

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](https://www.westportps.org/uploaded/Procedures_and_Guidelines_for_Public_Participation_in_Remote_Board_Meetings.pdf)

[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 CALL TO ORDER

6:00 p.m., Held Remotely Pursuant to Executive Orders 7B and 9H

Instructions to listen to call to order:

Phone: +1 929 205 6099 US (New York)

Meeting ID: 854 7896 5850

Passcode: 155724

EXECUTIVE SESSION: Matters Pertaining to Security

RESUME 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: November 2, 2020, *pages 1-2*

DISCUSSION

- | | | |
|--|---------|-----------------------|
| 1. Health Update | | Ms. Suzanne Levasseur |
| 2. NESDEC Enrollment Projections, <i>pages 3-27</i> | (Encl.) | Dr. Karen LeDuc |
| 3. Coleytown Middle School Reopening Update, <i>pages 28-29</i> | (Encl.) | Mr. Don O’Day |
| 4. 2020-2021 Superintendent’s Strategic Entry Plan Update, <i>pages 30-31</i> | | Mr. Thomas Scarice |
| 5. Coronavirus Relief Fund Update | | Mr. Elio Longo |
| 6. Policy Committee Update and First Reading of the Following Policies: | (Encl.) | Ms. Karen Kleine |
| • 2260, “Policy Regarding Retention of Electronic Records and Information” (New), <i>pages 32-33</i> | | |
| • 4111.3, “Plan for Minority Staff Recruitment” (New), <i>pages 34-36</i> | | |

DISCUSSION/ACTION

1. Chromebook Request, *page 37* (Encl.) Ms. Natalie Carrignan
2. CABA Delegate Assembly Ms. Elaine Whitney
Ms. Karen Kleine
3. Second Reading of the Following Policies: (Encl.) Ms. Karen Kleine
 - 6159, "Individualized Education Instruction Program" (New), *pages 38-41*
 - 5112, "Ages of Attendance" (Revision), *pages 42-44*
 - 5141.21, "Administration of Medications" (Revision), *pages 45-67*
 - 5145.15, "Disclosure of Directory Information" (Revision), *pages 68-70*
 - 5145.41, "Non-Discrimination" (Revision and Renumbering to 5145.4), *pages 71-73*
 - 4118.237/4218.237/5141.8, "Face Masks/Coverings" (New), *pages 74-75*
 - 5144, "Physical Restraint" (Renumber Only to 5144.1), *pages 76-77*
 - 5113.2-C19, "Attendance, Truancy, and Chronic Absenteeism" (Revision), *pages 78-79*
 - 6172, "Alternative Education Programs" (New), *pages 80-82*

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

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 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	Chair
Jeannie Smith	Vice Chair
Elaine Whitney	Secretary
Karen Kleine	
Youn Su Chao	
Lee Goldstein	
Liz Heyer	

Administrators Present:

Thomas Scarice	Superintendent of Schools
Anthony Buono	Asst. Superintendent, Teaching and Learning
Michael Rizzo	Asst. Superintendent, Pupil Personnel Services
Elio Longo	Chief Financial Officer
John Bayers	Director of Human Resources and General Admin.

CALL TO ORDER/PLEDGE OF ALLEGIANCE: 7:00 p.m., Held Remotely Via Zoom Pursuant to Executive Orders 7B and 9H

ANNOUNCEMENTS FROM BOARD AND ADMINISTRATION

PUBLIC QUESTIONS/COMMENTS ON NON-AGENDA ITEMS

MINUTES: October 19, 2020

Elaine Whitney moved to approve the minutes of October 19, 2020; seconded by Jeannie Smith and passed unanimously.

DISCUSSION/ACTION

Approval of Tentative Agreement with the Westport Association of Educational Secretaries, United Public Services Employees Union

Be it resolved, that upon the recommendation of the Superintendent of Schools, the Board of Education approves the tentative agreement dated October 16, 2020, between the Westport Association of Educational Secretaries, United Public Services Employees Union, and the Westport Board of Education, a copy of which will be appended to the minutes of the Board of Education meeting of November 2, 2020.

MOTION: Elaine Whitney
SECOND: Youn Su Chao
RESULT: Passed Unanimously
VOTE: 7-0

Approval of FY 2021-2022 Budget Preparation Calendar

Be it resolved, that upon the recommendation of the Superintendent of Schools, the Board of Education approves the FY 2021-2022 Budget Preparation Calendar presented at the meeting of November 2, 2020.

MOTION: Candice Savin
SECOND: Liz Heyer
RESULT: Passed Unanimously
VOTE: 7-0

DISCUSSION

Health Update

Tri-State Report

Chromebook Request

Health and Medical Insurance Revenue and Expenses FY 2020-2021 as of September 31, 2020

Facilities Committee Update

Teaching and Learning Committee Update

Policy Committee Update and First Reading of the Following Policies:

- 6159, "Individualized Education Instruction Program" (New),
- 5112, "Ages of Attendance" (Revision),
- 5141.21, "Administration of Medications" (Revision),
- 5145.15, "Disclosure of Directory Information" (Revision),
- 5145.41, "Non-Discrimination" (Revision and Renumbering to 5145.4),
- 4118.237/4218.237/5141.8, "Face Masks/Coverings" (New),
- 5144, "Physical Restraint" (Renumber Only to 5144.1)
- 5113.2-C19, "Attendance, Truancy, and Chronic Absenteeism" (Revision),
- 6172, "Alternative Education Programs" (New)

ADJOURNMENT: Karen Kleine moved to adjourn at 9:26 p.m.; seconded by Jeannie Smith and passed unanimously.

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

2020-21 Enrollment Projections

TO: Mr. Thomas Scarice, Westport Public Schools, Westport, CT
FROM: Donald G. Kennedy, Ed.D. and Karen L. LeDuc, Ph.D.
DATE: October 29, 2020
RE: Enrollment Projections

The global pandemic continues to affect our nation's public health; however, as we are in the earliest stages of the pandemic economy it may be difficult to identify economic trends and counter trends. For example, some towns in Vermont, Maine and western Massachusetts are experiencing record single-family home sales with rapidly rising median sale prices at the same time important industries affecting hospitality and tourism are operating at a small fraction of their recent pace. However, we do know that the effects of the 2008 recession upon school enrollments differed significantly from one District to another. Some Districts declined in enrollment for a year or two, then experienced new families moving in. Others took up to a decade to recover.

In an attempt to obtain more data (and a better understanding), NESDEC has added a "Second Semester refresher" enrollment projection at no cost to affiliates.

We are pleased to send you the enclosed documents displaying the past, present and projected enrollments for the Westport School District. We have received the figures given to us by the District and we assume that the method of collecting the enrollment data has been consistent from year to year. NESDEC's enrollment projection totals from fall of 2019 data fell within +145 students of the actual Grade K-12 enrollment total for fall, 2020 (5,119 projected vs. 5,264 actual). In Grades K-5, 2,121 pupils were projected vs. 2,252 enrolled. In Grades 6-8, 1,190 students were forecast vs. 1,209 enrolled. And in Grades 9-12, 1,808 pupils were projected vs. 1,803 enrolled.

The two factors now at work which will have the greatest effect upon future enrollments are: a. a lower number of births to Westport residents and, b. an expected continuation of the robust in-migration of new families (which almost a decade ago recovered from the 2008 recession). The students currently in Grades 1-10 were born during a period when Westport was averaging 198 births per year. More recently, and expected over the next 6-7 years, Westport now is averaging about 152 births per year, about -46 fewer births per year than previously. The strong relationship between Westport births and Kindergarten enrollments is displayed on the B-K graph and the B-K experience table, which tracks

over forty years of B-K data. Of note, Westport is experiencing an increased number of 'net move-ins' of families with Kindergarten students, which has seen a significant increase over the past 5 years, where the number of "net move-ins" for 2020 is the largest in 42 years. Especially over the most recent 5-8 years, Westport registered about 191 Kindergarteners for every 100 Westport births (five years previous.) Interestingly, Grade 1 tends to increase by adding 6% additional students each year.

"Hidden Trends" within the district: Like many nearby communities, Westport continues to experience fluctuations in enrollment and in/migration in Grades 1-8. There are additional trends and counter-trends to consider. More so than other grade levels, **Grades 1-8 in most districts, taken as a group, tend to be quite stable in numbers.** Grades 9-12 are excluded from the calculation as in many communities there tends to be additional fluctuation for reasons having little to do with students moving in/out of the community – in the case of Westport, Grade 9 tends to be 1% larger than the previous year's Grade 8. **Regarding the Grade 1-8 enrollment stability, if last year the Grade 1-7 total was 2,700 children, if no one moved in or out, this fall's Grades 2-8 would equal about 2,700 – the same cohort of children.** Because Grades 1-8 tend to be the most stable in total K-12 enrollment, these Grades 1-8 are potential places to discover "hidden trends" that otherwise might go unnoticed and provide a useful yardstick by which to measure a district's tendency toward in-/out-migration. In the case of Westport, we know that the district had been experiencing an in-migration of school-age children (with increases in 7 out of 8 years, leading to a net increase averaging +45 students.) The presence of in-migration in Grades 1-8 would be evidence of the complexity of enrollments in these unsettled economic times. Analysis of these hidden trends sometimes can provide an additional benchmark by which to assess enrollment trends.

