

Please Note: These minutes are pending Board approval.
Board of Education
Newtown, Connecticut

Minutes of the Board of Education meeting on July 9, 2019 at 7:00 p.m. in the Municipal Office Building, 3 Primrose Street.

M. Ku, Chair	L. Rodrigue
R. Harriman-Stites, Vice Chair	A. Uberti
D. Cruson, Secretary	R. Bienkowski
D. Leidlein (absent)	12 Staff
J. Vouros	1 Public
A. Clure (7:17 p.m.)	2 Press
D. Delia (absent)	

Mrs. Ku called the meeting to order at 7:00 p.m.

MOTION: Mrs. Harriman-Stites moved that the Board of Education go into executive session to discuss the resignation of an employee and to interview the candidate for the Principal of Reed Intermediate School and invite Dr. Rodrigue, Mrs. Uberti, Mr. Bienkowski, and Dr. Matthew Correia. Mr. Cruson seconded. Motion passes unanimously.

Item 1 – Executive Session

Executive session ended at 7:45 p.m.

Item 2 – Pledge of Allegiance

Item 3 – Action on Appointment of Principal for Reed Intermediate School

MOTION: Mrs. Harriman-Stites moved that the Board of Education add the discussion and possible award of the Carpet and Flooring Installation at Newtown High School, Newtown Middle School, and Reed Intermediate School bid to the agenda. Mr. Cruson seconded. Motion passes unanimously.

MOTION: Mrs. Harriman-Stites moved that the Board of Education appoint Dr. Matthew Correia Principal of Reed Intermediate School, effective on or about August 9, 2019, subject to the satisfactory completion of all statutory requirements concerning the hiring of Board of Education employees. Mr. Cruson seconded. Motion passes unanimously.

Dr. Correia thanked the Board, Dr. Rodrigue and Mrs. Uberti for trusting him with this position. Reed is a strong school and he looks forward to working with the staff. He enjoys working with students especially at the intermediate level and was honored to be selected.

Dr. Rodrigue thanked Dr. Kathy Gombos and Suzanne D'Eramo for leading an outstanding search committee. She is overwhelmed by Dr. Correia's exuberance and recommendations. We are fortunate to have him in Newtown.

Item 4- Consent Agenda

MOTION: Mrs. Harriman-Stites moved that the Board of Education approve the consent agenda which includes the minutes of June 18, 2019, the donation to Newtown High School, the resignations of Gino Faiella and Robert Rousseau, and the correspondence report. Mr. Cruson seconded.

Mr. Clure asked that when someone resigns do we allow them to stay on and train their replacement.

Dr. Rodrigue said it depended upon the situation of the resignation. If there is time to overlap we will keep the person if there is a need. If there is no window of time, we normally wouldn't have someone stay.

Motion passes unanimously.

Item 5 – Public Participation

Item 6 – Reports

There was no Chair report.

Superintendent's Report: Dr. Rodrigue welcomed Anne Uberti in her new role as Assistant Superintendent. She also welcomed Heidi Beauty, the new teachers' union representative, taking Trent Harrison's place.

Dr. Rodrigue provided an update on the building projects from Paul Devine who has been working diligently on getting projects working. The Purchasing Director and Mr. Bienkowski will review some of the original landscape plans for Sandy Hook School as well as other schools. We will look to a longer term solution to take care of the school grounds. Eversource and Lewis Tree Service will remove some trees at the middle school due to their interference with the power lines. Dr. Rodrigue shared information from the state on family engagement which will also be included in the administrative retreat in July and a topic at the PEAC planning meeting in August.

There were no committee reports.

Item 7 – Old Business

Second Read and Action on Policies:

MOTION: Mrs. Harriman-Stites moved that the Board of Education approve policies 5141.27 First Aid/Emergency Medical Care – Use of Automatic External Defibrillators, 5141.3 Health Assessments & Immunizations, 5141.4 Reporting of Child Abuse and Neglect, 5141.61 Dealing with The Effect Of a Death, and 5141.7 Student Sports – Concussions. Mr. Cruson seconded.

Mrs. Harriman-Stites said that Mrs. Leidlein had a question on the concussion policy regarding information to add about clearing students to play. She reached out to Matt Memoli who said the doctor will have the final say if student can continue to participate and didn't feel we needed to add anything to the policy.

Motion passes unanimously.

Item 8 – New Business

MOTION: Mrs. Harriman-Stites moved that the Board of Education award the contract for the HVAC Preventive Maintenance for Reed Intermediate School and Newtown High School to Harry Grodsky & Company of Middletown, Connecticut for a one-year term for \$131,800 with an option to renew years two and three based on successful performance during the initial term. Mr. Cruson seconded.

Mr. Bienkowski said this is a new company we never used which is why we recommended it for a one-year contract.

Dr. Rodrigue said in talking to Mr. Spreyer he called references and all had no less than 7 years history with this company. They were very attentive to their projects and were there on weekends when needed.

Mr. Clure asked why hourly rates were listed.

Mr. Bienkowski said this maintenance contract will include coming out to check the systems periodically so that will be paid separately when necessary.

Mr. Clure asked if we had a history of how many parts we have had to replace. Their general pricing is the lowest but their hourly rate is higher.

Mr. Bienkowski said we have always been able to live within the budget. We are aware that other things will break and there will be additional costs occasionally not covered by the contract.

Mr. Clure was concerned about how we would pay for extra costs.

Mr. Bienkowski said the extra \$40,000 savings will be available and only spent if we need to.

Mr. Vouros asked who would oversee the work.

Mr. Bienkowski said the head custodian in each school and Paul Devine will oversee the work.

Motion passes unanimously.

