

Board of Education Regular Meeting

Thursday, June 4, 2026 7:00 PM

New Fairfield Community Room, 33 Route 37, New Fairfield, CT. In the event of inclement weather, this meeting will change to remote and a virtual link will be provided on our website and distributed. , 3 Brush Hill Road, New Fairfield, CT 06812

I. CALL TO ORDER

II. PLEDGE OF ALLEGIANCE

III. APPROVAL OF THE MINUTES

III.A. May 21, 2026 - Regular

IV. APPROVAL OF THE AGENDA

- V. **PUBLIC PARTICIPATION** - *The Board welcomes public participation. Pursuant to our Board Policy, public participation is limited to no more than three (3) minutes per speaker and a total of no more than thirty (30) minutes total for the entire meeting. Individuals who wish to speak longer are encouraged to attend any and all related subcommittee meetings where most of the board's groundwork is done. We value your input, but due to these time limitations, we ask you to be concise and to observe the rules of common courtesy. [9320(a) of Board Bylaws]*

VI. BOARD AND ADMINISTRATIVE COMMUNICATIONS

VI.A. Chairman's Report

VI.B. Superintendent's Report

VI.C. Student Representatives' Report

VI.D. Committee Reports

VI.D.1. Curriculum (*Amy Johnson*)

VI.D.2. Policy (*Samantha Mannion*)

VI.D.3. Special Education Ad Hoc (*Kim LaTourette*)

VI.E. Liaison Reports

VI.E.1. Board of Finance (*Ed Sbordone*)

VII. INFORMATION ITEMS

VII.A. New Fairfield High School/Consolidated School Building Project Update

VII.B. 2025-26 District Priorities and Goals Update

VIII. **ACTION ITEMS**

VIII.A. Personnel Report

VIII.B. FY 2024-25 Fund 19 Closeout

VIII.C. FY 27 Proposed Budget Reduction List

VIII.D. New Textbook Adoption
Suspension of the Rules [referring to New Textbook Adoption]

VIII.D.1. NFHS Medical Terminology ECE Textbook
(Curriculum goal)
The Language of Medicine, 13th Edition

VIII.E. Board of Education Policy
Suspension of the Rules [referring to Policy 5141.4]

VIII.E.1. Policy 5141.4 - Child Abuse and Neglect

VIII.F. BRIDGE Program Enhancements

VIII.G. Fund 306 Transfer Request

VIII.H. Partial Allocation of DRIP Funds – Infrastructure

VIII.I. Partial Allocation of DRIP Funds – School
Security *(To be voted on after Executive Session.)*

VIII.J. Non-Union Salaries and Benefits and Contracts *(To be voted on after Executive Session.)*

VIII.K. Superintendent Evaluation

IX. **PUBLIC PARTICIPATION** – *The Board welcomes public participation. Pursuant to our Board Policy, public participation is limited to no more than three (3) minutes per speaker and a total of no more than thirty (30) minutes total for the entire meeting. Individuals who wish to speak longer are encouraged to attend any and all related subcommittee meetings where most of the board’s groundwork is done. We value your input, but due to these time limitations, we ask you to be concise and to observe the rules of common courtesy. [9320(a) of Board Bylaws]*

X. **FUTURE AGENDA ITEMS**

XI. **BOARD MEMBER COMMENTS**

XII. **EXECUTIVE SESSION FOR THE PURPOSE OF DISCUSSING SCHOOL SAFETY AND SECURITY**

XIII. **EXECUTIVE SESSION FOR THE PURPOSE OF DISCUSSING NON-UNION CONTRACT NEGOTIATIONS**

**XIV. EXECUTIVE SESSION FOR THE PURPOSE OF
DISCUSSING SUPERINTENDENT EVALUATION**

XV. ADJOURNMENT

**NEW FAIRFIELD BOARD OF EDUCATION
NEW FAIRFIELD, CT**

The New Fairfield Board of Education held a regular meeting on Thursday, May 21, 2026, at 7:00 pm via zoom.

MINUTES – May 21, 2026

PRESENT: Dominic Cipollone (Chairman), Greg Flanagan, Amy Johnson, Sue Huwer, Peggy Katkocin, Kimberly LaTourette, Samantha Mannion, and Ed Sbordone

ABSENT: Kathy Baker

ALSO PRESENT: Superintendent of Schools Dr. Kenneth Crow, Assistant Superintendent of Curriculum and Instruction Dr. Kristine Woleck, High School Principal James D’Amico, Middle School Principal Karen Gruetzner, Elementary School Principal Allyson Story, Director of Pupil Personnel Services Monika Krepsztul, Director of Business and Operations Carrie DePuy

I. CALL TO ORDER: Chairman Dominic Cipollone called the meeting to order at 7:01 p.m.

II. PLEDGE OF ALLEGIANCE

III. APPROVAL OF MINUTES

A. May 7, 2026 - Regular meeting - Approved by consensus

IV. APPROVAL OF AGENDA - Approved by consensus

V. PUBLIC PARTICIPATION - None

VI. BOARD AND ADMINISTRATIVE COMMUNICATIONS

A. Chairman’s Report

Dominic Cipollone spoke of the following:

- Thanked the Post Grad committee for their amazing fundraising that substantially reduced the amount that each student needed to pay to attend the party at Quassy on graduation night.
- He thanked all town volunteers and encouraged residents to get involved.
- Thanked the BOF, BOS, and Finance Department for the seamless budget process.

B. Superintendent’s Report - Dr. Kenneth Crow spoke of the following:

- Thanked the community for supporting the budget and passing it on the first referendum.
- Friday, May 22nd and the last two days of school will be early dismissal days.
- Spoke of the many “end of year” activities and wished everyone well.

C. Student Representative Report

Senior Representative Ella Skogstrom spoke of the following:

- AP Exams were held from May 5th to 15th.
- Senior Prom was held on May 16th.
- The Art Show was held from May 19th to 21st.
- Seniors began their SEE Project which will go until June 5th.
- The Senior trip to Six Flags will be on May 28th.
- Scholars Night will be held on June 3rd.
- High School Graduation will be Friday, June 13th.

Junior Representative Hailey Lafaro spoke of the following:

- The Art Show was held from May 19th to 21st.
- Spring Sports playoffs have begun.
- “Junior Jump Start” will be held on May 27th.
- Junior Award Ceremony will be held on June 11th.

D. Committee Reports

1. Business Operations/Resource Management

Greg Flanagan noted that this committee met on May 21st and reviewed the budget and spoke of the deficit in Special Ed. He noted that money from the Excess Cost grant and turnover savings will help with the balancing of the budget. He further noted that the bids for the Facilities Study at the Middle School have gone out and are due back by June 11th.

E. Liaison Reports

1. Board of Finance - Ed Sbordone noted that the BOF met for a special meeting on May 11th and addressed a request for an additional appropriation for the BOE budget for Special Education needs and discussed the process. At this meeting, the BOF approved bringing to a town meeting the appropriation of \$276,637 from General Fund Education ECS and \$179,041 from General Fund Interest Income for a total of \$455,678 to General Fund-Education Operating A/P for allocation as needed to Out of District Tuition SPED and Transportation SPED.

Dr. Craw and Director of Business and Operations Carrie DePuy spoke at the BOF meeting of mitigating strategies that were applied to address this shortfall, including implementation of a budget freeze, expending all special education contingency funds, applying \$65,225 from prior year unexpended funds, actively pursuing Excess Cost grants, expanding continuum of in-district supports, and restructuring efforts to decrease reliance on contracted services. BOE Chairman Dominic Cipollone noted that any money left over after these expenses will be returned to the Town.

The BOF also noted that both budgets passed at the referendum on May 9th and they approved the Mill Rate. BOF Chairman noted that since the final markup, Governor Lamont and the State Legislators voted to increase money given to individual towns. New Fairfield’s share is \$181,938 (\$139,244 for the BOE and \$42,694 for the Town) which once applied, will reduce the 2026/2027 Mill Rate from 4.86 to 4.60.

The next meeting of the BOF will be on Wednesday, May 27th at 7:00 p.m. via zoom.

2. Parks and Recreation

Kimberly LaTourette noted that the Parks and Rec committee met on May 11th and discussed the following:

- The possible creation of a policy regarding outside “for profit” teams using the fields. This will be discussed further at the Field Fees committee.
- The Commission spoke of whether or not it was advantageous to purchase a used light tower for events.
- They approved an expenditure for tree removal at the Town Beach.
- The Sip and Stroll will be held this Saturday, May 16th starting at 4:00pm.
- The Boat parade will be held on Friday, July 10th (rain date Saturday, July 11th)
- The next meeting of the Parks and Rec Commission will be Monday, June 8th at 6:00 p.m.

VII. **INFORMATION ITEMS**

A. Strategic Plan EOY Update

Dr. Craw noted that there will be three presentations regarding the Strategic Plan in future meetings.

Assistant Superintendent of Curriculum and Instruction Dr. Kristine Woleck gave a presentation regarding the Strategic Plan. She noted that this plan was developed two years ago and since then, the district has accomplished all goals in the plan. She spoke of how the Strategic Plan affects Curriculum, Instruction, and Wellness and discussed action steps. She spoke of the development of the next iteration of the plan. She

spoke of the Vision of a Learner and how AI has affected education. There was a brief discussion of how to teach students to responsibly use AI. Members of the Board asked questions of Dr. Woleck.

B. Central Office Project Update

Director of Business and Operations Carrie DePuy spoke of the plans to move Central Office to the Middle School and showed pictures of the plans. She spoke of the advantages of having everyone in one space. The move is expected to be completed by July 1st. She thanked all the tradesmen and vendors for finding many project efficiencies. The new address is 70 Gillotti Road, New Fairfield.

C. Fiscal Year 2026-2027 Budget Update

Dr. Craw spoke of the need to finalize the reduction list resulting for the BOF request for a \$150,000 reduction for 2026-2027. This is broken up as \$80,000 from the Operating Budget and \$70,000 from capital. The Board will vote on this list at the next regular meeting.

VIII. ACTION ITEMS

A. Personnel Report

MOTION: Kimberly LaTourette made a motion to recommend to the full Board the approval of the Personnel Report for May 14, 2026, as recommended by the administration. Samantha Mannion seconded the motion. **IN FAVOR:** Dominic Cipollone, Greg Flanagan, Amy Johnson, Sue Huwer, Peggy Katkocin, Kimberly LaTourette, Samantha Mannion, and Ed Sbordone

B. Fiscal Year 2026 Supplemental Appropriation for Special Education Unanticipated Costs

MOTION: Kimberly LaTourette made a motion to recommend to the full Board that any portion of the supplemental appropriation not expended by the end of fiscal year 2026 shall be returned to the Town of New Fairfield. Greg Flanagan seconded the motion. **IN FAVOR:** Dominic Cipollone, Greg Flanagan, Amy Johnson, Sue Huwer, Peggy Katkocin, Kimberly LaTourette, Samantha Mannion, and Ed Sbordone

C. Non-Union Salaries and Benefits and Contracts - Executive Session

IX. PUBLIC PARTICIPATION- None

X. FUTURE AGENDA ITEMS

There was a request to put a discussion of the Hall of Fame at the high school on the agenda for a future meeting. It was decided that this will be first discussed at the Policy Subcommittee meeting and then decided if it should go to the full board.

