

**WESTPORT BOARD OF EDUCATION****AGENDA \***

(Agenda Subject to Modification in Accordance with Law)

**SPECIAL NOTICE ABOUT PROCEDURES FOR THIS ELECTRONIC MEETING:**

Pursuant to the Governor's Executive Orders No. 7B and 9H, public participation for this meeting will be held electronically and live streamed on westportps.org and shown on Optimum Government Access Channel 78 and Frontier Channel 6021. Emails to BOE members can be sent to BOE@westportps.org. Comments to be read during the public comment period must be submitted to the meeting's Googledoc during the submission period. Please see the following link for instructions and guidelines:

[https://www.westportps.org/uploaded/Procedures\\_and\\_Guidelines\\_for\\_Public\\_Participation\\_in\\_Remote\\_Board\\_Meetings.pdf](https://www.westportps.org/uploaded/Procedures_and_Guidelines_for_Public_Participation_in_Remote_Board_Meetings.pdf).

We will use our best efforts to read public comments if they are received during the public comment period and if they state your full name and address. Meeting materials will be available at westportps.org along with the meeting notice posted on the Meeting Agenda page.

**PUBLIC SESSION/PLEDGE OF ALLEGIANCE**

7:00 p.m., Held Remotely Pursuant to Executive Orders 7B and 9H

**ANNOUNCEMENTS FROM BOARD AND ADMINISTRATION****PUBLIC QUESTIONS/COMMENTS ON NON-AGENDA ITEMS (15 MINUTES)**

**MINUTES:** October 19, 2020, *pages 1-2*

**DISCUSSION/ACTION**

- |    |  |         |                 |
|----|--|---------|-----------------|
| 1. | Approval of Tentative Agreement with the Westport Association of Educational Secretaries, United Public Services Employees Union |         | Mr. John Bayers |
| 2. | Approval of FY 2022 Budget Preparation Calendar, <i>page 3</i>   | (Encl.) | Mr. Elio Longo  |

**DISCUSSION**

- |    |   |         |                       |
|----|---|---------|-----------------------|
| 1. | Health Update, <i>pages 4-8</i>   | (Encl.) | Ms. Suzanne Levasseur |
| 2. | Tri-State Report, <i>pages 9-26</i>   | (Encl.) | Mr. Anthony Buono     |
| 3. | Chromebook Request, <i>page 27</i>  | (Encl.) | Ms. Natalie Carrignan |
| 4. | Health and Medical Insurance Revenue and Expenses FY21 as of September 31, 2020, <i>page 28</i> | (Encl.) | Mr. Elio Longo        |
| 5. | Facilities Committee Update, <i>pages 29-32</i>   | (Encl.) | Ms. Elaine Whitney    |
| 6. | Teaching and Learning Committee Update  |         | Ms. Jeannie Smith     |
| 7. | Policy Committee Update and First Reading of the Following Policies:                            | (Encl.) | Ms. Karen Kleine      |
|    | • 6159, "Individualized Education Instruction Program" (New), <i>pages 34-37</i>                |         |                       |
|    | • 5112, "Ages of Attendance" (Revision), <i>pages 38-40</i>                                     |         |                       |

- 5141.21, "Administration of Medications" (Revision), *pages 41-63*
- 5145.15, "Disclosure of Directory Information" (Revision), *pages 64-66*
- 5145.41, "Non-Discrimination" (Revision and Renumbering to 5145.4), *pages 67-69*
- 4118.237/4218.237/5141.8, "Face Masks/Coverings" (New), *pages 70-71*
- 5144, "Physical Restraint" (Renumber Only to 5144.1), *pages 72-73*
- 5113.2-C19, "Attendance, Truancy, and Chronic Absenteeism" (Revision), *pages 74-75*
- 6172, "Alternative Education Programs" (New), *pages 76-78*

## ADJOURNMENT

\* A 2/3 vote is required to go to executive session, to add a topic to the agenda of a regular meeting, or to start a new topic after 10:30 p.m. The meeting can also be viewed on Cablevision on channel 78; Frontier channel 6021 and by video stream @[www.westportps.org](http://www.westportps.org)

### PUBLIC PARTICIPATION WELCOME USING THE FOLLOWING GUIDELINES:

- Public comment will be accepted via a Google doc and the comments will be read aloud at the meeting. A link will be provided on Monday, prior to the meeting.
- There will be no in-person public comment due to public health concerns.
- A maximum of 15 minutes will be provided for public comments.
- Comments on agenda items are limited to 1 minute each.

*It is the policy of the Town of Westport that all Town-sponsored public meetings and events are accessible to people with disabilities. If you need assistance in participating in a meeting or event due to a disability as defined under the Americans with Disabilities Act, please contact Westport's ADA Coordinator at 203-341-1043 or [eflug@westportct.gov](mailto:eflug@westportct.gov) at least three (3) business days prior to the scheduled meeting or event to request an accommodation.*

## WESTPORT BOARD OF EDUCATION

### Board Members Present:

Candice Savin  
Jeannie Smith  
Elaine Whitney  
Karen Kleine  
Youn Su Chao  
Lee Goldstein  
Liz Heyer

### Administrators Present:

Thomas Scarice  
Anthony Buono  
Michael Rizzo  
Elio Longo  
John Bayers

Superintendent of Schools  
Asst. Superintendent, Teaching and Learning  
Asst. Superintendent, Pupil Personnel Services  
Chief Financial Officer  
Director of Human Resources and General Admin.

## PUBLIC SESSION/PLEDGE OF ALLEGIANCE

7:01 p.m., Staples High School, Cafeteria B (Room 301), Public Participation Held Remotely Pursuant to Executive Order 7B

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The Board agreed by consensus to defer the discussion item on Solar PV Projects at Bedford Middle School and Staples High School to a future meeting.

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## ANNOUNCEMENTS FROM BOARD AND ADMINISTRATION

## PUBLIC QUESTIONS/COMMENTS ON NON-AGENDA ITEMS

**MINUTES:** October 5, 13, and 14, 2020

Elaine Whitney moved to approve the minutes of October 5, 13, and 14, 2020; seconded by Jeannie Smith and passed unanimously.

## DISCUSSION/ACTION

Gifts

**Be it resolved, that upon the recommendation of the Superintendent of Schools, the Board of Education accepts with gratitude and appreciation the donation of \$3,000 by Girl Scout Troop 50473 to help fund the Zero Waste Committee's ongoing program.**

**MOTION:** Elaine Whitney  
**SECOND:** Jeannie Smith  
**RESULT:** Passed Unanimously  
**VOTE:** 7-0

**Be it resolved, that upon the recommendation of the Superintendent of Schools, the Board of Education accepts with gratitude and appreciation the donation by the Long Lots School PTA, an**

**amount not to exceed \$25,000, for a shade pavilion to be placed near the lower level playground at Long Lots School.**

**MOTION:** Candice Savin  
**SECOND:** Youn Su Chao  
**RESULT:** Passed Unanimously  
**VOTE:** 7-0

Proposed 2021-2022 Board of Education Meeting Dates

**Be it resolved, that upon the recommendation of the Superintendent of Schools, the Board of Education approves a calendar of scheduled public meetings for the period July 1, 2021 through June 30, 2022.**

**MOTION:** Candice Savin  
**SECOND:** Jeannie Smith  
**RESULT:** Passed Unanimously  
**VOTE:** 7-0

## **DISCUSSION**

Health Update

Coleytown Middle School Reopening Update

Benchmark Analysis of Hybrid Model Update

FY 2019-2020 First Quarter Financial Report

Solar PV Projects at Bedford Middle School and Staples High School  
Deferred to a future meeting

Update on Finance and Facilities Committee

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The Board agreed by consensus to defer the discussion item on Update on Policy Committee and First Reading of Policy 1331, "Smoke Free Environment" (Revision) to a future meeting.

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Update on Policy Committee and First Reading of Policy 1331, "Smoke Free Environment" (Revision)  
Deferred to a future meeting

**ADJOURNMENT:** Jeannie Smith moved to adjourn at 9:00 p.m.; seconded by Liz Heyer and passed unanimously.

Respectfully submitted,  
Elaine Whitney, Secretary, Board of Education  
(minutes written by Lisa Marriott)

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# DRAFT

## WESTPORT PUBLIC SCHOOLS BUDGET CALENDAR FOR FISCAL YEAR 2021-2022

|                              |  |
|------------------------------|--|
| October 2020                 | Budget Handbook, Calendar and Forms distributed to Administrators  |
| October/November 2020        | Administrators work with staff to develop budget plan(s)   |
| November 13, 2020            | Administrators submit budget plans, EFinance+ input and required forms to Chief Financial Officer. Request Narrative from Administrators   |
| November 17,18,19 & 20, 2020 | Superintendent and CO Administrators meet with Cost Center Administrators to review budget requests (Agenda in Handbook)   |
| December 7, 2020             | Board of Ed meets with Board of Finance and RTM Education and Finance Chairs for preliminary budget discussions, including major budget assumptions (such as enrollment, capital projects etc.)  |
| December 28, 2020            | <b>Superintendent's Proposed Budget distributed to Board of Education</b>  |
| January 5, 2021              | Board of Education Meeting – Superintendent presents Executive Summary of Superintendent's Proposed 2021-22 Education Budget   |
| January 8, 2021              | Board of Education Meeting – Budget Discussions (all day meeting beginning 8:30 am) Westport Library   |
| January 11, 2021             | Board of Education (Regular Meeting) – Budget Discussions<br>•Invitees include: Board of Finance; RTM Education and Finance Committee Chairs; and Health and Medical Insurance Consultant (For discussion of health and medical insurance) for Discussion of Health Insurance and Capital Projects |
| January 19, 2021             | Board of Education (Regular Meeting) – Budget Discussions  |
| January 25, 2021             | <b>Board of Education (Regular Meeting) – Board Approves Budget Submission</b>   |
| *February 1, 2021            | Board of Education (Special Meeting – Snow Date) – Board Approves Budget Submission  |
| February 5, 2021             | Board of Education Submits Budget Request to Town of Westport  |
| March 2021                   | Board of Finance Meeting <ul style="list-style-type: none"><li>• Budget Workshops (<i>dates determined by BOF</i>)</li><li>• Acts on Board of Education Budget (<i>dates determined by BOF</i>)</li></ul>  |
| April 2021                   | Representative Town Meeting (RTM) – Budget Workshops with Sub-Committees ( <i>dates determined by RTM</i> )<br><br><b>April 12-16 Spring Recess</b>  |
| May 2021                     | Representative Town Meeting (RTM) – Adopts Budget ( <i>dates determined by RTM</i> )   |
| May/June 2021                | <b>Board of Education (Regular Meetings) - Adopts 2021-2022 Budget</b>   |

To: Westport Board of Education  
From: Thomas Scarice, Superintendent of Schools  
Date: October 30, 2020  
RE: Health Update – Changes to Connecticut State Department of Education Guidance

Enclosed in the Board packet for the November 2 meeting is a copy of the revised “Addendum 4” (Updated Guidance for Decision-Making Regarding the Use of In-Person, Hybrid/Blended, or Remote Learning Models in Connecticut Schools during COVID-19) from the Adapt, Advance, Achieve: Connecticut’s Plan to Learn and Grow Together.

I encourage the Board to read this four page document as it emphasizes a number of critical points in the local decision-making regarding learning models (i.e. in-person, hybrid/blended, remote).

Although the document is concise and self-explanatory, I’d like to point out some areas for consideration:

1. Infection rates and the ability to mitigate continue to be primary considerations for any decisions regarding learning models.
2. The original guidance, authored before the summer and published during the summer, categorized decision-making with more distinct lines. The updated guidance emphasizes the concept of a “continuum” that analyzes benchmark data not as absolutes, but in conjunction with mitigating strategies, directional trend of data, speed of change of data, and local school dynamics.
3. The reporting period has been broadened to a 14 day average. This is intended to smooth out any instability in reporting rates that might result over the course of a short period of time.
4. The concept of “person density” has been emphasized in the weekly Superintendent/Department of Public Health calls and is referenced in this document. This aligns with recent conversations with public health experts that incorporates the idea of density while considering appropriate social distancing.
5. With the new alert system by town, there is acknowledgement that community spread is critical, but schools may be, and over the course of the beginning of the year, have been, better at controlling compliance with mitigating measures than community settings. I do wonder if part of the success of schools minimizing spread at this point in the year is related to low community transmission rates so far this school year. Yet, the document does indicate that school-based transmission rates are low even in communities with high rates of spread.
6. The “Other Key School Characteristics” at the end of the document cover the primary areas that we continue to address, however, I would add consideration for the inclusion of the efficacy of current instructional models as I discussed at the October 13 meeting.

Supervisor of Health Services, Suzanne Levasseur, will share the most recent data and trends at the Board meeting Monday evening during the regular health update. I will share information about Addendum 4 during that time as well.

# Addendum 4

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

Connecticut State Department of Education



## Updated Guidance for Decision-Making Regarding the Use of In-Person, Hybrid (Blended), or Remote Learning Models in Connecticut Schools during COVID-19



Revised October 21, 2020

In order to guide decisions on remote vs. in-person learning for Pre-K–12 education, the Connecticut Department of Public Health (DPH) and Connecticut State Department of Education (CSDE) have developed key metrics and considerations for informing local district decision-making. Decisions on whether districts will operate in a full in-person model, a fully-remote model, or some mix of in-person and remote learning (hybrid) should be based on indicators of the spread and prevalence of COVID-19 in the community and on the physical and operational ability of school districts to implement critical mitigation strategies. Decision-making should happen in light of these considerations and in consultation with local health departments, school medical advisors, and municipal leaders.


For the key leading metric for community spread, we recommend using the number of new cases, adjusted for population ([Table 1](#)). Although thresholds are suggested here that align with the Harvard Global Health Institute's publication *The Path to Zero and Schools: Achieving Pandemic Resilient Teaching and Learning Spaces*, these benchmarks are not absolute, but rather should be viewed as a continuum, and in the context of school-based mitigation strategies, to assist district administrators in making decisions that are appropriate for their individual school dynamics. In addition, there are several secondary indicators that can help inform decisions, when considered for the directional trend and speed of change of the data.

Because the size of Connecticut's population is relatively small in comparison to many other states, infection and disease rates for many conditions (including COVID-19) can become extremely unstable as statewide statistics are analyzed by smaller geographic areas. As such, analyzing any of the suggested leading or secondary indicators at the individual town or school district level in our state may result in rates that are too unstable to be of any use in continuous decision-making. In addition, assessment of data metrics on a daily basis can lead to unnecessary action on the part of schools due to the variations in case reporting day-over-day. As such, DPH will provide analysis on a weekly basis of the average daily metrics for the previous complete 14-day case reporting period, in order to smooth datapoints over time for case numbers that can be highly variable.

**Table 1: Leading and Secondary Indicators of COVID-19 Infection Levels in Communities for Consideration of Learning Models for School Reopening in Connecticut.\***

| Leading Indicator  | MORE In-Person Learning            | Re-assess strategies to determine appropriate balance of in-person and remote learning (hybrid learning) | LESS In-Person Learning       |
|--|------------------------------------|--|-------------------------------|
| <b>Number of new cases of COVID-19</b><br>(14-day average of new cases per 100,000 population per day) | < 10 new cases per 100,000 per day | 10 to < 25 cases per 100,000 per day   | 25+ cases per 100,000 per day |



Reduce Person-Density in School Buildings

| Secondary Indicators  | MORE In-Person Learning                    | Re-assess strategies to determine appropriate balance of in-person and remote learning (hybrid learning) | LESS In-Person Learning              |
|---|--|--|--------------------------------------|
| <b>Percent positivity rate</b><br>(# of positive tests/ # of total tests, 14-day average) | Secondary Indicators trending down to flat | <u>Direction of Change:</u><br>Secondary Indicators trending flat to upward                              | Secondary Indicators trending upward |
| <b>Number of new COVID-19 hospitalizations per 100,000 population</b><br>(14-day average) |  | <u>Speed of Change:</u><br>Any statistically significant changes upward to Secondary Indicators          |                                      |
| <b>COVID-like and Influenza-like Illness (CLI and ILI) Syndromic Surveillance</b>         |  | Consistent, statistically significant changes upward to Secondary Indicators                             |                                      |

\* Originally adapted from: the Harvard Global Health Institute's publication *The Path to Zero and Schools: Achieving Pandemic Resilient Teaching and Learning Spaces*, July 2020 and revised in consideration of the Centers for Disease Control and Prevention (CDC) guidance document *Indicators for Dynamic School Decision-Making*, updated September 15, 2020



### How should these metrics be used?

Raw data pertaining to the Leading and Secondary Indicators identified in this guidance will be updated and published by DPH on a weekly basis. School district administrators should review updated data and consult with their school medical advisors and local health director to discuss ongoing mitigation strategies and any changes to the person-density in school buildings that may be appropriate. District and building-level decisions will ultimately be made at the local level, and every locality will need to analyze the data available for both the community and the schools.