MOTION: Mrs. Harriman-Stites moved that the Board of Education award the contract for the Carpet and Flooring Installation at Newtown High School, Newtown Middle School and Reed Intermediate School to Red Thread of Bridgeport, Connecticut for the amount of \$57,010.

Mr. Cruson seconded.

Mr. Bienkowski said Red Thread is on the state bid list. This is for the carpeting and there is also flooring in certain areas but they are smaller projects and will be charged to the balance.

Motion passes unanimously.

Review of Social Media Policy:

Mrs. Harriman-Stites said this sample policy was sent to us by CABA to bring to the Board for a discussion to see if we felt it was necessary to be a policy or just be a general operating practice. She wanted feedback from Board before we moved forward.

Mr. Vouros suggested discussing this at another meeting when all Board members would be present, to which everyone agreed.

Item 9 – Public Participation

MOTION: Mrs. Harriman-Stites moved that the Board of Education go into executive session for the Superintendent's evaluation and action on the Central Office contractual employees and invite Dr. Lorrie Rodrigue. Mr. Cruson seconded. Motion passes unanimously.

Item 10 – Executive Session

Executive session began at 8:38 p.m. and ended at 9:50 p.m.

Item 11 – Public Session for Possible Voting

MOTION: Mrs. Harriman-Stites moved that the Board of Education extend the employment contract of Dr. Lorrie Rodrigue as Superintendent of Schools, through and including June 30, 2022, and MOVE FURTHER that the Board Chairperson be authorized to finalize and execute the employment contract with Dr. Rodrigue for the period July 1, 2019 through June 30, 2022. Mr. Cruson seconded.

Mrs. Ku felt that the Superintendent's review had been a collaborative process. Reviewing the Superintendent's strengths and looking at opportunities for the future is incredibly useful and leads to productive conversations between the Board and Superintendent. The updated contract takes into account Dr. Rodrigue's performance, our own benchmarking against other districts and the fact that the contract had not been updated in 16 months.

Motion passes unanimously.

MOTION: Mrs. Harriman-Stites moved that the Board authorize payment to Dr. Lorrie Rodrigue for five days of unused vacation from the 2017-18 school year, at Dr. Rodrigue's 2017-18 per diem pay rate of \$682.13 as the Newtown High School Principal. Mr. Cruson seconded. Motion passes unanimously.

MOTION: Mrs. Harriman-Stites moved to adjourn. Mr. Vouros seconded. Motion passes unanimously.

Item 12 – Adjournment

The meeting adjourned at 9:52 p.m.

Respectfully submitted:

Daniel J. Cruson, Jr.
Secretary

July 2, 2019

TO: Dr. Lorrie Rodrigue

FROM: Kim Longobucco

Please accept the donation of a 1999 Nissan Sentra/X, VIN:
1N4AB41D0CC710697 at an estimated value of \$1,000 from Edward White.

The vehicle will be used by Newtown High School Automotive Repair Classes.

Thank you.

Edward H White III
15 Pleasant Hill Rd, Newtown CT
Tel. (203)-426-9802

20 May 2019

Board of Education
Newtown Public School District
3 Primrose Street
Newtown, CT 06470

Re: Donation of Automobile

Dear Members of the Board:

Please be advised that I intend to donate the following vehicle, which I own, to the Newtown Public School District:

1999 Nissan Sentra/X
VIN: 1N4AB41D0XC710697
Approximate Odometer Reading: 190,000 miles
Estimated value: \$1000.00

In anticipation of your acceptance of this donation, I will arrange a time to drop off the vehicle and sign over the title.

Very truly yours,

Edward H White



NEWTOWN PUBLIC SCHOOLS

Deramo, Suzanne <deramos@newtown.k12.ct.us>

Resignation

Faiella, Gino <faiellag@newtown.k12.ct.us>
To: Lorrie Rodrigue <rodriguel@newtown.k12.ct.us>
Cc: Suzanne Deramo <deramos@newtown.k12.ct.us>

Mon, Jun 24, 2019 at 4:01 PM

Dear Dr. Rodrigue,

Please accept this correspondence as formal notification of my resignation effective June 30, 2019.

Sincerely

Gino Faiella

Gino Faiella, BOC I
Director of Operations
Newtown Public Schools
12 Berkshire Road
Sandy Hook, CT 06842
faiellag@newtown.k12.ct.us
Office: 203.426.7615
Mobile: 203.948.3332



NEWTOWN PUBLIC SCHOOLS

Deramo, Suzanne <deramos@newtown.k12.ct.us>

Fwd: Letter of Resignation

Mailloux-Petersen, Deborah <petersend@newtown.k12.ct.us>
To: Suzanne Deramo <deramos@newtown.k12.ct.us>

Mon, Jul 8, 2019 at 1:25 PM

----- Forwarded message -----

From: **Rousseau, Robert** <rousseaur@newtown.k12.ct.us>
Date: Fri, Jul 5, 2019 at 9:31 AM
Subject: Letter of Resignation
To: Deborah Mailloux-Petersen <petersend@newtown.k12.ct.us>, Tom Einhorn <einhornt@newtown.k12.ct.us>, Hall, Maureen <hallm@newtown.k12.ct.us>, Jim Ross <rossj@newtown.k12.ct.us>

Hi Deb,

I hope you are having a great summer. As you know, I've accepted a job as the Special Education Administrator, K-4, in the New Canaan Public School District. Therefore, please accept this letter as affirmation and notice of my resignation from my school psychologist and special education coordinator positions at Newtown Middle School (effective July 3). I will be coming in next week to do my best to get things ready for my replacement. Please let me know if there is anything else that can be done to ensure a smooth transition.

The Newtown Public School District and Newtown Middle School have been my home for the past 18 years. In fact, I will always consider it 'home', and the relationships I've built here will forever be important to me. I have valued my time here in this district and community immensely.