XI. BOARD MEMBER COMMENTS

Sue Huwer spoke of her disappointment that the physical plaques and trophies on the Hall of Fame were taken down and asked that this can be discussed in the future.

XII. EXECUTIVE SESSION

Dominic Cipollone made a motion to go into Executive Session at 8:04 p.m. for the purpose of discussing non-union contract negotiations and to invite Superintendent of Schools Dr. Ken Craw and Director of Business and Operations Carrie DePuy into the Executive Session. Samantha Mannion seconded the motion. **IN FAVOR:** Dominic Cipollone, Greg Flanagan, Amy Johnson, Sue Huwer, Peggy Katkocin, Kimberly LaTourette, Samantha Mannion, and Ed Sbordone

Dominic Cipollone made a motion to come out of Executive Session at 8:38 p.m. Greg Flanagan seconded the motion. **IN FAVOR:** Dominic Cipollone, Greg Flanagan, Amy Johnson, Peggy Katkocin, Kimberly LaTourette, Samantha Mannion, and Ed Sbordone

MOTION: Kim LaTourette made a motion to table the approval of the non-union salaries and benefits for the 2026-2027 school year as recommended by the Superintendent of Schools. Greg Flanagan seconded the motion. **IN FAVOR:** Dominic Cipollone, Greg Flanagan, Amy Johnson, Peggy Katkocin, Kimberly LaTourette, Samantha Mannion, and Ed Sbordone

MOTION: Kim LaTourette made a motion to table the approval of the Assistant Superintendent's contract for the 2026-2027 school year as recommended by the Superintendent of Schools. Greg Flanagan seconded the motion. **IN FAVOR:** Dominic Cipollone, Greg Flanagan, Amy Johnson, Peggy Katkocin, Kimberly LaTourette, Samantha Mannion, and Ed Sbordone

MOTION: Kim LaTourette made a motion to table the approval of the Director of Business and Operations' contract for the 2026-2027 school year as recommended by the Superintendent of Schools. Greg Flanagan seconded the motion. **IN FAVOR:** Dominic Cipollone, Greg Flanagan, Amy Johnson, Peggy Katkocin, Kimberly LaTourette, Samantha Mannion, and Ed Sbordone

XIII. ADJOURNMENT

MOTION: Dominic Cipollone made a motion to adjourn the meeting at 8:40 p.m. Greg Flanagan seconded the motion. **IN FAVOR:** Dominic Cipollone, Greg Flanagan, Amy Johnson, Peggy Katkocin, Kimberly LaTourette, Samantha Mannion, and Ed Sbordone

Respectfully submitted,
Suzanne Kloos

**New Fairfield Public Schools
District Priorities
2025-2026**

Completed	In Process	Early Development	Anticipated / Not Yet Begun
1. Curriculum Goal			
	1.1 Continue a comprehensive curriculum review and design process, to include K-12 social studies, K-12 digital literacy, and 6-12 world language design, as well as 6-12 English Language Arts curriculum research.		
	1.2 Launch Eduplanet curriculum platform internally and externally to ensure consistency, fidelity, and sustainability of NFPS curriculum as well as communication to families and the community.		
2. Instruction Goal			
	2.1 Expand development of internal assessments and use of data protocols with internal and external assessment data to monitor student learning progress and inform differentiated instruction in the classroom.		
	2.2 Expand instructional practices that foster students’ engagement, critical thinking, and inquiry, evidenced through learning walks		

	undertaken in all schools.	
	2.3 Expand professional learning experiences that foster staff understanding of AI tools and enhance instructional opportunities with AI that deepen student critical thinking skills.	
	2.4 Build models of instructional and assessment experiences that are aligned to specific NFPS Vision of the Learner indicators to promote student goal-setting, reflection, and feedback.	
3. Special Education		
	3.1 Enhance Parent Communication & Engagement: Strengthen partnerships with families through regular communication, parent workshops, and informational sessions designed to build understanding of special education processes, IEP development, and available supports.	
	3.2 Redefine PPS Roles & Responsibilities: Clarify and realign the roles of PPS staff and leadership to ensure a cohesive, collaborative, and student-centered system of support.	
	3.3 Restructure Specialized Programs: Increase opportunities for inclusion by redesigning specialized programs and master schedules to support equitable access to rigorous, standards-based instruction in general education classrooms.	
	3.4 Improve IEP Quality & Instructional Alignment: Strengthen the development of high-quality IEPs by connecting goals to standards, expanding diagnostic tools for progress monitoring, and providing targeted professional development.	
4. Wellness Goal		
	4.1 Articulate a PreK-12 skills map to support students' social-emotional growth, as well as a vertically-aligned K-12 digital literacy skills progression that supports student wellness in a digital world.	

	4.2 Continue to enhance community and family partnerships in support of student wellness and balanced use of technology, through the NFPS Community Read, <i>The Anxious Generation</i> .	
5. Attendance		
	5.1 Continue efforts to reduce the student chronic absenteeism rate to 8% or under.	
	5.2 Partner with collective bargaining units to achieve at least a 95% staff attendance rate.	
6. Resources to Support Learning		
<u>Finance</u>	6.1 Develop and present a FY 27 Operational and Capital Budget request to the community that is transparent, fiscally responsible and ensures continuous improvement.	
	6.2 Manage the FY 26 Operational and Capital Budget to provide resources as planned and to address unanticipated expenses.	
	6.3 Respond to the recommendations in the Shared Financial Services Report (May 2025) to enhance the operational efficiency of the District’s financial services. This work entails collaborating with the town to develop and revise Memorandum of Understanding that reflects the current operation of the shared finance department.	
<u>Transportation</u>	6.4 Continue to provide leadership for the design and construction of the permanent bus lot at the Consolidated site.	
<u>Facilities</u>	6.5 Close out the New Fairfield Elementary and High School building projects and continue to monitor large punch list items such as the elementary playground and lack of propane at the high school.	
	6.6 Construct appropriate classroom space for middle school programs: chorus, orchestra, general music and world language expansion.	
	6.7 Consolidate district offices into one location at the middle school for improved communication and support for the schools. Funding for this project will come from savings realized from capital projects and unexpended funds.	

	6.8 Upgrade the NFMS cafeteria and servery by using our food service fund.	
<u>Human Resources</u>	6.9 A consistent electronic format for non active personnel records has been implemented. It maximizes storage efficiency, significantly reduces reliance on physical personnel files, and improves the accessibility and organization of retained records.	
	6.10 The District is in the process of transitioning to a more cost-efficient software platform designed to integrate with our existing HRIS and financial management systems. The goal is to increase efficiency, reduce administrative burden, and reduce paper forms.	
	6.11 Once the migration of the new HRIS is in place; new streamlines can occur including mandatory training systems, FMLA tracking and recording, reporting processes for attendance, and many other capabilities that will enable HR to run smoothly and support other departments.	
<u>Technology</u>	6.12 Further the streamlining of access to digital tools across the district, with a focus on the middle school and upper elementary buildings, bringing them further into alignment. (e.g. Smartboards, document cams, speakers)	
	6.13 Support curricular alignment in STEAM initiatives, with a focus on Robotics and Digital Media synergies.	

**New Fairfield Public Schools
FY 2024-25 Fund 19 Closeout
June 4, 2026**

Public Act No. 24-45, Sections 7 and 8, authorizes the Board of Education to deposit funds from fiscal year 2024-25 into its capital and non-lapsing account, provided that the transferred amount does not exceed two percent of the BOE's budgeted appropriation for that fiscal year.

The administration recommends the following allocation:

Purpose	Amount	Explanation
Special Education Expenditures	\$25,408.83	To offset the projected FY 2026 special education deficit

Recommended Motion:

To recommend that the Board of Education approve the transfer of fiscal year 2024-25 Fund 19 Closeout, in the amount of \$25,408.83, to the Board of Education non-lapsing account for the purpose of covering unanticipated special education expenses.

\$150,000 Board of Finance Reduction		
6/4/2026		
#	Reduction	Amount
1	Stipends	\$ (24,000)
2	SPED Paraeducator	\$ (20,000)
3	Shared Services	\$ (15,000)
4	Technology Software	\$ (13,900)
5	Human Resources Software	\$ (5,000)
6	Special Education Consultations	\$ (2,100)
	Total Operating Reduction	\$ (80,000)
Capital Budget		
7	Middle School Music Classrooms	\$ (35,000)
8	Segment Roof Repair	\$ (35,000)
	Total Capital Reduction	\$ (70,000)
	Total Reduction	\$ (150,000)

Medical Terminology Resource

Proposed Textbook Adoption

Board of Education Curriculum Subcommittee
New Fairfield Public Schools
May 26, 2026



Medical Terminology

Medical Terminology ECE

1 Semester | 0.5 credit

Prerequisite: Human Anatomy and Physiology

Physics may be taken concurrently. A 10th-Grade student may take this elective with a required science teacher recommendation.

Grade 11-12

STEM | Science

Wt 5

Medical Terminology through Human Pathology ECE introduces the basic concepts, medical terminology and etiology of diseases and conditions that affect humans. Students will be able to earn ECE credit through the University of Connecticut upon successful completion of this course. Students will engage in an overview and history of human pathology immune response, pathology of major organ systems and common ailments. There are no formal laboratory reports, rather students will conduct mini presentations throughout the course in preparation for the final exam and research project presentation at the end of the course where students will demonstrate mastery of the appropriate medical terminology used to describe various pathological issues.



Science - Medical Terminology

Medical Terminology (AH 2001) is a two-credit UConn Early College Experience course that teaches students to decode and construct medical terms by recognizing patterns in Greek and Latin word parts, developing analytical skills that unlock thousands of terms without memorization. Each unit is organized around an essential question and a career lens that illustrates how terminology is used in practice, providing context rather than job training. Medical terminology is the shared language of healthcare, and mastering it prepares students for any pathway they choose to pursue.



Unit 1: Cracking the Code of Medical Language

Medical terminology is built from a structured system of word parts that carries meaning across healthcare settings. Students analyze Greek and Latin origins, examine prefixes, roots, and suffixes, and explore alternative naming systems, such as eponyms and acronyms. By identifying recurring patterns, students begin to see how medical language encodes meaning and supports clear, global communication.

