

WBOE Policy Committee Special Meeting

Monday, August 9, 2021 4:00 PM

BRS North Conference Room, 40 Beecher Road South, Woodbridge, CT 06525

- I. Call to Order / WebEx Login Meeting link:
- II. <https://woodbridgeps.webex.com/woodbridgeps/j.php?MTID=m06b28dec7d31e6cbb589113c0ff39128>
- III. Meeting number (access code): 146 645 8913
- IV. Meeting password: HsY8yXWnt55
- V.

This meeting is being conducted as a hybrid meeting consistent with Sections 149-153 of Connecticut Public Act 21-2. The public may attend in person at the location indicated above, with masks and social distancing required. The public may also attend electronically via WebEx. The link is provided above.

- VI. Public Comment - The Board welcomes public participation. We ask that speakers please limit their comments to three minutes. Please be aware that the Board will not respond to any comments made during the public comment period, except to clarify issues, but we will take into consideration your comments, and when appropriate, district administration will follow-up with you at a later point in time. Presenter:

VII. Policies for Review

- A. Policies 4118.237 and 5141.8 - Face Masks / Coverings (Staff and Students)
- B. Policy 5113 - Attendance / Excuses / Dismissal
- C. Policy 5141 & Policy 5141.3 - Student Health Services & Health Assessments and Immunizations

VIII. Adjourn



WOODBIDGE SCHOOL DISTRICT

40 Beecher Road – South
Woodbridge, Connecticut 06525

Jonathan S. Budd, Ph.D. – Superintendent

MEMORANDUM

TO: Woodbridge Board of Education Policy Committee

FROM: Jonathan S. Budd, Ph.D., Superintendent

DATE: August 5, 2021

RE: Proposed Revisions of Policies 4118.237 & 5141.8, “Face Masks/Coverings”

Please find attached proposed revisions of Policies 4118.237 & 5141.8 which would align with the updated aspects of the District’s June 2021 “Safe Return to In-Person Instruction & Continuity of Services Plan,” in particular the CDC/CSDE/DPH recommendation that students maintain three feet of social distancing. Proposed changes are represented in red.

Personnel -- Certified/Non-Certified Staff

Face Masks/Coverings

This policy pertains to faculty, staff, and visitors. It has been developed to fulfill the guiding principles contained in the *Framework for Connecticut Schools*, specifically to safeguard the health and safety of students and staff and to allow all students the opportunity to return into classrooms full time. Evidence shows that the proper wearing of facial masks or coverings helps stop the spread of the virus, which is currently by droplets when an individual coughs, sneezes or talks.

The Woodbridge Board of Education (Board) is implementing this masking requirement to promote the safest possible learning, teaching and work environment for students, faculty, staff and visitors during the COVID-19 pandemic. The first priority of the Board is the health and well-being of students and staff as the Woodbridge School District prepares for and implements the safe reopening of Beecher Road School.

The Center for Disease Control (CDC) and the Connecticut Department of Health (DPH) and the Connecticut State Department of Education, as outlined in *Adapt, Advance, Achieve: Connecticut's Plan to Learn and Grow Together* requires the wearing of face coverings for all students and staff when they are inside the school building and while riding school transportation vehicles, with certain exceptions.

Definitions

Face covering/mask – a cloth, paper, or disposable face covering that covers the nose and mouth. It may or may not be medical grade.

Face shield – a clear, plastic shield that covers the forehead, extends below the chin and wraps around the sides of the face, protecting the eyes, nose and mouth from contamination from respiratory droplets, along with masks or respirators.

Clear plastic barrier – a clear plastic or solid surface that can be cleaned and sanitized often.

Transportation

Staff passengers are required to wear a face mask or cloth face covering that completely covers the nose and mouth during transit. Staff face coverings must be in place prior to boarding the bus, van or other vehicles and must be kept in place until they are completely off the bus or van. The Board shall provide back-up masks if the staff member does not have face coverings when boarding a school bus or van. The face mask or cloth face covering is also applicable to the drivers of the vehicle.

The Board may consider the option of assigning a temporary monitor on student transportation at the beginning of the school year to facilitate compliance with this new face mask protocol.

School Buildings and Grounds

All staff and visitors are required to use face coverings that completely covers the nose and mouth, when they are inside the school building or on school grounds, even when social distancing is maintained. An individual shall be excused from this requirement for the following listed reasons, per CDC guidance.

Personnel -- Certified/Non-Certified Staff

Face Masks/Coverings

School Buildings and Grounds(continued)

The individual:

1. has trouble breathing;
2. is unconscious;
3. is incapacitated; or
4. cannot remove the mask or face covering without assistance.

In addition, masks or face coverings shall not be required for anyone who has a medical reason making it unsafe to wear a face mask or face covering. A written notification from a licensed medical provider or the Department of Developmental Services or other state agency that provides or supports services for people with emotional, intellectual or physical disabilities, or a person authorized by any such agency is required in order for the Board to permit a medical exemption. Such documentation need not name or describe the condition that qualifies the person for the exemption. Schools shall also consider if supporting documentation exists in a student's existing school medical record, where the medical condition and/or need for an exemption is obvious, thereby eliminating the need for additional documentation previously described.

The Board adopts the position of the SDE that an exemption "has possible serious consequences for the health of other students and their families, and for the school's ability to stay open in the face of community spread, medical professionals should give serious consideration to the risk-benefit of giving medical notes for mask exemptions and discuss these considerations with the requesting families, including the possibility that a medical attestation of compromised health severe enough to present a contraindication to mask wearing may also constitute a directive for fully-virtual learning."

The State Department of Education (SDE) has proclaimed that the need for a medical exemption for the wearing of masks "is rare." The SDE has stated that "medical contraindications" to the wearing of masks "are generally limited to individuals suffering from severe chronic obstructive pulmonary disease (COPD) such as might be seen with cystic fibrosis, severe emphysema, heart failure or significant facial burns that would cause extreme pain or interfere with the healing of a skin graft." The SDE has indicated that these "severe medical conditions will be rare in students or staff capable of presenting to the school for work or instruction", as these "individuals would not be able to move about freely without significant assistance." It is recommended by the SDE "for anyone suffering from any of these underlying conditions for that person to remain at home and engage in fully virtual learning due to their risk of developing severe complications if they did become infected with COVID-19."

The Board supports the SDE position that "mild or intermittent respiratory or other common conditions such as asthma, cardiovascular diseases, kidney disease, or other similar conditions are generally not considered contraindications to the wearing of loose-fitting face coverings." However, it is recognized that while certain "mild" medical conditions will not justify the exemption from mask wearing, some students may have difficulty breathing through a mask creating a significant health risk or if psychological responses to a mask, such as claustrophobia, cannot be accommodated by trying different mask types, then the mask could be considered contraindicated.

Personnel -- Certified/Non-Certified Staff

Face Masks/Coverings

School Buildings and Grounds (continued)

The Board recognizes that apart from the medical contraindications other situations may exist where exemptions to mask wearing shall be considered. Some students with developmental disabilities may not tolerate or be able to comply well with mask wearing, but this alone should not be a basis for their exclusion from school. The District shall assess, on an individualized basis, the appropriate accommodations for students with disabilities who are unable to wear a face mask. An exemption to mask wearing may be appropriate for children with special needs, such as hearing or language challenges, autism, or developmental disabilities if they have issues tolerating a face covering.

In addition, the Board recognizes that some students and staff involved with certain special education activities, such as, but not limited to, speech therapy or where lip reading is required, may need to be exempted from wearing a mask intermittently. In such situations in which an exception is requested based upon a disability, a Planning and Placement Team (PPT) or Section 504 meeting, “as appropriate, shall be held in order to consider programming revisions or appropriate accommodations. In those situations where masks will not be in use, other key mitigation strategies shall be used, including maximizing distancing, holding activities outdoors or to a well-ventilated space, and/or the use of face shields or other physical barriers.

Space between the teacher and students is to be maximized to reduce the risk of increased droplets from teachers during instruction. A teacher is permitted to remove a face covering or mask during instruction. If the teacher removes the face covering or mask during instruction, spacing shall be increased beyond ~~six~~ **three** feet; a teacher who remains seated during instruction is required to use Plexiglas or other physical barrier in place and is preferable to the use of a face shield.

The Board acknowledges the position of the SDE that teachers should still wear a face covering/mask at all times in school “except for in the rare circumstances where face covering is detrimental to the specific instruction being given.”

Transparent (clear) masks should be considered as an option for teachers and students in classes for deaf and hard of hearing students. Pre-K and special education teachers should consider wearing clear masks.

The Board recognizes that face shields are not as effective for source control and should be used only when other methods are not available or appropriate. Therefore, the use of face shields for those with medical conditions is done with the understanding of their limitations and a heightened need for strict adherence to social distancing. Face shields are not an acceptable substitute for face covering masks.

The Board shall provide to any student, staff member or visitor a face mask if such individual does not have one. Training shall be provided as necessary regarding the proper use of face coverings. Information shall be provided to staff regarding the proper use, removal and washing of cloth face coverings.