On October 16, 2020, DPH announced a new weekly [Town-Level COVID-19 Response Framework](#) to support municipal decision-making, which is a color-coded COVID-19 alert system for every city and town in the state. The new weekly alert level is also accompanied by municipal-level guidance on recommended actions for individual residents, institutions such as schools, houses of worship and community organizations, municipal leaders and local health directors. It is important to note that, although the Town-Level Response Framework and Addendum 4 utilize some of the same data metrics to direct action, each of these systems is designed to address the unique circumstances in two different settings — the highly controlled and essential setting of schools versus other community and social settings, where less oversight and compliance with mitigation strategies can be expected.

The DPH “red” alert level in the Town-Level COVID-19 Response Framework identifies towns experiencing elevated community spread of COVID-19 with data showing 15 new cases per 100,000 population per day (14-day average). At this level of community spread, district administrators and local health directors should be engaged together to discuss the robustness of current mitigation strategies in school buildings and to consider what new strategies or changes in learning models is appropriate. However, the level of community spread that would prompt action in non-school community settings is not necessarily indicative of a need for schools to suspend in-person learning.

The experience in our state since school reopening began indicates that transmission has been a rare event inside of school buildings even in communities with elevated transmission rates, likely due to the high-level of planning and compliance with mitigation strategies designed to prevent transmission between individuals. This same level of planning and compliance is not necessarily in place in other settings outside of school buildings, and so engagement in general community activities requires more caution.

At the level of 25 new cases per 100,000 per day or more, DPH recommends that district administrators, medical advisors, and local health departments discuss the appropriateness of an increase in remote learning, in the context of the additional considerations below. However, should a district determine not to provide any in-school option prior to this level of community spread, an exception review is required from a panel with representatives from the CSDE, the State Board of Education and DPH. Superintendents should develop a local structure to include the school medical advisor, the local health director, and school nurse leader to consult when making decisions.

**Additional considerations for school decision-making:**

While leading and secondary indicators give school decision-makers a sense for the level of COVID-19 spread in the community surrounding their schools, there are also many structural and procedural considerations within school districts and individual school buildings that administrators should assess on a continual basis, as these may also influence whether school districts should consider more or less in-person instruction. As part of their decision-making process, district administrators, local health directors and elected officials, and school medical advisors should include consideration of the following “Other Key School Characteristics.”

- **Design of the physical space:**
  - Classroom space available for physical distancing
  - Outdoor space
  - Entrance/Exit design to avoid crowding
  - Overall population of school
- **Cohorting:**
  - Ability of the school to consistently group students in small cohorts and minimize interaction with other cohorts throughout the school day
- **Compliance with self-screening:**
  - Frequency of students and staff arriving at school with symptoms of COVID-19
  - Frequency of students and staff attempting to return to school with symptoms of COVID-19
- **Ventilation (Central and Non-Central HVAC):**
  - Well-functioning and maintained central HVAC system(s) (or the functional equivalent) are in place
- **Cleaning and Disinfection:**
  - Plans in place in accordance with DPH and SDE guidance regarding cleaning protocols
  - Adequate supplies and implementation of Cleaning and Disinfection plan
- **Person-density:**
  - The number of individuals present inside the school building at any given time
  - The effect of increasing or decreasing person-density on the ability to fully implement mitigation strategies (e.g., per-person ventilation, cohort sizes, cleaning schedules, etc.)
  - Person-density can be reduced either through programmed hybrid scheduling or as a result of students voluntarily “opting-in” to remote learning

To: Westport Board of Education  
From: Dr. Anthony Buono, Assistant Superintendent of Teaching and Learning  
Date: October 30, 2020  
RE: Tri-State Study Overview

## **Tri-State Study Overview**

The Tri-State Consortium has conducted a study of the Westport Public School reopening plan. The goal of their work was to capture the school communities response to the reopening of schools for the 2020-21 school year. The Tri-State Consortium met virtually with multiple focus groups, including parents, students, faculty and administrators. Each group was asked three board questions:

- To what extent has returning to school been successful?
- Instructionally, what has been the greatest success and the greatest challenge?
- Instructionally, what would you recommend the district modify or change?

In all, the Consortium met with 34 administrators, 63 teachers, 75 parents, and 42 students.

After the study was completed and the findings were shared with the school district, the central office team met with administrators by level to process the report; classify concerns as technical or adaptive; and prioritize the critical challenges by level. Below is a summary of that work.

Subsequent work will involve conducting a problem solving protocol with administrators, teachers and staff around key challenges. This work will ultimately result in concrete action plans for each priority item.

### **Staples High School Overview**

- Elements that are working well
  - Implementation of block schedule
  - Ability to maintain robust extracurricular program
  - Increased understanding and use of technology by teachers
  - Fewer disciplinary problems
  - Student adherence to mitigation strategies
  - Teacher responsiveness to students
  - Communication to parents has been effective
- Prioritization of adaptive challenges
  - Some students are having difficulty with attendance and engagement when not in school
  - 80 min. blocks present a planning challenge for some teachers and difficult for remote learners
  - Parents shared concerns about limited social interactions

### **Bedford/Coleytown Middle Schools**

- Elements that are working well
  - A calmer more settled feeling then the spring
  - Students come to class prepared and produce good work
  - The teachers have improved their use of technology and are sending better (higher quality) assignments home for students
  - The schedules and student accountability have improved along with students' effort to complete assignments
  - Some students report teachers are being very creative with their lessons
- Prioritization of adaptive challenges
  - Teachers are not connecting with students like previous years
  - Difficult to engage remote learners
  - Difficult to provide interpersonal, collaborative opportunities for in-person and remote learners

### **Elementary Schools**

- Elements that are working well
  - Teachers report they are able to meet the social emotional needs of students due to small class size
  - Teachers report the ability to better differentiate instruction based on student needs
  - Student behavior has improved
  - Communication from school was good overall
  - Teachers reported high levels of student performance - not necessarily the discrepancy we expected
  - Parents appreciated the flexibility and adaptability of the teachers
- Prioritization of adaptive challenges
  - Parent requests that science and social studies experiences be provided
  - Reconciling the need for ongoing professional development of teachers on Wednesdays and parent requests that students attend school on Wednesday to increase opportunities for in person instruction and social interactions
  - Teachers have identified the need for additional teacher collaboration



**Tri-State  
Consortium**

**Westport Public Schools**

**TRI-STATE VISIT 2020**

**Reopening Plan, October 13-16, 2020**

(Remote Visit)

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**Tri-State  
Consortium**

**Westport Public Schools**  
**TRI-STATE VISIT 2020**  
**Reopening Plan, October 13-16, 2020**  
(Remote Visit)

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## **Executive Summary**

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### **Background**

The Tri-State Consortium was invited to conduct a study, remotely, in the Westport School District from October 13- 16, 2020. The focus of the visit was assessing the response of the Westport school community to the school district's reopening model, particularly as it relates to instruction.

Like all school districts in Connecticut, Westport's schools were closed in March, 2020 and students were educated fully remotely through the end of the 2019-20 school year. During the spring, while schools were closed, the Westport Board of Education was involved in a national search for a new superintendent and hired Thomas Scarice, who began in the district on July 1, 2020.

Mr. Scarice spent the summer working with the district's leadership team, with input from the teachers' union and other organizations, to develop a plan for reopening schools in September. The elementary principals were key players in the creation of the K-5 portion of the plan, and the middle and high school principals had much input into the development of the plan for grades 6-12. The assistant superintendent, Anthony Buono, developed the approach to and schedule for instructional blocks. The plan was shared with the Westport Board of Education in August.

### **Westport's Reopening Plan**

The plan currently implemented in Westport has several components.

**Elementary:** K-5 students who attend school are split into two groups by alphabet, A-K and L-Z. The A-K group attends school five days per week, 9:00 am – 11:45 am. The L-Z group attends school five days per week, 1:00 pm – 3:45 pm. All literacy and numeracy lessons are taught while students are in school, not online. Science and social studies have not yet been taught directly. When students arrive in class, both in the morning and the afternoon, there is a meeting focused on students' social-emotional well-being, using the RULER program developed at Yale's Center on Emotional Intelligence. Each morning and afternoon there is a 30-minute block of time for all students called "WIN" (What I Need), during which services are provided for students requiring additional support and all other students participate in extension and enrichment activities. There is no lunch or recess time while students are in school. The time block from 11:45 am – 1:00 pm is used for sanitizing spaces and surfaces, for some special education students to receive required services, and for the teachers' preparation and lunch.

During the half days when students are at home they are expected to complete assignments given by their teachers. Students also receive their "special area" education – Spanish, art, music and physical education. These lessons are taught remotely and synchronously.



On alternate Wednesdays (once every two weeks) all K-5 students are educated fully remotely. That day is used for teacher planning, collaboration and professional learning.

**Secondary:** Middle School students who attend school are split into two groups by alphabet, A-K and L-Z. One group attends school in person on Mondays and Thursdays for the full day and is educated remotely on Tuesdays and Fridays through live-streamed classes and asynchronous assignments, and the other group attends school in person on Tuesdays and Fridays for the full day and is educated remotely on Mondays and Thursdays through live-streamed classes and asynchronous assignments. On Wednesdays, no students attend school in person and all students receive a half-day of instruction remotely. The other half-day is used for planning, collaboration and professional learning for teachers.

At the high school, students who attend school are divided into two cohorts. One cohort attends school on Monday and Tuesday for the full day. The other cohort attends school on Thursday and Friday for the full day. The group that attends school on Monday and Tuesday is educated remotely on Thursday and Friday, through live-streamed classes and asynchronous assignments. The group that attends school on Thursday and Friday is educated remotely on Monday and Tuesday through live-streamed classes and asynchronous assignments. On Wednesdays, no students attend school in person. Half of every Wednesday is devoted to remote learning for students, and the other half-day is devoted to planning, collaboration and professional learning for teachers.

**Fully Remote:** Approximately 8% of Westport's students are being educated fully remotely: grades K-5, approximately 170 students; grades 6-8, approximately 110 students, and grades 9-12, approximately 150 students. At the elementary level, these students are taught by designated staff members who connect them via live-streamed lessons and asynchronous assignments. At the secondary level these students participate in live-streamed lessons in their homes, and receive asynchronous assignments.

**Special Education Services:** Like all parents the parents of special education students have the option of having their children educated through the hybrid model implemented in the schools their children attend or having their children educated fully remotely at home. The Connecticut State Department of Education has issued a document that describes how school districts within the state are required to deal with all special education matters:

<https://portal.ct.gov/-/media/SDE/COVID-19/Addendum6-Reopen-Guidance-for-Educating-Students-with-Disabilities.pdf>

In Westport, all special education students have an IEP Implementation Learning Plan if an individual student's IEP is being implemented differently as a result of the instructional delivery model (full in-person, hybrid, or remote). The Learning Plan describes the differences between how a student's IEP would be implemented if he/she were fully in school and how the IEP is being implemented in a hybrid model.

The district has made accommodations in its hybrid schedule to provide services to special education students without removing them from in-school instructional time, to the extent possible. For example, at the elementary level, during the 75-minute block between the morning and afternoon cohorts of students, special education services are provided to some special education students. At all levels, students who require more intensive services attend school 4 or 5 days per week.

To the extent possible, assessment of special education students occurs during their non-school time: i.e., students in Cohort A are assessed during Cohort B time. Although SRBI is not a special education service, it, too, occurs outside of instructional time – during the WINblock at the elementary level. All of this is done to permit students to maximize instructional time in school.

All Planning and Placement Team (PPT) meetings are held virtually. Additionally, because end-of-year evaluations of special education students did not occur in the spring of 2020, students are being evaluated at the onset of this school year: school psychologists are engaged in administering 160 evaluations by December.

Mike Rizzo, assistant superintendent for pupil personnel services, stated the vast majority of special education services are in place. Community-based services for transitional students are not yet in place and have been impacted by the pandemic. In lieu of these placements, the district is providing instruction to transitional students on life skills within the school setting.

## **Essential Questions**

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The Tri-State Consortium met with multiple groups of parents, students, faculty and administrators from all levels of the system – elementary, middle and high. We asked each group three broad questions:

- **To what extent has returning to school been successful?**
- **Instructionally, what has been the greatest success and the greatest challenge?**
- **Instructionally, what would you recommend the district modify or change?**

Where appropriate, we followed up these questions with conversation about some of the responses, and we closed each meeting by asking if there was anything we hadn't discussed that people wished to add. This report will be structured around the three large questions, and the views of the different constituencies will be presented within those questions.

## Response to Essential Questions

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### **Essential Question #1:**

#### ***To what extent has returning to school been successful?***

The events of last spring were unprecedented. They required massive and abrupt shifts in thinking about how to educate students and creating new structures. Administrators, parents and students expressed enormous respect and appreciation for how the district's administrators and teachers responded to the crisis, with emphasis on how teachers adjusted their teaching practices and created new curricula.

Notwithstanding the kudos directed at Westport's teachers, almost everyone with whom we met – including the teachers – perceived that the work in which students were engaged during the spring was not up to the district's high standards. Thus, there was a fair amount of concern about what the reopening of schools during a pandemic would bring this fall.

The strong consensus among the constituency groups we met is that the reopening of schools this year has been highly, even unexpectedly, successful. This is not to say that concerns don't exist – they do, and this report will discuss them – but it is clear that the Westport school district has reopened schools in what most consider to be a smart, thoughtful way that places primary emphasis on the health and safety of students and staff members while simultaneously seeking to enhance instruction under very restrictive conditions.

Anecdotally, teachers and administrators are mixed about whether student learning has been diminished under the reopening model. At the elementary level, based on classroom work and early examination of tests administered to the students, it appears that student performance remains at or very close to the normally high levels of previous years. At the middle and high school levels, more teachers perceive that students are behind where they normally would be in the curriculum.

This dichotomy may be a function of the difference between the approaches used. While the elementary students in the hybrid model are in school every day (except for alternate Wednesdays), the middle and high school students attend school 2 days per week. Additionally, the middle and high schools are engaged in live-streaming lessons (which is seen as a challenging enterprise by the teachers) while the elementary schools are not. Live-streaming requires teachers to be attentive to three groups of students – those in the cohort sitting in the classroom, those in the cohort being taught at home that day, and those being taught fully-remotely. The elementary teachers do not live-stream lessons and instead work with half of their classes in both the morning and afternoon sessions.