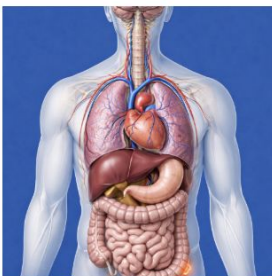
[VIEW](#)



Unit 2: Mapping the Human Body

Accurate healthcare communication depends on consistently and precisely describing the body. Using anatomical position as a reference point, students learn to describe body locations, directions, planes, and movements. Clinical contexts such as examinations, imaging, and therapy notes provide opportunities to practice using anatomical terminology without ambiguity.

[VIEW](#)



Unit 3: Naming What Goes Wrong

As symptoms emerge, they must be translated into standardized medical descriptions. Students work with disease-related terminology to describe pathological processes, conditions, and diagnoses. By examining how different medical specialties classify and communicate disease, students deepen their ability to interpret diagnostic language and understand its role in clinical decision-making.

[VIEW](#)



Unit 4: Reading the Medical Record

Healthcare information gains meaning through documentation. Students analyze the structure and terminology of medical records, including histories, examinations, progress notes, diagnostic reports, and laboratory results. Emphasis is placed on how standardized documentation enables accurate information transfer between providers and healthcare settings.

[VIEW](#)



Unit 5: Pharmacology and Treatment

Clinical care relies on precise language to describe interventions. Students examine how procedural and surgical terms are formed and how pharmacological vocabulary communicates drug classifications, administration routes, and treatment plans. The focus highlights how treatment terminology connects diagnosis to action and supports patient safety.

[VIEW](#)

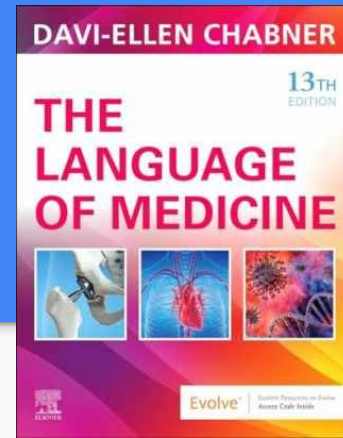


Unit 6: Body Systems Deep Dive

All prior learning comes together through focused study of individual body systems. Students apply terminology related to anatomy, pathology, diagnostics, documentation, and treatment to analyze how each system is described in healthcare. Through a culminating Body System Research Project, students demonstrate how medical terminology creates a complete and coherent understanding of human health and disease.

[VIEW](#)

Recommended Resource



- **2025 edition**
- **Recommended by UCONN Allied Health Department for ECE courses; standard text for this course at the college level**
- **Systematic, word-part-based approach (parts of speech and related body systems)**
- **Morphology (roots, prefixes, suffixes), vocabulary, medical terminology, practical applications and clinical cases, practice exercises, pronunciation guide**

DAVI-ELLEN CHABNER

13TH
EDITION

THE LANGUAGE OF MEDICINE



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Notice that the combining vowel is retained between **gastr** and **enter**, even though the second root, **enter**, begins with a vowel. When a term contains two or more roots related to parts of the body, anatomic position often determines which root goes before the other. For example, the stomach receives food first, before the small intestine—so the word is formed as **gastroenterology**, not “enterogastrology.”

In summary, remember **three general rules**:

1. **READ** the meaning of medical terms from the suffix back to the beginning of the term and across.
2. **DROP** the combining vowel (usually o) before a suffix beginning with a vowel: **gastritis**, not “gastroitis.”
3. **KEEP** the combining vowel between two roots: **gastroenterology**, not “gastrenterology.”

In addition to the root, suffix, and combining vowel, two other word parts are commonly found in medical terms. These are the **combining form** and the **prefix**. The combining form is simply the root plus the combining vowel. For example, you already are familiar with the following combining forms and their meanings:

HEMAT/O means **blood**

↓
COMBINING FORM = root + combining vowel

GASTR/O means **stomach**

↓
COMBINING FORM = root + combining vowel

CARDI/O means **heart**

↓
COMBINING FORM = root + combining vowel

Combining forms are used with many different suffixes. Remembering the meaning of a combining form will help you understand unfamiliar medical terms.

The **prefix** is a small part attached to the **beginning** of a term. Not all medical terms contain prefixes, but the prefix can have an important influence on the meaning. Consider the following examples:

HYP/O/GASTR/IC means **pertaining to below the stomach**

prefix root suffix
(below) (stomach) (pertaining to)

EPI/GASTR/IC means **pertaining to above the stomach**

prefix root suffix
(above) (stomach) (pertaining to)

PREFIXES

PREFIX	MEANING	TERMINOLOGY	MEANING
a-, an-	no, not, without	anemia	<i>Anemia is a decreased number of erythrocytes or an abnormality of the hemoglobin (a chemical) within the red blood cells. This results in decreased delivery of oxygen to cells of the body. Anemic patients look so pale that early physicians thought they were literally "without blood."</i>
aut-, auto-	self, own	autopsy	<i>This term literally means "process of viewing by oneself." Hence, an autopsy is the examination of a dead body with one's own eyes to determine the cause of death and nature of disease.</i>
dia-	complete, through	diagnosis	<i>The plural of diagnosis is diagnoses.</i>
endo-	within	endocrinologist	
epi-	above, upon	epigastric	
		epidermis	<i>This outermost layer of skin lies above the middle layer of skin, known as the dermis.</i>
ex-, exo-	out, outside of, outward	excision	
		exocrine glands	
hyper-	excessive, above, more than normal	hyperthyroidism	<i>The suffix -ism means process or condition.</i>
hypo-	deficient, below, under, less than normal	hypogastric	<i>When hypo- is used with a part of the body, it means below.</i>
		hypoglycemia	<i>In this term, hypo- means deficient.</i>
in-	into, in	incision	
peri-	surrounding, around	pericardium	<i>The suffix -um means a structure. The pericardium is the membrane that surrounds the heart.</i>

Plurals

Terms ending in **-is** (diagnosis, prognosis) form their plural by dropping the **-is** and adding **-es**. See Appendix I, page 989, for other rules on formation of plurals.

Understanding Hyperthyroidism

In **hyperthyroidism**, a **hyperactive thyroid gland** (an endocrine gland in the neck) secretes a greater than normal amount of **thyroxine** (thyroid hormone, or **T₄**). Because thyroxine causes cells to burn fuel and release energy, signs and symptoms of hyperthyroidism are **increased energy level** and **nervousness, tachycardia** (increased heart rate), **weight loss**, and **exophthalmos** (bulging eyeballs).



PRONUNCIATION OF TERMS

The terms you have learned in this chapter are presented here with their pronunciations. The **CAPITAL** letters indicate the accented syllable.

The meanings for all the terms are in the **Mini-Dictionary** beginning on page 967. You can also hear each term pronounced on the Evolve website (<http://evolve.elsevier.com/Chabner/language/>).

TERM	PRONUNCIATION	TERM	PRONUNCIATION
abdomen	AB-doh-men	epinephrine	ep-ih-NEF-rin
abdominal cavity	ab-DOH-ih-nai KAV-ih-te	epithelial cells	ep-ih-THE-le-al sels
adipose	AH-dih-pohs	frontal plane	FRUN-tal playn
anabolism	ah-NAB-o-liz-im	genes	jeenz
anterior	an-TE-re-or	histology	his-TOL-o-je
cartilage	KAR-tih-lij	hypochondriac regions	hi-po-KON-dre-ak RE-jens
catabolism	kah-TAB-o-liz-im	hypogastric region	hi-po-GAS-trik RE-jen
cell membrane	sel MEM-brayn	iliac	IL-e-ak
cephalic	seh-FAL-ik	inferior	in-FE-re-or
cervical	SER-vih-kul	inguinal regions	IN-gwih-nal RE-jens
chondroma	kon-DRO-mah	intervertebral	in-ter-ver-TE-bral
chondrosarcoma	kon-dro-sar-KO-mah	intravenous	in-trah-VE-nus
chromosome	KRO-mo-sohm	karyotype	KAIR-e-o-type
coccygeal	kok-sih-JE-al	laryngitis	lah-rin-JI-tis
coccyx	KOK-siks	larynx	LAH-rinks
cranial cavity	KRA-ne-al KAV-ih-te	lateral	LAT-er-al
craniotomy	kra-ne-OT-o-me	lumbar regions	LUM-bar RE-jens
cytoplasm	SI-to-plaz-im	lumbar spine	LUM-bar spine
deep	deep	lumbosacral	lum-bo-SA-kral
diaphragm	DI-ah-fram	medial	ME-de-al
disc	disk	mediastinum	me-de-ah-STI-num
distal	DIS-tal	metabolism	meh-TAB-o-lism
dorsal	DOR-sal	mitochondria	mi-to-KON-dre-ah
endoplasmic reticulum	en-do-PLAZ-mik reh-TIK-u-lum	nucleic	nu-CLA-ik
		nucleus	NU-cle-us
epigastric region	ep-ih-GAS-trik RE-jen	pelvic cavity	PEL-vik KAV-ih-te

1

2



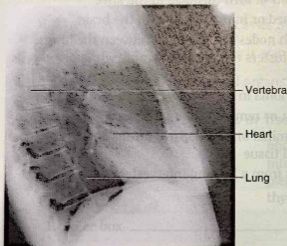
PRACTICAL APPLICATIONS

Be sure to check your answers with the Answers to Practical Applications on page 64.

X-RAY VIEWS

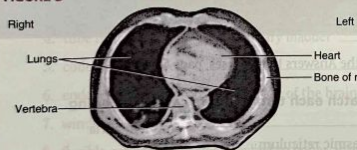
Circle the correct answers in the following sentences related to each x-ray view of the chest.

FIGURE A



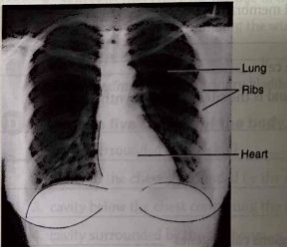
1. This is a/an (coronal, sagittal, axial) view. The heart lies (anterior, posterior, dorsal) to the vertebrae.

FIGURE B



2. This is a/an (coronal, sagittal, axial) view. It is a/an (CT, traditional x-ray) image.

FIGURE C



3. This is a/an (coronal, sagittal, axial) view. It is a/an (lateral, transverse, anterior/posterior) image.

(A, from Weir J et al: *An Imaging Atlas of Human Anatomy*, ed 4, Philadelphia, 2011, Elsevier/Mosby, C, from Black J, Hawks J: *Medical-Surgical Nursing*, ed 8, Philadelphia, 2009, Elsevier/Saunders.)



IN PERSON: KIDNEY TRANSPLANT

This first-person narrative was written by a kidney donor.

When my 64-year-old father-in-law announced to my wife and me that his kidney function was failing, it didn't really enter our minds that one of us might ultimately have a part to play in his survival. Five years later, dialysis was taking its toll on his organ systems, and there had been no success in obtaining a cadaveric kidney. Things had reached the point where he needed a kidney in short order, before his health deteriorated to the point where he would no longer be a candidate for transplantation.