All the best,

Robert Rousseau- 203-906-2766

Deborah Mailloux-Petersen

Correspondence Report
06/18/2019 – 07/08/2019

Date	Name	Subject
06/29/19	Liza Mecca	Privacy Breach

*NEWTOWN HIGH SCHOOL

BOILER REPLACEMENT PROJECT IS IN FULL SWING
RELAMPING PROJECT IS WELL UNDERWAY
BOTH PROJECTS RUNNING ON SCHEDULE

CARPET BIDS FOR MAIN OFFICE, BANDROOM, AND CHORUS
ROOM ARE IN THE WORKS

SIDEWALK REPAIR AND REPLACEMENT BIDS ARE ALSO IN
IN THE WORKS

REPLACEMENT OF BASKETBALL HOOP CONTROLLER WILL
BE HAPPENING

*NEWTOWN MIDDLE SCHOOL

BIDS ON REPLACEMENT OF MAIN ENTRANCE STAIRS AND
SOME SIDEWALK REPLACEMENT ARE IN THE WORKS

*REED SCHOOL

REPAIR WORK HAPPENING ON UNDERGROUND TANK TO
FIX LEAK

BOTTLE FILL WATER STATION HAS BEEN ORDERED

CARPET BIDS FOR LOWER LEVEL BETWEEN BLUE AND
GREEN ARE IN THE WORKS

*HEAD O'MEADOW

NEW SINKS AND CABINETS ARE BEING ORDERED FOR AREA
4

BOTTLE FILLWATER HAS BEEN ORDERED

*HAWLEY SCHOOL

LIGHTING PROJECT IS UNDERWAY
BOILER PROJECT ALSO HAPPENING
BOTH ARE ON SCHEDULE

HIGHWAY WILL BE CREATING A FEW MORE
ADDITIONAL PARKING SPACES BY REMOVING PART
OF AN ISLAND

REPAINTING OF HALLWAYS HAPPENING

*SANDY HOOK

BOTTLE FILL WATER STATION HAS BEEN
ORDERED

- ALL SCHOOLS ALREADY HAVE HAD THEIR
KITCHEN HOODS CLEANED

NEWTOWN MUNICIPAL CENTER
 3 PRIMROSE STREET
 NEWTOWN, CONNECTICUT 06470
 TEL. (203) 270-6131 / FAX (203) 270-4205



RICK SPREYER

www.newtown-ct.gov

**TOWN OF NEWTOWN
 PURCHASING AGENT**

TO: Ron Bienkowski, Director of Business
 FROM: Rick Spreyer, Purchasing Agent
 SUBJECT: Bid Recommendation
 DATE: July 8, 2019

On June 7, 2019, the RFP for HVAC Preventative Maintenance at Newtown High School and Reed Intermediate School was published. A mandatory walk through was held on June 13, 2019 and was attended by seven (7) companies. Bids were submitted and read aloud on Monday, July 8, 2019.

Here is the list of each vendor that submitted bids and their bid amount:

Company	Address		High School	Reed	Hourly Rate	% Markup
Tucker Mechanical	367 Research Pkwy, Meriden, CT 06450	Year One	\$98,240	\$92,817	\$105/hr	14%
		Year Two	\$101,240	\$95,817	\$105/hr	14%
		Year Three	\$104,240	\$98,817	\$107/hr	14%
Tradesmen of New England	21 East Dudley Town Rd, Bloomfield, CT 06002	Year One	\$89,465	\$83,175	\$105/HR	35%
		Year Two	\$91,254	\$84,838	\$107/HR	35%
		Year Three	\$93,079	\$86,534	\$109/HR	35%
Harry Grodsky & Co	299a Industrial Park Rd., Middletown, CT 06457	Year One	\$72,800	\$59,000	\$116/hr	30%
		Year Two	\$74,980	\$60,770	\$119/hr	30%
		Year Three	\$77,200	\$62,500	\$122/hr	30%
Global Mechanical	157 Lepage Dr., Southington, CT 06489	Year One	\$118,500	\$65,100	\$115/hr	25%
		Year Two	\$124,425	\$67,600	\$120/hr	25%
		Year Three	\$128,160	\$69,600	\$125/hr	25%

After review of the bids, it was determined that Harry Grodsky & Co was the lowest responsible bidder on the project. Total budget for this project was \$173,600 for year one. It is my recommendation that the bid be awarded to Harry Grodsky and Co for the amount of \$131,800 for a term of one year with an option to renew for the next two years.

Sincerely,

 Rick Spreyer, Purchasing Agent

NEWTOWN MUNICIPAL CENTER
3 PRIMROSE STREET
NEWTOWN, CONNECTICUT 06470
TEL. (203) 270-6131 / FAX (203) 270-4205

www.newtown-ct.gov



RICK SPREYER

TOWN OF NEWTOWN
PURCHASING AGENT

TO: Ron Bienkowski, Director of Business
FROM: Rick Spreyer, Purchasing Agent
SUBJECT: Bid Recommendation
DATE: July 8, 2019

On June 28, 2019, the RFP for Carpet and Flooring Installation at Newtown High School, Newtown Middle School and Reed Intermediate School was published. A mandatory walk through was held on July 2, 2019 and was attended by four (4) companies. Bids were submitted and read aloud on Monday, July 8, 2019.

Here is the list of each vendor that submitted bids and their bid amount:

Company	Address	High School	Middle School	Reed	Total
R&B Ceramic Tile	10 Pickett Ave., Wallingford, CT 06492	\$77,875	\$1,000	\$26,500	\$105,375
The John Boyle Co	PO Box 397, New Britain, CT 06050	\$47,400	\$750	\$19,500	\$67,650
Red Thread	1000 Lafayette Blvd, Bridgeport, CT 06604	\$38,865	\$600	\$17,545	\$57,010

After review of the bids, it was determined that Red Thread was the lowest bidder on all 3 aspects of the project. Total budget for this project was \$90,000. It is my recommendation that the bid be awarded to Red Thread for the amount of \$57,010.