The district's curriculum coordinators across all subject areas, building administrators, teachers, parents and students identified a number of meaningful successes, some of which they hope to carry into the district's post-pandemic work:

- Teachers initially were anxious about returning to school, not knowing if the conditions under which they would be working would be safe for them and their students. The models at all three levels have eased their concerns about safety. One teacher stated, “We haven’t had an outbreak yet. The anxiety around contracting COVID in school has simmered down.” Teachers also indicated that thus far the current model is a vast improvement over last spring. Teachers also feel they are better able to meet the social-emotional needs of their students. They attribute this to the small group size.
- It is clear that teachers do not support a return to full time five day a week instruction. They are fearful of safety/health issues as well as the impact crowded classrooms will have on instruction. They differentiated between returning fully to class and returning fully to a “pandemic” class in which lessons would be altered, movement would be restricted, students’ interaction would be diminished, and the use and sharing of materials would be prohibited, or at a minimum, compromised.
- Students, to a lesser degree, had similar worries about returning to school. After several days the students seemed to relax, fall into new routines, and comply with mitigation protocols. At all levels, school administrators and teachers report significantly fewer student disciplinary infractions than in previous years. Elementary teachers state that the students’ daily Mood Meter responses confirm that they feel safe and happy. One 7th grade student stated, “Going back to school was like a gift.” Parents also appreciate that their children are back in school and validate how pleased their children are to be back.
- At the elementary school level, several changes are seen as highly productive: small class sizes enable deeper connections between teachers and students, deeper teacher understanding of each student’s needs, and the ability to differentiate instruction; teachers can break students into small groups that move around their classrooms based on assignments; arrival and dismissal, while still time consuming, have become less frenetic; the morning SEL time has enabled students to share their feelings; and the WINblock has provided a time for students to receive additional services and/or enrichment without taking time from literacy and math instruction. One person said, “The teachers have been able to build a strong sense of community in their classrooms.” Another said, “The students have never been better behaved.” A third said that she is “observing meaningful conversations and growth as writers and thinkers” in small groups. A teacher said, “Academically, I have a clear picture of every one of my students.” A fifth teacher said, “I spend more time with each student in this model than I would if we were in a regular school year.”

The preponderance of elementary school parents with whom we met voiced strong support for the current model, indicating that their children feel well-known, strongly connected to their teachers, and happy and safe in school. Parents expressed great respect for the district’s teaching staff, reporting that teachers have been accessible and flexible. Many parents voiced admiration for the teachers’ abilities to change their

teaching practices so quickly and effectively. Specifically, the size of student cohorts, small groups of 8 -12 students, is seen as “ideal” by parents we interviewed.

- At the middle school level, a number of components of the reopening model also are seen as positive: the “crisis/emergency feel” of last spring has settled into a calmer set of routines for students and teachers; the quality of student work has impressed teachers and administrators; and livestreaming lessons, while demanding on teachers who have to focus on three groups of students simultaneously, has been appreciated by and worked well for most students. One person said, “There is a good feel in the school – kids come to class prepared and produce good work.” Another person said, “The teachers have improved their use of technology and are sending better assignments home for students.”

A 7th grade teacher noted, “The schedules and student accountability have improved along with their effort to complete assignments.” An 8th grade student remarked that, “My teachers are being very creative with their lessons!” Middle school students expressed their support of the model in place now and nervousness about returning to school due to safety concerns. One student stated, “I want to stay with the half-day, I feel like I’m learning a lot more and I would be nervous about getting sick.” Another stated, “I would be scared if we are all here.” Another, “I would not open full time, it’s too hard to wear masks every day.”

- The successes cited at the high school level include: the implementation of a block schedule (80 minute classes); an increased understanding and use of technology; many fewer student disciplinary problems – the vast majority of students are following the mitigation protocols; attendance has been strong for remote classes as well as in-school classes; all meetings are occurring as scheduled (e.g., 9<sup>th</sup> Grade Parents’ Night and Senior Parents’ Night), but by webinar rather than in-person; the school has maintained a robust extracurricular program by shifting clubs and other activities to on-line; and the high school teachers have been accessible to students when they have questions. One person said, “Back to School Night was really a positive event.” Another person said, “The teachers have been very responsive to students’ concerns and have risen to the occasion.” And another person said that the high school “has a college feel because students attend class twice a week and are responsible for doing work on their own.”
- Parents of special education students expressed appreciation for the district’s attention to their children’s needs. They perceive that the district is engaged in good-faith efforts to accommodate the services listed on their children’s IEPs and are appreciative of the communication they receive from staff members about their children’s progress.
- Many parents voiced appreciation for the communication they receive from the district.

## **Essential Question #2:**

### ***Instructionally, what has been the greatest success and the greatest challenge?***

Most of the perceived successes of the reopening model are discussed above in Question 1. This section of the report will discuss some of the challenges that have accompanied implementation of the Westport model. The first and clearest challenge has to do with ongoing support for the model. While most administrators, teachers and students initially felt strong support for the model, and continue to support it, the parents appear to have divided into two camps – some parents believe that the model remains appropriate for their children on both health-related and educational grounds, while other parents wonder why Westport is not bringing students back to school full time (or for longer periods of time) as several of the neighboring Fairfield County districts have done. This is a question that is likely to linger until the course of the pandemic is clearer and the district makes a longer-term decision based on that course.

Below are some of the challenges we heard in our conversations with coordinators, administrators, teachers, parents and students:

- Some parents and teachers are concerned that the plan to have elementary students switch from the morning session to the afternoon session, and vice versa, will be both confusing and upsetting for students, and wonder if this is still necessary. Other parents report that their children are looking forward to the switch.
- As mentioned above, secondary level teachers worry that focusing on in-person, hybrid-remote and fully-remote learners (through live-streaming) simultaneously results in them not feeling effective with any group. Some of the middle and high school teachers with whom we met lament that they are behind in their curriculum and that they are not connecting with their students as personally as they have connected in previous years.
- Some of the curricula and programs used at the secondary level do not lend themselves to the hybrid model. For example, the Teachers College Writers Program used at the middle school level requires students to conference with each other (and the teacher) and to work in small groups, neither of which is permissible under safety protocols. World language is another example – learning a language is heavily dependent on consistent use of the language in class, which is very challenging in a live-streamed class in a hybrid-learning environment. Advanced Placement teachers are concerned about their ability to cover the content with the reduction in instructional time.
- Special education teachers are concerned about the pull that making up last spring's testing is having on their ability to meet with their students for instruction.
- Teachers at the middle and high school levels, and special area teachers at the elementary level, point to a string of technological problems with live streaming. While praising the technology staff's competence, commitment and expertise, they are dealing

daily with issues related to placement of cameras in classrooms, microphones not working properly, sound going dead and then springing back to life, and other assorted difficulties. Middle school students discussed the difficulty they have with seeing teachers' whiteboards and how hard it is for teachers to respond to questions they pose in the 'chat' function of Zoom. Several parents also mentioned concerns about the "waiting room," with some indicating that their children were placed in a waiting room for as long as 30 minutes.

Some teachers reported that the placement of the camera(s) in their rooms require them to stand in the front of the class, which is counter to the way in which they would prefer to teach. Teachers and parents also identified the older Chromebooks as problematic because they cannot accommodate some of the required software and they bump students off-line without warning.

On a positive note, the district's coordinators reported that at the secondary level the science teachers will be getting iPads and some English and social studies teachers will be getting document cameras, both of which will help.

- Monitoring student progress at the secondary level, and in elementary level specials (art, music, physical education, Spanish), is challenging because the students are being educated mostly remotely. Elementary classroom teachers report few problems with monitoring student progress.
- Taking attendance has emerged as a concern. It is time consuming (sometimes taking as much as 10 minutes from instructional time) and cumbersome (at the secondary level teachers have to enter data for three groups of students). Moreover, special area teachers are responsible for emailing the parents of children who fail to show up for a remote class. It should be noted that attendance is challenging in another way – some students who decide not to attend school in person on days they are scheduled to do so instead expect to attend remotely and be marked as "present."
- The block schedule was mentioned above as a component of successful implementation of the model. However, high school teachers and parents identified the 80-minute block as a challenge for students being educated at home. Sitting in front of a computer screen for 80 minutes is daunting. Preparing lessons for an 80-minute block is also daunting for some teachers who have not received adequate professional development in how to structure instructional time in a block. High school students and parents also mentioned the challenge of completing laboratory assignments remotely.
- At a time when research urges less screen time for students, parents at all levels expressed concern about the amount of screen time their children are required to experience. Some parents mentioned that their children are developing eye and vision problems. Other parents talked about the inevitable boredom that accompanies 7 hours of staring at a computer and described how their children occasionally-to-often drift away from live-streamed lessons.



- Providing adequate time for special education students has proven challenging. At the secondary level students who require intensive services are seen four days per week. However, students with less severe needs, depending on their IEPs, follow the regular school schedule, which is seen as insufficient by the special education teachers. Some special education teachers report that it has been difficult for special education students to make up the learning they lost during the spring months.
- High school teachers begin their workday at 7:30 am and teach until 2:45 pm, with a 27-minute break for lunch. Given that they are working in 80-minute blocks, often teaching 3 groups of students simultaneously, many are reporting feeling high stress and are expressing concerns about fatigue.
- Along these lines, teachers at all levels indicate the need for more preparation time devoted to collaborative planning. Given the uniqueness of this year, many teachers expressed the desire to be in lock step with each other as the curriculum is taught (by grade and/or by course), and perceive that they do not have enough common planning time to do this properly.
- Teachers and parents understand that the pandemic has diminished students' opportunities for the social interactions that are so critical for social development. As examples, student interactions with each other have declined on transportation to and from school, during lunch, during recess and through in-class group work. They also are interacting less with each other in larger group activities, such as chorus, band, orchestra, physical education and clubs. The students with whom we spoke seem to be taking these changes in stride, expressing understanding that safety concerns override their desire for more interaction with their peers, but parents are worried about the potential long-term impact on their children's social-emotional development.

### **Essential Question #3:**

#### ***Instructionally, what would you recommend the district modify or change?***

This section begins with a reiteration of the support the faculty and administration have for the current model, which they view as imperfect but necessary for the current circumstances. Students, too, seem supportive of the current model. Parents are divided, with some in support of the current approach and others perceiving that the district is able to bring students back to school, safely, for longer amounts of time.

In response to Question 3, administrators, teachers, parents and students offered numerous thoughts on ways in which the current model might be enhanced.

- Teachers understand that decisions about the structure of the hybrid and remote models had to be made initially by administrators. However, now that there is a flow to the new school year, teachers would like to have the ability to make more of these



decisions themselves. They have come to know their students, have grown comfortable with the model.

- Teachers and students discussed the importance of mask breaks, and suggested that they occur more frequently throughout the school day.
- The one-way hallways and staircases also were mentioned by teachers and students as ineffective (because they do not seem to be enforced) and unnecessary (because students can walk in both directions maintaining social distance by sticking to opposite sides of the corridor or staircase).
- If live streaming is to be effective going forward, the technology concerns mentioned in response to Question 2 require addressing. Moreover, students and parents expressed confusion about the relationship among Google Classroom, Schoology and PowerSchool and wonder if there can be a way to organize clearer – and fewer - transitions among platforms.
- Middle and high school students and parents asked if teachers could record their lessons. Since some students at home are experiencing technical difficulties they sometimes miss most or all of a lesson. If the lesson is recorded, they can watch it once the technology issue at home is resolved.
- Middle school parents and high school parents expressed the desire for more interactive and engaging work during their children’s days at home. They perceive that some (many) lessons require children to sit passively at the computer for hours on end. They suggest that more project-based work might be helpful for their children, and wonder if more small group instruction might be possible during live-streaming. Right now, as one parent stated, students being educated remotely are “more audience than participant.”
- Teachers, especially special education teachers at the middle and high school, expressed the desire to have special education students attend school for longer periods of time. They perceive that special education students are at greater risk of losing ground through remote learning.
- Special education parents expressed concern about remote services for their children. For example, one parent described the challenges of an occupational therapy session conducted via computer. Parents of special education students wonder if these services can be provided in school.
- Teachers report that taking attendance for two or three groups of students simultaneously is unwieldy and time consuming, taking time from instruction. They wonder if there is a more streamlined way to handle this task. Teachers also report that at the elementary level dismissal of students takes too much time and suggest there might be better ways to structure the end of the day for students.

- Most elementary students and teachers would like to have special area classes (art, music PE, world language) occur during the portion of the day they are in school rather than remotely. They understand the desire not to reduce instructional time devoted to the core subjects, but wonder if there is a way to build specials into the schedule.
- Middle and high school students would like to have the opportunity to select the person they eat lunch with and not be assigned randomly. They feel very strongly about this and articulated their “social” needs and the loss of social interaction they are experiencing.
- Teachers across all the schools expressed a need for more professional development in how to use Zoom.
- Middle school special education teachers suggest that students be grouped for live instruction by needs and not by the present random alphabet system.
- Wednesdays present opportunities that haven’t yet been fully seized. Most teachers appreciate having the time for collaborative planning and professional learning on Wednesdays. However, parents and students are less supportive of how Wednesdays are used. One student described Wednesdays as “chaotic,” and other students pointed to unclear assignments and expectations. Parents also have concerns about what their children are expected to do on Wednesdays and would appreciate greater clarity about the flow of the day. Most parents wonder if Wednesdays can be used to bring more students into school with greater frequency. High school and middle school parents, in particular, advocate using Wednesdays to create more in-school time for their children.
- Teachers and parents both expressed concern about social studies and science not having been taught yet at the elementary level. While they understand and agree with the decision that ELA and math are to be taught daily in-person, they are worried about the loss of instruction in social studies and science.
- Teachers are wrestling with a conundrum about testing. Some see the NWEA screener as an important tool in gauging and tracking student progress, while others see testing as inappropriate, unnecessary and even harmful under the current conditions. In the upper grades, parents and students report inconsistency in how tests are administered - some teachers have their students take tests remotely (which is seen as inviting cheating) and others give open-book exams (which is seen as providing greater equality).
- Elementary school parents offered the following suggestions for improving their children’s experiences under the current model. To begin, they wonder if science and social studies can be taught outside of the time their children are in school, perhaps after school, perhaps remotely, perhaps by “specialists” hired by the district, perhaps via pre-recorded videotapes from teachers, and/or perhaps through providing parents with lists of National Geographic resources (for science). Another thought is partnering with

community organizations, such as the public library, the League of Women Voters and the Westport Historical Society.

Next, parents suggested bringing children from the AM and PM cohorts together in small groups through remote activities such as book talks. Also, parents would like to see Wednesdays used for meaningful, in-person instruction. Next, parents wondered if it is necessary for their children to participate in all special area classes rather than being allowed to select the ones in which they have the most interest. And finally, parents voiced concern that their children will become bored with at-home work from the same programs (e.g., IXL, Lexia, Typing Agent) every day and suggested that mixing in teacher-made worksheets might be helpful.

- Middle school parents offered several suggestions for enhancing their children's experiences, both in school and at home. One idea is changing the teachers' professional development day from Wednesday to Friday. Currently, no-school Wednesdays create two problems for students – they disrupt the flow of the week and they necessitate two consecutive days of computer-based work, either Tuesday/Wednesday or Wednesday/Thursday. Second, the parents suggested that students be encouraged to use their planners, both to keep track of assignments and to enhance study skills (parents also think that they, themselves, would benefit from training on how planners can be used with their children). Third, parents reported that their children are stressed about grades in elective and special area courses, and suggested that making these subjects “pass/fail” could reduce anxiety.

Fourth, some of their children report that the work they are assigned is not relevant to the events occurring around them every day – the coming presidential election, the protests around social justice, etc. Parents wonder if these topics can be covered either in social studies courses or through daily current events discussions. Next, parents suggested that a virtual homeroom might help their children connect more deeply with their peers and teachers. Finally, parents stated that middle schoolers' need to connect with friends might be facilitated by the creation of more clubs and the assignment of more group projects (to be completed remotely and apart, but collaboratively).

- Parents of high school students voiced a number of suggestions about ways to improve the experience for their children. First and foremost is concern about the amount of time spent in front of computer screens - parents wonder if there might be a way to assign work that doesn't require as much computer use. Next, most high school students have five consecutive days away from school - might there be a better way to schedule the cohorts so that this number is reduced? Similar to elementary school and middle school parents, high school parents see using Wednesdays for in-person instruction as potentially enormously beneficial for their children. Parents perceive that the quality of their children's experiences with technology is teacher-dependent: some teachers are highly adept at teaching through technology and others are less skilled. The parents suggested that more professional development for teachers, or additional assistance (such as having tech-savvy seniors work with certain teachers), could be

helpful. Next, parents wondered if it might be possible to increase students' in-school time by utilizing off-site facilities such as the public library and the town "Y."

Most parents suggested that opportunities for their children to connect with peers, through clubs and other extracurricular activities, would be beneficial. Finally, in response to concerns about their children's social-emotional well-being parents wondered if the guidance counselors might be able to play a role in easing students' stress about falling behind in the college preparation process, not being fully prepared for college, and other concerns that are plaguing students not just in Westport but throughout the nation.