Personnel -- Certified/Non-Certified Staff

Face Masks/Coverings

Limited Exceptions to Use of Face Coverings

Teachers and staff may be excused from wearing a face mask or covering while teaching provided they are properly socially distancing or remaining static behind a physical barrier. Face shields may be useful in situations where it is important for students to see how a teacher pronounces words (e.g. English Learners, early childhood, foreign language, etc.) and social distancing is maintained. However, face shields alone are not a sufficient alternate to the wearing of face mask for source control.

The SDE has indicated that “when the wearing of a face mask is problematic, (i.e. when the teacher’s and student’s mouth must be visible during speech therapy, when a child with hearing loss needs to read lips, etc.) other appropriate control measures should be implemented, including proper social distancing and/or the use of physical barriers between students and staff.”

Mask Breaks

Breaks from wearing masks shall be scheduled throughout the school day, by the teacher, provided that strict social distancing requirements are maintained and limitations are enforced regarding student and staff mobility.

Priority shall be placed for mask breaks to be outdoors if possible, or indoors in large areas where students can appropriately distance. With respect to indoor breaks, which should occur in well-ventilated areas, students and/or staff shall maintain a distance of ~~six~~ **three** feet or more apart and have no physical contact. It is recommended that everyone face in the same direction. Loud talking, yelling/bellowing or singing must be avoided during mask breaks.

Face Masks/Coverings

During time of eating, face masks or coverings may be removed. Masks are required in all dining areas while entering and leaving or getting food and drinks. They may be removed at appropriately socially distanced tables in order to eat but must be replaced after eating.

A recess period may be used as a break from wearing masks and social distancing requirements are maintained to the greatest degree feasible.

Violations of this Policy

Violations of this policy, whether by staff, shall be handled in the same manner as other violations of applicable Board policy. Prior to the imposition of disciplinary measures, staff is encouraged to remind students of the significant health implications of this decision and work with the student to correct and encourage cooperation. Staff is encouraged to pursue a broad spectrum of non-exclusionary options to support students prior to pursuing discipline.

If a visitor refuses to wear a face covering, for non-medical reasons, entry to the school/district facility may be denied.

Teachers or schools may provide incentives for compliance with the face mask requirement.

Personnel -- Certified/Non-Certified Staff

Face Masks/Coverings

Community Outreach

The District shall engage in community education programs including signage, mass and targeted communication, and positive reinforcement that will actively promote mask use consistent with CDC, DDH, CSDE and OSHA guidance. Community members will be reminded that mask use does not replace the need for social distancing, washing of hands and other preventative practices recommended by all appropriate authorities.

Other Considerations

- The District shall maintain in each school a supply of disposable face coverings in the event that a staff member, student or visitor does not have one for use.
- Special attention must be given to putting on and removing face coverings for purposes such as eating. After use, the front of the face covering is considered contaminated and should not be touched during removal or replacement. Hand hygiene should be performed immediately after removing and after replacing the face covering.
- When medically appropriate, nurses shall substitute use of metered dose inhalers and spacers for students with respiratory issues.
- Face shields with face masks may be used by staff who support students with special healthcare needs such as those who are unable to wear masks and who may need assistance with activities of daily living, such as toileting and eating.
- Mask use will not be required by employees when they are alone in private offices. However, they are required to mask when anyone enters a private office space and required to wear a mask if their office space is physically shared with others and does not allow for 6 feet of physical distancing or if the work area is frequented by others (such as a reception area).
- CDC does not recommend masks with exhalation valves for use in the school setting.

Until further notice the Board will require the wearing of masks as prescribed in this policy. The Board reserves the right to interpret the provisions of this policy and to modify any or all matters contained in this policy at any time, subject to applicable law.

(cf. 5141.22 – Communicable/Infectious Diseases)

(cf. 5141.6 – Crisis Management Plan)

(cf. 6114 – Emergencies and Disaster Preparedness)

(cf. 6114.6 – Emergency Closings)

(cf. 6114.8 – Pandemic/Epidemic Emergencies)

(cf. 6114.81 – Emergency Suspension of Policy During Pandemic)

Legal Reference:

Connecticut General Statutes

10-154a Professional communications between teacher or nurse and student.

10-207 Duties of medical advisors.

10-221 Boards of education to prescribe rules.

19a-221 Quarantine of certain persons.

52-557b Immunity from liability for emergency medical assistance, first aid or medication by injection. School personnel not required to administer or render.

Personnel -- Certified/Non-Certified Staff

Face Masks/Coverings

Legal Reference: Connecticut General Statutes (continued)

CT Executive Order 7NNN, August 14, 2020

The Family Educational Rights and Privacy Act of 1974, (FERPA), 20 U.S.C. 1232g, 45 C.F.R. 99.

Adapt, Advance, Achieve: Connecticut's Plan to Learn and Grow Together

Connecticut LEA School Reopening Template

Addendum 11-Interim Guidance for the Use of Face coverings in Schools during COVID-19, August 31, 2020, SDE.

"Frequently Asked Questions Regarding Reopening K-12 Public Schools" series, Vol. 3, September 2, 2020, SDE.

CDC Considerations for Schools

CDC Symptoms of Coronavirus

CDC Quarantine & Isolation

CDC Use of Cloth Face Coverings to Help Slow the Spread of COVID-19

CDC Interim Guidance for Administrators of US K-12 Schools and Child Care Programs

CDC Schools Decision Tree for Schools Reopening

Policy adopted: September 21, 2020, Revised December 20, 2020, Revised



WOODBIDGE SCHOOL DISTRICT

40 Beecher Road – South
Woodbridge, Connecticut 06525

Jonathan S. Budd, Ph.D. – Superintendent

MEMORANDUM

TO: Woodbridge Board of Education Policy Committee

FROM: Jonathan S. Budd, Ph.D., Superintendent

DATE: August 5, 2021

RE: Proposed Revisions of Policies 4118.237 & 5141.8, “Face Masks/Coverings”

Please find attached proposed revisions of Policies 4118.237 & 5141.8 which would align with the updated aspects of the District’s June 2021 “Safe Return to In-Person Instruction & Continuity of Services Plan,” in particular the CDC/CSDE/DPH recommendation that students maintain three feet of social distancing.

Proposed changes are represented in red.

*Draft BOE Policy Committee 8/9/2021***Students****Face Masks/Coverings**

This policy pertains to students. It has been developed to fulfill the guiding principles contained in the *Framework for Connecticut Schools*, specifically to safeguard the health and safety of students and staff and to allow all students the opportunity to return into classrooms full time. Evidence shows that the proper wearing of facial masks or coverings helps stop the spread of the virus, which is currently by droplets when an individual coughs, sneezes or talks.

The Board of Education (Board) is implementing this masking requirement to promote the safest possible learning, teaching and work environment for students, faculty, staff and visitors during the COVID-19 pandemic. The first priority of the Board is the health and well-being of students and staff as the District prepares for and implements the safe reopening of schools.

The Center for Disease Control (CDC) and the Connecticut Department of Health (DPH) and the Connecticut State Department of Education, as outlined in *Adapt, Advance, Achieve: Connecticut's Plan to Learn and Grow Together* requires the wearing of face coverings for all students and staff when they are inside school buildings and while riding school transportation vehicles, with certain exceptions.

Definitions

Face covering/mask – a cloth, paper, or disposable face covering that covers the nose and mouth. It may or may not be medical grade.

Face shield – a clear, plastic shield that covers the forehead, extends below the chin and wraps around the sides of the face, protecting the eyes, nose and mouth from contamination from respiratory droplets, along with masks or respirators.

Clear plastic barrier – a clear plastic or solid surface that can be cleaned and sanitized often.

Transportation

Student passengers are required to wear a face mask or cloth face covering that completely covers the nose and mouth during transit. The student's face covering must be in place prior to boarding the bus, van or other vehicles and must be kept in place until they are completely off the bus or van. The Board shall provide back-up masks if students do not have face coverings when boarding a school bus or van. The face mask or cloth face covering is also applicable to the drivers of the vehicle.

The Board may consider the option of assigning a temporary monitor on student transportation at the beginning of the school year to facilitate compliance with this new face mask protocol.

School Buildings and Grounds

All students are required to use face coverings that completely covers the nose and mouth, when they are inside the school building or on school grounds, even when social distancing is maintained. An individual shall be excused from this requirement for the following listed reasons, per CDC guidance.

Students

Face Masks/Coverings (continued)

School Buildings and Grounds (continued)

All students are required to use face coverings that completely covers the nose and mouth, when they are inside the school building or on school grounds, even when social distancing is maintained. An individual shall be excused from this requirement for the following listed reasons, per CDC guidance.

The individual:

1. has trouble breathing;
2. is unconscious;
3. is incapacitated; or
4. cannot remove the mask or face covering without assistance.

In addition, masks or face coverings shall not be required for anyone who has a medical reason making it unsafe to wear a face mask or face covering. A written notification from a licensed medical provider or the Department of Developmental Services or other state agency that provides or supports services for people with emotional, intellectual or physical disabilities, or a person authorized by any such agency is required in order for the Board to permit a medical exemption. Such documentation need not name or describe the condition that qualifies the person for the exemption. Schools shall also consider if supporting documentation exists in a student's existing school medical record, where the medical condition and/or need for an exemption is obvious, thereby eliminating the need for additional documentation previously described.