Enrollment projections and real estate trends: Over the next three years, K-5 enrollments are forecast to decline by a total of -30 students; Grades 6-8 to decrease by -27 pupils; and the high school level to decrease by about -183 pupils...all within the next three years – as the classes move up the grades. Enrollment projections are more reliable in Years #1-4 in the future and less reliable in the 'out-years'- as many factors may change. That said, it is quite possible that real estate turnover will have increased further, bringing in additional new families – see the "projections" page. Although the Year #1-3 forecast likely will occur, the longer-term future is better viewed as a possible direction which may be affected by improved real estate conditions – rather than a specific set of numbers. That longer-term future also will be affected by the number of babies-yet-to-be-born...it is quite likely that the birth numbers will increase slightly as new families move in. All projections are more reliable for Years #1-5 in the future; and less reliable in the "out-years" – as some many factors can change. As soon as the pandemic economy shifts, additional in-migration may occur into Westport. **In the case of Westport, an average of 509 single-family homes were being sold annually in 2003-2007 "on the bubble" prior to the 2008 Recession, a pace which slowed to only 271 sales in 2009, the slowest year (53% of the prior pace.)** The annual number of single-family homes has only twice risen back into the 400s (450 homes sold in 2013 and 409 homes sold in 2017) – the pace of sales in the recent decade has been in the 370s. However, the number of homes sold through August of 2020 (367 s-f homes) is on a pace that could reach well beyond 400 by year's end. The median sales price for single-family homes has ranged from \$1,049,500-1,315,000 for the past 17 years (with the single exception of a \$963,500 median in 2011) and is currently \$1,250,000 through August 2020. An average of 44 condo units was being sold annually in 2003-2007 "on the bubble" prior to the 2008 Recession. In 2008, however, only 23 condo units were sold (52% of the earlier pace, the slowest year.) In the most recent years, from 2011 to the present, the number of condo units sold has ranged in 20s

and 30s per year. The median sales prices for condo units peaked in 2007-2008, ranging from \$809,000 to \$840,000. From 2017 to August 31, 2020, the condo median sales prices have ranged from \$508,000 to \$598,000. Real estate information is from The Warren Group, The *Commercial Record*. Building permits have begun to slow as well; see the “Additional Data” table below. **As additional families move in, the forecasted declines may moderate.** See the “reliability of projections” section for more details. The birth numbers used in the projections, through 2018, are from the CT Department of Public Health – any “provisional” numbers reflect a total that is preliminary: the total may rise yet will not shrink. Any “estimated” years, are a rolling five-year average, which NESDEC has found to be the most accurate method of estimation. Local City/Town Clerks have up-to-date information on local births however do not have access to the number of Westport residents born out-of-state (information which will eventually become known to the CT DPH Vital Statistics).

Forecasting Kindergarten and Grade 9: The two most difficult grades to forecast in all districts are Kindergarten and Grade 9. The latter is difficult to anticipate, as there are so many options for Grade 9 (in vocational or agricultural schools, private or parochial non-public schools, etc.). Kindergarten can be difficult to project based upon births alone, especially in a changing real estate market like Westport at the present time, as many districts have large numbers of “net move-ins/move-outs” who are ages 1-4. **Some districts take extra steps to track 3 and 4-year olds with a local census, or report to NESDEC the known number of 4-year-olds in local pre-schools/nursery schools which typically enroll Kindergarteners in the district. Knowing this information helps NESDEC to project Kindergarteners more reliably...as does data from the Kindergarten Screening in districts which also track 3 and 4-year old siblings (or neighbors) at that time. Westport’s substantial population of immigrants remains an important variable within the new class of Kindergarteners each year – and is well-worth tracking in order to update, periodically, the estimated number of newly-arrived children. The more data, in addition to births, which is sent to NESDEC regarding the incoming Kindergarten class, the greater is the chance that “enrollment surprises” will be minimized.**

Trends in real estate sales: Everyday across America, 10,000 “Baby Boomers” celebrate their 65th birthday - a phenomenon which will continue for a decade. New England has a disproportionately large share of these senior citizens, many of whom had planned to “downsize” their living arrangements, yet postponed putting homes on the market due to the Great Recession. Millennials, many of whom postponed home buying, now are purchasing homes in record numbers. School enrollments are influenced strongly by the number of real estate sales, as these contribute new families moving into many districts. In over 80% of districts, the number of real estate sales is 4-5 times larger than the number of building permits for new residential construction – **thus the number of real estate sales often is a more important factor than the number of building permits.** The global economy continues to be somewhat unsettled, yet NESDEC has assumed that there will be continued economic stability on the national and regional levels.

In New England, how rapidly will additional homes be placed on the market? A mid-2014 study using data from the Federal Housing Finance Agency, Bureau of Economic Analysis and the U.S. Census Bureau directly links home prices to the “real Gross Domestic Product” (GDP) in each of the nine regions in the country. New information on the pandemic will become useful as it becomes known. Thus, although real estate sales and rentals are very strong in some New England towns and cities, there are many senior citizens may still refrain from placing their homes on

the market – as house prices still may be rising – this factor might affect many residents of Westport. New England births, however, are likely to remain at low levels, due to the advanced median age of the New England population.

A note about the Pre-Kindergarten Year (PK): Recent research on the critical value of quality educational programs for 3-and-4-year-old children is summarized in *The Most Important Year, Pre-Kindergarten and the Future of Our Children* by Suzanne Bouffard, a Developmental Psychologist, Penguin Random House (2017). A child’s brain develops faster during these essential early childhood years than at any other time during the life span. Further, children who attend quality Pre-Kindergarten programs develop better language, literacy, problem-solving and math skills, and are more likely to display stronger self-control – qualities that will prepare them for a lifetime of successful learning. Across the U.S., more districts are increasing the number of children in public Pre-Kindergarten – and some are considering “universal Pre-K” for all 4-year olds.

Analyzing Your Enrollment

Historical Public Enrollments

1. After the "YEAR" column can be found the "BIRTHS" column. The number of births to residents for each of eleven years is displayed. Note any trends, e.g., have births been decreasing? increasing? leveling off? Kindergarten and Grade 1 enrollments normally are quite responsive to these fluctuations.
2. Look **down** the K and 1 columns, noting the direction of the trend. This affords a comparison of these classes over a ten-year period. Add the K and Grade 1 enrollments of the first school year recorded and compare them with the sum of the current K and Grade 1 enrollments.
3. Take the first K class and follow it diagonally to trace its movement to Grade 1, 2, etc. up to its current 10th grade status. This comparison (which can be accomplished for other classes also) gives some measure of the effects of migration in your school district. If a sixth grade class today is larger than it was as a K class six years ago, then net in-migration probably has occurred; if it is smaller, then net out-migration probably has occurred.
4. Compare each K class with the previous year's graduating class. Note which is larger and by what amount one surpasses the other. Larger graduating classes generally reflect declining enrollments; larger K classes generally indicate increasing enrollments.
5. In the "Grade Combinations" section, note the trends of elementary, middle school and high school enrollments. A significant and consistent trend in these summaries usually results in the corresponding trend for projected enrollments. If enrollments are leveling off in the elementary grades after a period of decline, then the secondary enrollments might be expected to continue to decline for several years until the leveling off experience has had time to take hold at the secondary grades.

Enrollment Projections

1. Note the trends exhibited in the total K-12 (or 1-12) projection for the next five years as well as the projections for various grade combinations. The trends on this page should generally exhibit a continuation of the trends mentioned above for historical enrollments,

although the **rate** of change may be quite different.

2. Look at the births in the most recent years and note whether the trend is up, down, or level.
3. Make similar comparisons as appropriate on this page as were suggested for the "Historical Public Enrollments" page.

PROJECTION METHODOLOGY

Cohort component (survival) technique is a frequently used method of preparing enrollment forecasts. NESDEC uses this method, but modifies it in order to move away from forecasts which are wholly computer or formula driven. Such modification permits the incorporation of important, current town-specific information into the generation of the enrollment forecasts (such as the volume of real estate sales, building permits, in/out-migration, etc.). Basically, percentages are calculated from the historical enrollment data to determine a reliable percentage of increase or decrease in enrollment between any two grades. For example, if 100 students enrolled in Grade 1 in 2018-19, increased to 104 students in Grade 2 in 2019-20, the percentage of survival would have been 104% or a ratio of 1.04. Such ratios are calculated between each pair of grades or years in school over several recent years.