- Parents at all levels voiced concern about their children's social-emotional well-being. There is appreciation for the district's implementation of the RULER approach, but also a sense that in the throes of a pandemic more may need to be done. These concerns caused us to wonder whether redeployment of the district's guidance counselors, school psychologists, health education teachers, and other staff members might be in order, at least temporarily.

## Summary

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We recognize that not all of the ideas presented by teachers, administrators, students, and parents in this section of the report are addressable, but many are. And it is important to acknowledge that (a) the focus group interviews we conducted account for only a small fraction of each constituent group so we're not able to know with certainty how broadly representative these views are, and (b) there likely are educational, contractual, structural, logistical, and financial reasons that not all of the suggestions can be addressed. We present them because the people with whom we met offered them. We urge the central office and building level administration to engage the teachers, students, and parents in discussions of these ideas and develop a set of priorities for change.

We are enormously grateful to the people who took time from their incredibly busy schedules and lives to meet with us and share their thinking. The large majority of people with whom we met recognize that decisions about the model have been made with the best of intentions and with the students' and staff members' health and safety in mind.

Finally, our thanks to Natalie Carrignan and her team, Mary Ann Stokes, Jennifer Caputo, and all those behind the scenes who assured us that we would have a generally seamless experience. Coordinating invitations to join groups, assembling participants, and being available to us was deeply appreciated.

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**INTEROFFICE MEMORANDUM**

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**TO:** THOMAS SCARICE

**FROM:** NATALIE CARRIGNAN

**SUBJECT:** REQUEST FOR ADDITIONAL CHROMEBOOKS

**DATE:** 10/30/2020

**CC:** ANTHONY BUONO, ELIO LONGO

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Tom,

The technology department is formally requesting funding to purchase 200 additional Chromebooks for this school year. The Tri-State report articulated well that the older Chromebooks are having trouble with audio and video at times. The high school has also reported that students who have older loaner Chromebooks are finding them far less responsive than newer devices. The tech department is literally piecing together Chromebooks for swaps if a student's machine breaks or is damaged.

It may help to note that most districts use Chromebooks for three years. Over the last several budget cycles Westport has stretched the lifespan of our Chromebooks to five years since the devices were originally housed in carts and not brought back and forth on a daily basis and thus more protected. Currently we have a fleet of 4,448 Chromebooks. Just under 3,000 are no longer under warranty and of those 1,063 are 5 years old.

I am requesting \$48,904 in funding to purchase the 200 Chromebooks from Dell. This will allow us to cycle out the worst performing machines.

Thank you in advance for your consideration and support.

Sincerely,

Natalie Carrignan  
Director of Technology

**Medical Health Insurance**  
**FY 20-21 Projections As of September 30, 2020**

|   | <u>FY 21 Projection</u> |               |                   |  |
|---|-------------------------|---------------|-------------------|--|
| <b>Cash receipts</b>                                |                         |               |                   |  |
| General Fund Budget from line 210                   | 16,406,438              |               |                   |  |
| Other Fund Contributions                            | 100,000                 |               |                   |  |
| Employee Contributions (Active)                     | 3,782,100               |               |                   |  |
| Retirees - Under 65                                 | 255,960                 |               |                   |  |
| UHC Retirees - Part B                               | 32,460                  |               |                   |  |
| Retirees - Dental Only                              | 20,400                  |               |                   |  |
| State Teachers Retirement (TRB)                     | 105,000                 |               |                   |  |
| Retirees Medicare Surround                          | 576,000                 |               |                   |  |
| <b>Total cash receipts</b>                          | <b>21,278,358</b>       |               |                   |  |
| <b>Cash disbursements</b>                           |                         |               |                   |  |
| State Partnership Plan 2.0                          | 19,141,069              |               |                   |  |
| Dental  | 1,150,074               |               |                   |  |
| Dental Administrative                               | 59,899                  |               |                   |  |
| FSA Administrative                                  | 3,192                   |               |                   |  |
| Consulting Fee                                      | 52,500                  |               |                   |  |
| UHC Retirees - Part B                               | 48,657                  |               |                   |  |
| Retirees Medicare Surround                          | 970,000                 |               |                   |  |
| <b>Total cash disbursements</b>                     | <b>21,425,391</b>       |               |                   |  |
| <b>Change in cash balance</b>                       | <b>(147,033)</b>        |               |                   |  |
| <b>Beginning cash balance</b>                       | <b>521,555</b>          |               |                   |  |
| Change in Cash                                      | (147,033)               |               |                   |  |
| <b>Net Position(Deficit) end of year-projection</b> | <b>374,522</b>          |               |                   |  |
|   | <u>Medical/Rx (SPP)</u> | <u>Dental</u> | <u>Flex/Other</u> |  |
| Jul 2020  | \$ 1,475,724            | \$ 82,470     | \$ 8,054          |  |
| Aug 2020  | \$ 1,467,745            | \$ 109,209    | \$ 3,415          |  |
| Sep 2020  | \$ 1,474,145            | \$ 77,969     | \$ 15,334         |  |
| Actual  | \$ 4,417,614            | \$ 269,648    | \$ 26,803         |  |
| FY21 Total Year Estimate                            | \$ 19,141,069           | \$ 1,150,074  |                   |  |
| Actual YTD Spend Rate                               | 23%                     | 23%           |                   |  |
| Theoretical YTD Spend Rate                          | 25%                     | 25%           |                   |  |
| YTD variance (%)                                    | -1.92%                  | -1.55%        |                   |  |



**WESTPORT PUBLIC SCHOOLS**  
**ANTINOZZI REPORT PROJECTS - 435 ACCOUNT OPERATING BUDGET**  
**YEAR 1 (FY 2020/2021) STATUS AS OF OCTOBER 20, 2020**

| SCHOOL                                | DESCRIPTION  | ESTIMATE                              | ACTUAL or RESERVE | EST. SAVINGS     | PROJECTED / COMPLETION DATE | VENDOR                           | NOTES  |
|---------------------------------------|--|---------------------------------------|-------------------|------------------|-----------------------------|----------------------------------|--|
| CES                                   | <b>PRIORITY 1 - LIFE SAFETY</b>                              |                                       |                   |                  |                             |                                  |  |
|                                       | Speakers to Gym and Cafeteria                                | \$ 13,131                             | \$ 31,824         | \$ 15,448        | Feb-21                      | ITS - State contract             | Work In Progress, items on order   |
|                                       | Wireless clock system (PRIORITY 2 - Educational Environment) | \$ 34,141                             |                   |                  |                             |                                  |  |
|                                       | Firestop penetration Equipment Room                          | \$ 394                                | \$ -              | \$ 394           | Sep-20                      | Internal / Carpenter W.O. 35430  | Completed , supplies purchased year 2020   |
|                                       | Install visitor management system                            | \$ 6,818                              | \$ 1,780          | \$ 5,038         | ON HOLD                     | Raptor                           | On hold due to Covid restrictions. Company located in Texas - No visitor rule in buildings - IT Dept. overload |
|                                       | <b>PRIORITY 2 - EDUCATIONAL ENVIRONMENT</b>                  |                                       |                   |                  |                             |                                  |  |
|                                       | Wireless access point mechanical spaces                      | \$ 4,202                              | \$ 1,094          | \$ 3,108         | Jan-21                      | Northeast Communications-Quote   | Pending, quotes received pending to schedule the work based on IT Department schedule and workload             |
|                                       | Wireless clock system (PRIORITY 2 - Educational Environment) | (See above - coupled with Priority 1) |                   |                  |                             |                                  |  |
|                                       | IT rack and server grounding                                 | \$ 3,283                              | \$ -              | \$ 3,283.00      | Jul-20                      | Internal Electrician             | Completed, supplies purchased year 2020  |
|                                       | Backup pump addition (Heat loop)                             | \$ 2,758                              | \$ 2,758          | \$ -             | Jan-21                      | Internal Plumber                 | Pending - getting quotes   |
|                                       | Backup pump addition (Domestic HW)                           | \$ 9,848                              | \$ 9,848          | \$ -             | Jan-21                      | Internal Plumber                 | Pending - getting quotes   |
|                                       | <b>PRIORITY 3 - BUILDING ENVELOPE</b>                        |                                       |                   |                  |                             |                                  |  |
|                                       | Repair roof expansion joints                                 | \$ 26,262                             | \$ 4,502          | \$ 21,760        | Jan-20                      | Offshore Roof / Ferraro painting | Completed  |
|                                       | Roof drain repair  | \$ 9,848                              | \$ 3,485          | \$ 6,363         | Aug-20                      | Ray Flanagan                     | Completed  |
|                                       |  | <b>\$ 110,685</b>                     | <b>\$ 55,291</b>  | <b>\$ 55,394</b> |                             |                                  |  |
|                                       |  |                                       | 50%               | 50%              |                             |                                  |  |
| GFS                                   | <b>PRIORITY 1 - LIFE SAFETY</b>                              |                                       |                   |                  |                             |                                  |  |
|                                       | Firestop penetration Equipment Room                          | \$ 263                                | \$ -              | \$ 263           | Sep-20                      | Internal / Carpenter W.O. 35430  | Completed, supplies purchased year 2020  |
|                                       | Install visitor management system                            | \$ 6,566                              | \$ 1,780          | \$ 4,786         | ON HOLD                     | Raptor                           | On hold due to Covid restrictions. Company located in Texas - No visitor rule in buildings - IT Dept. overload |
|                                       | <b>PRIORITY 2 - EDUCATIONAL ENVIRONMENT</b>                  |                                       |                   |                  |                             |                                  |  |
|                                       | Wireless access point mechanical spaces                      | \$ 6,303                              | \$ 1,442          | \$ 4,861         | Jan-21                      | Northeast Communications         | Pending, quotes received pending to schedule the work based on IT Department schedule and workload             |
|                                       | IT rack and server grounding                                 | \$ 3,414                              | \$ -              | \$ 3,414         | Aug-20                      | Internal Electrician             | Completed, supplies purchased year 2020  |
| <b>PRIORITY 3 - BUILDING ENVELOPE</b> |  |                                       |                   |                  |                             |                                  |  |

**WESTPORT PUBLIC SCHOOLS**  
**ANTINOZZI REPORT PROJECTS - 435 ACCOUNT OPERATING BUDGET**  
**YEAR 1 (FY 2020/2021) STATUS AS OF OCTOBER 20, 2020**

| SCHOOL | DESCRIPTION                                   | ESTIMATE         | ACTUAL or RESERVE | EST. SAVINGS    | PROJECTED / COMPLETION DATE | VENDOR                          | NOTES  |
|--------|---|------------------|-------------------|-----------------|-----------------------------|---------------------------------|--|
| KHS    | Asphalt shingles replacement (library)        | \$ 41,363        | \$ 4,680          | \$ 36,683       | Dec-20                      | Offshore - State Contract       | Work In progress, vendor reviewed Antinozzi report and quoted based on field condition, pending to schedule                    |
|        | Exterior wall repair                          | \$ 9,848         | \$ 9,848          | \$ -            | ON HOLD                     | Capasso - State Contract        | On hold due to COVID-19 restrictions. Requires scaffolding and extra work to be done.  |
|        |   | <b>\$67,757</b>  | <b>\$17,750</b>   | <b>\$50,007</b> |                             |                                 |  |
|        |   |                  | 26%               | 74%             |                             |                                 |  |
|        | <b>PRIORITY 1 - LIFE SAFETY</b>               |                  |                   |                 |                             |                                 |  |
|        | Firestop penetration Equipment Room           | \$ 525           | \$ -              | \$ 525          | Oct-20                      | Internal / Carpenter W.O. 35430 | Completed, supplies purchased year 2020  |
|        | Install visitor management system             | \$ 6,566         | \$ 1,780          | \$ 4,786        | ON HOLD                     | Raptor                          | On hold due to Covid restrictions. Company located in Texas - No visitor rule in buildings - IT Dept. overload                 |
|        | Protective cover canopy café entrance         | \$ 29,249        | \$ 29,249         | \$ -            | Feb-20                      | CCA / New Haven Awning          | Pending, P&Z requires an A2 survey to be updated before awning installation, survey projected to be completed in November 2020 |
|        | Metal/concrete stairs remove and replace      | \$ 13,131        | \$ 13,870         | \$ (739)        | Aug-20                      | Capasso - State Contract        | Completed  |
|        | Metal stairs treads/nosing repair and replace | \$ 11,326        | \$ 3,890          | \$ 7,436        | Aug-20                      | Capasso - State Contract        | Completed  |
|        | PA speakers                                   | \$ 10,505        | \$ 5,526          | \$ 4,979        | Feb-21                      | ITS - State Contractors         | Work in progress, parts on order.  |
|        | Accessible signage throughout the building    | \$ 65,655        | \$ 65,655         | \$ -            | Jan-21                      | ABC Sign - Quote                | Pending to receive quote and scope from vendor   |
|        | <b>PRIORITY 2 - EDUCATIONAL ENVIRONMENT</b>   |                  |                   |                 |                             |                                 |  |
| LLS    | Wireless access point mechanical spaces       | \$ 10,505        | \$ -              | \$ 10,505       | n/a                         | N/A                             | After I.T. department review, no wireless access point needed at the school.   |
|        | IT rack and server grounding                  | \$ 3,414         | \$ -              | \$ 3,414        | Aug-20                      | Internal Electrician            | Completed, supplies purchased year 2020  |
|        |   | <b>\$150,876</b> | <b>\$119,970</b>  | <b>\$30,906</b> |                             |                                 |  |
|        |   |                  | 80%               | 20%             |                             |                                 |  |
|        | <b>PRIORITY 1 - LIFE SAFETY</b>               |                  |                   |                 |                             |                                 |  |
| LLS    | Firestop penetration Equipment Room           | \$ 525           | \$ -              | \$ 525          | Oct-20                      | Internal / Carpenter W.O. 35430 | Completed, supplies purchased year 2020  |
|        | Install visitor management system             | \$ 6,566         | \$ 1,780          | \$ 4,786        | ON HOLD                     | Raptor                          | On hold due to Covid restrictions. Company located in Texas - No visitor rule in buildings - IT Dept. overload                 |
| LLS    | <b>PRIORITY 2 - EDUCATIONAL ENVIRONMENT</b>   |                  |                   |                 |                             |                                 |  |
|        |   |                  |                   |                 |                             |                                 |  |