The Board adopts the position of the SDE that an exemption "has possible serious consequences for the health of other students and their families, and for the school's ability to stay open in the face of community spread, medical professionals should give serious consideration to the risk-benefit of giving medical notes for mask exemptions and discuss these considerations with the requesting families, including the possibility that a medical attestation of compromised health severe enough to present a contraindication to mask wearing may also constitute a directive for fully-virtual learning."

The State Department of Education (SDE) has proclaimed that the need for a medical exemption for the wearing of masks "is rare." The SDE has stated that "medical contraindications" to the wearing of masks "are generally limited to individuals suffering from severe chronic obstructive pulmonary disease (COPD) such as might be seen with cystic fibrosis, severe emphysema, heart failure or significant facial burns that would cause extreme pain or interfere with the healing of a skin graft." The SDE has indicated that these "severe medical conditions will be rare in students or staff capable of presenting to the school for work or instruction", as these "individuals would not be able to move about freely without significant assistance." It is recommended by the SDE "for anyone suffering from any of these underlying conditions for that person to remain at home and engage in fully virtual learning due to their risk of developing severe complications if they did become infected with COVID-19."

The Board adopts the SDE position that "mild or intermittent respiratory or other common conditions such as asthma, cardiovascular diseases, kidney disease, or other similar conditions are generally not considered contraindications to the wearing of loose-fitting face coverings." However, it is recognized that while certain "mild" medical conditions will not justify the exemption from mask wearing, some students may have difficulty breathing through a mask creating a significant health risk or if psychological responses to a mask, such as claustrophobia, cannot be accommodated by trying different mask types, then the mask could be considered contraindicated.

Students

Face Masks/Coverings

School Buildings and Grounds (continued)

The Board recognizes that apart from the medical contraindications other situations may exist where exemptions to mask wearing shall be considered. Some students with developmental disabilities may not tolerate or be able to comply well with mask wearing, but this alone should not be a basis for their exclusion from school. The District shall assess, on an individualized basis, the appropriate accommodations for students with disabilities who are unable to wear a face mask. An exemption to mask wearing may be appropriate for children with special needs, such as hearing or language challenges, autism, or developmental disabilities if they have issues tolerating a face covering.

In addition, the Board recognizes that some students and staff involved with certain special education activities, such as, but not limited to, speech therapy or where lip reading is required, may need to be exempted from wearing a mask intermittently. In such situations in which an exception is requested based upon a disability, a Planning and Placement Team (PPT) or Section 504 meeting, “as appropriate, shall be held in order to consider programming revisions or appropriate accommodations. In those situations where masks will not be in use, other key mitigation strategies shall be used, including maximizing distancing, holding activities outdoors or to a well-ventilated space, and/or the use of face shields or other physical barriers.

Parents/guardians may not excuse their child from this face mask requirement, by signing a waiver, because such wearing is a mandated requirement that the Office of the Governor, the Connecticut State Department of Education, and/or the Connecticut State Department of Public Health have defined as necessary for school districts to comply with in order to open schools from the COVID-19 caused closure.

In addition to the wearing of face masks, the District will maximize social distancing between students’ workstations and desks, achieving ~~six~~ **three** feet when feasible. Space between the teacher and students is to be maximized to reduce the risk of increased droplets from teachers during instruction. A teacher is permitted to remove a face covering or mask during instruction. If the teacher removes the face covering or mask during instruction, spacing shall be increased beyond ~~six~~ **three** feet; a teacher who remains seated during instruction is required to use Plexiglas or other physical barrier in place and is preferable to the use of a face shield.

The Board acknowledges the position of the SDE that teachers should still wear a face covering/mask at all times in school “except for in the rare circumstances where face covering is detrimental to the specific instruction being given.”

Transparent (clear) masks should be considered as an option for teachers and students in classes for deaf and hard of hearing students. Pre-K and special education teachers should consider wearing clear masks.

Face shields may be an option for those students with medical, behavioral or other challenges who are unable to wear face masks or coverings. The Board recognizes that face shields are not as effective for source control and should be used only when other methods are not available or appropriate. Therefore, the use of face shields for those with medical conditions is done with the understanding of their limitations and a heightened need for strict adherence to social distancing. Face shields are not an acceptable substitute for face covering masks.

The Board shall provide to any student a face mask if such individual does not have one. Training shall be provided as necessary regarding the proper use of face coverings. Information shall be provided to students and students’ families regarding the proper use, removal and washing of cloth face coverings.

Students

Face Masks/Coverings

Limited Exceptions to Use of Face Coverings

When other and appropriate mitigating practices are in place, such as social distancing, students will not be required to wear face masks or coverings while eating, drinking, during physical education classes, or when students are outside and effectively practicing social distancing and any other possible mitigants. Exceptions may also be necessary for certain special education students or other special populations.

Teachers and staff may be excused from wearing a face mask or covering while teaching provided they are properly socially distancing or remaining static behind a physical barrier. Face shields may be useful in situations where it is important for students to see how a teacher pronounces words (e.g. English Learners, early childhood, foreign language, etc.) and social distancing is maintained. However, face shields alone are not a sufficient alternate to the wearing of face mask for source control.

The SDE has indicated that “when the wearing of a face mask is problematic, (i.e. when the teacher’s and student’s mouth must be visible during speech therapy, when a child with hearing loss needs to read lips, etc.) other appropriate control measures should be implemented, including proper social distancing and/or the use of physical barriers between students and staff.”

Mask Breaks

Breaks from wearing masks shall be scheduled throughout the school day, by the teacher, provided that strict social distancing requirements are maintained and limitations are enforced regarding student and staff mobility.

Priority shall be placed for mask breaks to be outdoors if possible, or indoors in large areas where students can appropriately distance. With respect to indoor breaks, which should occur in well-ventilated areas, students and/or staff shall maintain a distance of ~~six~~ **three** feet or more apart and have no physical contact. It is recommended that everyone face in the same direction. Loud talking, yelling/bellowing or singing must be avoided during mask breaks.

During time of eating, face masks or coverings may be removed. Masks are required in all dining areas while entering and leaving or getting food and drinks. They may be removed at appropriately socially distanced tables in order to eat but must be replaced after eating.

A recess period may be used as a break from wearing masks when no more than one class is outside at a time and social distancing requirements are maintained to the greatest degree feasible.

Violations of this Policy

Violations of this policy, whether by students or staff, shall be handled in the same manner as other violations of applicable Board policy. Prior to the imposition of disciplinary measures, staff is encouraged to remind students of the significant health implications of this decision and work with the student to correct and encourage cooperation. Staff is encouraged to pursue a broad spectrum of non-exclusionary options to support students prior to pursuing discipline.

If a student refuses to wear a face mask or covering and does not fulfill any of the exemptions allowed by this policy, such student shall be sent to a room or space designed by the school. The parent/guardian shall be contacted to rectify the situation, school personnel to explain the options available regarding schooling and for the possible removal of the child from the school setting.

Students

Face Masks/Coverings

Violations of this Policy (continued)

If a visitor refuses to wear a face covering, for non-medical reasons, entry to the school/district facility may be denied.

Teachers or schools may provide incentives for compliance with the face mask requirement.

Community Outreach

The District shall engage in community education programs including signage, mass and targeted communication, and positive reinforcement that will actively promote mask use consistent with CDC, DDH, CSDE and OSHA guidance. Community members will be reminded that mask use does not replace the need for social distancing, washing of hands and other preventative practices recommended by all appropriate authorities.

Other Considerations

- The District shall maintain in each school a supply of disposable face coverings in the event that a student or visitor does not have one for use.
- Special attention must be given to putting on and removing face coverings for purposes such as eating. After use, the front of the face covering is considered contaminated and should not be touched during removal or replacement. Hand hygiene should be performed immediately after removing and after replacing the face covering.
- When medically appropriate, nurses shall substitute use of metered dose inhalers and spacers for students with respiratory issues.
- Face shields with face masks may be used by staff who support students with special healthcare needs such as those who are unable to wear masks and who may need assistance with activities of daily living, such as toileting and eating.
- Mask use will not be required by employees when they are alone in private offices. However, they are required to mask when anyone enters a private office space and required to wear a mask if their office space is physically shared with others and does not allow for 6 feet of physical distancing or if the work area is frequented by others (such as a reception area).
- CDC does not recommend masks with exhalation valves for use in the school setting.

Until further notice the Board will require the wearing of masks as prescribed in this policy. The Board reserves the right to interpret the provisions of this policy and to modify any or all matters contained in this policy at any time, subject to applicable law.

(cf. 5141.22 – Communicable/Infectious Diseases)

(cf. 5141.6 – Crisis Management Plan)

(cf. 6114 – Emergencies and Disaster Preparedness)

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(cf. 6114.81 – Emergency Suspension of Policy During Pandemic)

Legal Reference: Connecticut General Statutes
10-154a Professional communications between teacher or nurse and student.

Students

Face Masks/Coverings (continued)

Legal Reference: (continued)

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10-221 Boards of education to prescribe rules.

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"Frequently Asked Questions Regarding Reopening K-12 Public Schools" series, Vol. 3, September 2, 2020, SDE.