Sincerely,


Rick Spreyer, Purchasing Agent



STATE OF CONNECTICUT
DEPARTMENT OF EDUCATION



TO: Superintendents of Schools

FROM: Charlene Russell-Tucker, Chief Operating Officer 

DATE: July 8, 2019

SUBJECT: Family Engagement High-Impact Practice – Sharing Data with Families

This is the fifth in a series of monthly memos intended to support Connecticut's new definition and framework for family engagement, Full, Equal and Equitable Partnerships with Families. The Framework includes a set of guiding principles, one of which speaks to the importance of sharing information frequently with families about how their children are doing.

A report by the Global Family Research Project demonstrates that data sharing is a high-leverage area for engaging families. When families and schools communicate about student performance, they are more effective at planning learning opportunities and promoting children's success. However, other research indicates that the information parents commonly use to understand achievement often leads them to believe that their children are performing better than they actually are. The sources of this disconnect, common characteristics of successful data-sharing programs, and resources for equitable collaboration are discussed below.

The Disconnect between Parent Perceptions and Student Data

A new national study by Learning Heros found that nine in ten parents of children in kindergarten through eighth grade believed that their child was achieving at or above grade level in both reading and math. This finding was consistent regardless of parents' race, income or education level. Yet national data indicates only about one third of students actually perform at that level.

Why is there a disconnect? When parents were asked how they knew their child was achieving they said they relied primarily on report cards. The nationally representative sample of teachers in the study, however, said that report card grades reflect effort, progress and participation, and are not the best indicator of grade-level mastery.

Teachers have a number of sources available to judge student achievement, from diagnostic assessments measuring math and reading levels to class assignments and teacher-made tests and quizzes. When parents in the study had access to and understanding of additional sources of data, such as state test results, and a school performance rating, their thinking shifted – from nearly 9 in 10 believing that their child is at or above grade level before exposure, to just over half (52%).

Effectively Sharing Data with Families

Sharing data effectively with families is not a one-time event, but is an ongoing relational practice that encourages connections between school life and home life. Effective data-sharing programs provide information and also put that data in context and make it meaningful for families. Best practices include helping families understand how their child's performance relates to age and grade-level expectations and opportunities for families to share information about out-of-school life. Teachers and parents then are in a better position to co-develop the next steps, such as creating learning goals and identifying resources to extend learning.

Ensuring Equitable Access to Data

Families have varying levels of familiarity with English and with technology as well as different levels of access. The Global Family Research Project suggests not only providing online access to data but also offering training on how to log in and access reports and instructions translated into different languages. Community centers and libraries can be key partners in providing access points for those families who might not have devices or connectivity at home. With support from the school, community organizations also can be allies in reaching out to families to help them access, understand, and act on student data.

Resources and Strategies for Sharing Data with Families

Below are resources and strategies for providing families with student data that is accessible, understandable and actionable.

- All the Information in One Place: Family Worksheets
Learning Heros designed Family Worksheets as a simple tool to promote conversations between teachers and families and elicit parents' insights on their child's learning. The Worksheets align grade-level goals with a student's current mastery level in terms that are clear and understandable. Worksheets also provide parents with questions they can ask their child's teacher and include skills-based resources parents can use to help their child at home. Family Worksheets are available for elementary and middle school grades.

- Understanding School Performance: The New Connecticut Report Cards
The Connecticut State Department of Education recently released the "Connecticut Report Cards." The report cards are user-friendly visual reports for all schools, districts and the state. The report cards use simple charts to visualize data and trends in an accessible and understandable format. Each report card provides essential information about:
 - Students (e.g., enrollment, demographics, attendance, discipline);
 - Educators (e.g., capacity, demographics, attendance);
 - Instruction/Resources (e.g., course participation, time with non-disabled peers, per-pupil expenditures); and
 - Performance (e.g., state test achievement and growth, high school graduation, college readiness, physical fitness, college entrance).

- A Data-informed Plan to Support Learning at Home: Academic Parent Teacher Teams
The Academic Parent-Teacher Teams (APTT) model uses both individual and classroom student data in 75 minute group meetings with families that replace traditional parent-teacher conferences. Families gain a hands-on understanding of what all the complex performance measures such as grades, test scores, and rankings mean, and how they might impact children's likelihood to stay on the path to graduation and college. Parents and teachers create a data-informed plan to support learning at home and identify milestones and communicate about progress. The APTT model has been shown to increase parents' sense of effectiveness, improve teachers' perceptions of families' willingness to support learning goals, and improve reading outcomes for children.

When parents have a complete picture of their child's academic performance and strong relationships with teachers, they are more prepared to be a true partner in their child's learning.

If you have any questions, please contact Dr. Judy Carson at judy.carson@ct.gov or 860-807-2122.