**WESTPORT PUBLIC SCHOOLS**  
**ANTINOZZI REPORT PROJECTS - 435 ACCOUNT OPERATING BUDGET**  
**YEAR 1 (FY 2020/2021) STATUS AS OF OCTOBER 20, 2020**

| SCHOOL     | DESCRIPTION  | ESTIMATE         | ACTUAL or RESERVE | EST. SAVINGS    | PROJECTED / COMPLETION DATE | VENDOR                                      | NOTES  |
|------------|--|------------------|-------------------|-----------------|-----------------------------|---|--|
|            | Wireless access point mechanical spaces              | \$ 2,101         | \$ 1,451          | \$ 650          | Jan-21                      | Northeast Communications                    | Pending, quotes received pending to schedule the work based on IT Department schedule and workload             |
|            | IT rack and server grounding                         | \$ 3,939         | \$ -              | \$ 3,939        | Aug-20                      | Internal Electrician                        | Completed, supplies purchased year 2020  |
|            | <b>PRIORITY 3 - BUILDING ENVELOPE</b>                |                  |                   |                 |                             |   |  |
|            | Investigate cause of roof bubbling and repair        | \$ 65,655        | \$ 65,655         | \$ -            | Jan-21                      | Offshore - State Contractors                | Pending for field review and condition from vendor based on Antinozzi report findings                          |
|            |  | <b>\$ 78,786</b> | <b>\$ 68,886</b>  | <b>\$ 9,900</b> |                             |   |  |
|            |  |                  | 87%               | 13%             |                             |   |  |
| <b>SES</b> | <b>PRIORITY 1 - LIFE SAFETY</b>                      |                  |                   |                 |                             |   |  |
|            | Firestop penetration Equipment Room                  | \$ 328           | \$ -              | \$ 328          | Oct-20                      | Internal / Carpenter W.O. 35430             | Completed, supplies purchased year 2020  |
|            | Install visitor management system                    | \$ 6,566         | \$ 1,780          | \$ 4,786        | ON HOLD                     | Raptor                                      | On hold due to Covid restrictions. Company located in Texas - No visitor rule in buildings - IT Dept. overload |
|            | Wood stairs repair and replace (auditorium)          | \$ 19,697        | \$ 19,697         | \$ -            | Feb-21                      | Eagle Ridge - Quote                         | Pending for quote review and approval  |
|            | Repair outdoor artistic traffic control barricades   | \$ 39,393        | \$ 13,380         | \$ 26,013       | Oct-20                      | Cappaso / Ferraro Painting (State Contract) | Completed  |
|            | (2) Light poles repair and replace                   | \$ 7,222         | \$ 6,990          | \$ 233          |                             | Lighting Services                           | Pending to schedule  |
|            | Repair and replace rooftop sectional barrier fencing | \$ 31,514        | \$ 5,585          | \$ 25,929       | Nov-20                      | Orange Fence - Quote                        | Work in progress, pending to schedule  |
|            | Area of refuge sign                                  | \$ 1,313         | \$ 1,313          | \$ -            | Dec-20                      | ABC Sign-Quote                              | Pending to receive quote and installation  |
|            | Health Suite sign                                    | \$ 394           | \$ -              | \$ 394.00       | n/a                         | n/a   | No need to replace existing sign, up to ADA code   |
|            | <b>PRIORITY 2 - EDUCATIONAL ENVIRONMENT</b>          |                  |                   |                 |                             |   |  |
|            | Wireless access point mechanical spaces              | \$ 2,101         | \$ 1,231          | \$ 870          | Jan-21                      | Northeast Communications                    | Pending, quotes received pending to schedule the work based on IT Department schedule and workload             |
|            | IT rack and server grounding                         | \$ 1,313         | \$ -              | \$ 1,313        | Aug-20                      | Internal Electrician                        | Completed, supplies purchased year 2020  |
|            | <b>PRIORITY 3 - BUILDING ENVELOPE</b>                |                  |                   |                 |                             |   |  |
|            | Trench drain and drywell                             | \$ 9,848         | \$ 3,400          | \$ 6,448        | Sep-20                      | Ramos Construction - Quote                  | Completed  |
|            | Masonry anchorage and reinforcing                    | \$ 32,828        | \$ 32,828         | \$ -            | Jan-21                      | Capasso - State Contract                    | Pending for field review and condition from vendor based on Antinozzi report findings                          |
|            | Stucco on auditorium exterior                        | \$ 26,262        | \$ 37,000         | \$ (10,738)     | Mar-21                      | Cappaso - State Contractor - Quote          | Pending for quote review, don't agree on quote   |

**WESTPORT PUBLIC SCHOOLS**  
**ANTINOZZI REPORT PROJECTS - 435 ACCOUNT OPERATING BUDGET**  
**YEAR 1 (FY 2020/2021) STATUS AS OF OCTOBER 20, 2020**

| SCHOOL | DESCRIPTION                                 | ESTIMATE   | ACTUAL or RESERVE | EST. SAVINGS | PROJECTED / COMPLETION DATE | VENDOR  | NOTES  |
|--------|---|------------|-------------------|--------------|-----------------------------|---|--|
|        | Cooling Tower - replace valve actuators     | \$ 20,681  | \$ 20,681         | \$ -         | Jan-21                      | Tower Co. / Belimo  | Waiting for parts quotes and approval, parts will be installed by HVAC staff                                   |
|        |   | \$ 199,460 | \$ 143,885        | \$ 55,575    |                             |   |  |
|        |   |            | 72%               | 28%          |                             |   |  |
| BMS    | <b>PRIORITY 1 - LIFE SAFETY</b>             |            |                   |              |                             |   |  |
|        | Install visitor management system           | \$ 6,566   | \$ 1,780          | \$ 4,786     | ON HOLD                     | Raptor  | On hold due to Covid restrictions. Company located in Texas - No visitor rule in buildings - IT Dept. overload |
|        | <b>PRIORITY 3 - BUILDING ENVELOPE</b>       |            |                   |              |                             |   |  |
|        | Masonry cleaning by exterior Door 13        | \$ 13,131  | \$ -              | \$ 13,131    | Oct-20                      | Internal Carpenter W.O. 34879                                     | Work in Progress   |
|        |   | \$19,697   | \$1,780           | \$17,917     |                             |   |  |
|        |   |            | 9%                | 91%          |                             |   |  |
| SHS    | <b>PRIORITY 1 - LIFE SAFETY</b>             |            |                   |              |                             |   |  |
|        | Firestop penetration Equipment Room         | \$ 985     | \$ -              | \$ 985       | Aug-20                      | Internal / Carpenter W.O. 35430                                   | Completed, supplies purchased year 2020  |
|        | Install visitor management system           | \$ 6,566   | \$ 1,780          | \$ 4,786     | ON HOLD                     | Raptor  | On hold due to Covid restrictions. Company located in Texas - No visitor rule in buildings - IT Dept. overload |
|        | Update metal catwalks auditorium            | \$ 65,655  | \$ -              | \$ 65,655    | n/a                         | Incord  | Vendor does not recommend replacing fence with catwalking netting, report received                             |
|        | Stainless steel handrails natatorium        | \$ 21,692  | \$ 7,600          | \$ 14,092    | Aug-20                      | AV Tuchy - Quote  | Completed  |
|        | Add speakers and clocks                     | \$ 13,131  | \$ 6,700          | \$ 6,431     | Dec-20                      | ITS - State Contract  | Parts on order work in progress  |
|        | <b>PRIORITY 2 - EDUCATIONAL ENVIRONMENT</b> |            |                   |              |                             |   |  |
|        | Wireless access point mechanical spaces     | \$ 12,606  | \$ 8,831          | \$ 3,775     | Jan-21                      | Northeast Communications  | Pending, quotes received pending to schedule the work based on IT Department schedule and workload             |
|        | Air compressor replacement boiler room      | \$ 26,262  | \$ 20,000         | \$ 6,262     |                             | Kinsella electric, Internal Plumber, ESC, parts from Tower equip. | Changing to digital control, removing air compressor.  |
|        | IT rack and server grounding                | \$ 5,252   | \$ -              | \$ 5,252     | Aug-20                      | Internal Electrician  | Completed, supplies purchased year 2020  |
|        | Gypsum board replacement Door 292           | \$ 1,313   | \$ -              | \$ 1,313     | Nov-20                      | Internal Carpenter W.O. 34878                                     | Work in progress   |
|        | <b>PRIORITY 3 - BUILDING ENVELOPE</b>       |            |                   |              |                             |   |  |

**WESTPORT PUBLIC SCHOOLS**  
**ANTINOZZI REPORT PROJECTS - 435 ACCOUNT OPERATING BUDGET**  
**YEAR 1 (FY 2020/2021) STATUS AS OF OCTOBER 20, 2020**

| SCHOOL | DESCRIPTION   | ESTIMATE   | ACTUAL or<br>RESERVE | EST.<br>SAVINGS | PROJECTED /<br>COMPLETION<br>DATE | VENDOR                        | NOTES   |
|--------|---|------------|----------------------|-----------------|-----------------------------------|-------------------------------|---|
|        | Grout and seal metal exterior door frames                                   | \$ 657     | \$ -                 | \$ 657          | Aug-20                            | Internal Carpenter W.O. 34877 | Completed   |
|        | Repair metal wall panels (gym and auditorium)                               | \$ 32,828  | \$ 32,828            | \$ -            | Feb-21                            | Offshore - State Contract     | Pending for field review and condition from vendor based on Antinozzi report findings |
|        | Repair/replace lintels (Door C8 and C17)                                    | \$ 19,697  | \$ 870               | \$ 18,827       | Aug-20                            | Capasso - State Contract      | Completed   |
|        |   | \$ 206,644 | \$ 78,609            | \$ 128,035      |                                   |                               |   |
|        |   |            | 38%                  | 62%             |                                   |                               |   |
|        | <b>Total Operating 435 Account - Antinozzi Report Fiscal Year 2020-2021</b> | \$ 833,905 | \$ 486,171           | \$ 347,734      |                                   |                               |   |
|        |   |            | 58%                  | 42%             |                                   |                               |   |

## **Instruction**

### **Individualized Education Program/Special Education Program**

The Planning and Placement Team shall base recommendations for the development of and for any changes in a child's individualized education program evaluations, data, and any information relating to the child's current educational performance.

Each Planning and Placement Team shall have in effect the individualized education program for each child requiring special education and related services as of the beginning of each school year.

The individualized education program shall be a written statement developed by the PPT which shall include the following:

1. A statement of the child's present levels of academic achievement and functional performance, including how the child's disability affects the child's involvement and progress in the general education curriculum or, for preschool children, as appropriate, how the disability affects the child's participation in appropriate activities;
2. A statement of measurable annual educational goals, including academic and functional goals designed to enable the child to be involved in and make progress in the general education curriculum, and meet each of the child's other educational needs that result from the child's disability;
3. A statement of how the child's progress toward meeting the annual goals will be measured, and when periodic reports will be available on the progress the child is making toward meeting the annual goals. (such as through the use of quarterly or other periodic reports, concurrent with the issuance of report cards);
4. A statement of short-term instructional objectives derived from the measurable annual goals. Short-term instructional objectives shall include objective criteria, evaluation procedures and schedules for determining, on a regular basis, whether the short-term instructional objectives are being achieved;
5. A statement of short-term instructional objectives for students with disabilities who take alternative assessments aligned to alternative achievement standards;
6. A statement of the special education and related services and supplementary aids and services, based on peer-reviewed research to the extent practicable, to be provided to the child, as well as a statement of the program modifications or supports for school personnel that will be provided to enable the child to advance appropriately toward attaining the annual goals, to be involved in and make progress in the general education environment, to



participate in extracurricular and other nonacademic activities, and to be educated and participate with other children with disabilities and nondisabled children;

7. A list of the individuals who shall implement the individualized program;

8. The projected date for the beginning of the special education and related services, and the anticipated frequency, location and duration of the special education and related services;

9. A description of the extent, if any, to which the child will not participate with nondisabled children in regular classes and activities;

10. The specifics of the child's transportation needs;

11. A statement of any individual appropriate accommodations that are necessary to measure the academic and functional performance of the child on State and District assessments;

12. If it is determined that the child will take an alternate assessment on a State or District assessment of student achievement, a statement of why the child cannot participate in the regular assessment, and why the particular alternate assessment selected is appropriate for the child;

13. Beginning not later than the first IEP to be in effect when the child is sixteen (16), or fourteen (14) if the child is diagnosed with Autism Spectrum Disorder, and updated annually thereafter, a statement of appropriate, measurable post-secondary goals based upon age appropriate transition assessments related to training, education, employment and, where appropriate, independent living skills, and the transition services needed to assist the child in reaching those goals;

14. Beginning not later than one year before the child reaches the age of majority (18), a statement that the child has been informed of the child's rights under the IDEA and corresponding State law that will transfer to the child on reaching the age of majority; and

15. In the case of a residential placement, a statement of whether such placement is being recommended because of the need for services other than educational services.

The IEP for any child identified as deaf or hard of hearing shall include a language and communication plan developed by the PPT. Such language and communication plan shall address:

1. The child's chosen primary language or mode of communication;

2. opportunities for direct communication between the child and his/her peers and professional personnel in the primary child's language or mode of communication;

3. educational options available to the child;

4. the qualifications of teachers and other professional personnel administering the plan for the child, including their proficiency in the child's primary language or mode of communication;
5. the accessibility of academic instruction, school services and extracurricular activities to the child;
6. assistive devices and services for the child;
7. communication and physical environment accommodations for the child; and
8. an emergency communications plan that includes procedures for alerting the child of an emergency situation and ensuring that the specific needs of the child are met during the emergency situation. Such plan is to be developed for a student identified as deaf, hard of hearing, or both blind or visually impaired and deaf.

Legal References: 20 U.S.C. § 1414. Evaluations, Eligibility Determinations, Individualized Education Programs, and Educational Placements

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34 C.F.R. § 300.8. Child with a Disability.

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34 C.F.R. § 300.17. Free Appropriate Public Education.

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34 C.F.R. § 300.22. Individualized Education Program.

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34 C.F.R. § 300.34. Related Services

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34 C.F.R. § 300.39. Special Education.

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34 C.F.R. § 300.43. Transition Services

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34 C.F.R. § 300.320. Definition of Individualized Education Program.

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34 C.F.R. § 300.324. Development, Review, and Revision of IEP.

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Conn. Gen. Stat. § 10-76a. Definitions.

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Conn. Gen. Stat. § 10-76d. Duties and Powers of Boards of Education to Provide Special Education Programs and Services. Medicaid Enrollment, Participation and Billing Requirements. Development of Individualized Education Program. Planning and Placement Team Meetings. Public Agency Placements. Apportionment of Costs. Relationship of Insurance to Special Education Costs. Prohibition on Punishing Members of Planning and Placement Teams for Certain Behavior During Meetings.

Conn. Gen. Stat. § 10-76jj. Language and Communication Plans for  
Children Identified as Deaf or Hard of Hearing (as amended by Public  
Act. No 19-184)

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R.C.S.A. § 10-76a-1. General Definitions.

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R.C.S.A. § 10-76d-11. Individualized Education Program.

Policy adopted:

WESTPORT PUBLIC SCHOOLS  
Westport, Connecticut

## Students

### Ages of Attendance

In accordance with Connecticut General Statute 10-186, the Board of Education shall provide education for all persons five years of age and older, having attained age five on or before the first day of January of any school year, and under twenty-one years of age who is not a graduate of a high school or vocational school, except as provided in Connecticut General Statutes 10-233c and 10-233d. Additionally, according to Connecticut General Statute 10-76d (b2), special education will be provided for children who have attained the age of three and who have been identified as being in need of special education, and whose educational potential will be irreparably diminished without special education.

Parents and those who have the control of children five years of age and over and under eighteen years of age, are obligated by Connecticut law to require their children to attend public day school or its equivalent in the district in which such child resides, unless such child is a high school graduate or the parent or person having control of such child is able to show that the child is elsewhere receiving equivalent instruction in the studies taught in the public schools. Students under age eighteen are subject to mandatory attendance laws unless they are at least seventeen and their parent/guardian, or other person having control of the child, consents to such child's removal from school. ~~The parent or person having control of a child seventeen years of age must consent to such child's withdrawal from school.~~ The parent or person shall exercise this option by personally appearing at the school district office to sign a withdrawal form. ~~This district shall provide the parent or person with information on the educational opportunities available in the school system and in the community.~~ Such withdrawal form shall include an attestation from a guidance counselor, school counselor, or school administrator of the school that this district has provided the parent or person with information on the educational opportunities options available in the school system and in the community.

The parent or person having control of a child five years of age shall have the option of not sending the child to school until the child is six years of age. The parent or person having control of a child six years of age shall have the option of not sending the child to school until the child is seven years of age.

The above requirements are not to serve as barriers to immediate enrollment of students, designated as homeless or foster children as required by the Every Student Succeeds Act (ESSA) and the McKinney-Vento Act as amended by the ESSA. The District shall work with the local child welfare agency, the school last attended, or other relevant agencies to obtain necessary enrollment documentation.

The parent/guardian of any child who is denied admission to the district's schools, or an unaccompanied minor, a student eighteen years of age or older, a homeless child or youth or an unaccompanied youth who is denied schooling on the basis of residency, or an agent or officer charged with the enforcement of the laws concerning attendance at school may request, in writing, a hearing by the Board of Education.



The parent or person shall exercise such option by personally appearing at the school district office and signing an option form. The district shall provide the parent or person with information on the educational opportunities available in the school system.

A child who has attained the age of ~~sixteen or~~ seventeen and who has voluntarily terminated enrollment with parental consent in the district's schools and subsequently seeks readmission may be denied readmission for up to ninety school days from the date of such termination, unless such child seeks readmission to the District not later than ten (10) schooldays after such termination in which case the Board shall provide school accommodations to such child not later than three school days after such child seeks readmission.