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CDC Schools Decision Tree for Schools Reopening

Policy adopted: September 21, 2020, Revised December 20, 2020, Revised



WOODBIDGE SCHOOL DISTRICT

40 Beecher Road – South
Woodbridge, Connecticut 06525

Jonathan S. Budd, Ph.D. – Superintendent

MEMORANDUM

TO: Woodbridge Board of Education Policy Committee
FROM: Jonathan S. Budd, Ph.D., Superintendent
DATE: August 5, 2021
RE: Proposed Revision of Policy 5113, "Attendance/Excuses/Dismissal"

Please find attached a proposed revised Policy 5113. Based on Connecticut Public Act 21-46, "An Act Concerning Social Equity and the Health, Safety and Education of Children," the required revision will allow students two "mental health wellness days" during the school year. Proposed changes are represented in red.

Students

Attendance/Excuses/Dismissal

Attendance

Connecticut state law requires parents to cause their children, ages five through eighteen inclusive, to attend school regularly during the hours and terms the public school is in session. Parents or persons having control of a child five years of age have the option of not sending the child to school until ages six or seven. Mandatory attendance terminates upon graduation or withdrawal with written parent/guardian consent at age seventeen.

A student is considered to be "in attendance" if present at his/her assigned school, or an activity sponsored by the school (e.g., field trip), for at least half of the regular school day. A student who is serving an out-of-school suspension or expulsion should always be considered absent. A student not meeting the definition of "in attendance" shall be considered absent.

Classroom learning experiences are the basis for public school education and the learning that takes place in the classroom is an essential part of that education. Time lost from class because of absences, tardiness and early dismissals disrupts the continuity of the instructional process and is a lost opportunity for all children of valuable instructional time.

The Board of Education requires that accurate records be kept of the attendance of each child, and students should not be absent from school without parental knowledge and consent. The BRS school day begins and 8:25 AM and ends at 3:10 PM. Students are considered tardy if they arrive after 8:25 AM. To promote the importance of full day attendance, the school office will communicate with parents, by telephone, e-mail, or first-class mail, if and when a student has four (4) or more tardies or four (4) more early dismissals in a month. The principal, at his/her discretion, may request a meeting with a child's parents as a follow-up.

Definitions

Chronically absent child: An enrolled student whose total number of absences at any time during a school year is equal to or greater than ten percent of the total number of days that such student has been enrolled at such school during such school year.

Absence: An excused absence, unexcused absence or disciplinary absence, as those terms are defined by the State Board of Education pursuant to C.G.S. [10-198b](#).

District chronic absenteeism rate: The total number of chronically absent children in the previous school year divided by the total number of children under the jurisdiction of the Board of Education for such school year.

School chronic absenteeism rate: The total number of chronically absent children for a school in the previous school year divided by the total number of children enrolled in such school for such school year.

Truant child: An enrolled student who has four unexcused absences from school in a month or ten unexcused absences in any school year.

Excuses

A student's absence from school shall be considered "excused" if written documentation of the reason for such absence has been submitted within ten (10) school days of the student's return to school and meets the following criteria:

A. For absences one through nine, a student's absences from school are considered "excused" when the student's parent/guardian approves such absence and submits appropriate documentation to school officials.

Preferred documentation is provided by the parent/guardian leaving a message prior to 8:25 AM on the day of the absence on the school's attendance phone line. Acceptable alternate documentation includes a signed note from the student's parent/guardian, a signed note from a school official who spoke personally with the parent/guardian regarding the absence, or a note confirming the absence by the school nurse or by a licensed medical professional,

as appropriate. Documentation should explain the nature of and the reason for the absence as well as the length of the absence. Separate documentation must be submitted for each incidence of absenteeism.

B. A student is permitted to take two “mental health wellness days” during the school year, a “mental health wellness day” defined as a school day during which the student attends to his/her emotional and psychological well-being in lieu of attending school. No student shall take mental health wellness days during consecutive school days.

B.C. For the tenth absence and all absences thereafter, a student's absences from school are considered excused for the following reasons:

1. Student illness (must be verified by a licensed medical professional to be deemed excused, regardless of the length of the absence);
2. Student's observance of a religious holiday;
3. Death in the student's family or other emergency beyond the control of the student's family;
4. Mandated court appearances (documentation required);
5. The lack of transportation that is normally provided by a district other than the one the student attends (no parental documentation required);
6. Extraordinary educational opportunities pre-approved by District administration and to be in accordance with Connecticut State Department of Education guidance.

B.D. A student's absence from school shall be considered unexcused unless:

1. The absence meets the definition of an excused absence and meets the documentation requirements; or
2. The absence meets the definition of a disciplinary absence, which is the result of school or District disciplinary action and are excluded from these State Board of Education approved definitions.

Responsibility for completion of missed classwork lies with the student, not the teacher. Unless a student has an extended illness, all make-up work should be completed within five days after the student returns to school.

Excused Absences for Children of Service Members

An enrolled student, age five to eighteen, inclusive, whose parent or legal guardian is an active duty member of the armed forces, as defined in section [27-103](#), and has been called to duty for, is on leave from, or has immediately returned from deployment to a combat zone or combat support posting, shall be granted ten days of excused absences in any school year and, at the discretion of the Board of Education, additional excused absences to visit such child's parent or legal guardian with respect to such leave or deployment of the parent or legal guardian. In the case of such excused absences such child and parent or legal guardian shall be responsible **for** obtaining assignments from the student's teacher prior to any period of excused absence, and for ensuring that such assignments are completed by such child prior to his or her return to school from such period of excused absence.

Chronic Absenteeism

The Board of Education, in compliance with statute, requires the establishment of attendance review teams when chronic absenteeism rates in the District or at individual schools in the District meet the following circumstances:

1. A team for the District must be established when the District chronic absenteeism rate is 10 percent or higher.
2. A team for the school must be established when the school chronic absenteeism rate is 15 percent or higher.
3. A team for either the District or each school must be established when (a) more than one school in the District has a school chronic absenteeism rate of 15 percent or higher or (b) a District has a District chronic absenteeism rate of 10 percent or higher and one or more schools in the District have a school chronic absenteeism rate of 15 percent or higher.

Each attendance review team shall be responsible for reviewing the cases of truants and chronically absent children, discussing school interventions and community referrals for such truants and chronically absent children and making any additional recommendations for such truants and chronically absent children and their parents or guardians. Each established attendance review team shall meet at least monthly.

The District shall utilize the chronic absenteeism prevention and intervention plan developed by the State Department of Education.

The District shall annually include in information for the strategic school profile report for each school and the District that is submitted to the Commissioner of Education data pertaining to truancy and chronically absent children.

Prevention and Intervention Strategies

1. The Principal and/or designee will hold a meeting with the parent/guardian of a child who is a “truant child” or “chronically absent child” as defined above. Such meeting will be held no later than ten (10) school days after the student’s designation as “truant” or “chronically absent” based upon the definitions articulated in this policy.
2. The Principal and/or the Special Services Director will, when deemed appropriate, coordinate services with and referrals of children to community agencies providing child and family services.
3. The Principal or his/her designee will annually at the beginning of the school year, and upon any enrollment during the school year, notify in writing the parent or other person having control of each child of the school attendance obligations of the parent or such person pursuant to Connecticut General Statutes §10-184.
4. The Principal or his/her designee will annually at the beginning of the school year, and upon any enrollment during the school year, obtain from the parent or other person having control of each child a telephone number or other means of contacting such parent or such other person during the school day.
5. The Principal will establish a procedure that provides that, whenever an enrolled student fails to report to school on a regularly scheduled school day, and no indication has been received by school personnel that the child's parent or other person having control of the child is aware of the child's absence, a reasonable effort to notify, by telephone and by mail, the parent or such other person shall be made by school personnel. The required mail notice shall include a warning that two unexcused absences from school in one month or five unexcused absences in a school year may result in a complaint filed with the Superior Court pursuant to Connecticut General Statutes §46b-149 alleging the belief that the acts or omissions of the child are such that the child's family is a family with service needs. Persons who, in good faith, give or fail to give notice shall be immune from any liability, civil or criminal, which might otherwise be incurred or imposed and shall have the same immunity with respect to any judicial proceeding which results from such notice or failure to give notice.
6. The school's mandated reporters must report suspected educational neglect to the Connecticut Department of Children and Families.
7. The Principal or his/her designee shall refer a child for a Planning and Placement Team meeting for evaluation for a possible disability of the “truant child” or “chronically absent child.”
8. If a parent or other person having control of the “truant child” or “chronically absent child” fails to attend the meeting with the Principal or his/her designee, or otherwise fails to cooperate with the school in attempting to solve the problem, the Principal or his/her designee shall notify the Superintendent, who shall file, no later than fifteen (15) calendar days after such failure to attend such meeting or such failure to cooperate with the school, a written complaint with the Superior Court pursuant to Connecticut General Statutes §46b-149 alleging the belief that the acts or omissions of the child are such that the child’s family is a family with service needs.

Dismissal

No school, grade, or class may be dismissed before the regularly scheduled dismissal time without the approval of the Superintendent or his/her designee.

No teacher may permit any individual student to leave school prior to the regular hour of dismissal without the permission of the Principal or designee, and the approval of the student’s parent/guardian. If a court official with legal permission takes custody of a child, or if a police officer arrests a student, the parent/guardian should be notified of these situations by the administration.

Extraordinary Educational Opportunities

An extraordinary educational opportunity is defined as an opportunity: (a) with a learning objective related to the particular student’s course work or plan of study; (b) not ordinarily available to the particular student; (c)

appropriate to the development of the particular student (e.g., age, grade, and educational attainment); and (d) with content highly relevant to the particular student. The opportunity must come at no cost to the District. Family vacations do not qualify as extraordinary educational opportunities.