After study and analysis of the historical ratios, and based upon a reasonable set of assumptions regarding births, migration rates, retention rates, etc., ratios most indicative of future growth patterns are determined for each pair of grades. The ratios thus selected are applied to the present enrollment statistics for a pre-determined number of years. The ratios used are the key factors in the reliability of the projections, given the validity of the data at the starting point. The strength of the ratios lies in the fact that each ratio encompasses **collectively** the variables that account for increases or decreases in the size of a grade enrollment as it moves on to the next grade. Each ratio represents the cumulative effect of the following factors:

1. Real estate turnover and new residential construction;
2. Migration, in or out, of the schools;
3. Drop-outs, transfers, etc.;
4. Births to residents;
5. Retention in the same grade.

RELIABILITY OF ENROLLMENT PROJECTIONS

Projections can serve as useful guides to school administrators for educational planning. In this regard, the projections are generally most reliable when they are closest in time to the current year. Projections six to ten years out may serve as a guide to future enrollments, and are useful for facility planning purposes. However, they should be viewed as subject to change given the likelihood of changes in the underlying assumptions/trends.

Projections that are based upon **the children who already are in the district** (the current K-12 population only) will be the most reliable; the second level of reliability will be for those children already **born into the community but not yet old enough to be in school**. A less reliable category is the group for which an estimate must be made **to predict the number of births**, thereby adding an additional variable. See these three multi-colored groupings on the “Projected Enrollment” slide/page.

How often do the actual enrollments closely match the NESDEC projections? The research literature reports the closest that enrollment forecasters are likely to come to actual enrollments is about 1% variance per year-from-the-known-data. That is, a 1% variance from projection-to-actual “one-year-out” into the future (2% variance “two-years-out” ... 10% variance “ten-years-out”). NESDEC reaches this “highest possible” standard in about 90% of cases. When our NESDEC variance is greater, the reasons often are one of the following: a. imbedded/intervening “hidden” variables (examples: a parochial school closed or other students returned from non-public schools, a charter school opened, the Kindergarten program changed entrance age or to extended/full-day, the high school toughened its course credit/graduation requirements, the District set new attendance boundaries for elementary schools, or the District had well-publicized budget/referendum academic accreditation difficulties); b. the District size was below 500 students, thus subject to fluctuations in total numbers; or c. the District has not done enrollment projections on an annual basis.

Annual updates allow for early identification of recent changes in historical trends. When the actual enrollment in a grade is significantly different (high or low) from the projected number, it is important (yet difficult) to determine whether this is a one-year aberration or whether a new trend may have begun. **In light of this possibility, NESDEC urges all school districts to have updated enrollment forecasts developed by NESDEC each October.** This service is available at no cost to affiliated school districts.

Using This Information Electronically

If you would like to extract the information contained in this report for your own documents or presentations, you can use screenshots, which can be inserted into PowerPoint slides, Word documents, etc. Because screenshots create graphics, the image is not editable. Please feel free to contact us if you need assistance in this matter, by phone (508-481-9444) or by email (ep@nesdec.org).



**Westport Public Schools
Westport, CT**

2020 - 2021 Enrollment Projection Report

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Westport, CT Historical Enrollment

School District:

Westport, CT

10/29/2020

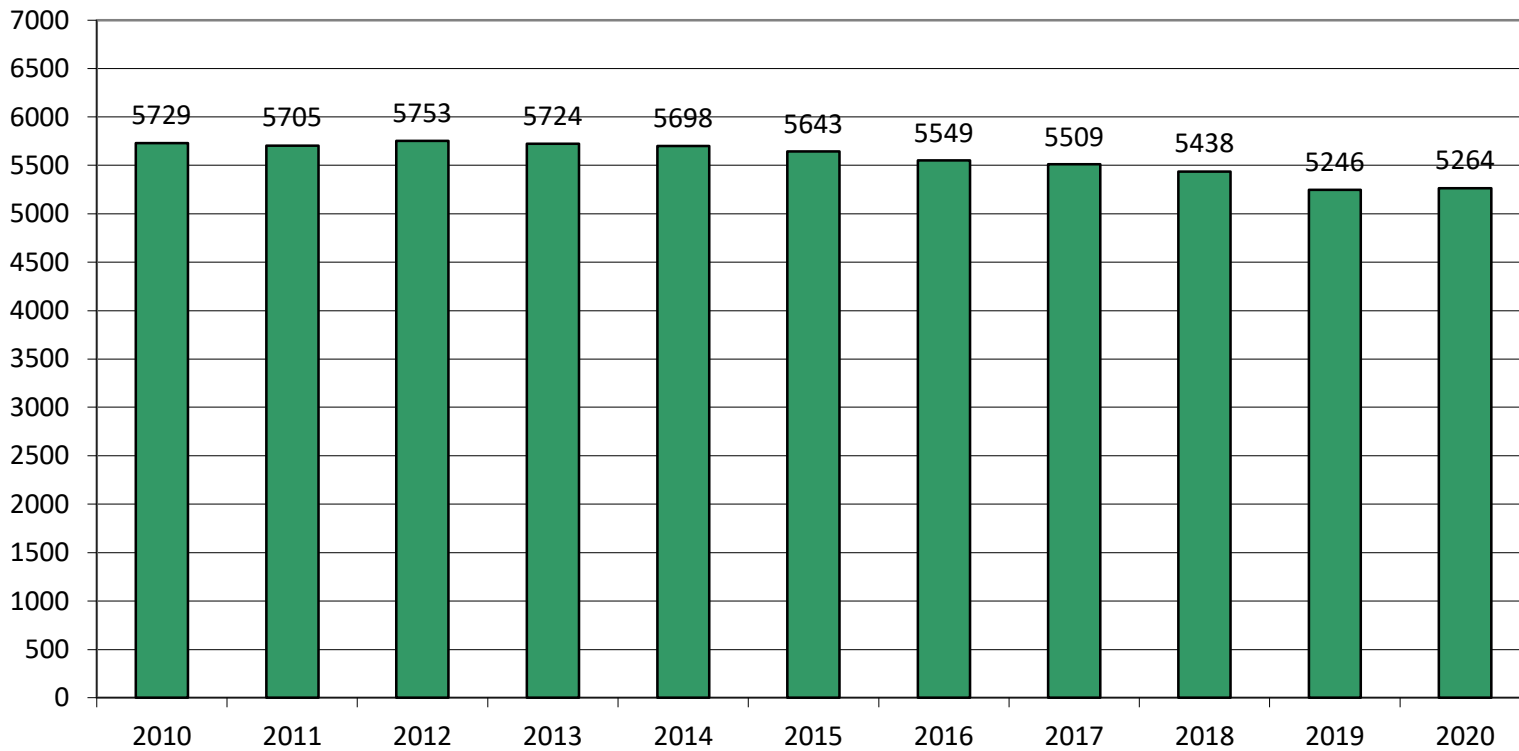
Historical Enrollment By Grade																			
Birth Year	Births	School Year	PK	K	1	2	3	4	5	6	7	8	9	10	11	12	UNGR	K-12	PK-12
2005	265	2010-11	53	393	402	441	421	464	446	437	445	443	464	468	434	471	0	5729	5782
2006	230	2011-12	39	356	401	423	442	428	474	460	436	456	467	463	471	428	0	5705	5744
2007	194	2012-13	46	364	386	421	431	451	438	479	462	439	479	468	469	466	0	5753	5799
2008	221	2013-14	41	364	388	398	435	450	461	446	484	461	442	476	465	454	0	5724	5765
2009	168	2014-15	51	343	390	408	412	449	439	468	445	489	472	442	478	463	0	5698	5749
2010	192	2015-16	50	346	346	404	419	423	455	439	468	456	493	480	437	477	0	5643	5693
2011	176	2016-17	55	327	373	361	422	414	428	450	451	469	464	492	467	431	0	5549	5604
2012	190	2017-18	67	331	348	387	370	430	418	433	450	454	475	463	487	463	0	5509	5576
2013	172	2018-19	73	346	351	357	399	374	437	428	430	458	464	474	441	479	0	5438	5511
2014	179	2019-20	70	325	355	369	346	401	360	420	411	429	450	465	475	440	0	5246	5316
2015	156	2020-21	69	338	360	382	400	361	411	376	411	422	432	443	458	470	0	5264	5333