A child who has attained the age of nineteen or older may be placed in an alternative school program or other suitable educational program if he/she cannot acquire a sufficient number of credits for graduation by age twenty-one.

(cf. [5111](#) - Admission/Placement)

~~(cf. [5112](#) - Ages of Attendance)~~

(cf. [5118.1](#) - Homeless Students)

(cf. [6146](#) - Graduation Requirements)

Legal Reference: Connecticut General Statutes

[4-176e to 4-180a Agency hearings](#)

[4-181a Contested cases. Reconsideration. Modifications.](#)

[10-15](#) Towns to maintain schools

[10-15c](#) Discrimination in public schools prohibited. School attendance by five-year-olds

[10-76a](#) - [10-76g](#) re special education

[10-184](#) Duties of parents (re mandatory schooling for children ages five to sixteen, inclusive) as amended by PA-98-243, PA 00-157, PA 09-6 (September Special Session) and PA 18-15

[10-186](#) Duties of local and regional boards of education re school attendance. Hearings. (as amended by P.A. 19-179)

Appeals to State Board. Establishment of hearing board

[10-233a](#) - [10-233f](#) Inclusive; re: suspend, expel, removal of students

[10-233c Suspension of students](#)

[10-233d Expulsion of pupils](#)

[10-233d Expulsion of pupils](#)

State Board of Education Regulations

[10-76a-1 General definitions \(c\) \(d\) \(q\) \(t\)](#)

[P.A. 19-179 An Act Concerning Homeless Students' Access to Education](#)

[McKinney-Vento Homeless Assistance Act \(PL 107-110 Sec. 1032\) 42 U.S.C. §11431-11435, as amended by the ESSA, P.L. 114-95](#)

[Federal Register: McKinney-Vento Education for Homeless Children & Youths Program, Vol. 81 No. 52, 3/17/2016](#)

**Policy adopted: April 16, 1991**

**Revised: May 13, 1997**

**Revised: December 8, 2011**

[Revised:](#)

**WESTPORT PUBLIC SCHOOLS**

**Westport, Connecticut**

## Students

### Administration of Medications in the Schools

**Purpose:** ~~To promote the safe administration of medications to students in order to maintain their health, support their learning, and intervene in medical emergencies.~~

~~The Westport Board of Education shall adopt written policies and procedures, in accordance with C.G.S., Section 10-212a and Connecticut regulations, Section 10-212a-1 through Section 10-212a-10. Pursuant to the regulations, Section 10-212a-2 (a) (4), the Board, with the advice and approval of the school medical advisor and health services supervisor, shall review and revise the policy and procedures concerning medication administration in school as needed, but at least biennially, except that the policy and procedures specific to school readiness and before and after school programs shall be reviewed on an annual basis. Once so approved, administration of medication, including over the counter medicines, shall be in accordance with the policy, procedures and health services protocols of Westport Public Schools for the administration of medications.~~

~~For the administration of medication in school readiness and before and after school programs, as defined in Connecticut regulations, Section 10-212a-1, the Westport Board of Education shall develop, and review on an annual basis, procedures for administration of medication in these programs, with input from the school medical advisor, or a licensed physician, and the school nurse supervisor. Once so approved, administration of medication in school readiness and before and after school programs shall be in accordance with Connecticut regulations, Section 10-212a-10, this policy, and Westport Public Schools' procedures for the administration of medications.~~

~~The Board authorizes the Superintendent or his/her designee to develop administrative regulations and/or procedures in accordance with this policy and applicable state law concerning the administration of medication to students in school.~~

~~In accordance with Connecticut General Statutes, Section 10-212a, no school nurse or other nurse, principal, teacher, licensed physical or occupational therapist employed by a school district, coach, school paraprofessional (pursuant to subsection (d) of the statute), or director or director's designee of a school readiness or before or after school program shall be liable to a student, or a parent or guardian of such student, for civil damages for any personal injuries which result from acts or omissions of a school nurse or other nurse, principal, teacher, licensed physical or occupational therapist employed by a school district, coach, school paraprofessional (pursuant to subsection (d) of the statute), or director or director's designee of a school readiness or before or after school program in administering such preparations which may constitute ordinary negligence. This immunity shall not apply to acts or omissions constituting gross, willful or wanton negligence.~~

A. Definitions

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

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

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

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

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

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

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

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

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

Error means:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Physician means a doctor of medicine or osteopathy licensed to practice medicine in Connecticut pursuant to Chapters 370 and 371 of the Connecticut General Statutes, or licensed to practice medicine in another state.

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

Principal means the administrator in the school.

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

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

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

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

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

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

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

## B. General Policies on Administration of Medications

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

- (a) the written medication order of an authorized prescriber;
  - (b) the written authorization of the student's parent or guardian or eligible student; and
  - (c) the written permission of a parent for the exchange of information between the prescriber and the school nurse necessary to ensure safe administration of such medication.
- (2) Prescribed medications shall be administered to and taken by only the person for whom the prescription has been written.
- (3) Except as provided in Section D, medications may be administered only by a licensed nurse or, in the absence of a licensed nurse, by:
  - (a) a full-time principal, a full-time teacher, or a full-time licensed physical or occupational therapist employed by the school district. A full-time principal, teacher, licensed physical or occupational therapist employed by the school district may administer oral, topical, intranasal or inhalant medications. Such individuals may administer injectable medications only to a student with a medically diagnosed allergic condition that may require prompt treatment to protect the student against serious harm or death.
  - (b) students with chronic medical conditions who are able to possess, self-administer, or possess and self-administer medication, provided all of the following conditions are met:
    - (i) an authorized prescriber provides a written medication order, including the recommendation for possession, self-administration, or possession and self-administration;
    - (ii) there is a written authorization for possession, self-administration, or possession and self-administration from the student's parent or guardian or eligible student;
    - (iii) the school nurse has developed a plan for possession, self-administration, or possession and self-administration, and general supervision, and has documented the plan in the student's cumulative health record;
    - (iv) the school nurse has assessed the student's competency for self-administration and deemed it safe and appropriate, including that the student: is capable of identifying and selecting the appropriate medication by size, color, amount or other label identification; knows the frequency and time of day for which the medication is ordered; can identify the presenting symptoms that require medication; administers the medication appropriately; maintains safe control of the medication at all times; seeks adult supervision whenever warranted; and cooperates with the established medication plan;
    - (v) the principal, appropriate teachers, coaches and other appropriate school personnel are informed the student is possessing, self-administering, or possessing and self-administering prescribed medication;

- (vi) such medication is transported to school and maintained under the student's control in accordance with this policy; and
  - (vii) controlled drugs, as defined in this policy, may not be possessed or self-administered by students, except in extraordinary situations, such as international field trips, with approval of the school nurse supervisor and the school medical advisor in advance and development of an appropriate plan.
- (c) a student diagnosed with asthma who is able to self-administer medication shall be permitted to retain possession of an asthmatic inhaler at all times while attending school, in order to provide for prompt treatment to protect such child against serious harm or death, provided all of the following conditions are met:
  - (i) an authorized prescriber provides a written order requiring the possession of an inhaler by the student at all times in order to provide for prompt treatment in order to protect the child against serious harm or death and authorizing the student's self-administration of medication, and such written order is provided to the school nurse;
  - (ii) there is a written authorization from the student's parent or guardian regarding the possession of an inhaler by the student at all times in order to protect the child against serious harm or death and authorizing the student's self-administration of medication, and such written authorization is provided to the school nurse;
  - (iii) the conditions set forth in subsection (b) above have been met, except that the school nurse's review of a student's competency to self-administer an inhaler for asthma in the school setting shall not be used to prevent a student from retaining and self-administering an inhaler for asthma. Students may self-administer medication with only the written authorization of an authorized prescriber and written authorization from the student's parent or guardian or eligible student; and
  - (iv) the conditions for self-administration meet any regulations as may be imposed by the State Board of Education in consultation with the Commissioner of Public Health.
- (d) a student diagnosed with an allergic condition who is able to self-administer medication shall be permitted to retain possession of a cartridge injector at all times while attending school, in order to provide for prompt treatment to protect such child against serious harm or death, provided all of the following conditions are met:
  - (i) an authorized prescriber provides a written order requiring the possession of a cartridge injector by the student at all times in order to provide for prompt treatment in order to protect the child against serious harm or death and authorizing the student's possession, self-administration, or possession and self-administration of medication, and such written order is provided to the school nurse;



- (ii) there is a written authorization from the student's parent or guardian regarding the possession of a cartridge injector by the student at all times in order to protect the child against serious harm or death and authorizing the student's possession, self-administration, or possession and self-administration of medication, and such written authorization is provided to the school nurse;
  - (iii) the conditions set forth in subsection (b) above have been met, except that the school nurse's review of a student's competency to self-administer cartridge injectors for medically-diagnosed allergies in the school setting shall not be used to prevent a student from retaining and self-administering a cartridge injector for medically-diagnosed allergies. Students may self-administer medication with only the written authorization of an authorized prescriber and written authorization from the student's parent or guardian or eligible student; and
  - (iv) the conditions for self-administration meet any regulations as may be imposed by the State Board of Education in consultation with the Commissioner of Public Health.
- (e) a student with a medically diagnosed life-threatening allergic condition may possess, self-administer, or possess and self-administer medication, including but not limited to medication administered with a cartridge injector, to protect the student against serious harm or death, provided the following conditions are met:
  - (i) the parent or guardian of the student has provided written authorization for the student to possess, self-administer, or possess and self-administer such medication; and
  - (ii) a qualified medical professional has provided a written order for the possession, self-administration, or possession and self-administration.
- (f) a coach of intramural or interscholastic athletic events or licensed athletic trainer who has been trained in the administration of medication, during intramural or interscholastic athletic events, may administer inhalant medications prescribed to treat respiratory conditions and/or medication administered with a cartridge injector for students with medically diagnosed allergic conditions which may require prompt treatment to protect the student against serious harm or death, provided all of the following conditions are met:
  - (i) the school nurse has determined that a self-administration plan is not viable;
  - (ii) the school nurse has provided to the coach a copy of the authorized prescriber's order and parental permission form;
  - (iii) the parent/guardian has provided the coach or licensed athletic trainer with the medication in accordance with Section K of this policy, and such medication is separate from the medication stored in the school health office for use during the school day; and

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

paraprofessional is selected by the school nurse and school medical advisor, if any, and voluntarily agrees to administer the medication;

(iv) the principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by the Board, coach or school paraprofessional annually completes the training program established by the Connecticut State Department of Education and the Association of School Nurses of Connecticut, and the school nurse and medical advisor, if any, have attested, in writing, that such training has been completed; and

(v) the principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by the Board, coach or school paraprofessional receives monthly reviews by the school nurse to confirm competency to administer antiepileptic medication.

(i) a director of a school readiness program or a before or after school program, or the director's designee, provided that the medication is administered:

\_\_\_\_\_ (i) only to a child enrolled in such program; and

\_\_\_\_\_ (ii) in accordance with Section L of this policy.

(j) a licensed practical nurse, after the school nurse has established the medication plan, provided that the licensed practical nurse may not train or delegate the administration of medication to another individual, and provided that the licensed practical nurse can demonstrate one of the following:

(i) training in administration of medications as part of their basic nursing program;

(ii) successful completion of a pharmacology course and subsequent supervised experience; or

(iii) supervised experience in the administration of medication while employed in a health care facility.

(4) Medications may also be administered by a parent or guardian to his/her own child on school grounds.

(5) Investigational drugs or research or study medications may be administered only by a licensed nurse. For FDA-approved medications being administered according to a study protocol, a copy of the study protocol shall be provided to the school nurse along with the name of the medication to be administered and the acceptable range of dose of such medication to be administered.

#### C. Diabetic Students

(1) The \_\_\_\_\_ Board of Education (the "Board") permits blood glucose testing by students who have a written order from a physician or an advanced practice registered nurse stating the need and capability of such student to conduct self-testing.

- (2) The Board will not restrict the time or location of blood glucose testing by a student with diabetes on school grounds who has written authorization from a parent or guardian and a written order from a physician or an advanced practice registered nurse stating that such child is capable of conducting self-testing on school grounds.
- (3) In the absence or unavailability of the school nurse, select school employees may administer medication with injectable equipment used to administer glucagon to a student with diabetes that may require prompt treatment in order to protect the student against serious harm or death, under the following conditions:
  - (a) The student's parent or guardian has provided written authorization;
  - (b) A written order for such administration has been received from the student's physician licensed under Chapter 370 of the Connecticut General Statutes;
  - (c) The school employee is selected by either the school nurse or principal and is a principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by a school district, coach or school paraprofessional;
  - (d) The school nurse shall provide general supervision to the selected school employee;
  - (e) The selected school employee annually completes any training required by the school nurse and school medical advisor in the administration of medication with injectable equipment used to administer glucagon;
  - (f) The school nurse and school medical advisor have attested in writing that selected school employee completed the required training; and
  - (g) The selected school employee voluntarily agrees to serve as one who may administer medication with injectable equipment used to administer glucagon to a student with diabetes that may require prompt treatment in order to protect the student against serious harm or death.

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

- (1) For purposes of this Section D, "regular school hours" means the posted hours during which students are required to be in attendance at the individual school on any given day.
- (2) The school nurse shall maintain epinephrine in cartridge injectors for the purpose of emergency first aid to students who experience allergic reactions and do not have prior written authorization of a parent or guardian or a prior written order of a qualified medical professional for the administration of epinephrine.
  - (a) The school nurse, in consultation with the school nurse supervisor, shall determine the supply of epinephrine in cartridge injectors that shall be available in the individual school.
  - (b) In determining the appropriate supply of epinephrine in cartridge injectors, the nurse may consider, among other things, the number of students regularly in the

school building during the regular school day and the size of the physical building.

- (3) The school nurse or school principal shall select principal(s), teacher(s), licensed athletic trainer(s), licensed physical or occupational therapist(s) employed by the Board, coach(es) and/or school paraprofessional(s) to maintain and administer the epinephrine in cartridge injectors for the purpose of emergency first aid as described in Paragraph (2) above, in the absence of the school nurse.

  - (a) More than one individual must be selected by the school nurse or school principal for such maintenance and administration in the absence of the school nurse.
  - (b) The selected personnel, before conducting such administration, must annually complete the training made available by the Department of Education for the administration of epinephrine in cartridge injectors for the purpose of emergency first aid.
  - (c) The selected personnel must voluntarily agree to complete the training and administer epinephrine in cartridge injectors for the purpose of emergency first aid.
- (4) Either the school nurse or, in the absence of the school nurse, at least one of the selected and trained personnel as described in Paragraph (3) above shall be on the grounds of each school during regular school hours.

  - (a) The school principal, in consultation with the school nurse supervisor, shall determine the level of nursing services and number of selected and trained personnel necessary to ensure that a nurse or selected and trained personnel is present on the grounds of each school during regular school hours.
  - (b) If the school nurse, or a substitute school nurse, is absent or must leave school grounds during regular school hours, the school nurse, school administrator or designee shall send an email to all staff indicating that the selected and trained personnel identified in Paragraph (3) above shall be responsible for the emergency administration of epinephrine.
- (5) The administration of epinephrine pursuant to this section must be done in accordance with this policy, including but not limited to the requirements for documentation and record keeping, errors in medication, emergency medical procedures, and the handling, storage and disposal of medication, and the Regulations adopted by the Department of Education.
- (6) The parent or guardian of any student may submit, in writing, to the school nurse or school medical advisor, if any, that epinephrine shall not be administered to such student pursuant to this section.

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

- (b) The Board shall annually notify parents or guardians of the need to provide such written notice.
- (7) Following the emergency administration of epinephrine by selected and trained personnel as identified in this section:
  - (a) Such emergency administration shall be reported immediately to:
    - (i) The school nurse or school medical advisor, if any, by the personnel who administered the epinephrine; and
    - (ii) The student's parent or guardian, by the school nurse or personnel who administered the epinephrine.
  - (b) A medication administration record shall be:
    - (i) Submitted to the school nurse by the personnel who administered the epinephrine as soon as possible, but no later than the next school day; and
    - (ii) filed in or summarized on the student's cumulative health record, in accordance with Section E of this policy.

