4119, Reports of Suspected Abuse or Neglect of Children or Reports of Sexual Assault of Students by School Employees; #5120.3, Health Assessments/Screenings and Oral Health Assessment; #7551, Naming/Renaming of School Buildings, Components of Buildings and/or School Grounds; #9220.2, Oath of Office; #9325.43, Attendance at Meetings via Electronic Communications.

MOTION: by Infantine-Vyce, seconded by Lewis to approve policy #2240, Retention of Electronic Records and Information; #4119, Reports of Suspected Abuse or Neglect of Children or Reports of Sexual Assault of Students by School Employees; #5120.3, Health Assessments/Screenings and Oral Health Assessment; #7551, Naming/Renaming of School Buildings, Components of Buildings and/or School Grounds; #9220.2, Oath of Office; #9325.43, Attendance at Meetings via Electronic Communications.

AYES: Cawley, Connelly, Infantine-Vyce, Klaskin, Lewis, Miller, Pynn, Rosenthal

NAYS: 0

ABSTAIN: 0

MOTION CARRIED: 8 – 0

X. Action Item: Motion to accept the resignation of Board Member Jennifer Gordon

MOTION: by Connelly, seconded by Rosenthal to accept the resignation of Board member Jennifer Gordon.

AYES: Cawley, Connelly, Infantine-Vyce, Klaskin, Lewis, Miller, Pynn, Rosenthal

NAYS: 0

ABSTAIN: 0

MOTION CARRIED: 8 – 0

XI. Action Item: Motion to approve the minutes of the January 10, 2023 Board of Education Meeting (Ref. Bylaw #9540.9)

MOTION: by Infantine-Vyce, seconded by Cawley to approve the minutes of the January 10, 2023 Board of Education Meeting.

AYES: Cawley, Connelly, Infantine-Vyce, Klaskin, Lewis, Miller,  
Pynn, Rosenthal  
NAYS: 0  
ABSTAIN: 0  
MOTION CARRIED: 8 – 0

XII. Action Item: Motion to approve the minutes of the January 17, 2023 Board of Education Budget Workshop (Ref. Bylaw #9540.9)

MOTION: by Miller, seconded by Pynn to approve the minutes of the January 17, 2023 Board of Education Budget Workshop.  
AYES: Cawley, Connelly, Infantine-Vyce, Klaskin, Lewis, Miller, Pynn, Rosenthal  
NAYS: 0  
ABSTAIN: 0  
MOTION CARRIED: 8 – 0

XIII. Future Agenda Items

Mrs. Connelly requested that a safety discussion be added to an upcoming meeting agenda.

XIV. Meetings / Dates of Importance (see attached)

XV. Adjournment

MOTION: by Cawley, seconded by Lewis to adjourn at 8:18 p.m.  
AYES: Cawley, Connelly, Infantine-Vyce, Klaskin, Lewis, Miller, Pynn, Rosenthal  
NAYS: 0  
ABSTAIN: 0  
MOTION CARRIED: 8 – 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](mailto:ferranted@madisonct.org) at least five (5) business days prior to the meeting.