Historical Enrollment in Grade Combinations									
Year	PK-5	K-5	K-6	K-8	5-8	6-8	7-8	7-12	9-12
2010-11	2620	2567	3004	3892	1771	1325	888	2725	1837
2011-12	2563	2524	2984	3876	1826	1352	892	2721	1829
2012-13	2537	2491	2970	3871	1818	1380	901	2783	1882
2013-14	2537	2496	2942	3887	1852	1391	945	2782	1837
2014-15	2492	2441	2909	3843	1841	1402	934	2789	1855
2015-16	2443	2393	2832	3756	1818	1363	924	2811	1887
2016-17	2380	2325	2775	3695	1798	1370	920	2774	1854
2017-18	2351	2284	2717	3621	1755	1337	904	2792	1888
2018-19	2337	2264	2692	3580	1753	1316	888	2746	1858
2019-20	2226	2156	2576	3416	1620	1260	840	2670	1830
2020-21	2321	2252	2628	3461	1620	1209	833	2636	1803

Historical Percentage Changes			
Year	K-12	Diff.	%
2010-11	5729	0	0.0%
2011-12	5705	-24	-0.4%
2012-13	5753	48	0.8%
2013-14	5724	-29	-0.5%
2014-15	5698	-26	-0.5%
2015-16	5643	-55	-1.0%
2016-17	5549	-94	-1.7%
2017-18	5509	-40	-0.7%
2018-19	5438	-71	-1.3%
2019-20	5246	-192	-3.5%
2020-21	5264	18	0.3%
Change		-465	-8.1%

Westport, CT Historical Enrollment

K-12, 2010-2020





Westport, CT Projected Enrollment

School District: Westport, CT

10/29/2020

Enrollment Projections By Grade*																				
Birth Year	Births		School Year	PK	K	1	2	3	4	5	6	7	8	9	10	11	12	UNGR	K-12	PK-12
2015	156		2020-21	69	338	360	382	400	361	411	376	411	422	432	443	458	470	0	5264	5333
2016	168		2021-22	70	338	361	383	393	408	361	415	367	417	424	430	434	454	0	5185	5255
2017	154		2022-23	71	310	361	384	394	401	409	365	406	372	419	422	421	430	0	5094	5165
2018	153		2023-24	72	308	331	384	395	402	402	413	357	412	373	417	413	417	0	5024	5096
2019	131	(prov.)	2024-25	73	264	329	352	395	403	403	406	404	362	414	371	409	409	0	4921	4994
2020	152	(est.)	2025-26	74	307	282	350	362	403	404	407	397	410	363	412	364	405	0	4866	4940
2021	152	(est.)	2026-27	75	305	328	300	360	369	404	408	398	403	412	361	404	360	0	4812	4887
2022	148	(est.)	2027-28	76	299	325	349	308	367	369	408	399	404	405	410	354	400	0	4797	4873
2023	147	(est.)	2028-29	77	296	319	346	359	314	367	373	399	405	406	403	402	351	0	4740	4817
2024	146	(est.)	2029-30	78	294	316	339	356	366	314	371	365	405	407	404	395	398	0	4730	4808
2025	149	(est.)	2030-31	79	300	314	336	349	363	366	317	363	370	407	405	396	391	0	4677	4756

Note: Ungraded students (UNGR) often are high school students whose anticipated years of graduation are unknown, or students with special needs - UNGR not included in Grade Combinations for 7-12, 9-12, etc.

Based on an estimate of births

Based on children already born

Based on students already enrolled

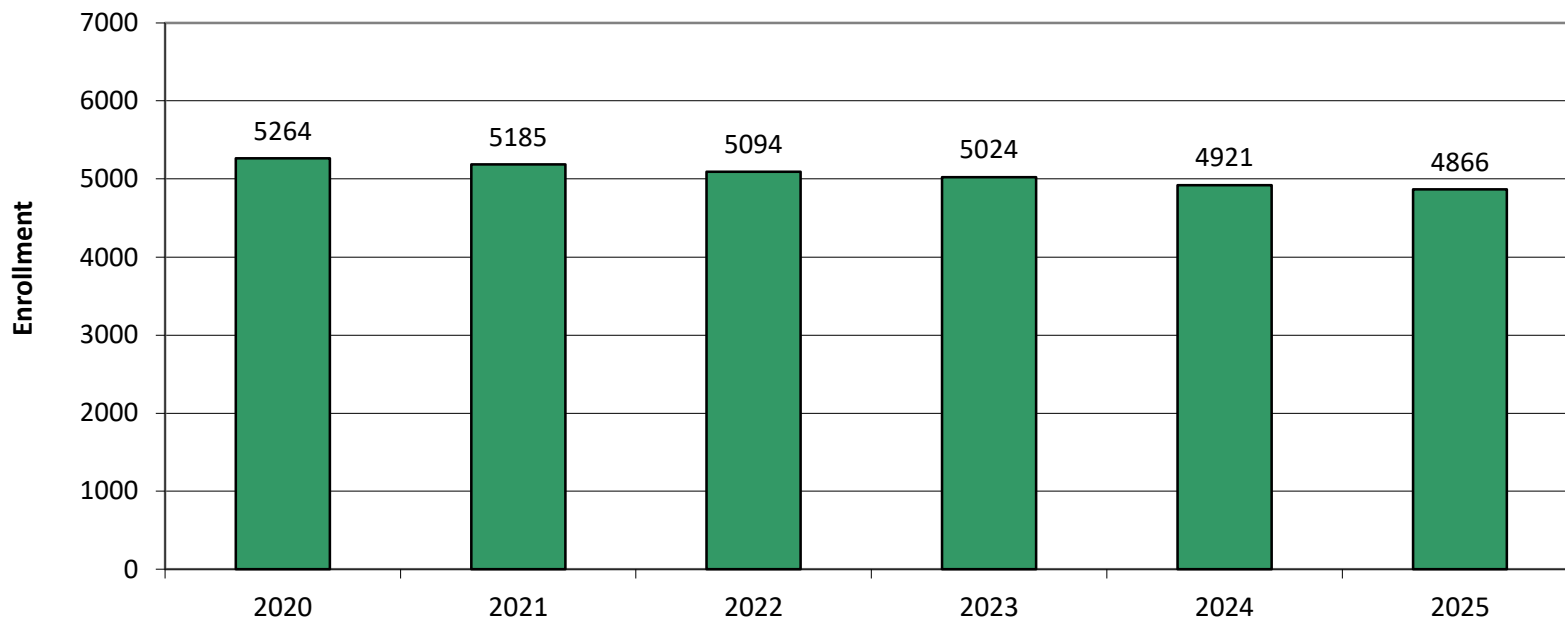
Projected Enrollment in Grade Combinations*									
Year	PK-5	K-5	K-6	K-8	5-8	6-8	7-8	7-12	9-12
2020-21	2321	2252	2628	3461	1620	1209	833	2636	1803
2021-22	2314	2244	2659	3443	1560	1199	784	2526	1742
2022-23	2330	2259	2624	3402	1552	1143	778	2470	1692
2023-24	2294	2222	2635	3404	1584	1182	769	2389	1620
2024-25	2219	2146	2552	3318	1575	1172	766	2369	1603
2025-26	2182	2108	2515	3322	1618	1214	807	2351	1544

Projected Percentage Changes			
Year	K-12	Diff.	%
2020-21	5264	0	0.0%
2021-22	5185	-79	-1.5%
2022-23	5094	-91	-1.8%
2023-24	5024	-70	-1.4%
2024-25	4921	-103	-2.1%
2025-26	4866	-55	-1.1%
Change		-587	-11.2%

*Projections should be updated annually to reflect changes in in/out-migration of families, real estate sales, residential construction, births, and similar factors.