E. Naloxone for Purposes of Emergency First Aid

- (1) Pursuant to a standing order of the Board's medical advisor and authorization from the Superintendent of Schools, and in accordance with Connecticut law and this policy, a school nurse may maintain naloxone, for the purpose of administering emergency first aid to students who experience a known or suspected opioid overdose.
  - (a) The school nurse, in consultation with the Board's medical advisor, shall determine the supply of naloxone that shall be maintained in the individual school.
  - (b) The school nurse shall be responsible for the safe storage of naloxone maintained in a school and shall ensure any supply of naloxone maintained is stored in accordance with the manufacturer's instructions.
  - (c) The school nurse shall be responsible for maintaining an inventory of naloxone maintained in the school, tracking the date(s) of expiration of the supply of naloxone maintained in a school, and, as appropriate, refreshing the supply of naloxone maintained in the school.
- (2) The school nurse, in consultation with the Superintendent and the building principal, shall provide notice to parents and guardians of the Board's policies and procedures regarding the emergency administration of naloxone in the event of a known or suspected opioid overdose.
- (3) A school nurse shall be approved to administer naloxone for the purpose of emergency first aid, as described in Paragraph (1) above, in the event of a known or suspected opioid overdose, provided that such nurse has completed appropriate training, as identified by

the Board's medical advisor, which shall include training in the identification of opioid abuse and overdose.

- (3) The administration of naloxone pursuant to this section must be effected in accordance with this policy and procedures regarding the acquisition, maintenance, and administration established by the Superintendent in consultation with the Board's medical advisor.
- (4) Following the emergency administration of naloxone by a school nurse:

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

    - (i) The Board medical advisor; and
    - (ii) The Superintendent; and
    - (iii) The student's parent or guardian.
  - (b) A medication administration record shall be:

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

#### F. Documentation and Record Keeping

- (1) Each school or before-and-after school program and school readiness program where medications are administered shall maintain an individual medication administration record for each student who receives medication during school or program hours. This record shall include the following information:

  - (a) the name of the student;
  - (b) the student's state-assigned student identifier (SASID);
  - (c) the name of the medication;
  - (d) the dosage of the medication;
  - (e) the route of the administration,  
(i.e. oral, topical, inhalant, etc.);
  - (f) the frequency of administration;
  - (g) the name of the authorized prescriber;
  - (h) the dates for initiating and terminating the administration of medication,  
including extended-year programs;
  - (i) the quantity received at school and verification by the adult delivering the medication of the quantity received;
  - (j) the date the medication is to be reordered (if any);
  - (k) any student allergies to food and/or medication(s);
  - (l) the date and time of each administration or omission, including the reason for any omission;
  - (m) the dose or amount of each medication administered;

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



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

#### G. Errors In Medication Administration

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

#### H. Medication Emergency Procedures

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

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

## I. Supervision

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

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

#### J. Training of School Personnel

- (1) Full-time principals, full-time teachers, full-time licensed physical or occupational therapists employed by the school district, coaches of intramural and/or interscholastic athletics and licensed athletic trainers in accordance with Section B(3)(f), above, and identified paraprofessionals designated in accordance with Section B(3)(g), above, who are designated to administer medications shall at least annually receive training in their safe administration, and only trained full-time principals, full-time teachers, full-time licensed physical or occupational therapists employed by the school district, coaches of intramural and/or interscholastic athletics and licensed athletic trainers in accordance with Section B(3)(f), above, and identified paraprofessionals designated in accordance with Section B(3)(g), above, shall be allowed to administer medications.
- (2) Training for full-time principals, full-time teachers, full-time licensed physical or occupational therapists employed by the school district, coaches of intramural and/or interscholastic athletics and licensed athletic trainers in accordance with Section B(3)(f), above, and identified paraprofessionals designated in accordance with Section B(3)(g), above, shall include, but is not necessarily limited to, the following:
  - (a) the general principles of safe administration of medication;
  - (b) the procedures for administration of medications, including the safe handling and storage of medications, and the required record-keeping; and
  - (c) specific information related to each student's medication plan, including the name and generic name of the medication, indications for medication dosage, routes, time and frequency of administration, therapeutic effects of the

medication, potential side effects, overdose or missed doses of the medication, and when to implement emergency interventions.

- (3) The principal(s), teacher(s), licensed athletic trainer(s), licensed physical or occupational therapist(s) employed by the Board, coach(es) and/or school paraprofessional(s) who administer epinephrine as emergency first aid, pursuant to Section D above, shall annually complete the training program developed by the Departments of Education and Public Health and training in cardiopulmonary resuscitation and first aid.
- (4) The Board shall maintain documentation of medication administration training as follows:
  - (a) dates of general and student-specific trainings;
  - (b) content of the trainings;
  - (c) individuals who have successfully completed general and student-specific administration of medication training for the current school year; and
  - (d) names and credentials of the nurse or school medical advisor, if any, trainer or trainers.
- (5) Licensed practical nurses may not conduct training in the administration of medication to another individual.

#### K. Handling, Storage and Disposal of Medications

- (1) All medications, except those approved for transporting by students for self-medication, those administered by coaches of intramural or interscholastic athletics or licensed athletic trainers in accordance with Section B(3)(f) above, and epinephrine or naloxone to be used for emergency first aid in accordance with Sections D and E above, must be delivered by the parent, guardian, or other responsible adult to the nurse assigned to the student's school or, in the absence of such nurse, the school principal who has been trained in the appropriate administration of medication. Medications administered by coaches of intramural or interscholastic athletics or licensed athletic trainers must be delivered by the parent or guardian directly to the coach or licensed athletic trainer in accordance with Section B(3)(f) above.
- (2) The nurse shall examine on-site any new medication, medication order and the required authorization to administer form, and, except for epinephrine and naloxone to be used as emergency first aid in accordance with Sections D and E above, shall develop a medication administration plan for the student before any medication is given to the student by any school personnel. No medication shall be stored at a school without a current written order from an authorized prescriber.
- (3) The school nurse shall review all medication refills with the medication order and parent authorization prior to the administration of medication, except for epinephrine and naloxone intended for emergency first aid in accordance with Sections D and E above.
- (4) Emergency Medications

- (a) Except as otherwise determined by a student's emergency care plan, emergency medications shall be stored in an unlocked, clearly labeled and readily accessible cabinet or container in the health room during school hours under the general supervision of the school nurse or, in the absence of the school nurse, the principal or the principal's designee who has been trained in the administration of medication.
  - (b) Emergency medication shall be locked beyond the regular school day or program hours, except as otherwise determined by a student's emergency care plan.
- (5) All medications, except those approved for keeping by students for self-medication, shall be kept in a designated and locked location used exclusively for the storage of medication. Controlled substances shall be stored separately from other drugs and substances in a separate, secure, substantially constructed, locked metal or wood cabinet.
- (6) Access to stored medications shall be limited to persons authorized to administer medications. Each school or before-and-after school program and school readiness program shall maintain a current list of such authorized persons.
- (7) All medications, prescription and non-prescription, shall be delivered and stored in their original containers and in such a manner that renders them safe and effective.
- (8) At least two sets of keys for the medication containers or cabinets shall be maintained for each school building or before-and-after school program and school readiness program. One set of keys shall be maintained under the direct control of the school nurse or nurses and an additional set shall be under the direct control of the principal and, if necessary, the program director or lead teacher who has been trained in the general principles of the administration of medication shall also have a set of keys.
- (9) Medications that must be refrigerated shall be stored in a refrigerator at no less than 36 degrees Fahrenheit and no more than 46 degrees Fahrenheit. The refrigerator must be located in the health office that is maintained for health services with limited access. Non-controlled medications may be stored directly on the refrigerator shelf with no further protection needed. Controlled medication shall be stored in a locked box that is affixed to the refrigerator shelf.
- (10) All unused, discontinued or obsolete medications shall be removed from storage areas and either returned to the parent or guardian or, if the medication cannot be returned to the parent or guardian, the medication shall be destroyed in collaboration with the school nurse:
  - (a) non-controlled drugs shall be destroyed in the presence of at least one witness;
  - (b) controlled drugs shall be destroyed in pursuant to Section 21a-262-3 of the Regulations of Connecticut State Agencies; and
  - (c) accidental destruction or loss of controlled drugs must be verified in the presence of a second person, including confirmation of the presence or absence of residue, and jointly documented on the student medication administration record and on a medication error form pursuant to Section 10-212a(b) of the Connecticut General Statutes. If no residue is present, notification must be made to the Department of

Consumer Protection pursuant to Section 21a-262-3 of the Regulations of Connecticut State Agencies.

- (11) Medications to be administered by coaches of intramural or interscholastic athletic events or licensed athletic trainers shall be stored:
  - (a) in containers for the exclusive use of holding medications;
  - (b) in locations that preserve the integrity of the medication;
  - (c) under the general supervision of the coach or licensed athletic trainer trained in the administration of medication; and
  - (d) in a locked secured cabinet when not under the general supervision of the coach or licensed athletic trainer during intramural or interscholastic athletic events.
- (12) In no event shall a school store more than a three (3) month supply of a medication for a student.

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

- (1) As determined by the school medical advisor, if any, and school nurse supervisor, the following procedures shall apply to the administration of medication during school readiness programs and before-and-after school programs run by the Board, which are exempt from licensure by the Office of Early Childhood:
  - (a) Administration of medication at these programs shall be provided only when it is medically necessary for participants to access the program and maintain their health status while attending the program.
  - (b) Except as provided by Sections D and E above, no medication shall be administered in these programs without:
    - (i) the written order of an authorized prescriber; and
    - (ii) the written authorization of a parent or guardian or an eligible student.
  - (c) A school nurse shall provide consultation to the program director, lead teacher or school administrator who has been trained in the administration of medication regarding the safe administration of medication within these programs. The school medical advisor and school nurse supervisor shall determine whether, based on the population of the school readiness program and/or before-and-after school program, additional nursing services are required for these programs.
  - (d) Only school nurses, directors or directors' designees, lead teachers or school administrators who have been properly trained may administer medications to students as delegated by the school nurse or other registered nurse. Properly trained directors or directors' designees, lead teachers or school administrators may administer oral, topical, intranasal or inhalant medications. Investigational drugs or research or study medications may not be administered in these programs.

- (e) Students attending these programs may be permitted to self-medicate only in accordance with the provisions of Section B(3) of this policy. In such a case, the school nurse must provide the program director, lead teacher or school administrator running the program with the medication order and parent permission for self-administration.
  - (f) In the absence of the school nurse during program administration, the program director, lead teacher or school administrator is responsible for decision-making regarding medication administration.
  - (g) Cartridge injector medications may be administered by a director, lead teacher or school administrator only to a student with a medically-diagnosed allergic condition which may require prompt treatment to protect the student against serious harm or death.
- (2) Local poison control center information shall be readily available at these programs.
- (3) Procedures for medication emergencies or medication errors, as outlined in this policy, must be followed, except that in the event of a medication error a report must be submitted by the program director, lead teacher or school administrator to the school nurse the next school day.
- (4) Training for directors or directors' designees, lead teachers or school administrators in the administration of medication shall be provided in accordance with Section J of this policy.
- (5) All medications must be handled and stored in accordance with Section K of this policy. Where possible, a separate supply of medication shall be stored at the site of the before-and-after or school readiness program. In the event that it is not possible for the parent or guardian to provide a separate supply of medication, then a plan shall be in place to ensure the timely transfer of the medication from the school to the program and back on a daily basis.
- (6) Documentation of any administration of medication shall be completed on forms provided by the school and the following procedures shall be followed:
  - (a) a medication administration record for each student shall be maintained by the program;
  - (b) administration of a cartridge injector medication shall be reported to the school nurse at the earliest possible time, but no later than the next school day;
  - (c) all instances of medication administration, except for the administration of cartridge injector medication, shall be reported to the school nurse at least monthly, or as frequently as required by the individual student plan; and
  - (d) the administration of medication record must be submitted to the school nurse at the end of each school year and filed in the student's cumulative health record.

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

#### M. Review and Revision of Policy

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

Legal Reference: Connecticut General Statutes

Section 10-206

Section 10-212

Section 10-212a

Section 10-220j

Section 19a-900

~~Section 20-87a~~

Section 21a-240

~~Section 21a-262~~

Section 52-557b

Public Act 18-185, “An Act Concerning the Recommendations of the Task Force on Life-Threatening Food Allergies in Schools”

Regulations of Conn. State Agencies:

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

~~Section 21a-254 (f) and (h)~~

~~Section 21a-262 1, 2, 3 and 8 and 9~~

~~Code of Federal Regulations:~~

~~Title 21 Part 1307.21~~

~~Other~~

~~American Academy of Pediatrics. (2009). *Policy Statement—Guidance for the Administration of Medication in School*. Author: Elk Grove Village, IL. Available online on September 29, 2010, at <http://aappolicy.aappublications.org/cgi/reprint/pediatrics;124/4/1244.pdf>~~

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~~American Academy of Pediatrics, Committee on School Health.. (2006). *School health: Policy and practice*, 6th ed. Author: Elk Grove Village, IL.~~

~~American Academy of Pediatrics and National Association of School Nurses. (2005). *Health, mental health, and safety guidelines for schools*. Authors: Elk Grove Village, IL.~~

~~American Medical Association. 1993. *Code of Medical Ethics*, Opinion 8.19—Self-Treatment or Treatment of Immediate Family Members. Available online September 29, 2010, at <http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion819.shtml>~~

~~Johnson, PE, Hayes, JM, Reinstein, VF, Simmons, SM, and Benson, JM. (2003). *Medication in schools*. Tallahassee: Florida Society of Health System Pharmacists.~~

~~Healthy Child Care Connecticut, Medication Administration Committee. (1999). *Medication administration training manual: an instructional program for teaching child care providers to give medications*. Transferred in 2004 to the CT Nurses Association, Meriden, CT~~

~~National Association of School Nurses. (2003) *Position statement: Medication administration in the school setting*. Available online September 29, 2010, at <http://www.nasn.org/Portals/0/positions/2003psmedication.pdf>~~

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

**POLICY ADOPTED: June 18, 1990**  
**REVISED: May 10, 2011**  
**REVISED: September 17, 2018**  
**Revised:**

**WESTPORT PUBLIC SCHOOLS**  
Westport, Connecticut

## Students

### **Disclosure of Directory Information Regarding Students to Commercial, Military and College Recruiters and Others**

~~It is the policy of the Board of Education that directory information regarding students enrolled in its schools is confidential and is not subject to public disclosure. The Board of Education will not make directory information regarding students in its schools available to any commercial, military or college recruiter who requests such information or to any non school related individual or group. For the purposes of this policy, directory information will include the student's name, address, telephone number and date and place of birth.~~

Directory information or class lists of student names and/or addresses, and telephone lists shall not be distributed without the consent of the parent or legal guardian of the student or by the student who has attained status as an eligible student. (An eligible student is a student or former student who has reached eighteen years of age or who is attending an institution of post-secondary education or is an emancipated minor.)

"Directory information" means one or more of the following items: student's name, address, telephone number, date and place of birth, major field(s) of study, participation in officially recognized activities and sports, photographic, computer and/or video images, grade levels, electronic mail address, weight and height of members of athletic teams, dates of attendance, degrees and awards received, including honor roll publication, and the most recent previous public or private school attended by the student, parent's name and/or e-mail address.

A student's Social Security Number or student ID number is prohibited from designation as directory information. However, student ID numbers, user ID, or other electronic personal identifiers used by a student to access or communicate in electronic systems may be disclosed only if the identifier cannot be used to gain access to education records except when used in conjunction with one or more factors that authenticates the user's identity such as a personal identification number (PIN), password or other factor known or possessed only by the authorized user.

Military recruiters or institutions of higher learning shall have access to secondary school students' names, addresses, and telephone listings unless a secondary student eighteen years of age or older or the parent of the student requests that such information not be released without prior written parental consent. The Board of Education shall notify parents and students of the option to make such a request and shall comply with any request received.