My wife's blood type ruled out the possibility of her being a direct donor, so I volunteered to be tested. Turns out that her father and I were a match on 5 of the 7 key traits—a really good fit! The next round of testing—blood work and my kidney function—was able to be done locally. I remember carrying around a specimen container (on ice), having to provide a full liter of urine in 24 hours!

The results of those tests were favorable, and two weeks later I made the 3½-hour drive to the transplant center at the University of Virginia in Charlottesville. While a transplant is really a team of two—donor and recipient—the entire process at UVA was very much individualized. A transplant coordinator (an experienced RN) was assigned specifically to our case, and I had a team of doctors and support staff dedicated exclusively to me, the donor. Similarly, there was a team that dealt only with my father-in-law as the recipient.

My visit involved some more in-depth blood tests and cardiac studies largely to determine that I was healthy enough for major surgery. My transplant team and I spent an entire afternoon discussing the implications of being a donor—the inherent risk in any surgery, potential implications for me and my family, the likely recovery time, and the possibility that, despite all of the up-front testing, the transplant might not be successful. The discussions that afternoon only reaffirmed that I was making the right decision. I had an opportunity to have a positive impact on someone else's life, with relatively little risk to my own health.

The events around the surgery itself were pretty straightforward. The surgery is a more involved procedure for the donor than for the recipient, so I was taken back first. A nurse started an IV and injected a mild sedative. From that point, my only memory is of one last hug for my wife and children, and then being shifted from the stretcher onto the operating table.

When I woke up in recovery, the news was all good. My surgery had gone well—four laparoscopic incisions through which the surgeons did most all of their work, and a lateral incision in my lower abdomen through which the kidney was removed. Equally important, my father-in-law had come through his surgery well and the kidney had immediately begun to function! I was discharged from the hospital on Sunday, and cleared to return home the next Friday, 8 days post-op.

As is typical following a major surgery, it took about 6 weeks for me to feel “normal” again. During those 6 weeks, I had weekly blood tests to chart the progress of my kidney function. I went back to UVA for a routine follow-up visit at the 6-week mark. I was recovering as expected, and my remaining kidney was actually growing in size and capacity. Blood tests continued on a monthly basis until I was officially “discharged” from the transplant center's care 6 months after the surgery.

John Melson is pictured with his father-in-law, Rod Beckwith.



Next Steps:

- BOE Curriculum Subcommittee questions and discussion
- Request for approval to move to full BOE, June 4, 2026
- Sample copy available at NFHS for review



**New Fairfield Public Schools
Textbook Adoption Form**

"Textbooks are defined as that resource which provides 50% or more of the information upon which the program of instruction is based." (policy 6161)

Date of Recommendation: April 1, 2026

Staff Members Making the Recommendation: Jean Gephart and Aileen Kraus

Course: Medical Terminology

Grade(s): 10-12

Title: *The Language of Medicine, 13th Edition*

Author(s): Davi-Ellen Chabner, BA MAT

Publisher: Elsevier

Publication Date: 2025

Reading Level:

Price per book and the number needed:

24 copies for a full class set. The price per book is \$117.99.

Support for the Recommended Textbook:

Content

1. Describe how the selected textbook is aligned with the course curriculum and content standards.

The University of Connecticut hosted an instructor workshop on March 16th for all Allied Health instructors in Connecticut. During this time, the head of the Allied Health department referenced this text as the preferred format, as it is the standard for this course at the college level.

2. Describe the accuracy and timeliness of the selected textbook.

This textbook is the most recent version of this content and is reviewed by several medical reviewers, instructors, and students. These reviewers are experts in medicine, public health, and allied health fields. Collectively, these individuals can assess the relevance of this content and produce the most current version of this text.

3. Describe how the textbook handles varying perspectives and points of view and demonstrates an unbiased approach to the content.

This text is written in a nontechnical language and presents the content in a straightforward manner. It also includes case studies that highlight a variety of individuals in each chapter. These details demonstrate to students that medical terminology is applicable to all individuals.

Instructional Match

4. Describe how the selected textbook supports our Vision of the Graduate and model of high-quality instruction.

This text supports the NFPS Vision of the Learner by engaging students as knowledgeable scholars, critical thinkers, and self-reliant individuals. The systematic, word-part-based approach requires students to draw on prior knowledge from Anatomy & Physiology and apply it to new terminology in clinical contexts. Rather than relying on rote memorization, students are asked to analyze and apply medical language through case studies, clinical vignettes, and the Principal Diagnosis feature, which challenges them to read authentic physician notes and determine a patient's diagnosis. As a UConn ECE course, this text also supports students in developing the academic independence and perseverance needed to succeed at the post-secondary level.

5. Describe elements of the textbook

This text is broken down by parts of speech and is followed by a detailed analysis of each body system. Within each chapter, there are sections for vocabulary, terminology, practical applications, practice exercises, study sessions, pronunciation of terms, and a mini dictionary.

Accessibility

6. Describe the text features and supplemental materials that provide enhanced accessibility.

The text/workbook format integrates exercises, diagram labeling, and pronunciation guides throughout each chapter, allowing students to engage with content through reading, writing, and visual processing. Full-color images illustrate anatomical and pathological terms, and a Spotlight feature clarifies potentially confusing terminology. Vocabulary is introduced systematically through word roots, prefixes, and suffixes, giving students a transferable decoding strategy rather than relying on rote memorization.

The text provides a variety of instructional approaches to ensure that each student can access different types of

7. What is the readability level of the textbook?

College-level (post-secondary); approximately Grade 12–13 equivalent. The text is intentionally written in accessible, easy-to-understand language for learners, with technical vocabulary introduced systematically through word roots, prefixes, and suffixes. Students in this ECE course will have completed a full semester of Anatomy & Physiology as a prerequisite, providing the content scaffolding necessary to access the text successfully at the high school level.

8. Describe how the textbook reflects diversity and inclusion regarding culture, gender, ethnicity, national origin, age, disability, sexual orientation, education, and religion.

This text is content-driven rather than evaluative, focusing on building medical vocabulary through body systems and word structure. The clinical case studies and vignettes present patients in real-world healthcare contexts without promoting any particular perspective or point of view.

9. Describe the supplementary materials that accompany the textbook and explain how they support student learning. Describe any errors or glitches that were encountered.

At this point, we are looking to purchase just the textbook. There is a Medical Language Instant Translator book that is ancillary as a resource, but is something we are examining for use as support for the main textbook.

Other Textbooks Reviewed: (if less than 2 others, explain)

In previous years, some UConn ECE instructors used a text titled, "Medical Terminology: An Illustrated Guide" by Barbara Cohen. This text does contain similar content (body systems), but the clinical cases are shorter. These case studies are hypothetical, unlike the Chabner text. The Chabner book has both clinical case questions and personal accounts from individuals who were treated for specific body system conditions. The Chabner text is best aligned with the allied health courses sequence offered at New Fairfield High School.

1. Medical Terminology: An Illustrated Guide by Barbara Cohen

Aileen Kraus

Teachers

5/15/2026

Date

Jean Furt

Department Chair (if applicable)

5/15/2026

Date

[Signature]

Principal

5/15/26

Date

Kristine R. Wolcik

Director of Curriculum or Assistant Superintendent

5/19/26

Date

To bring this policy into full compliance, the New Fairfield Board should consider updating this policy with the revisions provided:

- Modernizing the terminology to “person with intellectual disabilities;
- Striking all references to the “Office of Protection and Advocacy” and replacing them with the current agencies and adding correct reporting pathways for vulnerable adults over 18;
- Updating Section L to accurately reflect that failure to report is a criminal offense;
- Ensuring staff know that online reporting via the DCF portal is strictly reserved for non-emergent, non-school, and/or employee-perpetrated situations;

In addition to these suggested revisions, the Board should ensure this policy includes an updated link to the current active CT.gov portal page for the DCF Careline, so staff can easily access digital reporting forms.

Finally, you may find non-substantive edits throughout the policy and its regulations (e.g., punctuation and sentence simplification) to provide greater specificity and clarity.

Students

Reporting Child Abuse/Neglect or Sexual Assault

Connecticut General Statutes 17a-101, as periodically amended by Public Act 96-246, 97-319, 02-106, 02-138, 09-242, 11-93 and 15-205 requires all school employees including the school Superintendent, school teachers, substitute teachers, administrators, school guidance counselors, school counselors, school paraprofessionals, tutors, mentors, licensed nurses, physicians, psychologists, social workers, licensed behavior analysts and coaches of intramural or interscholastic athletics, co-curricular advisors, or any other person, who in the performance of his/her duties has regular contact with students and who provides services to District students who have reasonable cause to suspect or believe that a child has been abused, neglected, or placed in imminent risk of serious harm or sexually abused by a school employee to immediately report such abuse, neglect, and sexual assault in compliance with applicable state statutes. Furthermore, it is the policy of the New Fairfield Board of Education to require all personnel who have reasonable cause to suspect or believe that any child under the age of 18 has been abused or neglected or placed in imminent risk of serious harm by any person to report such suspected abuse and/or neglect. Reports must be made when information is learned or obtained during the ordinary course of such person’s employment or profession.

The Board shall annually distribute the mandated reporter policy electronically to all school employees. The Board shall annually distribute electronically, to all school employees, Board members, and parents and guardians of enrolled students, (1) guidelines on identifying and reporting child sexual abuse, ~~starting in the 2022-23 school year~~, and (2) information on DCF’s sexual abuse and assault awareness and prevention program. **For the purpose of this policy, “school employee” encompasses contract service providers, virtual or remote instructors, and regular volunteers who have direct student contact.**

Students

Reporting Child Abuse/Neglect or Sexual Assault (continued)

An oral report by telephone or in person shall be made as soon as possible but not later than twelve (12) hours to the Commissioner of Children and Families (DCF) or a law enforcement agency, and to the Superintendent of Schools or his/her designee followed not later than forty-eight (48) hours by a written report to the Commissioner of Children and Families or his/her designee. The Child Abuse and Neglect Hotline, 1-800-842-2288, should be used for telephone reports; DCF Form #136 should be used for written reports. Forms are located in all schools.

The Department of Children and Families (DCF) has a 24-hour Child Abuse and Neglect Hotline, “Careline” at 1-800-842-2288, for the purpose of making such oral reports.

Mandated reporters are equally responsible for complying with procedures and timeline requirements for oral and written reports. District social workers or, in their absence, building administrators may assist in filing these reports if the reporter chooses. This confidential copy of the official written report, prepared and submitted by the mandated reporter, shall be submitted to the Director of Pupil Personnel Services (PPS), and it shall be maintained in a confidential file in the PPS office.

In all cases, the Building Principal shall be notified immediately after the oral report has been made to DCF. The Building Principal will then notify the Superintendent of Schools.