CRT:jc

Connecticut State Department of Education

Full, Equal and Equitable Partnerships with Families

[Introduction \(/SDE/Publications/Full-Equal-and-Equitable-Partnerships-with-Families/Introduction\)](/SDE/Publications/Full-Equal-and-Equitable-Partnerships-with-Families/Introduction)

[The Definition: A Clear Consensus \(/SDE/Publications/Full-Equal-and-Equitable-Partnerships-with-Families/The-Definition-A-Clear-Consensus\)](/SDE/Publications/Full-Equal-and-Equitable-Partnerships-with-Families/The-Definition-A-Clear-Consensus)

[Guiding Principles \(/SDE/Publications/Full-Equal-and-Equitable-Partnerships-with-Families/Guiding-Principles\)](/SDE/Publications/Full-Equal-and-Equitable-Partnerships-with-Families/Guiding-Principles)

[Building Capacity to Do the Work: Stakeholders' Roles and Actions \(/SDE/Publications/Full-Equal-and-Equitable-Partnerships-with-Families/Building-Capacity\)](/SDE/Publications/Full-Equal-and-Equitable-Partnerships-with-Families/Building-Capacity)

[Implementing the Framework: An Invitation to Partners \(/SDE/Publications/Full-Equal-and-Equitable-Partnerships-with-Families/Implementing-the-Framework\)](/SDE/Publications/Full-Equal-and-Equitable-Partnerships-with-Families/Implementing-the-Framework)

[Chart 1: What Does High-Impact Family Engagement Look Like in Early Childhood Programs? \(/SDE/Publications/Full-Equal-and-Equitable-Partnerships-with-Families/Chart-1\)](/SDE/Publications/Full-Equal-and-Equitable-Partnerships-with-Families/Chart-1)

[Chart 2: What Does High Impact Family Engagement Look Like in Elementary Schools? \(/SDE/Publications/Full-Equal-and-Equitable-Partnerships-with-Families/Chart-2\)](/SDE/Publications/Full-Equal-and-Equitable-Partnerships-with-Families/Chart-2)

[Chart 3: What Does High-Impact Family Engagement Look Like in After School Programs? \(/SDE/Publications/Full-Equal-and-Equitable-Partnerships-with-Families/Chart-3\)](/SDE/Publications/Full-Equal-and-Equitable-Partnerships-with-Families/Chart-3)

[Chart 4: What Does High Impact Family Engagement Look Like in Middle and High Schools? \(/SDE/Publications/Full-Equal-and-Equitable-Partnerships-with-Families/Chart-4\)](/SDE/Publications/Full-Equal-and-Equitable-Partnerships-with-Families/Chart-4)

[Appendix A: Sources of Input from Families and Other Stakeholders \(/SDE/Publications/Full-Equal-and-Equitable-Partnerships-with-Families/Appendix-A-Sources-of-Input-from-Families-and-Other-Stakeholders\)](/SDE/Publications/Full-Equal-and-Equitable-Partnerships-with-Families/Appendix-A-Sources-of-Input-from-Families-and-Other-Stakeholders)

[Appendix B: Selected Research References \(/SDE/Publications/Full-Equal-and-Equitable-Partnerships-with-Families/Appendix-B-Selected-Research-References\)](/SDE/Publications/Full-Equal-and-Equitable-Partnerships-with-Families/Appendix-B-Selected-Research-References)

[Printable version \(/SDE/Publications/Full-Equal-and-Equitable-Partnerships-with-Families/Printable-version\)](/SDE/Publications/Full-Equal-and-Equitable-Partnerships-with-Families/Printable-version)

[Implementing High-Impact Practice: Memos to Superintendents \(/SDE/Publications/Full-Equal-and-Equitable-Partnerships-with-Families/Implementing-High-Impact-Practice--Memos-to-Superintendents\)](/SDE/Publications/Full-Equal-and-Equitable-Partnerships-with-Families/Implementing-High-Impact-Practice--Memos-to-Superintendents)

Guiding Principles

From the moment of birth throughout life, families have enormous influence on their children's learning and development. A large body of research has identified high-impact strategies to engage families that can produce dramatic gains in children's social and emotional development, academic achievement, and success in life (see [Appendix B \(/SDE/Publications/Full-Equal-and-Equitable-Partnerships-with-Families/Appendix-A-Sources-of-Input-from-Families-and-Other-Stakeholders\)](/SDE/Publications/Full-Equal-and-Equitable-Partnerships-with-Families/Appendix-A-Sources-of-Input-from-Families-and-Other-Stakeholders) for citations). These guiding principles, which are grounded in that research, were the topic of lively discussions during the focus groups and Symposium:

- 1. Build collaborative, trusting relationships focused on learning.** For example: Offer getting-to-know-you meetings in smaller, informal settings. Make relationship-building home visits. Co-design with families a pre-school-elementary school transition program.
- 2. Listen to what families say about their children's interests and challenges.** For example: Pay attention to different cultural perspectives and use families' ideas to create programming, tailor instruction, improve discipline practices, design professional development, and recruit early learning providers, school leaders and staff.
- 3. Model high-quality learning practices.** For example: Share how families can engage children in interactive play, reading, and hands-on math activities that promote problem solving. Invite families to visit the after-school program, meet staff, and join the activities. Host "classroom visits" for families to see firsthand what their kids are doing in class and how the classroom is set up for learning.
- 4. Share information frequently with families about how their children are doing.** For example: Talk about the skills that will help children upon their transition to kindergarten and discuss children's progress with families regularly. Explain your school or program's high achievement goals and ask families about their ideas to help their kids reach them.
- 5. Talk with students about how they want teachers and families to support their learning.** For example: Include students' ideas in Title I school-parent compacts, personal learning plans, and requests for professional learning. Respond to what students say about social and emotional issues. In middle and high school, set up an advisory system, so that all students have someone who knows them well and who can be their advocate in the school and the primary contact for their families.
- 6. Co-develop cultural competence among staff and families.** For example: Build students' home cultures into programming and curriculum. Invite families and early learning providers/teachers/ community learning program staff to share their cultural and family traditions. Showcase the diversity in your early learning setting, school, or after-school program.
- 7. Support parents to become effective leaders and advocates for children.** For example: Collaborate with initiatives that develop parents' knowledge and skills to become civic leaders and problem-solvers. Provide information about how the education system works, from early childhood to higher education, and how to advocate for their children's needs and opportunities within that system.

(Charts 1-4 illustrate how elementary, middle and high schools, early childhood and after school programs can move from lower to higher impact.)