A request for the approval of an extraordinary educational opportunity must be submitted in advance in writing, with the signature of the student and his/her parent(s)/guardian(s), to the Principal. The request must detail how the opportunity meets the criteria outlined above. All relevant documentation must be attached.

The decision to approve, or not approve, an extraordinary educational opportunity will be put in writing by the Principal after consultation with the Superintendent, and may be subject to withdrawal based on conditions outlined in the approval. Each request will be considered on a case-by-case basis and will set no precedent for the particular student or for other students.

(cf. [5142](#) - Student Safety)

~~(cf. [5113.2](#) - Truancy)~~

~~(cf. [6113](#) - Released Time)~~

Legal Reference Connecticut General Statutes

[10-220\(c\)](#) Duties of boards of education (as amended by PA 15-225)

[10-184](#) Duties of parents (as amended by PA 98-243 and PA 00-157)

[10-185](#) Penalty

[10-198a](#) Policies and procedures concerning truants (as amended by PA 11-136, An Act Concerning Minor Revisions to the Education Statutes and PA 14-198, An Act Concerning Excused Absences from School for Children of Service Members, and PA 16-147, An Act Concerning the Recommendations of the Juvenile Justice Policy and Oversight Committee).

[10-198b](#) State Board of Education to define "excused absence," "unexcused absence," and "disciplinary absence".

[10-198c](#) Attendance review teams.

[10-198d](#) Chronic absenteeism (as amended by PA 17-14).

[45a-8c](#) Truancy clinic. Administration. Policies and procedures. Report. (as amended by PA 15-225)

[10-199](#) through [10-202](#) Attendance, truancy - in general.

Action taken by State Board of Education on January 2, 2008, to define "attendance."

Action taken by State Board of Education on June 27, 2012, to define "excused" and "unexcused" absences.

PA 17-14 An Act Implementing the Recommendations of the Department of Education.

Policy adopted: July 19, 2021

WOODBRIIDGE SCHOOL DISTRICT

Woodbridge, Connecticut



WOODBIDGE SCHOOL DISTRICT

40 Beecher Road – South
Woodbridge, Connecticut 06525

Jonathan S. Budd, Ph.D. – Superintendent

MEMORANDUM

TO: Woodbridge Board of Education Policy Committee
FROM: Jonathan S. Budd, Ph.D., Superintendent
DATE: August 5, 2021
RE: Proposed Revision of Policy 5141, “Student Health Services”

Please find attached a proposed revised Policy 5141 which would accomplish the following:

- Update language related to exemption from immunizations (required via Connecticut Public Act 21-6, “An Act Concerning Immunizations”).
- Update language related to vision screenings (required via Connecticut Public 21-95, “An Act Concerning Assorted Revisions and Additions to the Education Statutes”).

Proposed changes are represented in red.

In addition, this proposed revision would integrate current Policy 5141.3, “Health Assessments and Immunizations,” so that one cohesive policy on student health services would exist.

Students

Student Health Services

The Board of Education recognizes the need to protect and improve the health of students in order to allow each student to achieve their greatest educational potential. In order to do this the Board will ~~provide negotiate and enter into an agreement for~~ nursing services in district schools. The Board also employs the professional services of a School District Medical Advisor and appropriate professional support services. The Superintendent or appointee shall manage these health services. Health services shall be directed toward detection, prevention, ongoing monitoring of health problems and ~~to provide~~ emergency interventions. ~~The Board of Education also recognizes the importance of periodic health assessments, including oral health assessments, according to State of Connecticut health regulations.~~

School District Medical Advisor

The Board of Education shall appoint a school district medical advisor and appropriate medical support service personnel including nurses.

~~As required, the District will annually report to the Department of Public Health information required on the School Immunization Entry Survey. As required, the District will report, on a triennial basis, to the Department of Public Health and to the local health director the asthma data, pertaining to the total number of students per school and for the district, obtained through the required asthma assessments, including student demographics. Such required asthma diagnosis shall occur at the time of mandated health assessment at the time of enrollment, in either grade 6 or 7, and in either grade 10 or 11. Such asthma diagnosis shall be reported whether or not it is recorded on the health assessment form, at the aforementioned intervals. The District, as required, will also participate in annual school surveys conducted by the Department of Public Health pertaining to asthma.~~

School health efforts shall be directed toward detection and prevention of health problems and to emergency treatment, including the following student health services:

1. Appraising the health status of student and school personnel;
2. Counseling students, parents, and others concerning the findings of health examination;
3. Encouraging correction of defects;
4. Helping prevent and control disease;
5. Providing emergency care for student injury and sudden illness;
6. Maintaining school health records.

Health Records

There shall be a health record for each student enrolled in the school district which will be maintained in the school nurse's room. For the purposes of confidentiality, records will be treated in the same manner as the student's cumulative academic record.

Student health records are covered by the Family Educational Rights and Privacy Act (FERPA) and are exempt from the Health Insurance Portability Accountability Act (HIPAA) privacy rule. However, it is recognized that obtaining medical information from health care providers will require schools to have proper authorization and to inform parents that such information once released by health care providers is no longer protected under HIPAA but is covered under FERPA.

Regular Health Assessments

Prior to enrollment in PreK and/or kindergarten, each child shall have a health assessment by one of the following medical personnel of the parents or guardians choosing to ascertain whether the student has any physical disability or other health problem tending to prevent him or her from receiving the full benefit of school work and to ascertain whether such school work should be modified in order to prevent injury to the student or to secure for the student a suitable program of education:

1. a legally qualified physician;
2. an advanced practice registered nurse;
3. a registered nurse;
4. a physician ~~physician's~~ assistant.
5. a school medical advisor.
6. a legally qualified practitioner of medicine, an advanced practice registered nurse, or a physician assistant stationed at any military base.

Such health assessment shall include:

1. Physical examination which shall include hematocrit or hemoglobin tests, height, weight, blood pressure, and a chronic disease assessment which shall include, but not be limited to, asthma;
2. Updating of immunizations required under C.G.S. [10-204a](#) as periodically amended;
3. Vision, hearing, postural, and gross dental screening;
4. If required by the school district medical advisor, testing for tuberculosis and sickle cell anemia or Cooley's Anemia;
5. Any other information including a health history as the physician believes to be necessary and appropriate.

Health assessments shall also be required in grades 6 or 7 and in grades 9 or 10 by a legally qualified physician of each student's parents' or guardians' own choosing, or by the School **District** Medical Advisor, or the advisor's designee, to ascertain whether a student has any physical disability or other health problem. Such health assessments shall include:

1. Physical examination which shall include hematocrit or hemoglobin tests, height, weight, blood pressure, and a chronic disease assessment which shall include, but not be limited to, asthma;
2. Updating of immunizations required under C.G.S. [10-204a](#) and the Department of Public Health, Public Health Code, [10-204a-2a](#), [10-204-3a](#) and [10-204a-4](#);
3. Vision, hearing, postural, and gross dental screening;
4. If required by the school district medical advisor and the local health department, testing for tuberculosis and sickle cell anemia or Cooley's Anemia;
5. Any other information including a health history as the physician believes to be necessary and appropriate;

~~6. Chronic health assessments~~

A child will not be allowed, as the case may be, to begin or continue in district schools unless health assessments are performed as required. Students transferring into the district must provide evidence of required Connecticut vaccinations, immunizations, and health assessments ~~at enrollment and~~ prior to school attendance.

In situations where there is financial hardship, health assessments will be provided by the School **District** Medical Advisor or the Advisor's designee without charge to all students whose parents or guardians meet the eligibility requirement of free and reduced priced meals under the National School Lunch Program or for free milk under the special milk program.

The Nursing Supervisor is designated to receive reports of health assessments and immunizations from health care providers.

Health assessment results and recommendations signed by the examining physician or authorized medical personnel shall be recorded on forms provided by the Connecticut State Board of Education and kept on file in the school the student attends. Upon written authorization from the student's parent or guardian, original cumulative health records shall be sent to the chief administrative officer of the school district to which such student moves and a true copy of the student's cumulative health records maintained with the student's academic records. The Superintendent of Schools, or designee, shall notify parents of any health-related problems detected in health assessments and shall make reasonable efforts to assure that further testing and treatment is provided, including advice on obtaining such required testing or treatment.

Students who are in violation of Board requirements for health assessments and immunizations will be excluded from school after appropriate parental notice and warning.

Immunizations/Vaccinations

No student will be allowed to enroll in any program operated as part of the district schools without adequate immunization against the following diseases:

Measles	Pertussis	Varicella (Chickenpox)
Rubella	Mumps	Hepatitis A
Poliomyelitis	Haemophilus influenza type B	Pneumococcal disease
Diphtheria	Any other vaccine required by Section 19a-7f of Connecticut General Statutes	Influenza
Tetanus	Hepatitis B	Meningococcal disease

All students in grades K-12 are required to have received 2 doses of measles, mumps and rubella vaccine or serologic proof of immunity. Students entering kindergarten and seventh grade shall present proof of having received 2 doses of varicella vaccine, laboratory confirmation of immunity, or a written statement signed by a physician, physician assistant, or advanced practice registered nurse indicating the individual has had varicella based on family or medical history.