For these purposes, a child has been the object of child abuse or neglect if he or she has a specific injury or injuries inflicted upon him or her by a person responsible for such child’s or youth’s health, welfare, or care by a person given access to such child by such responsible person, or by a school employee other than by accidental means, or has injuries which are at variance with the history given of them, or is in a condition which is the result of maltreatment such as, but not limited to malnutrition, sexual abuse, sexual exploitation, deprivation of necessities, emotional maltreatment, or cruel punishment, or has been neglected as defined by the Connecticut General Statutes, regardless of the offender-victim relationship and regardless of the offender’s affiliation with any organization. [See Appendix A, Indicators of Abuse and Neglect.]

Any school personnel who has reasonable cause to suspect that a district employee is abusing or sexually assaulting a student shall orally report that suspicion as soon as possible but no later than twelve (12) hours by telephone or in person to the Commissioner of Children and Families followed no later than forty-eight (48) hours of making the oral report with a written report to the Department of Children and Families. The Superintendent of Schools or supervising agent may be notified immediately after the oral report has been made. The Commissioner of Children and Families or his/her designee is required to notify the head of a school, except when that person is the alleged perpetrator. The Superintendent or supervising agent must: 1) immediately notify parent(s) of the alleged abuse that a report has been made; and 2) immediately notify the Police Department of the alleged abuse. **No internal school protocol or lack of a principal’s agreement can delay or prevent a staff member from dialing the Careline.**

Students

Reporting Child Abuse/Neglect or Sexual Assault (continued)

For purposes of this section pertaining to the required reporting, a child includes any victim under eighteen years of age educated in a technical high school or District school. Any person who intentionally and unreasonably interferes with or prevents the making of the required report or attempts to conspire to do so shall be guilty of a class D felony, unless such individual is under eighteen years of age or educated in the technical high school system or in a District school, other than part of an adult education program.

In addition, the Superintendent or supervising agent must submit a written report of suspected child abuse or neglect by a school employee who has been entrusted with the care of a child and who holds a certificate, permit or authorization issued by the State Board of Education to the Commissioner of Education or his/her representative. The Commissioner of the Department of Children and Families has a similar obligation. The Superintendent shall suspend a certified staff employee when the investigation produces evidence that the employee abused or sexually assaulted a child. The Department of Children and Families is required to send a copy of the report to the State Department of Education. ~~Within seventy-two (72) hours~~ After such suspension, the Superintendent shall notify the Board of Education and the Commissioner of Education or his/her representative **immediately, but no later than five (5) business days** of the reasons for and conditions of the suspension. If the contract of employment of a school employee who possesses a certificate, permit, or authorization issued by the State Board of Education is terminated or if such certified school employee resigns his/her employment, as a result of an investigation which reveals that child abuse has occurred, the Superintendent shall notify the Commissioner of Education immediately, **but no later than five (5) business days**. ~~within 72 hours of such termination or resignation.~~

In accordance with the mandates of the law and consistent with its philosophy, the Board, in establishing this policy, directs the Superintendent of Schools to develop and formalize the necessary rules and regulations to comply fully with the intent of the law.

If the report of abuse or neglect involves an employee of the District as the perpetrator, the District may conduct its own investigation into the allegation, provided that such investigation shall not interfere with or impede any investigation conducted by the Department of Children and Families or law enforcement agencies.

The Superintendent shall maintain records of allegations, investigations, and reports that a child has been abused or neglected by a school employee. Such records will be maintained in the District's Central Office. The records shall include any reports made to the Department of Children and Families. Such Department is to have access to all such records.

The Board, recognizing its responsibilities to protect children and in compliance with its statutory obligations, shall provide each employee with in-service training regarding the requirements and obligations of mandated reporters. District employees shall also participate in training offered by the Department of Children and Families.

Students

Reporting Child Abuse/Neglect or Sexual Assault (continued)

In addition, all District employees shall complete a training program pertaining to the accurate and prompt reporting of abuse and neglect, made available by the Commissioner of Children and Families. Also, all employees must complete a refresher program at least once every three years. The Principal of each school in the district shall annually certify to the Superintendent that each school employee working at that school has completed the required initial and refresher training.

This policy will be distributed annually to all employees. Documentation shall be maintained that all employees have, in fact, received the written policy and completed training related to mandated reporting of child abuse and neglect as required by law.

The Board of Education will post the telephone number of the Department of Children and Families' child abuse hotline, Careline, and the Internet web address that provides information about the Careline in each District school in a conspicuous location frequented by students. Such posting shall be in various languages, most appropriate for the students enrolled in the school. This information is contained in Appendix B.

Online reports may be made to the Careline by mandated reporters if the report is of a non-emergent nature. A non-emergent situation is one in which a report is mandated, but the child is not in immediate risk. *(Note: Mandated reporters reporting electronically when they reasonably suspect that a child has been abused, neglected, or placed at risk of imminent harm in a "non-emergent" situation can do so without risk that they will be subject to a failure to report finding and subsequent penalties.)*

The Board shall not retaliate against any mandated reporter for his/her compliance with the law and Board policy pertaining to the reporting of suspected child abuse and neglect.

Establishment of the Confidential Rapid Response Team

The Board of Education shall establish a confidential rapid response team to coordinate with DCF to (1) ensure prompt reporting of suspected child abuse or neglect; or 1st, 2nd, 3rd, or 4th degree sexual assault; 1st degree aggravated sexual assault; or 3rd degree sexual assault with a firearm of a student not enrolled in adult education by a school employee and (2) provide immediate access to information and individuals relevant to DCF's investigation of such cases.

The confidential rapid response team shall consist of (1) a local teacher and the Superintendent, (2) a local police officer, and (3) any other person the Board of Education deems appropriate.

DCF, along with a multidisciplinary team, is required to take immediate action to investigate and address each report of child abuse, neglect or sexual abuse in any school.

Students

Reporting Child Abuse/Neglect or Sexual Assault (continued)

Hiring Prohibitions

The Board of Education will not employ anyone who was terminated or resigned after a suspension based on DCF's investigation, if he or she has been convicted of (1) child abuse or neglect or (2) 1st, 2nd, 3rd, or 4th degree sexual assault; 1st degree aggravated sexual assault; or 3rd degree sexual assault with a firearm of a student who is not enrolled in adult education.

The Boards of Education will not employ an individual who was terminated or resigned, if he or she (1) failed to report the suspicion of such crimes when required to do so or (2) intentionally and unreasonably interfered with or prevented a mandated reporter from carrying out this obligation or conspired or attempted to do so. This applies regardless of whether an allegation of abuse, neglect, or sexual assault has been substantiated.

Legal Reference: Connecticut General Statutes
 10-220a Inservice training. Professional development committees.
 Institutes for educators. Cooperating teacher program, regulations.
 10-221d Criminal history records check of school personnel.
 Fingerprinting. Termination or dismissal.
 10-221s Investigations of child abuse and neglect. Disciplinary action.
 17a-28 Definitions. Confidentiality of and access to records; exceptions.
 Procedure for aggrieved persons. Regulations.
 17a-101 Protection of children from abuse. Mandated reporters.
 Educational and training program. Model mandated reporting policy.
 17a-101a Report of abuse, neglect or injury of child or imminent risk of
 serious harm to the child. Penalty for failure to report. Notification of Chief
 State's Attorney.
 17a-101b Report by mandated reporters. Notification of law enforcement
 agency when allegation of sexual abuse or serious physical abuse.
 Notification of person in charge of institution, facility or school when a staff
 member suspected of abuse or neglect.
 17a-101c Written or electronic report by mandated reporter.
 17a-101d Contents of reports.
 17a-101e Employer prohibited from discriminating or retaliating against
 employee who makes a good faith report or testifies re child abuse or
 neglect. Immunity from civil or criminal liability. False report of child
 abuse. Referral to Office of the Chief State's Attorney. Penalty.
 17a-101g Classification and evaluation of reports. Determination of abuse
 or neglect of child. Investigation. Notice, entry of recommended finding.
 Referral to local law enforcement authority. Home visit. Removal of child
 in imminent risk of harm. Family assessment response program.
 Development of service plans and plans of care. Monitoring. Disclosure of
 information to community providers. Annual report.

Students

Reporting Child Abuse/Neglect or Sexual Assault (continued)

Legal Reference: Connecticut General Statutes
17a-101i Abuse or neglect by school employees or staff member of public or private institution or facility providing care for children. Notice. Adoption of policy. Employee training program.
17a-101o School employee failure or delay in reporting child abuse or neglect. Policy re delayed report by mandated reporters.
17a-106 Cooperation in relation to prevention, identification and treatment of child abuse/neglect.
10-151 Teacher Tenure Act.
DCF Policy 22-1-3 Mandated Reporter's Failure to Report.
PA 22-87 An Act Concerning the Identification and Prevention of and Response to Adult Sexual Misconduct Against Children.

Policy adopted: May 6, 2004
Policy readopted: June 16, 2005
Policy readopted: December 17, 2009
Policy readopted: March 15, 2012
Policy readopted: March 3, 2016
Policy readopted: November 2, 2016
Policy revised: December 6, 2018
Policy revised: June 17, 2021
Policy revised: October 6, 2022

NEW FAIRFIELD PUBLIC SCHOOLS
New Fairfield, Connecticut

Students

Reporting Child Abuse/Neglect or Sexual Assault

This regulation is intended to safeguard children whose health and welfare may be adversely affected through injury and neglect and to ensure a nurturing and safe environment.

A. What Must be Reported

A report must be made when any mandated reporter of the New Fairfield Board of Education, in his/her professional capacity, has reasonable cause to suspect or to believe that a child under the age of eighteen:

1. has had physical injury or injuries inflicted upon him /her, other than by accidental means, by a person responsible for the child's health, welfare, or care, or by a person given access to the child.
2. has injuries that are at variance with the explanation given of their occurrence.
3. is in a condition which is the result of maltreatment such as, but not limited to, malnutrition, sexual abuse, sexual maltreatment, or cruel punishment.
4. has been neglected in one or more of the following ways:
 - a. has been abandoned;
 - b. is being denied proper care and attention, physically, educationally or emotionally;
 - c. is being permitted to live under conditions, circumstances or associations injurious to the child's well-being;
 - d. is in danger of being abused even though one does not have reasonable cause to suspect or believe any such abuse has actually occurred.
5. has been sexually assaulted by a school employee.

B. Reporting Procedures for Statutory Mandated Reporters

The following procedures apply only to statutory mandated reporters, as defined in policy 5141.4.

1. When an employee of the Board suspects or believes that a child has been abused, neglected, or has been placed in imminent risk of serious harm, the following steps shall be taken:
 - a. The employee shall immediately, upon having reasonable cause to suspect or believe that a child has been abused, neglected or placed in imminent danger of serious harm, or has had non-accidental physical injury or injury which is at variance with the history or such injury, or sexually assaulted and not later than twelve (12) hours after having such a suspicion or belief, make an oral report by telephone or in person to the Commissioner of Children and Families (DCF) or his/her designee or the local law enforcement agency. (Child Abuse and Neglect Hotline (Careline): 1-800-842-2288.)