ESSA requires the release of the student's name, address and telephone listing unless, after giving appropriate notice to parents/guardians and students eighteen years of age or older, of their right to opt-out and to require, after such opt-out, written permission to release the information.

Any person or organization denied the rights accorded under this policy shall have the right to request a review of the decision by the Board of Education by filing a written request with the Superintendent of Schools.

## Public Notice

The District will give annual public notice to parents/guardians of students in attendance and students eighteen years of age or emancipated. The notice shall identify the types of information considered to be directory information, the District's option to release such information and the requirement that the District must, by law, release secondary students' names, addresses and telephone numbers to military recruiters and/or institutions of higher education, unless parents/guardians or eligible students request the District withhold this information and such release would require their written permission. Such notice will be given prior to the release of directory information.

A student ID number or other unique personal identifier that is displayed on a student ID badge may be considered as directory information only if the identifier cannot be used to gain access to education records except when used in conjunction with one or more factors that authenticates the user's identity, such as a PIN, password, or other factor known or possessed only by the authorized user.

## Exclusions

Exclusions from any or all directory categories named as directory information or release of information to military recruiters and/or institutions of higher education must be submitted in writing to the Principal by the parent/guardian, student of eighteen years of age or emancipated student with fifteen days of the annual public notice.  
(cf. 5125 Student Records; Confidentiality)

Legal Reference: Connecticut General Statutes

~~1-19(b)(11) Access to public records. Exempt records.~~

1-210 (11) Access to public records. Exempt records.

10-221b Boards of education to establish written uniform policy re treatment of recruiters.

~~Public Law 107-110, No Child Left Behind Act~~

Federal Family Educational Rights and Privacy Act of 1974 (section 438 of the General Education Act, as amended, added by section 513 of P.L. 93 568, codified at 20 U.S.C. 1232g and Final Rule 34 CFR Part 99, December 9, 2008 and December 2, 2011.)

P.L. 106-398, 2000 H.R. 4205: The National Defense Authorization Act for Fiscal Year 2001.

Section 8528, ESEA, as amended by NCLB and ESSA

34 C.F.R. §99.3

34 C.F.R. §99.31(11)

Policy adopted: November 19, 1984  
[Amended:](#)

WESTPORT PUBLIC SCHOOLS  
Westport, Connecticut

## Students

### Non-Discrimination

The Board of Education is committed to a District free of harassment and discrimination. The Board of Education complies with all applicable federal, state and local laws prohibiting the exclusion of any person from any of its educational programs or activities, or the denial to any person of the benefits of any of its educational programs or activities because of race, religion, color, national origin, alienage, sex, sexual orientation, marital status, age, disability (including pregnancy), veteran status or gender identity or expression, subject to the conditions and limitations established by law.

It is the policy of the Board that any form of discrimination or harassment on the basis of race, religion, color, national origin, alienage, sex, sexual orientation, marital status, age, disability (including pregnancy), veteran status, gender identity or expression, or any other basis prohibited by state or federal law is prohibited, whether by students, Board employees or third parties subject to the control of the Board. The Board's prohibition of discrimination or harassment in its educational programs or activities expressly extends to academic, nonacademic and extracurricular activities, including athletics. It is also the policy of the Board to provide for the prompt and equitable resolution of complaints alleging any discrimination on the basis of protected characteristics such as race, color, religion, age, sex, sexual orientation, marital status, national origin, alienage, disability (including pregnancy), veteran status or gender identity or expression.

For the purposes of this policy, "veteran" means any person honorably discharged from, or released under honorable conditions from active service in, the United States Army, Navy, Marine Corps, Coast Guard and Air Force and any reserve component thereof, including the Connecticut National Guard.

For the purposes of this policy, "gender identity or expression" means a person's gender-related identity, appearance or behavior, whether or not that gender-related identity, appearance or behavior is different from that traditionally associated with the person's physiology or assigned sex at birth, which gender-related identity can be shown by providing evidence including, but not limited to, medical history, care or treatment of the gender-related identity, consistent and uniform assertion of the gender-related identity or any other evidence that the gender-related identity is sincerely held, part of a person's core identity or not being asserted for an improper purpose.

Any student and/or parent/guardian wishing to file a complaint regarding discrimination may obtain a copy of the Board's complaint procedures and complaint form which are included in the Board's Administrative Regulations Regarding Non-Discrimination/Students. These regulations accompany Board Policy #5145.41 and are available online at

**<http://www.westportps.org/district/policies>** or upon request from the main office of any district school.

If a complaint involves allegations of discrimination or harassment based on reasons such as gender/sex or disability, such complaints will be handled under other appropriate policies (e.g., Policy #5145.5, Students/Sex Discrimination and Harassment; Policy #5145, Section 504/ADA).

Any student and/or parent/guardian also may file a complaint with the Office for Civil Rights, U.S. Department of Education (“OCR”):

Office for Civil Rights, Boston Office  
U.S. Department of Education  
8th Floor  
5 Post Office Square  
Boston, MA 02109- 3921  
(617) 289-0111  
<http://www2.ed.gov/about/offices/list/ocr/docs/howto.html>

Any student and/or parent/guardian may also file a complaint with the Connecticut Commission on Human Rights and Opportunities:

Connecticut Commission on Human Rights and Opportunities  
450 Columbus Blvd.  
Hartford, CT 06103-1835  
(800-477-5737)

Anyone who has questions or concerns about this policy, or would like a copy of the Board’s complaint procedures or complaint forms related to claims of discrimination, may contact:

**Office of the Superintendent, 203-341-1025**

Anyone who has questions or concerns about the Board’s policies regarding discrimination on the basis of gender/sex may contact the Board’s Title IX Coordinator:

**Director of Human Resources and General Administration, 203-341-1023**

Anyone who has questions or concerns about the Board’s policies regarding discrimination on the basis of disability may contact the Board’s Section 504/ADA Coordinator:

**~~Director of~~ Assistant Superintendent of Pupil Personnel Services, 203-341-1250**

**Legal References:**

Title IX of the Education Amendments of 1972, 20 U.S.C. § 1681, et seq.  
Title VI of the Civil Rights Act of 1964, 42 U.S.C. § 2000d, et seq.  
Americans with Disabilities Act, 42 U.S.C. § 12101, et seq.  
Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794, et seq.  
Connecticut General Statutes § 10-15c, § 46a-58, and § 46a-81a, et seq.  
Connecticut General Statutes § 1-1n, “Gender Identity or Expression” defined  
Connecticut General Statutes § 46a-58. Deprivation of Rights  
~~Public Act 17-127, An Act Concerning Discriminatory Practices Against Veterans,~~  
~~Leaves of Absence for National Guard Members, Application for Certain~~  
~~Medicaid Programs, and Disclosure of Certain Records to Federal Military~~  
~~Law Enforcement.~~

ADOPTED: January 22, 2018  
[Amended:](#)

WESTPORT PUBLIC SCHOOLS  
Westport, Connecticut

## Personnel – Certified and Non Certified Students

### Use of Face Masks in School

The Westport Board of Education (the “Board”) recognizes the importance of protecting the health and safety of students, staff, and the community during the COVID-19 pandemic. As such, and in accordance with requirements and guidelines issued by the Connecticut State Department of Education (“SDE”), the Board requires that all individuals entering a school building, a Westport Public Schools (“District”) facility, or a District transportation vehicle wear an appropriate face covering. An appropriate face covering shall consist of a cloth mask or disposable procedure-style mask that completely covers the individual’s nose and mouth. Any individual who presents for entrance into a school building, District facility or District transportation vehicle who is not wearing an appropriate face covering shall be provided an appropriate face covering by the District.

Compliance with this policy shall be mandatory for all individuals while in a school building, District facility and/or District transportation vehicle, unless an applicable exception applies. Any individual who refuses to wear an appropriate face covering at all times while in a school building, District facility or District transportation vehicle shall be denied admission and/or required to leave the premises, unless an applicable exception applies. In addition, failure to comply with this policy may lead to disciplinary action for students and staff, and exclusion from school property for members of the community, in accordance with applicable laws, rules, regulations, and/or Board policies.

All individuals participating in or attending any school-sponsored activities must wear an appropriate face covering, whether or not those activities occur in a school building, District facility or District transportation vehicle, unless an applicable exception applies or the Administration, in consultation with the local health department, determines that face coverings are not required for athletes participating in certain athletic activities.

The Board authorizes the Superintendent or designee to develop administrative regulations and/or protocols to implement this policy. Such administrative regulations and/or protocols shall outline authorized exceptions to the requirement that all individuals wear an appropriate face covering in the school buildings, District facilities and District transportation vehicles and may identify additional face covering rules as related to the safe operation of the school community.

### Legal References:

Connecticut General Statutes § 10-221

Adapt, Advance, Achieve: Connecticut’s Plan to Learn and Grow Together, Connecticut State Department of Education, as amended by Addendums 1-11 (June 29, 2020 through August 31, 2020).



Policy adopted:

WESTPORT PUBLIC SCHOOLS  
Westport, Connecticut

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## Students

### **PHYSICAL RESTRAINT AND SECLUSION OF STUDENTS AND USE OF EXCLUSIONARY TIME OUT**

The Board of Education seeks to foster a safe and positive learning environment for all students. Board of Education employees will restrict the use of physical restraint and seclusion of students to emergency situations, in accordance with this policy and accompanying administrative regulations and applicable law. Physical restraint or seclusion of a student may be necessary in an emergency situation to maintain the safety of the student or another individual. The Board also regulates the use of exclusionary time out in accordance with this Policy and accompanying regulations and applicable law.

The Board of Education authorizes the Superintendent or his/her designee to develop and implement Administrative Regulations in accordance with this Policy and applicable law. The Board of Education mandates compliance with this Policy and the associated Administrative Regulations at all times. Violations of this Policy and/or associated Administrative Regulations by a Board of Education staff member or other individual working at the direction of, or under the supervision of, the Board of Education, may result in disciplinary action, up to and including possible termination of employment status and/or termination of contract for services.

Nothing within these regulations shall be construed to interfere with the Board's responsibility to maintain a safe school setting, in accordance with Connecticut General Statutes § 10-220. Under no circumstances shall employees or individuals under the supervision of the Board use corporal punishment with students or physically manage students for purposes of discipline.

#### Legal References:

Public Act 18-51, An Act Implementing the Recommendations of the Department of Education  
 Conn. Gen. Stat. § 10-76b  
 Conn. Gen. Stat. § 10-76d  
 Conn. Gen. Stat. § 10-236b  
 Conn. Gen. Stat. §§ 53a-18 to 53a-22  
 Reg. Conn. State Agencies. §§ 10-76b-5 to 10-76b-11

#### Other References:

Restraint and Seclusion: Resource Document, United States Department of Education, available at <http://www2.ed.gov/policy/seclusion/restraints-and-seclusion-resources.pdf>.

Understanding the Laws and Regulations Governing the Use of Restraint and Seclusion, Connecticut State Department of Education (July 2018).

Guidance Related to Recent Legislation Regarding Restraint and Seclusion, Connecticut  
State Department of Education (Revised, July 2018).

Policy adopted: November 5, 2018

WESTPORT PUBLIC SCHOOLS  
Westport, Connecticut

## Students

### Attendance, Truancy, and Chronic Absenteeism

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

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

Legal References: Connecticut General Statutes §10-220

Connecticut General Statutes §10-184

Connecticut General Statutes §10-186

Connecticut General Statutes §10-198a`

Connecticut General Statutes § 10-198b

Connecticut General Statutes § 10-198c

Connecticut General Statutes § 10-198d

Connecticut General Statutes § 10-198e

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

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

Connecticut State Department of Education, *Guidelines for Implementation of the Definitions of Excused and Unexcused Absences and Best Practices for Absence Prevention and Intervention* (April 2013)

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

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

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

Connecticut State Department of Education, Adapt, Advance, Achieve: Connecticut's Plan to Learn and Grow Together (June 29, 2020), available at <https://portal.ct.gov/-/media/SDE/COVID-19/CTReopeningSchools.pdf>

[Connecticut State Department of Education, Adapt, Advance, Achieve: Connecticut's Plan to Learn and Grow Together, Addendum 14: Supporting Student Attendance and Engagement During Hybrid or Remote Learning \(September 21, 2020\), available at https://portal.ct.gov/-/media/SDE/COVID-19/Addendum-14-Supporting-Student-Attendance.pdf](https://portal.ct.gov/-/media/SDE/COVID-19/Addendum-14-Supporting-Student-Attendance.pdf)

## Instruction

### Alternative Education Programs

The purpose of this policy is to recognize the need for alternative education programs for some District students.

The Board of Education (Board) is dedicated to providing educational options for all students within available financial constraints. It is recognized there will be students in the District whose needs and interests are best served by participation in an alternative education program.

"Alternative education" means a school or program maintained and operated by the Board that is offered to students in a nontraditional educational setting and addresses the social, emotional, behavioral and academic needs of such students.

The Board may provide alternative education to students in accordance with the guidelines established by the State Board of Education. Such guidelines shall include, but not be limited to, a description of the purpose and expectation of alternative education, criteria for student eligibility, and criteria for how and when a student may enter or exit alternative education.

In providing alternative education to students, the Board may use space in an existing school or establish a new school. Such programs must comply with state laws pertaining to the number and length of school days in an academic year and shall be subject to all other federal and state laws governing public schools.

The Board may form a cooperative arrangement with other boards of education, to provide alternative education pursuant to C.G.S. 10-158a.

Such an arrangement may include the establishment of a committee to supervise the program, with committee membership determined by cooperating boards. Such committee shall have the power, in accordance with the terms of the agreement, to (1) apply for, receive directly and expend on behalf of the school districts which have designated the committee an agent for such purpose any state or federal grants which may be allocated to school districts for specified programs, the supervision of which has been delegated to such committee, provided such grants are payable before implementation of any such program or are to reimburse the committee for transportation provided to a school operated by a cooperative arrangement; (2) receive and disburse funds appropriated to the use of such committee by the cooperating school districts, the state or the United States, or given to the committee by individuals or private corporations; (3) hold title to real or personal property in trust, or as otherwise agreed to by the parties, for the appointing boards; (4) employ personnel; (5) enter into contracts; and (6) otherwise provide the specified programs, services and activities. Teachers employed by any such committee shall be

subject to the provisions of the general statutes applicable to teachers employed by the board of education of any town or regional school district.

A list of alternative programs will be approved by the Board annually. The Superintendent may provide for the involvement of staff, parents and the community in recommending alternative education programs for Board approval. There shall be an annual evaluation of alternative education programs.

The Board, as required, will post on its website information about any alternative education offered, including purpose, location, contact information, staff directory and enrollment criteria. In addition, the Board recognizes its responsibility to give all children in the District who receive alternative education as nearly equal advantages as may be practicable compared to other children in the District. In addition, the Board shall annually submit to the Commissioner of Education a strategic school profile report for each alternative school or program under its jurisdiction.

Alternative education programs implemented by the District are to maintain learning options that are flexible with regard to environment, structure and pedagogy. Such programs include, but are not limited to, a separate school, tutorial instruction, small group instruction, large group instruction, counseling and guidance, computer-assisted instruction, cooperative work experience, supervised community service activities and supervised independent study.

Students, upon parent request, may be placed in an alternative education program within available financial resources if the District determines that the placement serves the student's educational needs and interests and assists the student in achieving district and state academic content standards.

#### Legal Reference: Connecticut General Statutes

10-4p(b) Implementation plan to achieve resource equity and equality of opportunity. Assessment. Reports. (as amended by PA 15-133)

10-15 Towns to maintain schools.

10-16 Length of school year.

10-158a Cooperative arrangements among towns. School building projects. Student transportation.

10-220 Duties of boards of education (as amended by PA 15-133)

10-223h(c) Commissioner's network of schools. Turnaround committees. Operations and instructional audit. Turnaround plans. Report. (as amended by PA 15-133)

PA 15-133 An Act Concerning Alternative Education

Policy adopted:

WESTPORT PUBLIC SCHOOLS

Westport, Connecticut

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