All seventh grade students must show proof of 1 dose of meningococcal vaccine and 1 dose of Tdap in addition to the completion of the primary DTP series.

All students in Grades K-12 are required to have 3 doses of Hepatitis B vaccine or serologic evidence of immunity.

Students shall be exempt from the appropriate provisions of this policy when:

1. They present a certificate from a physician, physician assistant, advanced practice registered nurse, or local health agency stating that initial immunizations have been given and additional immunizations are in process under guidelines and schedules specified by the Commissioner of Health Services; or
2. They present a certificate from a physician, physician assistant, or advanced practice registered nurse stating that in the opinion of such medical provider immunization is medically contraindicated because of the physical condition of such child. Such certification shall be provided on the medical exemption certificate form developed by the Department of Public Health and available on its website; or
3. They present a written statement from their parents or guardians that such immunization would be contrary to the religious beliefs of such child or his/her parents/guardians, such statement to be officially acknowledged by a notary public or a judge, a court clerk/deputy clerk, a town clerk, a justice of the peace, a Connecticut attorney, or school nurse, and such religious exemption was granted prior to April 28, 2021 (by midnight April 27, 2021). Such student retains this exemption through grade 12, even if the student transfers to another school in Connecticut; or
4. In the case of a child enrolled in pre-school or pre-kindergarten on or before April 28, 2021, their parent/guardian appropriately submits a statement necessary for the religious exemption, which shall provide an extension until September 1, 2022 to comply with Connecticut's required immunizations, or within fourteen (14) days after transferring to a different public or private school, whichever is later. The deadline for such pre-school / pre-kindergarten student complying with the immunization requirements can be altered if the school / district is provided with a written declaration from the child's physician, physician assistant, or advanced practice registered nurse recommending a different immunization schedule for the child.
5. In the case of measles, mumps or rubella, they present a certificate from a physician, physician assistant, or advanced practice registered nurse, or from the Director of Health in such child's present or previous town of residence, stating that the child has had a confirmed case of such disease; or
6. In the case of Haemophilus influenza type B, they have passed their fifth birthday; or
7. In the case of diphtheria, tetanus and pertussis, they have a medical exemption confirmed in writing by a physician, physician assistant, or advanced practice registered nurse (per C.G.S. 19a-7f).

The Nursing Supervisor will report to the local Director of Health any occurrence of State of Connecticut defined reportable communicable diseases.

Vision Screening

All students in grades K, 1, 3, 4, & 5 will be screened using a Snellen chart, or equivalent screening, by the school nurse or school health aide. **An equivalent screening device or an automated vision screening device may be used for such vision screening.** Additional vision screening will also be conducted in response to appropriate requests from parents/guardians or professionals working with the student in question. Results will be recorded in the student's health record on forms supplied by the Connecticut State Board of Education, and the Superintendent shall cause a written notice to be given to the parent or guardian of each student found to have any defect of vision, with a brief statement describing such defect.

As necessary, special educational provisions shall be made for students with disabilities.

Hearing Screening

All students will be screened for possible hearing impairments in grades K, 1, 3, 4, & 5. Additional audiometric screening will be conducted in response to appropriate requests from parents/guardians or professionals working with the student. Results will be recorded in the student's health record on forms supplied by the Connecticut State Board of Education, and the Superintendent shall cause a written notice to be given to the parent or guardian of each student found to have any defect of hearing, with a brief statement describing such defect.

As necessary, special educational provisions shall be made for students with disabilities.

Postural Screening

School nurses will screen all female students in grades 5 and **6 7** inclusive and male students in grade 8 or 9 for scoliosis or other postural problems. Additional postural screening will also be conducted in response to appropriate requests from parents/guardians or professionals working with the student. Results will be recorded in the student's health record on forms supplied by the Connecticut State Board of Education, and the Superintendent shall cause a written notice to be given to the parent or guardian of each student found to have any postural defect of problem, with a brief statement describing such defect or disease.

As necessary, special educational provisions shall be made for students with disabilities.

~~Students shall be exempt from the appropriate provisions of this policy when:~~

- ~~1. they present a certificate from a physician or local health agency stating that initial immunizations have been given and additional immunizations are in process under guidelines and schedules specified by the Commissioner of Health Services; or~~
- ~~2. they present a certificate from a physician stating that in the opinion of such physician, immunization is medically contraindicated because of the physical condition of such child; or~~
- ~~3. They present a written statement from their parents or guardians that such immunization would be contrary to the religious beliefs of such child or his/her parents/guardians; such statement to be officially acknowledged by a notary public or a judge, a court clerk/deputy clerk, a town clerk, a justice of the peace, a Connecticut attorney, or a school nurse; or~~
- ~~4. in the case of measles, mumps or rubella, present a certificate from a physician, physician assistant or advanced practice registered nurse or from the Director of Health in such child's present or previous town of residence, stating that the child has had a confirmed case of such disease; or~~
- ~~5. in the case of Hemophilus influenza type B has passed his or her fifth birthday; or~~
- ~~6. in the case of diphtheria, tetanus and pertussis, has a medical exemption confirmed in writing by a physician, physician assistant or advanced practice registered nurse (per C.G.S. 19a-7f).~~

~~The school nurse will report to the local Director of Health any occurrence of State of Connecticut defined reportable communicable diseases.~~

Student Medical Care at School

School personnel are responsible for the immediate care necessary for a student whose sickness or injury occurs on the school premises during school hours or in school-sponsored and supervised activities.

Schools shall maintain files of emergency information cards for each student. If a child's injury requires

immediate care, the parent or guardian will be called by telephone by the nurse, the building principal, or other personnel designated by the principal, and advised of the student's condition. When immediate medical or dental attention is indicated, and when parents or guardians cannot be reached, the student will be transported to the nearest hospital unless otherwise indicated on the student's Emergency Information card. In this event, the family physician/dentist and School District Medical Advisor will be notified of school district actions.

Oral Health Assessments

Parents are encouraged to have oral health assessments for their child(ren) prior to public school enrollment, in grade 6 or 7, and in grade 9 or 10. Such assessment may be conducted by a dentist, dental hygienist, physician, physician assistant (PA), or an advanced practice registered nurse (APRN), if he or she is trained in conducting such assessments as part of a DPH-approved training program. When conducted by a dentist the oral assessment must include a dental examination. If another such provider conducts the assessment, it must include a visual screening and risk assessment.

Parent/guardian consent is required prior to the oral health assessment. The assessment is to be made in the presence of the parent/guardian or another school employee. The parent/guardian must receive prior written notice and have a reasonable opportunity to opt his/her child out of the assessment, be present at the assessment, or provide for the assessment himself or herself.

A child's public school enrollment continued attendance shall not be denied for his/her failure to receive the oral health assessment.

The District may host a free oral health assessment event at which a qualified provider performs such oral health assessments. Parents/guardians will be given prior notice of such a free screening event providing the parents/guardians the opportunity to opt their children out of the assessment event. If the parent/guardian does not do so, the child must receive an assessment free of charge. The child is prohibited by the legislation from receiving any dental treatment as part of the assessment event without the parent's/guardian's informed consent.

The results of an oral health assessment shall be recorded on forms supplied by the State Board of Education. The provider performing the assessment must completely fill out and sign the form. Recommendations by the provider shall be in writing. For any child who receives an oral health assessment, the results must be included in the child's cumulative health record.

Appropriate school health personnel shall review the assessment results. If it is determined that a child needs further testing or treatment, the Superintendent shall give written notice to the child's parent/guardian and make reasonable efforts to ensure that further testing or treatment is provided. Such efforts include determining whether the parent/guardian obtained the necessary testing or treatment for the child and, if not, advising the parent or guardian on how to do so. The results of the further testing or treatment must be recorded on the assessment forms and reviewed by school health personnel.

As with other school health assessments no records of oral health assessments may be open to public inspection; and each provider who conducts an assessment for a child seeking to enroll in a public school must provide the assessment results to the school district's designated representative and a representative of the child.

(cf. 5111 – Admission)

(cf. [5125.11](#) – Health/Medical Records)

(cf. [5142](#) – Student Safety)

~~(cf. [5141.3](#) – Health Assessments & Immunizations)~~

(cf. [5141.4](#) – Child Abuse and Neglect)

(cf. [5141.5](#) – Suicide Prevention)

~~(cf. [6142.1](#) – Family Life and Sex Education)~~

~~(cf. [6145.2](#) – Interscholastic/Intramural Athletics)~~

(cf. 6171.1 – Special Education)

Legal Reference: Connecticut General Statutes

[10-203](#) Sanitation.

[10-204a](#) Required immunizations, as amended by PA 15-174 & PA 15-242.

[10-204c](#) Immunity from liability

[10-205](#) Appointment of school medical advisors.

[10-206](#) Health assessments, as amended by PA 07-58, PA 11-179 and PA 18-168.

[10-206a](#) Free health assessments.

[10-207](#) Duties of medical advisers, as amended by PA 12-198.

[10-208](#) Exemption from examination or treatment.

[10-208a](#) Physical activity of student restricted; boards to honor notice.

[10-209](#) Records not to be public. (as amended by PA 03-211)

[10-210](#) Notice of disease to be given parent or guardian.