"I wish that teachers and staff would approach me with their heart, not just the standard expectation of our family/children. It would be nice to have a gathering where we just had a good time getting to know each other. Build positive relationships, without judgment or expectations." Connecticut Parent, August 2017

"Trusting relationships between families and educators lay the foundation for strong partnership." Symposium Participants, December 2017

Students

First Aid/Emergency Medical Care

Use of Automatic External Defibrillators (AEDs)

The Newtown School District strives to provide a safe environment for students, staff, parents and community as they learn and recreate in school facilities. In order to assist individuals who may experience cardiac arrest on school property, the Newtown Board of Education has acquired automatic external defibrillators (AEDs) ~~In achieving a safe environment, automatic external defibrillators (AEDs) shall~~ to be placed at each school within the District if funding is available. The AED and trained personnel shall be available during (1) the school's normal operational hours, (2) school-sponsored athletic events and practices on school grounds, and (3) school-sponsored events not taking place during normal school operational hours. The automatic external defibrillators ~~shall be used in emergency situations when sudden cardiac arrest occurs~~ shall be used in emergency situations warranting its use. Each school shall have school staff trained in the use of AEDs and in cardiopulmonary resuscitation (CPR). Such training shall be in accordance with the standards set forth by the American Red Cross or the American Heart Association.

~~**Optional language to consider:** Two or more persons in each building including the school nurse or nurse's assistant, will be trained and certified in the use of an AED.~~

The AED will be stored in an accessible location in each school. The defibrillators shall be maintained and tested in accordance with the operational guidelines of the manufacturer and monitored by the school nurse. (or medical advisor, athletic director, safety coordinator, etc.)

~~Students who inappropriately access and/or use an AED will be deemed to have violated the school's conduct code and subject to disciplinary action.~~

~~**Optional language to consider:** Automatic external defibrillators will be maintained according to manufacturers' specifications on the premises of each building in the District if funding is available. The AED will be used in emergency situations warranting its use by individuals specifically trained in the application of the device (AED) and in cardiopulmonary resuscitation (CPR) through a training program meeting standards set forth by the American Red Cross or the American Heart Association and the Connecticut Department of Public Health.~~

The Emergency Medical Service System is to be activated immediately upon discovery of a situation in which the use of an AED is anticipated, as required. Activation will be via the 911 emergency telephone system. The activation of the Emergency Medical Service System must not be delayed due to the actual or anticipated use of an AED.

Students

First Aid/Emergency Medical Care

Use of Automatic External Defibrillators (AEDs) (continued)

~~Each AED within the District shall be registered with the Town's Emergency Medical Service provider and with the Connecticut Office of Emergency Medical Services. A report shall be forwarded to the local EMS provider for medical review (and to the District's Medical Advisor) each time an AED is activated.~~

~~The [Medical Advisor, Principal, Superintendent, etc.] may specify that an authorized user may bring an AED to other areas of a school or its grounds for the purpose of standing by at specific events or activities. A communication mechanism will be established for the purpose of notifying trained authorized users within each building of the relocation of an AED from its usual place of storage.~~

~~A regulation will delineate the procedures to be followed when using an AED. The procedure constitutes a physician's order and is to be written by the District's Medical Advisor.~~

Alternative language to consider: The Superintendent of Schools shall establish administrative guidelines that will outline the specific responsibilities, training, management and procedures for the use of the District's automatic external defibrillators.

or

~~The Superintendent is directed to promulgate such procedures/regulations as are necessary to provide for the installation and maintenance of such defibrillators and for the training of District personnel whose duties include operation of such devices.~~

Teachers and other school personnel, who have fulfilled the training requirements of this policy, providing emergency first aid involving the use of an AED shall be immune from liability if they meet the statutory requirements for immunity, which include a course in first aid that includes CPR and training in the use of AEDs provided in accordance with the standards of the American Red Cross or the American Heart Association.

It is the policy of the Board of Education to support the use of automatic external defibrillators and trained school personnel during medically appropriate circumstances.

The Board recognizes that in accordance with applicable legislation, it does not have to comply with these provisions if state, federal, or private funding is not available to it for AED purchasing and for school personnel training.

Students

First Aid/Emergency Medical Care

Use of Automatic External Defibrillators (AEDs) (continued)

Emergency Action Response Plans

Each school shall develop an emergency action response plan addressing the appropriate use of school personnel to respond to incidents involving an individual experiencing sudden cardiac arrest or a similar life-threatening emergency while on school grounds. Also, each school with an athletic department or organized athletic program shall develop an emergency action response plan addressing appropriate school personnel response to the same circumstances while attending or participating in an athletic event or practice on school grounds.

(cf. 5141 - Student Health Services)

(cf. 5141.1 - Care of Accidents)

~~(cf. 5141.26 – Emergency Situation with No Nurse in School)~~

(cf. 5141.3 - Health Assessments and Immunizations)

(cf. 5142 - Safety)

Legal Reference: Connecticut General Statutes
19a-175 Definitions
10-212d Availability of automatic external defibrillators in schools
10-221 Boards of education to prescribe rules.
52-557b “Good Samaritan law.” Immunity from liability for emergency medical assistance, first aid or medication by injection. School personnel not required to administer or render (as amended by P.A. 09-59).
Public Law 106-505 Cardiac Arrest Survival Act.
Public Law 105-170 Aviator Medical Assistance Act.
Public Law 107-188 The Public Health Security and Bioterrorism Response Act.

Policy adopted:

Students

Health Assessments and Immunizations

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

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

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

The Superintendent shall designate the school nurse to receive reports of health assessments and immunizations from health care providers.)

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

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

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

Students

Health Assessments and Immunizations (continued)

Health Assessment for Interscholastic Sports

Health assessment is required for interscholastic participation in sports at the middle and high school level.