Students

Reporting Child Abuse/Neglect or Sexual Assault

B. Reporting Procedures for Statutory Mandated Reporters (continued)

Online reports may be made to the Careline by mandated reporters if the report is of a non-emergent nature. A non-emergent situation is one in which a report is mandated, but the child is not in immediate risk. *(Note: Mandated reporters reporting electronically when they reasonably suspect that a child has been abused, neglected, or placed at risk of imminent harm in a “non-emergent” situation can do so without risk that they will be subject to a failure to report finding and subsequent penalties.)*

- b. The employee shall also immediately make an oral report to the Superintendent’s designee, the Building Principal.
- c. With the advice of the Building Principal, the employee shall determine if the child’s parents will be contacted.
 - Mandated reporters are under no legal obligation to inform parents that they have made a report to DCF about their child. However, depending on the circumstances, it may be necessary and/or beneficial to do so.
 - Health care professionals *may need* to talk with parents to assess the cause of a child’s injuries. Mental health professionals may *want* to talk with parents in order to offer support and guidance.
 - However, in cases of serious physical or sexual abuse, it may *not* be wise to talk with parents before reporting the case to DCF. This may put the child at greater risk and interfere with a possible criminal investigation.
- d. If a report prepared in accordance with Section (a) above concerns suspected abuse, neglect, or sexual assault by a school employee, the Building Principal shall immediately notify the Superintendent, who shall then notify the child’s parent or guardian that such a report has been made.
- e. Within 48 hours of making an oral report, the employee shall submit a written report to the Commissioner of Children and Families or his/her representative, containing all of the required information. DCF Form #136 should be used for the written report, and it is available in all school buildings.
- f. The employee shall immediately submit a copy of this written report to the Building Principal and the Director of Pupil Personnel Services and Special Education.
- g. If a report prepared in accordance with Section (c) above concerns suspected abuse or neglect by a certified school employee, the Superintendent shall submit a copy of the written report to the Commissioner of Education, or his/her representative.

Students

Reporting of Child Abuse/Neglect or Sexual Assault (continued)

C. Reporting Procedures for Employees Other Than Statutory Mandated Reporters

The following procedures apply only to employees who are not mandated reporters, as defined above:

1. When an employee who is not a statutory mandated reporter suspects or believes that a child has been abused, neglected or placed in imminent danger of serious harm, the following steps shall be taken:
 - a. The employee shall immediately, upon having reasonable cause to suspect or believe that a child has been abused, neglected or placed in imminent danger of serious harm, and in no case later than twelve (12) hours after having such a suspicion or belief, make an oral report by telephone or in person to the Principal, or his/her designee, to be followed by an immediate written report to the Superintendent, or his/her designee. A copy of the report should be sent to the Director of Pupil Personnel Services and Special Education.
 - b. The Superintendent, or his/her designee, shall immediately, upon suspecting or believing that a child has been abused, neglected or placed in imminent risk of serious harm, and in no case later than 12 hours after having such a suspicion or belief, make an oral report by telephone or in person to the Commissioner of Children and Families or the local law enforcement agency.
 - c. In cases involving suspected abuse or neglect by a school employee, the Superintendent, or his/her designee, shall immediately follow protocol in Section D, **Reporting of Child Abuse, Neglect, or Sexual Assault by School Employees** and notify the child's parent or guardian that such a report has been made.

D. Reporting of Child Abuse/Neglect/Sexual Assault by School Employees

CGS 17a-101 requires mandated reporters to report child abuse, neglect or sexual assault by school employees.

1. In cases where the mandated reporter suspects or believes such injury has been inflicted by a school employee, he/she shall report that suspicion orally or in person to the Department of Children and Families within 12 hours, followed within 48 hours with a written report.
2. The Superintendent of Schools or supervising agent shall be notified immediately after the oral report has been made and shall also receive a copy of the written report.

Students

Reporting of Child Abuse/Neglect or Sexual Assault

D. Reporting of Child Abuse/Neglect/Sexual Assault by School Employees (continued)

3. The Superintendent shall immediately notify the child's parent or other person responsible for the child's care that a report has been made.
4. The written report to the Commissioner of the Department of Children and Families or his/her representative, concerning a certified school employee, shall also be sent by the Superintendent to the Commissioner of Education or his/her representative.
5. The report shall contain information listed in Section G of this Board regulation.
6. The Superintendent is obligated to immediately begin the investigation of the report with the Department of Children and Families. The Superintendent may request assistance from the local police or state police in the investigation.
7. If the Superintendent finds evidence of child abuse, neglect or sexual assault by a school employee, he/she must immediately notify the child's parent or guardian, the local or state police, the Commissioner of Children and Families or his/her representative, and, in the case of an investigation of a certified school employee, the Commissioner of Education or his/her representative.
8. When an investigation produces such evidence, and the employee in question is in a position requiring a certificate, the Superintendent must suspend the certified employee with pay and without diminution or termination of benefits, provided he/she notifies the Board of Education of the reasons for the suspension **immediately, but no later than five (5) business days** ~~within 72 hours thereafter~~.
9. The suspension remains in effect until the Board takes action pursuant to CGS 10-151 (Teacher Tenure Act).

E. Investigation of the Report

If the suspected abuser is a school employee, the Superintendent shall thoroughly investigate the report, provided that such investigation does not interfere with or impede DCF's investigation or the law enforcement agency's investigation. In all other cases, DCF shall be responsible for conducting the investigation, with the Board's cooperation and collaboration, as appropriate. To the extent feasible, this investigation shall be coordinated with the Commissioner of Children and Families or the police to minimize the number of interviews of any child and to share information with other persons authorized to conduct investigations of child abuse and neglect. When investigating a report, the Superintendent shall endeavor to obtain, when possible, the consent of parents or guardians or other persons responsible for the care of the child, to interview the child, except in those cases in which there is reason to believe that the parents or guardians or other persons responsible for the care of such child are the perpetrators or the alleged abusers.

Students

Reporting of Child Abuse/Neglect or Sexual Assault

E. Investigation of the Report (continued)

The investigation shall include an opportunity for the suspected abuser to be heard regarding the allegations contained in the report. During an investigation of suspected abuse by a school employee, the Superintendent may suspend the employee with pay or place the employee on administrative leave with pay pending the outcome of the investigation.

1. **Evidence of Abuse by Certified School Employee:** After an investigation has been completed and the Commissioner of Children and Families, based upon the results of such investigation, has reasonable cause to believe that a child has been abused, neglected or sexually assaulted by an employee in a position requiring a certificate, the Commissioner shall notify the Superintendent of such finding and shall provide records, whether or not created by the Department of Children and Families, concerning such investigation to the Superintendent, who shall suspend the employee, if not previously suspended, with pay and without diminution or termination of benefits. ~~Within 72 hours~~ **After such suspension, the Superintendent shall notify the Board of Education and the Commissioner of Education immediately, but no later than five (5) business days,** or his/her representative, of the reasons for the conditions of suspension. The Superintendent shall disclose records received from the Department of Children and Families to the Commissioner of Education and the Board of Education, or its attorney, for the purposes of reviewing employment status or certification. Any decision of the Superintendent concerning such suspension shall remain in effect until the Board of Education acts, pursuant to the provisions of Connecticut General Statutes.

Regardless of the outcome of any investigation by DCF and/or the police, the Superintendent and/or the Board, as appropriate, may take disciplinary action up to and including termination of employment in accordance with the provisions of any applicable collective bargaining agreement and/or statute, if the Superintendent's investigation produces evidence that a child has been abused by a certified school staff member.

If the contract of employment of a certified school employee is terminated as a result of an investigation into reports of child abuse and neglect, the Superintendent shall notify the Commissioner of Education, or his/her representative, ~~within 72 hours~~ **immediately, but no later than five (5) business days of such termination.**

2. **Evidence of Abuse by Other School Staff:** If the investigation by the Superintendent and/or Commissioner of Children and Families did produce evidence that a child has been abused by a non-certified school staff member, the Superintendent and/or the Board, as appropriate, may take disciplinary action up to and including termination of employment.

Students

Reporting of Child Abuse/Neglect or Sexual Assault (continued)

F. Delegation of Authority by Superintendent

The Superintendent may appoint a designee for the purposes of receiving and making reports, notifying and receiving notification or investigating reports pursuant to this policy.

G. Contents of All Reports

Any report made pursuant to this policy shall contain the following information, if known:

1. the names and addresses of the child and his/her parents or other persons responsible for his/her care;
2. the age of the child;
3. the gender of the child;
4. the nature and the extent of the child's injuries, maltreatment, or neglect that has occurred;
5. the approximate date and time the injury or injuries, maltreatment, or neglect occurred;
6. information concerning any previous injury or injuries to, or maltreatment or neglect of, the child or his/her siblings;
7. the circumstances in which the injury or injuries, maltreatment, or neglect came to be known to the reporter;
8. the name of the person or persons suspected to be responsible for causing such injury or injuries, maltreatment, or neglect; and
9. The reasons such person or persons are suspected of causing such injury or injuries, maltreatment, or neglect;
10. Any information concerning any prior cases in which such person or persons have been suspected of causing an injury, maltreatment, or neglect of a child; and
11. whatever action, if any, was taken to treat, provide shelter, or otherwise assist the child.

For purposes of this section pertaining to the required reporting, a child includes any victim under eighteen years of age educated in a technical high school or District school. Any person who intentionally and unreasonably interferes with or prevents the making of the required report or attempts to conspire to do so shall be guilty of a class D felony, unless such individual is under eighteen years of age or educated in the technical high school system or in a district school, other than part of an adult education program.

Students

Reporting of Child Abuse/Neglect or Sexual Assault (continued)

H. Removal of Clothing

In the event that visual confirmation of injury or neglect is necessary, only the school nurse or school physician may make a request to remove the child's clothing. Neither a school nurse nor a school physician may remove or insist that a child remove clothing to confirm suspected abuse or neglect, except in those circumstances where there is a need for emergency medical treatment. The school nurse or school physician may request that a child remove clothing when the following three conditions exist:

1. a child by word or action, has identified a particular injury, the extent of which can only be determined by removing the child's clothing;
2. the examination is necessary to determine whether medical attention is required and not merely to confirm suspected abuse;
3. the request is made in such a manner that the child clearly understands that compliance with the request is optional and that no adverse consequences will result from a refusal to comply.

In addition to the school nurse or school physician, a staff member of the same sex as the child will be present during such an examination.

I. Emergency Care

If a school nurse or school medical adviser is not readily available and emergency first aid is needed, other public school personnel who have completed a first aid course may render emergency first aid to the child. A person providing such aid is not liable for civil damages for any personal injuries that result from acts or omissions in rendering the emergency first aid.