[10-212](#) School nurses and nurse practitioners.

[10-212a](#) Administration of medicines by school personnel.

[10-213](#) Dental hygienists.

[10-214](#) Vision, audiometric and postural screening: When required; notification of parents re defects; record of results. (As amended by PA 96-229 An Act Concerning Scoliosis Screening)

[10-214a](#) Eye protective devices.

[10-214b](#) Compliance report by local or regional board of education.

[10-217a](#) Health services for children in private nonprofit schools. Payments from the state, towns in which children reside and private nonprofit schools.

Department of Public Health, Public Health Code – [10-204a-2a](#), [10-204a-3a](#) and [10-204a-4](#)

Federal Family Educational Rights and Privacy Act of 1974 (section 438 of the General Education Provisions Act, as amended, added by section 513 of P.L. 93-568, codified at 20 U.S.C. 1232g).

42 U.S.C. 1320d-1320d-8, P.L. 104-191, Health Insurance Portability and Accountability Act of 1996 (HIPAA)

PA 18-168 An Act Concerning the Department of Public Health's Recommendations Regarding Various Revisions to the Public Health Statutes, Sections [7-9](#), 539 & 540.

[PA 21-6 An Act Concerning Immunizations](#)

[PA 21-95 An Act Concerning Assorted Revisions and Additions to the Education Statutes.](#)

Policy adopted: October 21, 2019; Revised

WOODBRIIDGE PUBLIC SCHOOLS

Woodbridge, Connecticut

Students

Health Assessments and Immunizations

~~The Board of Education recognizes the importance of periodic health assessments, including oral health assessments, according to state health regulations.~~

~~To determine health status of students, facilitate the removal of disabilities to learning and find whether some special adaptation of the school program may be necessary, the Board of Education requires that students have health assessments.~~

~~The Board of Education adheres to those state laws and regulations that pertain to school immunizations and health assessments, including oral health assessments. It is the policy of the Board of Education to insure that all enrolled students are adequately immunized against communicable diseases. The Board may deny continued attendance in school to any student who fails to obtain the health assessments required under C.G.S. [10-206](#), as may be periodically amended.~~

~~The Board of Education shall annually designate a representative to receive reports of health assessments and immunizations from health care providers.~~

~~Parents wishing their children exempted or excused from health assessments must request such exemption to the Superintendent of Schools in writing. This request must be signed by the parent/guardian.~~

~~Parents/guardians wanting their children excused from immunizations on religious grounds (prior to kindergarten entry and grade 7 entry) must request such exemption in writing to the Superintendent of Schools if such immunization is contrary to the religious beliefs of the child or of the parent/guardian of the child. The request must be officially acknowledged by a notary public or a judge, a clerk or deputy clerk of a court having a seal, a town clerk, a justice of the peace, a Connecticut-licensed attorney or a school nurse.~~

~~It is the responsibility of the Principal to insure that each student enrolled has been adequately immunized and has fulfilled the required health assessments. The school nurse shall check and document immunizations and health assessments on all students enrolling in school and to report the status to the school principal. The school nurse shall also contact parents or guardians to make them aware if immunizations and/or health assessments are insufficient or not up to date. The school nurse will maintain in good order the immunization and health assessment records of each student enrolled.~~

~~No record of any student's medical assessment may be open to the public.~~

~~As required, the District will annually report to the Department of Public Health and to the local health director the asthma data, pertaining to the total number of students per school and for the district, obtained through the required asthma assessments, including student demographics. Such required asthma diagnosis shall occur at the time of mandated health assessment at the time of enrollment, in either grade six or seven, and in either grade ten or eleven. Such asthma diagnosis shall be reported whether or not it is recorded on the health assessment form, at the aforementioned intervals. The District, as required, will also participate in annual school surveys conducted by the Department of Public Health pertaining to asthma.~~

~~The Superintendent of Schools shall give written notice to the parent/guardian of each student who is found to have any defect of vision or disease of the eyes, with a brief statement describing such defect or disease and a recommendation that the student be examined by an appropriately licensed optometrist or ophthalmologist.~~

~~Note: P.A 18-168 requires boards of education to request that students have an oral health assessment prior to public school enrollment, in grade 6 or 7, and in grade 9 or 10. The legislation establishes related requirements on providers authorized to perform the assessments, parental consent assessment forms, and records access. The specifics are detailed in the administrative regulation pertaining to this policy.~~

~~(cf. [5111](#)—Admission)~~

~~(cf. 5141.31—Physical Examinations for School Programs)~~

~~(cf. [5125](#)—Student Records)~~

~~(cf. [5125.11](#)—Health/Medical Records—HIPAA)~~

(cf. ~~5141~~ Student Health Services)

Legal Reference: Connecticut General Statutes

~~10-204a Required immunizations (as amended by P.A. 15-174 and P.A. 15-242)~~

~~10-204c Immunity from liability~~

~~10-205 Appointment of school medical adviser~~

~~10-206 Health assessments (as amended by P.A. 17-146 and PA 18-168)~~

~~10-206a Free health assessments~~

~~10-207 Duties of medical advisors~~

~~10-208 Exemption from examination or treatment~~

~~10-208a Physical activity of student restricted; board to honor notice~~

~~10-209 Records not to be public. Provision of reports to schools.~~

~~10-212 School nurses and nurse practitioners~~

~~10-214 Vision, audiometric and postural screenings. When required. Notification of parents re defects; record of results. (as amended by PA 17-146)~~

~~Department of Public Health, Public Health Code, 10-204a-2a, 10-204a-3a, 10-204a-4
Section 4 of P.A. 14-231~~

~~Federal Family Educational Rights and Privacy Act of 1974 (section 438 of the General Education Provisions Act, as amended, added by section 513 of P.L. 93-568, codified at 20 U.S.C. 1232g)~~

~~42 U.S.C. 1320d-1320d-8, P.L. 104-191, Health Insurance Portability and Accountability Act of 1996 (HIPAA)~~

~~P.A. 17-146 "An Act Concerning the Department of Public Health's Various Revisions to the Public Health Statutes," Section 5, effective 10/1/17~~

~~PA 18-168 An Act Concerning the Department of Public Health's Recommendations Regarding Various Revisions to the Public Health Statutes, Sections 7-9, 539 & 540~~

Policy adopted: ~~October 21, 2019~~

WOODBIDGE PUBLIC SCHOOLS

Woodbridge, Connecticut

5141.3

Students

Health Assessments and Immunizations

In accordance with Connecticut General Statutes ~~10-206~~, as amended, ~~10-204a~~, and ~~10-214~~, the following health assessment procedures are established for students in the district:

1) ~~Proof of immunization shall be required prior to school entry. A "school aged child" also includes any student enrolled in an adult education program that leads to a high school diploma. This immunization verification is mandatory for all new school enterers and must include complete documentation of those immunizations requiring a full series. A required immunization record includes:~~

a) ~~For initial entry into school for kindergarten, regular and special education pre-school programs, grades 1-6:~~

- ~~4 doses of DTP/DTPaP vaccine (Diphtheria-Pertussis-Tetanus). At least one dose is required to be administered on or after the 4th birthday for children enrolled in school at kindergarten or above. Students who start the series at age 7 or older need a total of 3 doses.~~

- ~~3 doses of either trivalent oral polio vaccine (TOPV) or inactivated polio vaccine (IPV) with at least one dose of polio vaccine administered on or after the 4th birthday and before school entry. (This then usually results in 4 doses in total.)~~

~~• 2 doses of MMR vaccine (measles, mumps and rubella). One dose at one (1) year of age or after and a second dose, given at least twenty eight (28) days after the first dose, prior to school entry in kindergarten through grade twelve (12) OR disease protection, confirmed in writing, by a physician, physician assistant or advanced practical registered nurse that the child has had a confirmed case of such disease based on specific blood testing conducted by a certified laboratory. One dose on or after the child's first birthday for enrollment in preschool.~~

~~• 3 doses of Hepatitis B vaccine (HBV) or has had protection confirmed in writing by a physician, physician assistant or advanced practice registered nurse based on specific blood testing by a certified laboratory.~~

~~• 1 dose of Hib (Hemophilus Influenza type b) given on or after the first birthday, is required of all school children who enter school **prior to their fifth birthday** or had a laboratory confirmed infection at age 24 months or older, confirmed in writing by a physician, physician assistant or advanced practice registered nurse. Children five and older do not need proof of Hib vaccination.~~

~~• Varicella (Chickenpox) Immunity—~~

~~(i) 1 dose on or after the 1st birthday or must show proof of immunity to varicella (chickenpox) for entry into licensed pre-school programs and kindergarten; or on or after August 1, 2011 for entry into kindergarten two (2) doses shall be required, given at least three (3) months apart, the first dose on or after the 1st birthday.~~

~~(ii) Proof of immunity includes any of the following:~~

~~* Documentation of age appropriate immunizations considered to be one dose administered on or after the student's first birthday (if the student is less than 13 years old) or two doses administered at least 30 days apart for students whose initial vaccination is at thirteen years of age or older.~~

~~Note: The National Advisory Committees on Immunization Practices (ACIP) changed the recommendation for routine vaccination against chicken pox (Varicella) from a single dose for all children beginning at 12 months of age to two doses, with the second dose given just prior to school entry. The ACIP also recommends that all school aged children, up to 18 years of age, who have only had a single dose of Varicella vaccine to be vaccinated with a second dose.~~