The health assessment for sports must be completed prior to the first training session of the sports season. Health assessments are valid for 13 months. Registration through the Family ID program must be completed by the parent of guardian prior to participation in each sport.

Students who are not in compliance with a valid health assessment, Family ID registration including permission from their parent/guardian will not be allowed to participate.

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

(cf. 5111 - Admission)
(cf. 5141.31 - Physical Examinations for School Programs)
(cf. 5125 - Student Records)
(cf. 5125.11 - Health/Medical Records – HIPAA)
(cf. 5141 - Student Health Services)

Legal Reference: Connecticut General Statutes

- 10-204a Required immunizations (as amended by P.A. 15-174 and P.A. 15-242)
- 10-204c Immunity from liability
- 10-205 Appointment of school medical adviser
- 10-206 Health assessments (as amended by P.A.17-146 and PA 18-168)
- 10-206a Free health assessments
- 10-207 Duties of medical advisors
- 10-208 Exemption from examination or treatment
- 10-208a Physical activity of student restricted; board to honor notice
- 10-209 Records not to be public. Provision of reports to schools.
- 10-212 School nurses and nurse practitioners
- 10-214 Vision, audiometric and postural screenings. When required. Notification of parents re defects; record of results. (as amended by PA 17-146)

Students

Health Assessments and Immunizations

Legal Reference (continued)

Department of Public Health, Public Health Code, 10-204a-2a, 10-204a-3a, 10-204a-4

Section 4 of P.A. 14-231

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

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

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

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

Students

Health Assessments and Immunizations

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

- 1) Proof of immunization shall be required prior to school entry. A "school-aged child" also includes any student enrolled in an adult education program that leads to a high school diploma. This immunization verification is mandatory for all new school enterers and must include complete documentation of those immunizations requiring a full series. Documentation of immunizations must include all immunizations as outlined on the “Immunization Requirements for Enrolled Students in Connecticut Schools.”

[Click here for list:](#)

[CT School Immunization Requirements](#)

- Immunization requirements are satisfied if a student:
 - (i) presents verification of the above mentioned required immunizations;
 - (ii) presents a certificate from a physician, physician assistant, advanced practice registered nurse or a local health agency stating that initial immunizations have been administered to the child and additional immunizations are in process;
 - (iii) presents a certificate from a physician stating that in the opinion of the physician immunization is medically contraindicated in accordance with the current recommendation of the National Centers for Disease Control and Prevention Advisor Committee on Immunization Practices because of the physical condition of the child;
 - (iv) presents a written statement officially acknowledged by a notary public or a judge, family support magistrate, clerk/deputy clerk of a court having a seal, a town clerk, a justice of the peace, a Connecticut-licensed attorney ~~or a school nurse~~ from the parents or guardian of the child that such immunization would be contrary to religious beliefs of the child or his/her parents/guardians;
 - (v) he/she has had a natural infection confirmed in writing by a physician, physician assistant, advanced practice registered nurse or laboratory.

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

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



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

IMMUNIZATION REQUIREMENTS FOR ENROLLED STUDENTS IN CONNECTICUT SCHOOLS 2019-2020 SCHOOL YEAR



PRESCHOOL

DTaP:	4 doses (by 18 months for programs with children 18 months of age)
Polio:	3 doses (by 18 months for programs with children 18 months of age)
MMR:	1 dose on or after 1 st birthday
Hep B:	3 doses, last one on or after 24 weeks of age
Varicella:	1 dose on or after 1 st birthday or verification of disease
Hib:	1 dose on or after 1 st birthday
Pneumococcal:	1 dose on or after 1 st birthday
Influenza:	1 dose administered each year between August 1 st -December 31 st (2 doses separated by at least 28 days required for those receiving flu for the first time)
Hepatitis A:	2 doses given six calendar months apart, 1 st dose on or after 1 st birthday

KINDERGARTEN

DTaP:	At least 4 doses. The last dose must be given on or after 4 th birthday
Polio:	At least 3 doses. The last dose must be given on or after 4 th birthday
MMR:	2 doses separated by at least 28 days, 1 st dose on or after 1 st birthday
Hep B:	3 doses, last dose on or after 24 weeks of age
Varicella:	2 doses separated by at least 3 months-1 st dose on or after 1 st birthday, or verification of disease
Hib:	1 dose on or after 1 st birthday for children less than 5 years old
Pneumococcal:	1 dose on or after 1 st birthday for children less than 5 years old
Hepatitis A:	2 doses given six calendar months apart, 1 st dose on or after 1 st birthday

GRADES 1-6

DTaP/Td:	At least 4 doses. The last dose must be given on or after 4 th birthday. Students who start the series at age 7 or older only need a total of 3 doses.
Polio:	At least 3 doses. The last dose must be given on or after 4 th birthday
MMR:	2 doses separated by at least 28 days, 1 st dose on or after 1 st birthday
Hep B:	3 doses, last dose on or after 24 weeks of age
Varicella:	2 doses separated by at least 3 months-1 st dose on or after 1 st birthday, or verification of disease
Hepatitis A:	2 doses given six calendar months apart, 1 st dose on or after 1 st birthday

GRADE 7

Tdap/Td:	1 dose for students who have completed their primary DTaP series. Students who start the series at age 7 or older only need a total of 3 doses of tetanus-diphtheria containing vaccine, one of which must be Tdap
Polio:	At least 3 doses. The last dose must be given on or after 4 th birthday
MMR:	2 doses separated by at least 28 days, 1 st dose on or after 1 st birthday
Meningococcal:	1 dose
Hep B:	3 doses, last dose on or after 24 weeks of age
Varicella:	2 doses separated by at least 3 months-1 st dose on or after 1 st birthday, or verification of disease
Hepatitis A:	2 doses given six calendar months apart, 1 st dose on or after 1 st birthday