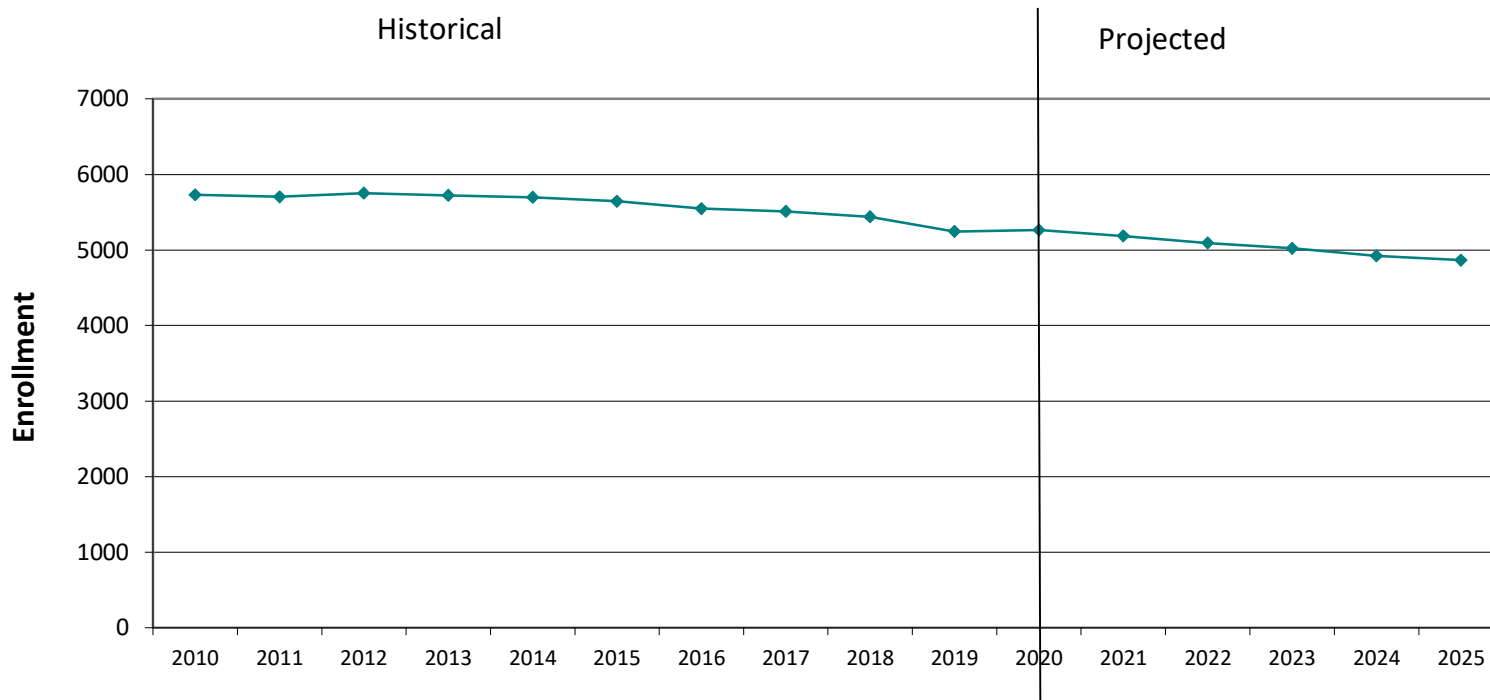
Westport, CT Projected Enrollment

K-12 To 2025 Based On Data Through School Year 2020-21

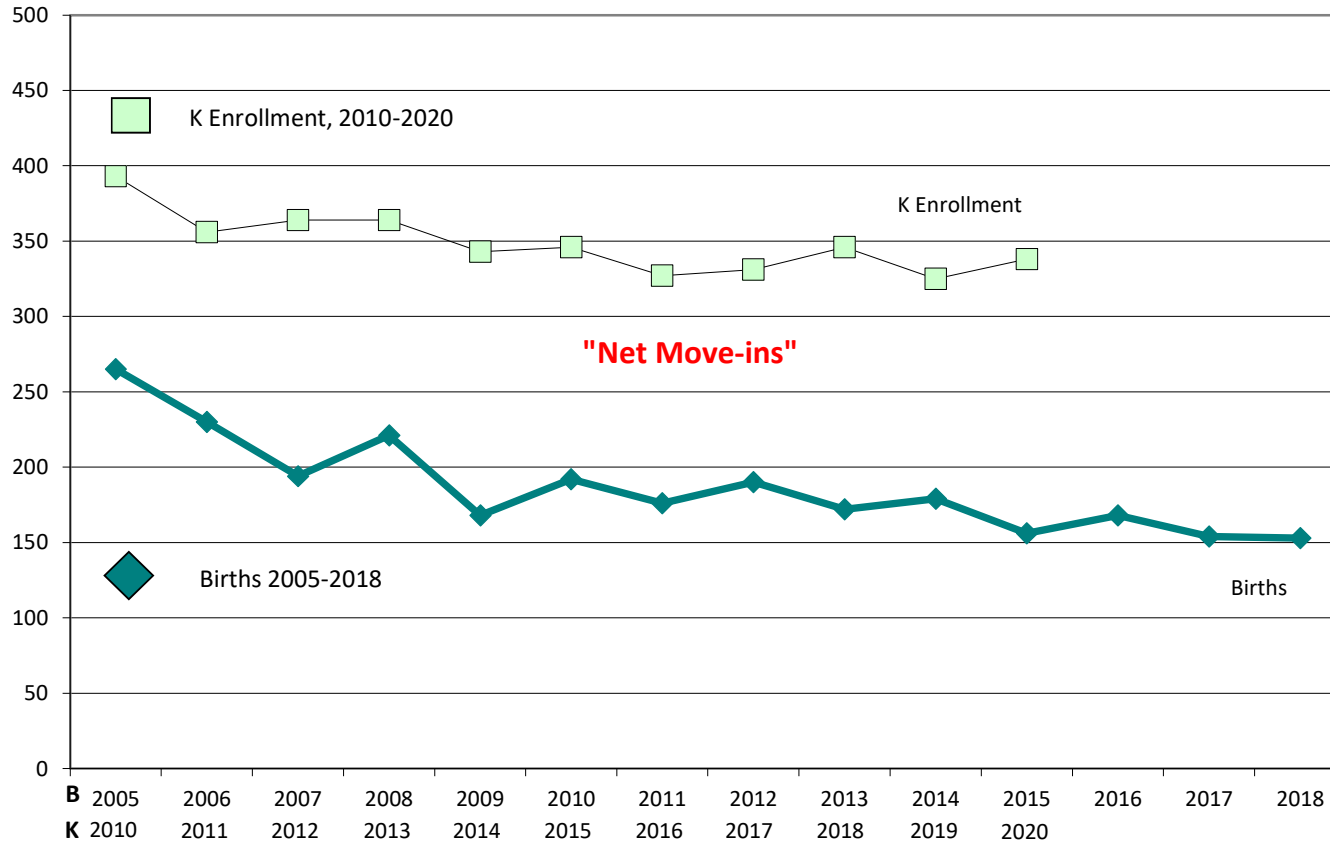


Westport, CT Historical & Projected Enrollment

K-12, 2010-2025



Westport, CT Birth-to-Kindergarten Relationship



Westport, CT Birth-to-Kindergarten Experience

41 Years of Westport's Birth-to-Kindergarten Experience

Birth Year	Westport Births	Kind. Year	# in Kind.	Net Move-in's	Birth-K Ratio
1975	163	1980-81	169	6	1.04
1976	137	1981-82	169	32	1.23
1977	156	1982-83	138	-18	0.88
1978	148	1983-84	139	-9	0.94
1979	162	1984-85	150	-12	0.93
1980	163	1985-86	191	28	1.17
1981	169	1986-87	180	11	1.07
1982	141	1987-88	167	26	1.18
1983	171	1988-89	205	34	1.2
1984	204	1989-90	254	50	1.25
1985	197	1990-91	241	44	1.22
1986	223	1991-92	293	70	1.31
1987	263	1992-93	309	46	1.17
1988	249	1993-94	318	69	1.28
1989	270	1994-95	350	80	1.3
1990	284	1995-96	391	107	1.38
1991	276	1996-97	402	126	1.46
1992	290	1997-98	390	100	1.34
1993	357	1998-99	431	74	1.21
1994	299	1999-00	411	112	1.37

125+ "Net Move-In's" in red

Birth Year	Westport Births	Kind. Year	# in Kind.	Net Move-in's	Birth-K Ratio
1995	366	2000-01	428	62	1.17
1996	357	2001-02	418	61	1.17
1997	326	2002-03	385	59	1.18
1998	309	2003-04	369	60	1.19
1999	314	2004-05	375	61	1.19
2000	339	2005-06	415	76	1.22
2001	284	2006-07	380	96	1.34
2002	300	2007-08	370	70	1.23
2003	306	2008-09	408	102	1.33
2004	264	2009-10	377	113	1.43
2005	265	2010-11	393	128	1.48
2006	230	2011-12	356	126	1.55
2007	194	2012-13	364	170	1.88
2008	221	2013-14	364	143	1.65
2009	168	2014-15	343	175	2.04
2010	192	2015-16	346	154	1.80
2011	176	2016-17	327	151	1.86
2012	190	2017-18	331	141	1.74
2013	172	2018-19	346	174	2.01
2014	179	2019-20	325	146	1.82
2015	156	2020-21	338	182	2.17



Westport, CT Additional Data

Building Permits Issued		
Year	Single-Family	Town Houses
2005	114	0
2016	66 + 68 demol.	0
2017	65 + 76 demol.	58 Studios+36 1BR
2018	58 + 40 demol.	12 TH 2BR+16 apts.
2019	52 + 52 demol.	0
2020*	31 + 31 demol.	32 (17 1-BR+ 18 2-BR)

Source: HUD and Building Department

* To Sept. 17

Enrollment History		
Year	Career-Tech 9-12 Total	Non-Public K-12 Total
2005-06	n/a	412
2016-17	n/a	437
2017-18	n/a	470
2018-19	n/a	n/a
2019-20	n/a	503
2020-21	n/a	540

Residents in Non-Public Independent and Parochial Schools (General Education)														
Enrollments as of Oct. 1	K	1	2	3	4	5	6	7	8	9	10	11	12	K-12 TOTAL
	23	20	27	21	21	42	43	65	72	46	58	49	53	540

K-12 Home-Schooled Students	
2020	15

K-12 Residents in Charter or Magnet Schools, or "Choiced-out"	
2020	0

K-12 Special Education Outplaced Students	
2020	36

K-12 Tuitioned-In, Choiced-In, & Other Non-Residents	
2020	38

The above data were used to assist in the preparation of the enrollment projections. If additional demographic work is needed, please contact our office.