~~* Serologic evidence of past infection, confirmed in writing by a physician, physician assistant or advanced practice registered nurse based on specific blood testing by a certified laboratory, or~~

~~* Statement signed and dated by a physician, physician assistant or advanced practice registered nurse indicating a child has already had varicella (chickenpox) based on diagnosis of varicella or verification of history of varicella. (Date of chickenpox illness not required)~~

~~(iii) All students are required to show proof of immunity (see above) to Varicella for entry into 7th grade.~~

~~Note: The Connecticut Department of Public Health has indicated that a school aged child, 13 years of age or older, will only be considered fully immunized if he/she has had two doses of the Varicella vaccine, given at least 4 weeks apart.~~

~~• Hepatitis A— Requirement for PK and K for children born on or after January 1, 2007, is enrolled in preschool or kindergarten on or after August 1, 2011.~~

~~(i) Two (2) doses of hepatitis A vaccine given at least six (6) months apart, the first dose given on or after the child's first birthday; or~~

~~(ii) Has had protection against hepatitis A confirmed in writing by a physician, physician assistant or advanced practice registered nurse based on specific blood testing by a certified laboratory.~~

~~• Influenza Requirement for PK.~~

~~(i) Effective January 1, 2012 and each January 1 thereafter, children aged 24-59 months enrolled in preschool are required to receive at least one (1) dose of influenza vaccine between August 1 and December 31 of the preceding year (effective August 1, 2011).~~

~~(ii) Children aged 24-59 months who have not received vaccination against influenza previously must be given a second dose at least twenty eight (28) days after the first dose.~~

~~• Pneumococcal Disease Requirement for PK and K~~

~~(i) Effective August 1, 2011 all students born on or after January 1, 2007, enrolled in PK and K who are less than five (5) years of age must show proof of having received one (1) dose of pneumococcal conjugate vaccine on or after the student's first birthday.~~

~~(ii) An individual shall be considered adequately protected if currently aged five (5) years or older.~~

Health assessment and health screening requirements are waived if the parent/legal guardian of the student (if he or she is an emancipated minor or is eighteen years of age or older) notifies the school personnel in writing that the parent/Guardian or student objects on religious grounds. (CGS [10-204a](#))

Students failing to meet the above requirements shall not be allowed to attend school.

~~2) A physical examination including blood pressure, height, weight, hematocrit or hemoglobin, and a chronic disease assessment which shall include, but not be limited to, asthma and which must include public health related screening questions for parents to answer and other screening questions for providers and screenings for hearing, vision, speech, gross dental and posture shall be required for all new school enterers.~~

A test for tuberculosis, as indicated above, is not mandatory, but should be performed if any of the following risk factors prevail:

~~1. birth in a high risk country of the world (to include all countries in Africa, Asia, the former Soviet Union, Eastern Europe, Central and South America, Dominican Republic and Haiti, see list of countries in Appendix B) and do not have a record of a TST (tuberculin skin test) or IGRA (interferon gamma release assay) performed in the United States;~~

~~2. travel to a high risk country staying at least one week with substantial contact with the indigenous population since the previously required examination;~~

~~3. extensive contact with persons who have recently come to the United States from high risk countries since the previously required examination;~~

~~4. contact with persons suspected to have tuberculosis; or~~

~~5. lives with anyone who has been in a homeless shelter, jail or prison, uses illegal drugs or has HIV infection.~~

~~Health assessments completed within one calendar year of new school entry will be accepted by the school system. Failure of students to satisfy the above mentioned health assessment timeliness and/or requirements shall result in exclusion from school.~~

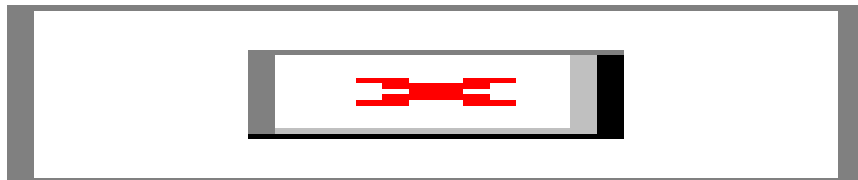
~~(*Note: As an alternative health assessment could be held in grade 7.)~~

~~The District shall annually report to the Department of Public Health and to the local health director the asthma data pertaining to the total number of students per school and in the district obtained through school assessments, including student demographics. Such asthma diagnosis shall be reported whether or not it is recorded on the health assessment form, at the aforementioned intervals.~~

~~3) Parents or guardians of students being excluded from school due to failure to meet health assessment requirements shall be given a thirty calendar day notice in writing, prior to any effective date of school exclusion. Failure to complete required health assessment components within this thirty day grace period shall result in school exclusion. This exclusion shall be verified, in writing, by the Superintendent of Schools or his/her designee.~~

~~Parents of excluded students may request administrative hearing of a health assessment related exclusion within five days of final exclusion notice. An administrative hearing shall be conducted and a decision rendered within five days of final exclusion notice. An administrative hearing shall be conducted and a decision rendered within fifteen calendar days after receipt of request. A subcommittee of the Board of Education shall conduct an administrative hearing and will consider written and/or oral testimony offered by parents and/or school officials.~~

~~4) Health screenings shall be required for all students according to the following schedule:~~



~~The school system shall provide these screening to students at no cost to parents. Parents wishing to have these screenings to be conducted by their private physician shall be required to report screening results to the school nurse.~~

~~(Health assessments may be conducted by a licensed physician, advanced practice registered nurse, registered nurse, physician assistant or by the School Medical Advisor.)~~

~~5) Parents of students failing to meet standards of screening or deemed in need of further testing shall be notified~~

by the School Nurse.

Students eligible for free health assessments shall have them provided by the School Medical Advisor and/or designee. Parents of these students choosing to have a health assessment conducted by medical personnel outside of the school system shall do so at no cost to the school system.

6) Health records shall be maintained in accordance with Policy #[5125](#).

Oral Health Assessments

Parents are encouraged to have oral health assessments for their child(ren) prior to public school enrollment, in grade 6 or 7, and in grade 9 or 10. Such assessment may be conducted by a dentist, dental hygienist, physician, physician assistant (PA), or an advanced practice registered nurse (APRN), if he or she is trained in conducting such assessments as part of a DPH-approved training program. When conducted by a dentist the oral assessment must include a dental examination. If another such provider conducts the assessment, it must include a visual screening and risk assessment.

Parent/guardian consent is required prior to the oral health assessment. The assessment is to be made in the presence of the parent/guardian or another school employee. The parent/guardian must receive prior written notice and have a reasonable opportunity to opt his/her child out of the assessment, be present at the assessment, or provide for the assessment himself or herself.

A child's public school enrollment continued attendance shall not be denied for his/her failure to receive the oral health assessment.

The District may host a free oral health assessment event at which a qualified provider performs such oral health assessments. Parents/guardians will be given prior notice of such a free screening event providing the parents/guardians the opportunity to opt their children out of the assessment event. If the parent/guardian does not do so, the child must receive an assessment free of charge. The child is prohibited by the legislation from receiving any dental treatment as part of the assessment event without the parent's/guardian's informed consent.

The results of an oral health assessment shall be recorded on forms supplied by the State Board of Education. The provider performing the assessment must completely fill out and sign the form. Recommendations by the provider shall be in writing. For any child who receives an oral health assessment, the results must be included in the child's cumulative health record.

Appropriate school health personnel shall review the assessment results. If it is determined that a child needs further testing or treatment, the Superintendent shall give written notice to the child's parent/guardian and make reasonable efforts to ensure that further testing or treatment is provided. Such efforts include determining whether the parent/guardian obtained the necessary testing or treatment for the child and, if not, advising the parent or guardian on how to do so. The results of the further testing or treatment must be recorded on the assessment forms and reviewed by school health personnel.

As with other school health assessments no records of oral health assessments may be open to public inspection; and each provider who conducts an assessment for a child seeking to enroll in a public school must provide the assessment results to the school district's designated representative and a representative of the child.

Legal Reference: Connecticut General Statutes

[10-204a](#) Required immunizations (as amended by P.A. 15-174 and P.A. 15-242)

[10-204c](#) Immunity from liability

[10-205](#) Appointment of school medical adviser

[10-206](#) Health assessments (as amended by June Special Session PA 01-4, PA 01-9, PA 05-272, PA 07-58 and PA 18-168)

[10-207](#) Duties of medical advisers

[10-206a](#) Free health assessments (as amended by June Special Session PA 01-1)

[10-208](#) Exemption from examination or treatment

~~[10-208a](#) Physical activity of student restricted; board to honor notice~~

~~[10-209](#) Records not to be public. Provision of reports to schools.~~

~~[10-212](#) School nurses and nurse practitioners~~

~~[10-214](#) Vision, audiometric and postural screenings. When required. Notification of parents re defects; record of results, as amended by PA 17-173~~

Department of Public Health, Public Health Code, ~~[10-204a-2a](#)~~, ~~[10-204a-3a](#)~~ and ~~[10-204a-4](#)~~

Regulation approved: ~~October 21, 2019~~

~~WOODBIDGE PUBLIC SCHOOLS~~

~~Woodbridge, Connecticut~~