Transportation for a child to a hospital in an emergency situation that may be a result of abuse or neglect will be provided to the same extent as it would be provided to any other child in need of emergency service.

J. Role of Department of Children and Families

1. Determination of Need (In-School Interview)

If the Child Study Team or the Principal believes that an interview in the school setting may be necessary in order to protect the child, the Department of Children and Families must be notified as early in the school day as possible. DCF will advise school personnel whether the child must be interviewed in the school.

Students

Reporting of Child Abuse/Neglect or Sexual Assault

J. Role of Department of Children and Families (continued)

If the DCF determines that a school interview is appropriate, the DCF social worker will notify the building Principal prior to the school visit. The DCF worker will provide the building Principal or Principal's designee with DCF notification upon request.

Should the DCF social worker not arrive as scheduled and school personnel determine that retaining the child beyond the school day is necessary to protect the child's physical well-being, the principal or his/her designee must attempt to notify the child's parents. If reasonable attempts to notify the parents fail, the principal will notify the police of the child's retention.

2. Process (In-school Interview)

The school will provide a private place for the DCF worker to interview the child. School personnel will not be a part of the interview unless specifically asked to do so. In either event, the investigation is to be conducted solely by the DCF worker.

If, during the course of the investigation, the DCF worker requests the removal of clothing worn by the child, the examination will be made by the school nurse or the school physician in the presence of the DCF worker in accordance with the procedures outlined above.

3. Removal from the Home and/or School

If the DCF has probable cause to believe that the child is suffering from serious physical illness or injury or is in immediate danger from his/her surroundings, and that immediate removal from such surroundings is necessary to ensure the child's safety, the DCF may remove or authorize a law enforcement official to remove the child from such surroundings without the consent of the child's parent or guardian. If the child's removal from the school is determined, the DCF shall inform the building Principal of the removal.

It is the DCF's responsibility to notify parents of any activities or actions taken by the DCF following the interview.

Students

Reporting of Child Abuse/Neglect or Sexual Assault (continued)

K. Special Reporting Procedures Concerning Suspected Abuse or Neglect of ~~Mentally Retarded Persons~~ **Persons with Intellectual Disabilities**

In addition to the reporting procedures set forth above, Connecticut General Statutes require that certain school personnel, including teachers, licensed nurses, psychologists, and social workers, report any suspected abuse or neglect of ~~mentally retarded persons or~~ **persons with intellectual disabilities** over the age of 18. It is the policy of the Board of Education to require ALL EMPLOYEES of the Board of Education to comply with the following procedures in connection with the suspected abuse or neglect, as defined below, of any ~~mentally retarded person~~ **person with intellectual disabilities** over the age of 18.

1. **Definitions** – For the purposes of this policy:

“**Abuse**” means the willful infliction of physical pain or injury or willful deprivation by a caretaker of services which are necessary to the person’s health or safety.

“**Neglect**” means a situation where a ~~mentally retarded person~~ **person with intellectual disabilities** either is living alone or is not able to provide for himself/herself the services which are necessary to maintain his/her physical and mental health or is not receiving such necessary services from the caretaker.

2. **Reporting Procedures** – If an employee has reasonable cause to suspect that a ~~mentally retarded person~~ **person with intellectual disabilities** has been abused or neglected, he/she shall, within five calendar days, make an oral report to the ~~Director of the Office of Protection and Advocacy for Persons with Disabilities,~~ **the Disability Rights Connecticut (DRCT) or the Department of Developmental Services (DDS)** to be followed by a written report within five additional calendar days, or shall immediately notify the Superintendent in order for the Superintendent to make such oral and written reports. ~~to the Office of Protection and Advocacy.~~ **Reports regarding individuals aged 60 or older must be submitted to the Department of Social Services (DDS) Protective Services for the Elderly.** If an employee reports ~~to the Office of Protection and Advocacy,~~ the employee shall immediately notify the Superintendent.

3. **Contents of Report** – Any such report shall contain the following information:

- a. the name and address of the allegedly abused or neglected person;
- b. a statement from the reporter indicating a belief that the person ~~is mentally retarded~~ **has an intellectual disability**, together with information indicating that the person is unable to protect himself or herself from abuse or neglect;
- c. information concerning the nature and extent of the abuse or neglect; and
- d. any additional information which the reporter believes would be helpful in investigating the report or in protecting the ~~mentally retarded person~~ **person with an intellectual disability**.

Students

Reporting of Child Abuse/Neglect or Sexual Assault

K. Special Reporting Procedures Concerning Suspected Abuse or Neglect of ~~Mentally Retarded Persons~~ **Persons with Intellectual Disabilities** (continued)

4. **Investigation of Report** – If the suspected abuser is a school employee, the Superintendent shall thoroughly investigate the report following the procedures regarding the investigation of reports of child abuse set forth in paragraph (E) above.

If the investigation by the Superintendent and/or the Office of Protection and Advocacy produces evidence that a ~~mentally retarded person~~ **person with intellectual disabilities** has been abused by a school employee, the Superintendent and/or the Board, as appropriate, may take disciplinary action, up to and including termination of employment.

L. Disciplinary Action for Failure to Follow Policy

~~Any employee who fails to comply with the requirements of this policy shall be subject to discipline, up to and including termination of employment. A mandated reporter who intentionally fails to report suspected abuse or neglect is guilty of a Class A misdemeanor for a first offense (punishable by up to one year in prison and a Class E felony for subsequent offenses. Additionally, any delayed report without a valid reason is subject to strict DCF and State Department of Education administrative review.~~

Other Penalties:

- Financial penalty of ~~between \$500 and \$2,500~~ up to \$2000.00 may be levied against the mandated reporter; penalty is to be paid by the mandated reporter.
- Participation in an educational training program at the personal expense of the mandated reporter, as decided by DCF.
- Written notification to the Commissioner of Education by the state's attorney for being a mandated reporter who failed to report.

ADDITIONAL SANCTIONS OF P.A. 02-138: AN ACT CONCERNING PENALTIES FOR SEXUAL ASSAULT OF A MINOR, CIVIL AND CRIMINAL STATUTES OF LIMITATIONS IN SEXUAL ASSAULT CASES, REPORTING AND INVESTIGATION OF CHILD ABUSE AND NEGLECT, DISCLOSURE OF RECORDS OF TEACHER MISCONDUCT. . . .

- Expands significantly the statutes of limitations for certain criminal and civil matters related to sexual abuse, sexual exploitation and sexual assault of a minor.
- Increases the penalties for various sex crimes in cases where the victim is under 16 years of age.
- Creates an exception to the statutes concerning teacher performance and evaluation that makes a teacher's personal misconduct records public and subject to disclosure under FOI without the teacher's consent.

Students

Reporting of Child Abuse/Neglect or Sexual Assault (continued)

M. Non-Discrimination Policy

The Board of Education shall not discharge or in any manner discriminate or retaliate against any employee who, in good faith, makes a report pursuant to this policy or testifies or is about to testify in any proceeding involving abuse or neglect.

N. Training

All District employees are required to complete a training program pertaining to the accurate and prompt reporting of abuse and neglect, made available by the Commissioner of Children and Families. In addition, all employees must complete a refresher program at least once every three years. ~~Employees hired before July 1, 2011 must complete the refresher training program by July 1, 2012 and must retake it once every three years thereafter.~~

The School Principal shall annually certify to the Superintendent that each school employee working at his/her school has completed the required initial training and the refresher training.

O. Confidential Rapid Response Team

The District will establish a confidential rapid response team to coordinate with DCF to (1) ensure prompt reporting of suspected child abuse or neglect; or 1st, 2nd, 3rd, or 4th degree sexual assault; 1st degree aggravated sexual assault; or 3rd degree sexual assault with a firearm of a student not enrolled in adult education by a school employee; and (2) provide immediate access to information and individuals relevant to DCF's investigation of such cases.

The confidential rapid response team consists of a local teacher, the Superintendent, a local police officer, and any other person the Board of Education deems appropriate.

DCF, along with a multidisciplinary team, is required to take immediate action to investigate and address each report of child abuse, neglect or sexual abuse in any school.

P. Hiring Prohibitions

The Board of Education will not employ anyone who was terminated or resigned after a suspension based on DCF's investigation, if he or she has been convicted of (1) child abuse or neglect; or (2) 1st, 2nd, 3rd, or 4th degree sexual assault; 1st degree aggravated sexual assault; or 3rd degree sexual assault with a firearm of a student who is not enrolled in adult education.

Students

Reporting of Child Abuse/Neglect or Sexual Assault

P. Hiring Prohibitions (continued)

The Board of Education will not employ an individual who was terminated or resigned, if he or she (1) failed to report the suspicion of such crimes when required to do so; or (2) intentionally and unreasonably interfered with or prevented a mandated reporter from carrying out this obligation or conspired or attempted to do so. This applies regardless of whether an allegation of abuse, neglect, or sexual assault has been substantiated.

(cf. 4112.5/4212.6 – Personnel Records)

(cf. 5141.511 – Sexual Abuse Prevention and Education Program)

Regulation approved: May 6, 2004
Regulation reapproved: June 16, 2005
Regulation reapproved: December 17, 2009
Regulation reapproved: March 3, 2016
Regulation reapproved: November 2, 2016
Regulation reapproved: December 6, 2018
Regulation reapproved: June 17, 2021
Regulation reapproved: October 6, 2022

NEW FAIRFIELD PUBLIC SCHOOLS
New Fairfield, Connecticut

Students

Indicators of Abuse/Neglect

Indicators of Physical Abuse

HISTORICAL

- Delay in seeking appropriate care after injury
- No witnesses
- Inconsistent or changing descriptions of accident by child and/or parent
- Child's developmental level inconsistent with history
- History of prior "accidents"
- Absence of parental concern
- Child handicapped (physically, mentally, developmentally) or otherwise perceived as "different" by parent
- Unexplained school absenteeism
- History of precipitating crisis

PHYSICAL

- Soft tissue injuries on face, lips, mouth, back, buttocks, thighs or large areas of the torso
- Clusters of skin lesions; regular patterns consistent with an implement
- Shape of lesions inconsistent with accidental bruise
- Bruises/welts in various stages of healing
- Burns; pattern consistent with an implement on soles, palms, back, buttocks and genitalia; symmetrical and/or sharply demarcated edges
- Fractures/dislocations inconsistent with history
- Laceration of mouth, lips, gums or eyes
- Bald patches on scalp
- Abdominal swelling or vomiting
- Adult-size human bite mark(s)
- Fading cutaneous lesions noted after weekends or absences
- Rope marks

BEHAVIORAL

- Wary of physical contact with adults
- Affection inappropriate for age
- Extremes in behavior, aggressiveness/withdrawal
- Expresses fear of parents
- Reports injury by parent
- Reluctance to go home
- Feels responsible (punishment "deserved")
- Poor self-esteem
- Clothing covers arms and legs even in hot weather