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Westport, CT School-by-School Projections

SCHOOL: COLEYTOWN ELEMENTARY SCHOOL

DATE: 10/29/2020

NESDEC HISTORICAL AND PROJECTED ENROLLMENTS

BIRTH YEAR	BIRTHS		SCHOOL YEAR	K	1	2	3	4	5	K-5 TOTAL
2011	176		2016-17	49	64	57	71	71	66	378
2012	190		2017-18	60	53	68	59	65	71	376
2013	172		2018-19	63	66	58	67	56	71	381
2014	179		2019-20	72	68	70	58	66	57	391
2015	156		2020-21	70	73	79	73	61	67	423
2016	168		2021-22	68	75	77	81	75	61	436
2017	154		2022-23	62	72	78	79	83	75	450
2018	153		2023-24	62	66	76	81	81	83	449
2019	131	(prov.)	2024-25	53	66	70	78	82	81	430
2020	152	(est.)	2025-26	61	56	69	72	80	83	422

Westport, CT School-by-School Projections

SCHOOL: GREENS FARMS ELEMENTARY SCHOOL

DATE: 10/29/2020

NESDEC HISTORICAL AND PROJECTED ENROLLMENTS

BIRTH YEAR	BIRTHS		SCHOOL YEAR	K	1	2	3	4	5	K-5 TOTAL
2011	176		2016-17	63	57	61	81	80	80	422
2012	190		2017-18	54	70	63	64	86	85	422
2013	172		2018-19	61	60	68	67	65	82	403
2014	179		2019-20	59	62	63	65	71	61	381
2015	156		2020-21	72	67	68	69	69	73	418
2016	168		2021-22	63	77	71	70	71	69	421
2017	154		2022-23	58	68	80	73	72	71	423
2018	153		2023-24	58	62	72	83	75	72	422
2019	131	(prov.)	2024-25	49	62	66	74	85	75	411
2020	152	(est.)	2025-26	57	53	65	68	76	85	404

Westport, CT School-by-School Projections

SCHOOL: KING'S HIGHWAY ELEMENTARY SCHOOL

DATE: 10/29/2020

NESDEC HISTORICAL AND PROJECTED ENROLLMENTS

BIRTH YEAR	BIRTHS		SCHOOL YEAR	K	1	2	3	4	5	K-5 TOTAL
2011	176		2016-17	76	83	89	78	75	94	495
2012	190		2017-18	61	80	96	83	82	72	474
2013	172		2018-19	75	63	80	86	84	83	471
2014	179		2019-20	69	76	61	78	81	80	445
2015	156		2020-21	65	73	76	74	82	80	450
2016	168		2021-22	69	70	77	79	76	82	453
2017	154		2022-23	63	74	75	80	81	76	449
2018	153		2023-24	63	68	79	77	82	81	449
2019	131	(prov.)	2024-25	54	68	72	81	79	82	436
2020	152	(est.)	2025-26	63	58	71	75	83	79	429

Westport, CT School-by-School Projections

SCHOOL: LONG LOTS ELEMENTARY SCHOOL

DATE: 10/29/2020

NESDEC HISTORICAL AND PROJECTED ENROLLMENTS

BIRTH YEAR	BIRTHS		SCHOOL YEAR	K	1	2	3	4	5	K-5 TOTAL
2011	176		2016-17	72	99	72	104	98	102	547
2012	190		2017-18	85	76	95	77	106	101	540
2013	172		2018-19	79	96	79	101	84	104	543
2014	179		2019-20	69	78	105	77	108	80	517
2015	156		2020-21	79	82	85	110	81	114	551
2016	168		2021-22	75	85	87	88	112	81	529
2017	154		2022-23	69	81	90	90	90	113	533
2018	153		2023-24	68	74	86	94	93	91	505
2019	131	(prov.)	2024-25	58	74	79	89	96	93	489
2020	152	(est.)	2025-26	68	63	78	82	91	96	479

Projections assume no changes in method of assigning students to schools. District projections are more reliable than School-by-School projections due to the larger numbers of students in the cohort ("N"). SBS totals may differ slightly from District projections due to rounding of numbers. District and SBS projections are more reliable for Years #1-5 and less reliable in the "out-years."

Westport, CT School-by-School Projections

SCHOOL: SAUGATUCK ELEMENTARY SCHOOL

DATE: 10/29/2020

NESDEC HISTORICAL AND PROJECTED ENROLLMENTS

BIRTH YEAR	BIRTHS		SCHOOL YEAR	K	1	2	3	4	5	K-5 TOTAL
2011	176		2016-17	67	70	82	88	90	86	483
2012	190		2017-18	71	69	75	87	91	89	482
2013	172		2018-19	68	66	72	78	85	97	466
2014	179		2019-20	56	71	70	68	75	82	422
2015	156		2020-21	52	65	74	74	68	77	410
2016	168		2021-22	58	57	69	77	76	68	405
2017	154		2022-23	53	63	61	72	78	76	403
2018	153		2023-24	53	58	67	64	73	79	393
2019	131	(prov.)	2024-25	45	57	62	69	66	74	373
2020	152	(est.)	2025-26	53	49	61	64	71	66	364

Projections assume no changes in method of assigning students to schools. District projections are more reliable than School-by-School projections due to the larger numbers of students in the cohort ("N"). SBS totals may differ slightly from District projections due to rounding of numbers. District and SBS projections are more reliable for Years #1-5 and less reliable in the "out-years."

Westport, CT School-by-School Projections

SCHOOL: BEDFORD MIDDLE SCHOOL (Feeder Schools: Greens Farms, Long Lots, Saugatuck)

DATE: 10/29/2020

NESDEC HISTORICAL AND PROJECTED ENROLLMENTS

BIRTH YEAR	BIRTHS		SCHOOL YEAR	6	7	8	6-8 TOTAL
2011	176		2016-17	285	283	289	857
2012	190		2017-18	281	288	287	856
2013	172		2018-19	282	283	294	859
2014	179		2019-20	420	411	429	1260
2015	156		2020-21	376	411	422	1209
2016	168		2021-22	250	221	251	722
2017	154		2022-23	219	246	224	689
2018	153		2023-24	249	215	248	712
2019	131	(prov.)	2024-25	246	243	218	707
2020	152	(est.)	2025-26	245	239	247	731

Westport, CT School-by-School Projections

SCHOOL: COLEYTOWN MIDDLE SCHOOL (Feeder Schools: Coleytown Elem., King's Highway)

DATE: 10/29/2020

NESDEC HISTORICAL AND PROJECTED ENROLLMENTS

BIRTH YEAR	BIRTHS		SCHOOL YEAR	6	7	8	6-8 TOTAL
2011	176		2016-17	165	168	180	513
2012	190		2017-18	152	162	167	481
2013	172		2018-19	146	147	164	457
2014	179		2019-20	0	0	0	0
2015	156		2020-21	0	0	0	0
2016	168		2021-22	165	146	166	477
2017	154		2022-23	146	161	148	455
2018	153		2023-24	164	142	164	470
2019	131	(prov.)	2024-25	162	161	144	467
2020	152	(est.)	2025-26	162	158	163	483



New England's PK-12 Enrollments The "Big Picture"

From 2016 to 2028, the US Department of Education anticipates changes in PK-12 enrollment of +5.4% in the South; +2.1% in the West, -2.1% in the Midwest; and -3.7% in the Northeast.

State	Fall 2016 PK - 12	Fall 2028 Projected	PK-12 Decline	% Change, 2016-2028
CT	535,118	471,100	-64,018	-12.0%
ME	180,512	171,600	-8,912	-5.0%
MA	964,514	939,400	-25,114	-2.6%
NH	180,888	161,000	-19,888	-11.0%
RI	142,150	135,700	-6,450	-4.5%
VT	88,428	80,400	-8,028	-9.0%

Source: USDE, National Center for Education Statistics, *Projections of Education Statistics to 2028*, Table 3, Pages 35-36; Published May 28, 2020.

Although most New England Districts are seeing a decline in the number of births, NESDEC's experience indicates that the impact on enrollment varies from District to District. Almost half of New England Districts have been growing in PK-12 enrollment, and a similar number were declining (often in rural areas) with the other Districts remaining stable.

To: Westport Board of Education

From: Thomas Scarice, Superintendent of Schools

Date: November 13, 2020

Re: Coleytown Middle School Transition Plan

As the Board was made aware, the handover of Coleytown Middle School (CMS) from the Coleytown Middle School Building Committee (CMSBC) has been delayed. This will preclude an official student transition to on-site instruction at CMS for students on December 14 as previously scheduled.

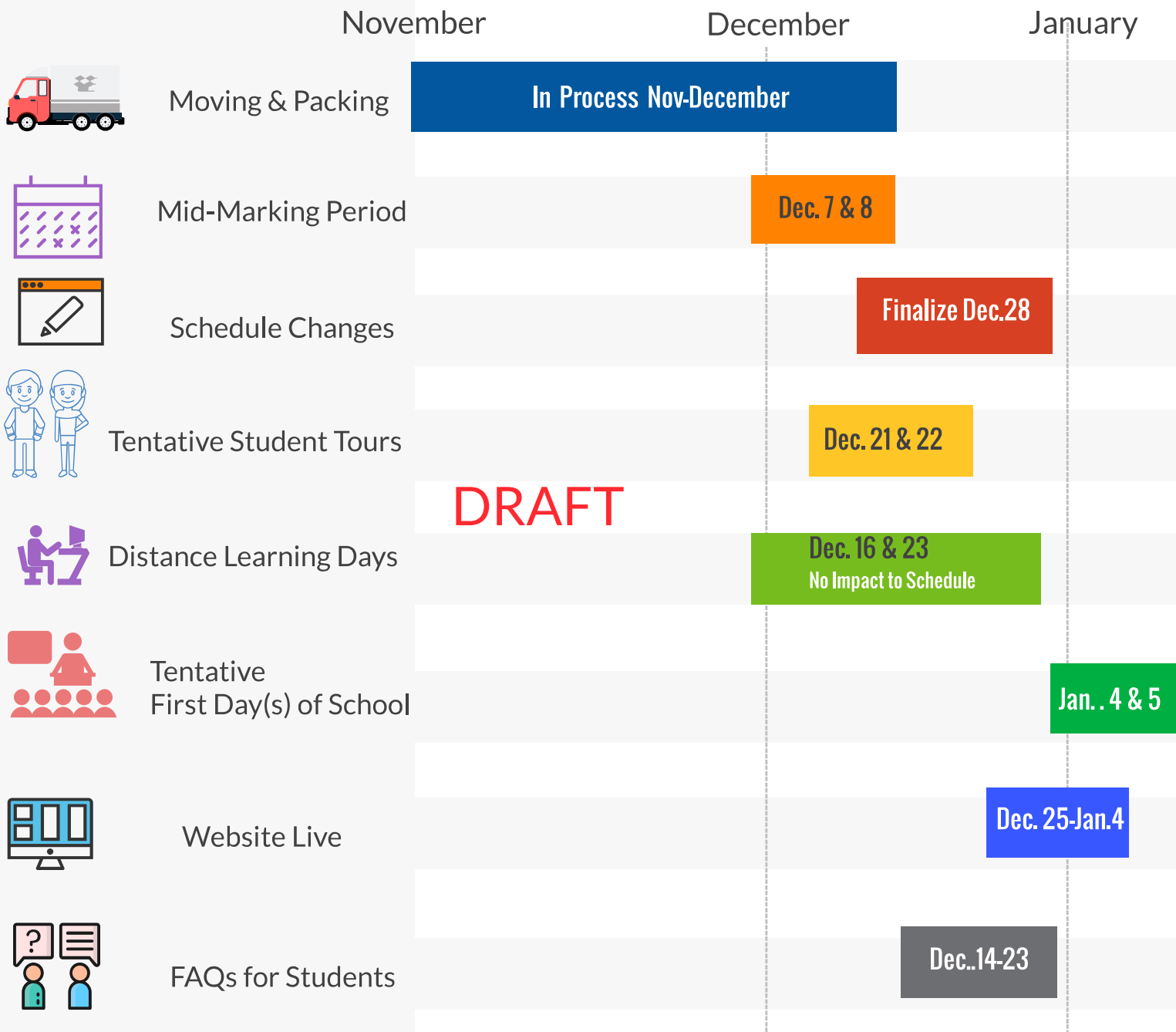
However, the work of the Board through the efforts of the administrative team led by CMS Principal, Kris Szabo, will continue. Flexible plans have been made to welcome the students for on-site instruction at CMS on January 4, 2020. Following an update from CMSBC Chair, Don O'Day, Monday evening, Mrs. Szabo will present the newly updated transition plan. An overview slide has been included and will be used for the presentation Monday evening. The milestone activities have been included in the slide, capturing an overview of the work that will be done by the administration and faculty once the building is successfully received by the Board from the CMSBC.

DRAFT

COLETYOWN

REOPENING

The following milestones illustrate the timeline for the Reopening of Coleytown Middle School



Prepared by K. Szabo, CMS Principal

To: Westport Board Of Education

From: Thomas Scarice, Superintendent of Schools

Date: November 13, 2020

Re: 2020-2021 Strategic Entry Plan Update

As a follow up to the work of the one year strategic entry plan, I would like to provide the Board some updates. For obvious reasons, a good deal of my work so far this year has been in response to the global COVID-19 pandemic. A disproportionate amount of days have been exclusively dedicated to pressing and responsive actions to plan for and secure the health and safety of our students and staff. Although critical, this experience has been most disappointing to me as it has limited my ability to advance the exciting work of school improvement across the system as it relates to culture, student learning, and other efforts.

Strategic Objective 1: Establish, Develop and Strengthen the Board of Education/Superintendent Relationship

The primary measures of this objective relate to completed actions which endeavor to initiate and shape the Board/Superintendent relationship into a positive, high-performing team. The strategic entry plan goals were shared, two retreats were held, one on one interviews with each Board member were conducted, and two Board members, Lee Goldstein and Youn Su Chao, have taken a leadership role in completing the task of memorializing BOE/Superintendent norms and expectations in the potential form of a Board member handbook. I will continue to support these efforts and work to advance the clarity of our collective work, i.e. providing support to Board members in their role of district oversight, and in the moves that continue to build solid relationships through trust and credibility.

Strategic Objective 2: Actively Gather Stakeholder Feedback

I am most disappointed in the challenges related to fulfilling this objective. The pandemic has compromised my ability to advance the work of this objective in two ways. First, the conditions by which meetings can be held are restrictive, particularly if meeting with groups of stakeholders. The two dimensional/virtual meeting format is a possible, but poor substitute as these meetings are intended to not only gather information, but to begin the process of building relationships with stakeholders. Secondly, the time dedicated to responding to the effects of the pandemic has created a responsive, rather than proactive, work environment. This objective will need pure will power, and a little good fortune, to move forward. I anticipate that a dedicated effort on my part will put this objective back on track in the coming months.

Strategic Objective 3: Execute and Sustain the District Reopening Plan

The initial reopening plan largely preceded my entry into the district. For very good reasons, the district took on this effort in late spring, culminating in a formal plan in August. We have learned that some of the best thinking at the time is somewhat primitive compared to what we now know about our ability to mitigate the spread of COVID-19 in our schools. That said, a dive into our

reopening, particularly from an instructional perspective, was comprehensively explored in the three day Tri State report, culminating in a 16 page document which captured the perspectives of 213 faculty, parents and students. The collection of these individual contributions and anecdotes conspired to form trends, i.e. areas to celebrate and areas to address. This past week, teams of teachers and administrators began round two of debriefing this report following a problem identification process. Although the report surfaced a number of challenges, each level (i.e. elementary, middle and high school) prioritized three problems to solve. Feedback tools, largely borrowed from problem solving processes such as “Lean” (a method that relies on a collaborative team effort to improve performance), were employed to move from problem identification to problem solving. This iterative process has been initiated and will continue as we confront educating students through a pandemic for the balance of the 2020-2021 school year. Further updates will be provided to the Board throughout the year.

Strategic Objective 4: Successfully Reopen Coleytown Middle School

Coincidentally, this Board meeting will serve to update the Board on the next phase of the reopening of Coleytown Middle School. Although the plan to receive the school from the Coleytown Middle School Building Committee will be delayed, the student transition plan is close to finalized and will be shared with the Board at the November 16 meeting. I am most encouraged about the ultimate success of this objective moving forward.