Students

Indicators of Abuse/Neglect

Indicators of Sexual Abuse

HISTORICAL

- Vague somatic complaints
- Excessive school absence
- Inadequate supervision at home
- History of urinary tract infection or vaginitis
- Complaint of pain; genital, anal or lower back/abdominal
- Complain of genital itching
- Any disclosure of sexual activity, even if contradictory

PHYSICAL

- Discomfort in walking, sitting
- Evidence of trauma or lesions in and around mouth
- Vaginal discharge/vaginitis
- Vaginal or rectal bleeding
- Bruises, swelling or lacerations around genitalia, inner thighs
- Dysuria
- Vulvitis
- Any other signs or symptoms of sexually transmitted disease
- Pregnancy

BEHAVIORAL

- Low self-esteem
- Change in eating patterns
- Unusual new fears
- Regressive behaviors
- Personality changes (hostile/aggressive or extreme compliance)
- Depression
- Decline in school achievement
- Social withdrawal; poor peer relationships
- Indicates sophisticated or unusual sexual knowledge for age
- Seductive behavior, promiscuity or prostitution
- Substance abuse
- Suicide ideation or attempt
- Runaway

Students

Indicators of Abuse/Neglect

Indicators of Emotional Abuse

HISTORICAL

- Parent ignores/isolates/belittles/rejects/scapegoats child
- Parent's expectations inappropriate to child's development
- Prior episode(s) of physical abuse
- Parent perceives child as "different"

PHYSICAL

- (Frequently none)
- Failure to thrive
- Speech disorder
- Lag in physical development
- Signs/symptoms of physical abuse

BEHAVIORAL

- Poor self-esteem
- Regressive behavior (sucking, rocking, enuresis)
- Sleep disorders
- Adult behaviors (parenting siblings)
- Antisocial behaviors
- Emotional or cognitive developmental delay
- Extremes in behavior - overly aggressive/compliant
- Depression
- Suicide ideation/attempt

Students

Indicators of Abuse/Neglect

Indicators of Neglect

HISTORICAL

- High rate of school absenteeism
- Frequent visits to school nurse with nonspecific complaints
- Inadequate supervision, especially for long periods and for dangerous activities
- Child frequently unattended; locked out of house
- Parental inattention to recommended medical care
- No food intake for 24 hours
- Home substandard (no windows, doors, heat); dirty, infested, obvious hazards
- Family member addicted to drugs/alcohol

PHYSICAL

- Hunger, dehydration
- Poor personal hygiene, unkempt, dirty
- Dental caries (tooth decay)/poor oral hygiene
- Inappropriate clothing for weather/size of child, clothing dirty; wears same clothes day after day
- Constant fatigue or listlessness
- Unattended physical or health care needs
- Infestations
- Multiple skin lesions/sores from infection

BEHAVIORAL

- Comes to school early, leaves late
- Frequent sleeping in class
- Begging for/stealing food
- Adult behavior/maturity (parenting siblings)
- Delinquent behaviors
- Drug/alcohol use/abuse



Department of Children & Families CARELINE

To make a child abuse or neglect report, please call
1-800-842-2288 (TDD: 1-800-624-5518)

The Careline is staffed by full-time, highly-skilled professionals of the Department who receive and process reports of alleged child abuse and neglect. The Careline worker gathers critical information from the caller to determine if a report meets Connecticut's statutory criteria for child abuse or neglect. Those reports that meet the criteria are forwarded to a Department of Children & Families (DCF) case investigator for prompt and appropriate action.

Current law requires that DCF make its best effort to begin an investigation within two hours if there is imminent risk of physical harm and within 72 hours for other reports.

In situations where it has been determined that an investigation is not warranted, the Careline worker may refer the caller to an appropriate service program in his/her community.

If child abuse or neglect is substantiated, a case may be opened by the Department for protective services provided by staff from the DCF Regional Office or sub-office covering the child's hometown.

<http://www.ct.gov/dcf/cwp/view.asp?a=2534&Q=532140#Careline>

New Fairfield Public Schools Bridge Program

Goal: To establish a comprehensive in-district pathway for students in grades 9–12 who experience significant social-emotional needs, school avoidance, and other barriers to school participation, including students who may be vulnerable to high-risk behaviors such as substance use. Across grades 9–12, the pathway will deliver integrated therapeutic interventions alongside academic instruction to promote consistent attendance, academic progress, emotional well-being, and sustained engagement with the school community. The program will also provide targeted school avoidance services for students in grades 6–8, with an emphasis on transition planning to support successful entry into high school. Through individualized supports and coordinated services, the program will foster resilience, strengthen coping and self-regulation skills, and, when appropriate, reduce the need for more restrictive educational placements.

Introduction: Bridge will operate within the district's Middle School BEST Program and High School Alternative Learning Center (ALC) as a supportive, therapeutic extension of existing services, incorporating social work supports and interventions. This structure ensures that students receive individualized care while remaining in their home district, allowing them to maintain relationships with teachers, peers, and the broader school community. By focusing on both academic continuity and emotional well-being, Bridge provides a pathway toward long-term success and greater inclusion within the school environment.

Rationale: Students with intensive social-emotional needs often experience interruptions in their education and a diminished connection to their peers and community. Out-of-district placements can exacerbate this isolation, separating students from the people and environments most familiar to them. Bridge addresses this challenge by providing in-district therapeutic services that promote stability, foster resilience, and maintain students' connections to their school community. By building on existing programs, the district can deliver individualized support to students awaiting placement or requiring more intensive services, while also offering families of outplaced students the option to consider returning to their home district. At its core, Bridge is designed to strengthen student belonging, build confidence, and help every learner find a pathway forward.

Student Population: The Bridge Program will support students in grades 9–12 with significant social-emotional needs, school avoidance, and other challenges that impact consistent school attendance, engagement, and academic success, including concerns related to substance use. In addition, students in grades 6–8 will receive school avoidance supports and transition services to facilitate a successful move to high school, with continued support as they enter ninth grade.

Location and Services: Students in grades 9–12 will access their academic instruction through the Alternative Learning Center (ALC). Bridge's therapeutic supports will be embedded within the school day and integrated alongside academic programming to promote engagement, consistency, and successful participation in school.

Staffing Request: This proposal recommends the addition of a full-time social worker to enhance the district's continuum of mental health and behavioral supports. The position will primarily focus on strengthening therapeutic services within the High School Alternative

Learning Center (ALC), supporting students experiencing school avoidance, addressing concerns related to substance use and other high-risk behaviors, providing embedded, targeted instruction in coping, self-regulation, and social-emotional skill development, and facilitating successful transitions from middle school to high school.

This position is essential to ensuring that students with significant social-emotional and behavioral needs receive timely, consistent, and high-quality support while remaining educated within their home district. The addition of a dedicated social worker will further strengthen the district’s capacity to provide early intervention, promote student engagement and attendance, reduce barriers to learning, and support positive academic, behavioral, and postsecondary outcomes.

ALC & Bridge Financial Plan and Staffing Structure:

Staffing / Description	Current FTE	Proposed FTE	Change	Notes
ALC Teachers (English, Math, Social Studies, Science)	.8	.8	\$0	Small class sizes ensure individualized academic support.
Elective courses	Existing	No change	\$0	Provide access to courses often unavailable to outplaced students.
Special Education Teacher	1.0	1.0	\$0	Maintain continuity of academic support.
ALC Paraeducator	1.0	0	-\$25,197	
Social Worker	0	1.0	+\$60,900	New position dedicated to Bridge; individualized and group therapy, crisis intervention, school avoidance, substance use, and support for the MS BEST Program
Total	2.8	3.8	+\$35,703	Additional Funds Required
Out-of-district anticipated tuition transfer to Payroll			-\$35,703	26-27 Minimum anticipated cost savings (106,703) associated with serving outplaced students in-district
Total Change		+1.0 FTE	\$0	

Financial Benefits:

While the primary goal of Bridge is to meet the social-emotional and academic needs of students, the program is intentionally designed as a cost-avoidance and capacity-building strategy for the district.

By offering a high-quality therapeutic option in district, Bridge reduces the likelihood that students will require future out-of-district placements and allows the district to intervene earlier and more effectively. This includes addressing school avoidance through embedded, in-district supports, significantly reducing the need for external school avoidance services and consultants, which are both costly and short-term.

In addition, Bridge creates a clear pathway for students currently placed outside the district to return when appropriate, further decreasing tuition, transportation, and contracted service expenditures. Over time, this proactive approach allows the district to reinvest avoided costs into sustainable, student-centered supports that strengthen in-district capacity.

Summary:

Hiring a full-time social worker within the existing ALC structure is a financially sound and educationally impactful solution that delivers the following benefits:

- Improved student outcomes: Increased attendance, engagement, and social-emotional functioning.
- Cost savings: One position costs less than a single out-of-district placement.
- Immediate compliance: Ensures timely fulfillment of IEP requirements for students in crisis.
- Reduced out-of-district placements: Keeps students in district, resulting in significant tuition savings.
- Reduced reliance on contracted services: Decreases dependence on external school avoidance supports.
- Sustainable growth: Builds long-term district capacity for high-quality, in-district programming.

NEW FAIRFIELD BOARD OF EDUCATION
2025-2026 FUND 306 BUDGET TRANSFERS

6/4/26

SOURCES of FUNDS			USES of FUNDS		
Budget Unit	Budget Description	Transfer From	Transfer To	Budget Description	
Capital Transfers					
FUND 306	Middle School Masonry Remaining Balance	\$4,400		\$7,896	Central Office Signage
	B&G Rack Truck Remaining Balance	\$3,496			
	Middle School Capital	\$25,000		\$25,000	NFPS FF&E

**New Fairfield Public Schools
FY 2026-27 DRIP Funds
June 4, 2026**

Pursuant to Public Act 25-174 Section 131, the District Repair and Improvement Project (DRIP) Program provides direct grants to Public School Operators (PSOs) for the fiscal year ending June 30, 2026, and forward. Grants will be processed through an annual certification process. Funds have been dispersed and an annual expense report will be due from the PSO by September 1st.

The administration recommends the following allocation:

Purpose	Amount	Explanation
Address Security & ventilation at the New Fairfield Middle School	106,239.19	NFPS Infrastructure: \$33,880 <ul style="list-style-type: none"> • NFHS Fire Amplifier - \$5,840 • NFMS Flooring Abatement: \$18,040 • NFMS Air Quality & Ventilation: \$10,000 Security: \$72,359.19 (executive session)

Recommended Motion:

1. To recommend to the full Board of Education the approval of partial allocation of DRIP funds in the amount of \$33,880 for NFPS infrastructure as presented.
2. To recommend to the full Board of Education the approval of partial allocation of DRIP funds in the amount of \$72,359.19 for NFPS school security enhancements as presented.

**New Fairfield Public Schools
FY 2026-27 DRIP Funds
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