Strategic Objective 5: Expand and Increase Diversity, Equity and Inclusion

All three measures are scheduled to be addressed in the second half of this school year. I have high levels of confidence that after issuing a Request for Proposals (RFP), the district will successfully administer an equity study that focuses on: policy/practice and access, welcomeness and inclusivity of the school culture, and curriculum and instruction. Once completed, I anticipate that we will successfully develop a vision statement for diversity, equity and inclusion, building on work that has been done for the past few years, and that will serve as the foundation for a pillar in the anticipated long-term strategic plan. In addition, professional development has been delivered on these topics, most recently during the full day of training on Election Day.

Strategic Objective 6: Excel at Communication

Although a great deal of this work has begun in response to the ongoing pandemic, with the Board’s adoption of a Communication Specialist position, I anticipate a new hire in the coming weeks, and significant progress in these areas. Positive feedback has been anecdotally collected over the first few months of the school year, particularly pointing to the transparency and candor on behalf of the Board through the administration. I am very confident that the initiatives outlined in this objective will accelerate in implementation when a highly qualified candidate is brought onto the team in the coming weeks.

Administration

POLICY REGARDING RETENTION OF ELECTRONIC RECORDS AND INFORMATION

I. POLICY

The Board of Education (the “Board”) complies with all state and federal regulations regarding the retention, storage and destruction of electronic information and records. The Superintendent or his/her designee shall be responsible for developing and implementing administrative regulations concerning the retention, storage, and destruction of electronic information and the dissemination of such administrative regulations to all employees.

II. USE OF E-MAIL AND ELECTRONIC COMMUNICATIONS

The Board of Education provides computers, a computer network, including Internet access and an e-mail system, as well as any electronic devices that access the network such as wireless and/or portable electronic hand-held equipment that can be used for word processing, wireless Internet access, image capture and recording, sound recording, information transmitting and/or receiving, storing, etc. (including but not limited to, personal laptops, Smartphones, network access devices, Kindles, Nooks, cellular telephones, radios, walkmen, CD players, I-Pads or other tablet computers, walkie-talkies, Blackberries, personal data assistants, I-Phones, Androids and other electronic signaling devices), (referred to collectively as "the computer systems"), in order to enhance both the educational opportunities for our students and the business operations of the district.

Electronic messages sent by school officials and employees as part of their work and/or by using the district’s computer systems and/or network are not private communications and are potentially subject to disclosure. Employees must understand that the Board has reserved the right to conduct monitoring of these computer systems and may do so *despite* the assignment to individual employees of passwords for system security. Any password systems implemented by the District are designed solely to provide system security from unauthorized users, not to provide privacy to the individual system user.

The system's security aspects, message delete function and personal passwords may be bypassed for monitoring purposes. Therefore, employees must be aware that they should not have any expectation of personal privacy in the use of these computer systems. This provision applies to any and all uses of the District’s computer systems, including any incidental personal use permitted in accordance with the Board’s policy and regulations regarding computer use by employees.

Any retained messages may be retrieved as part of routine monitoring by the Board, an employee investigation or a formal discovery process as part of litigation. Employees should bear in mind

that e-mail messages may be retained at different locations within the computer network and that these messages are subject to retrieval. Consequently, employees should use discretion when using computers or other electronic technology to send, record or retain electronic communications and information.

III. RETENTION OF ELECTRONICALLY STORED INFORMATION

Electronic communications on District computers or electronic communication systems shall be retained only as long as necessary. The same record retention policy that applies to paper records applies to electronically stored information, including e-mail communications. Therefore, like paper records, the content and function of an electronic record, including e-mail communications, determines the retention period for that document. The District will comply with all of the minimum standards set forth in the Municipal Records Retention Schedules, as issued by the Office of the Public Records Administrator for the State of Connecticut.

In addition to the retention guidelines established by the Board and used by school district officials and employees, all school officials and employees have a duty to preserve all records and electronic information, including records and electronic information that might otherwise be deleted or destroyed, that relate to any matter that is currently in litigation or may be anticipated to involve future litigation.

Legal References:

Conn. Gen. Stat. §§ 1-200(5); 1-211; 1-213(b)(3)

Conn. Gen. Stat. § 7-109

Conn. Gen. Stat. § 11-8 et seq.

General Letters 96-2, and 2009-2 of the Public Records Administrator

Public Records Policy 01, *Digital Imaging*, of the Public Records Administrator (Aug. 2014)

Record Retention Schedules Towns, Municipalities and Boards of Education

Frequently Asked Questions about E-mail, CT Public Records Administrator, *available at* <https://ctstatelibrary.org/wpcontent/uploads/2015/05/EmailGuidelines.pdf>.

POLICY ADOPTED:

WESTPORT PUBLIC SCHOOLS
Westport, Connecticut

Personnel -- Certified/Non-Certified

Minority Recruitment Plan

Commitment Statement

~~A key goal of the Westport schools is to develop students who “believe in and value greater cooperation among different people and cultures in an increasingly interrelated world.” In pursuit of that goal, the Westport Public School System believes it is worthwhile to have a staff that is not only highly qualified, but also that reflects the diversity existing in our state and nation. Such diversity can provide students with learning opportunities and breadth of experience not otherwise accessible. This belief should be recognized in the recruitment, hiring, assignment and promotion, of all qualified personnel, both certified and non-certified. To that end, and in compliance with PA 98-252, we have developed the following minority recruitment plan.~~

In accordance with Sections 10-4a(3) and Section 10-220(a) of the Connecticut General Statutes, the Board of Education has developed the following written plan for minority educator recruitment:

~~Action Plan~~

~~All postings and advertising will continue to bear the statement: “Minorities are encouraged to apply.”~~

~~In addition to customary state, local and national media, recruitment advertising will be placed in media that are likely to be read by minority populations.~~

~~Recruitment material will continue to be sent to schools and colleges that are likely to have significant percentages of minority students. In addition, personal contacts will be established with the placement offices of these schools.~~

~~Recruitment flyers and brochures will be sent to the leadership of organizations in our area that are likely to have minority membership.~~

~~Through in-person recruitment by administrators and managers, we will make known our active interest in diversity.~~

~~We will inform our staff, parents and members of the general community of our interest in diversity and ask them to assist in our recruitment efforts through personal contacts.~~

~~The district will participate in area minority recruitment fairs whenever possible.~~

~~All recruitment, interviewing, hiring and assignment procedures shall comply with all Board policies and with state and federal non-discrimination regulations.~~

1. All recruiting sources will be informed in writing of the Board's non-discrimination policy.

2. The Board will develop contacts with local training and educational institutions, including those with high minority enrollments, to publicize job openings within the school district and to solicit referrals of qualified minority candidates.
3. The Board will develop contacts with local minority community organizations to publicize job openings within the school district and to solicit referrals of qualified minority candidates.
4. The Board will maintain, or expand, as appropriate, its help-wanted advertising to include print and/or broadcast media that is targeted to minorities.
5. The Board will participate in local job fairs, including those that are sponsored by the minority community organizations or otherwise targeted toward minorities.
6. The Board, or its designee, will maintain records documenting all actions taken pursuant to this plan, including correspondence with recruitment agencies and other referral sources, job fair brochures and advertising copy.
7. The Board will review on an annual basis the effectiveness of this plan in increasing minority applicant flow and attracting qualified candidates for employment.

P-4111.3(b)
4211.3

~~Personnel—Certified/Non-Certified~~

~~Minority Recruitment Plan~~

~~Commitment Statement (continued)~~

Legal Reference: ~~Connecticut General Statutes~~

~~10-151 Employment of teachers. Notice and hearing on termination of contract.~~

~~10-153 Discrimination on account of marital status.~~

Connecticut General Statutes §10-4a (3)

Connecticut General Statutes §10-220 (a) Duties of Boards of Education. (as amended by PA 98-252)

Public Act 18-34, An Act Concerning Minority Teacher Recruitment and Retention

~~46a-60 Discriminatory employment practices prohibited.~~

Policy adopted: March 29, 1999
[Revised:](#)

WESTPORT PUBLIC SCHOOLS
Westport, Connecticut

INTEROFFICE MEMORANDUM

TO: THOMAS SCARICE
FROM: NATALIE CARRIGNAN
SUBJECT: REQUEST FOR ADDITIONAL CHROMEBOOKS
DATE: 10/30/2020
CC: ANTHONY BUONO, ELIO LONGO

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

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

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

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

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

34 C.F.R. § 300.34. Related Services

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

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

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

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

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

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)

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

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>~~

~~American Academy of Pediatrics, Committee on Bioethics. (2009). *Pediatrician-family patient relationships: Managing the boundaries*. *Pediatrics* 124:1685-1688. Available online September 29, 2010, at <http://www.pediatrics.org/cgi/content/full/124/6/1685>~~

~~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

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