GRADES 8-12

Tdap/Td:	1 dose for students who have completed their primary DTaP series. Students who start the series at age 7 or older only need a total of 3 doses of tetanus-diphtheria containing vaccine, one of which must be Tdap
Polio:	At least 3 doses. The last dose must be given on or after 4 th birthday
MMR:	2 doses separated by at least 28 days, 1 st dose on or after 1 st birthday
Meningococcal:	1 dose
Hep B:	3 doses, last dose on or after 24 weeks of age
Varicella:	2 doses separated by at least 3 months-1 st dose on or after 1 st birthday; or verification of disease

- DTaP vaccine is not administered on or after the 7th birthday.
- Tdap can be given in lieu of Td vaccine for children 7 years and older unless contraindicated.
- Hib is required for all Pre-K and K students less than 5 years of age.
- Pneumococcal Conjugate is required for all Pre-K and K students less than 5 years of age.
- Hep A requirement for school year 2019-2020 applies to all Pre-K through 7th graders born 1/1/07 or later.
- Hep B requirement for school year 2019-2020 applies to all students in grades K-12.
Spacing intervals for a valid Hep B series: at least 4 weeks between doses 1 and 2; 8 weeks between doses 2 and 3; at least 18 weeks between doses 1 and 3; dose 3 must be administered at 24 weeks of age or later.
- Second MMR for school year 2019-2020 applies to all students in grades K-12.
- Meningococcal Conjugate requirement for school year 2019-20 applies to all students in grades 7-12
- Tdap requirement for school year 2019-2020 applies to all students in grades 7-12
- If two live virus vaccines (MMR, Varicella, MMRV, Intra-nasal Influenza) are not administered on the same day, they must be separated by at least 28 days (there is no 4 day grace period for live virus vaccines). If they are not separated by at least 28 days, the vaccine administered second must be repeated.
- Lab confirmation of immunity is **only** acceptable for Hep A, Hep B, Measles, Mumps, Rubella, and Varicella.
- **VERIFICATION OF VARICELLA DISEASE:** Confirmation in writing by a MD, PA, or APRN that the child has a previous history of disease, based on family or medical history.

For the full legal requirements for school entry visit:

<https://portal.ct.gov/DPH/Immunizations/Immunization--Laws-and-Regulations>

If you are unsure if a child is in compliance, please call the Immunization Program at (860) 509-7929.

New Entrant Definition:

*New entrants are any students who are new to the school district, including all preschoolers and all students coming in from Connecticut private, parochial and charter schools located in the same or another community. **All pre-schoolers, as well as all students entering kindergarten**, including those repeating kindergarten, and those moving from any public or private pre-school program, even in the same school district, **are considered new entrants**. The one exception is students returning from private approved special education placements—they are not considered new entrants.

Commonly Administered Vaccines:

<u>Vaccine:</u>	<u>Brand Name:</u>	<u>Vaccine:</u>	<u>Brand Name:</u>
DTaP-IPV-Hib	Pentacel	MMRV	ProQuad
DTaP-HIB	TriHibit	PCV7	Prevnar
HIB-Hep B	Comvax	PCV13	Prevnar 13
DTaP-IPV-Hep B	Pediarix	DTaP-IPV	Kinrix, Quadracel
Hepatitis A	Havrix, Vaqta	Influenza	Fluzone, FluMist, Fluviron, Fluarix, FluLaval Flucelvax, Afluria

Students

Health Assessments and Immunizations (continued)

- 2) A physical examination including blood pressure, height, weight, hematocrit or hemoglobin, and a chronic disease assessment which shall include, but not be limited to, asthma and which must include public health related screening questions for parents to answer and other screening questions for providers and screenings for hearing, vision, speech, gross dental and posture shall be required for all new school enterers, and students in grade 6 and grade 9 or 10. This health assessment must be completed either prior to school entry or 30 calendar days after the beginning of school for new school enterers. This assessment must be conducted within the school year for students in grade 6 ~~or~~ and grade 9 ~~or 10~~. Parents of students in grade 6 and grade 9 ~~or 10~~ shall be notified, in writing, of the requirement of a health assessment and shall be offered an opportunity to be present at the time of assessment.

The assessment shall also include tests for tuberculosis, sickle cell anemia or Cooley's anemia and test for lead levels in the blood when the Board of Education, after consultation with the school medical advisor and the local health department, determine such tests are necessary.

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

1. birth in a high risk country of the world (~~to include all countries in Africa, Asia, the former Soviet Union, Eastern Europe, Central and South America, Dominican Republic and Haiti, see list of countries in Appendix B~~) (per WHO list of TB high burden countries) and do not have a record of a TST (tuberculin skin test) or IGRA (interferon-gamma release assay) performed in the United States.
2. travel to a high risk country staying at least one week with substantial contact with the indigenous population since the previously required examination;
3. extensive contact with persons who have recently come to the United States from high risk countries since the previously required examination;
4. contact with persons suspected to have tuberculosis; or
5. lives with anyone who has been in a homeless shelter, jail or prison, uses illegal drugs or has HIV infection.

Students

Health Assessments and Immunizations (continued)

~~The results of the risk assessment and testing, when done, should be recorded on the State of Connecticut Health Assessment Record (HAR-3) or directly in the student's Cumulative Health Record (CHR-1).~~

Health assessments completed within one calendar year of new school entry or grades 6 or grade 9 will be accepted by the school system. Failure of students to satisfy the above mentioned health assessment timeliness and/or requirements shall result in exclusion from school.

- 3) Parents or guardians of students being excluded from school due to failure to meet health assessment requirements shall be given a thirty calendar day notice in writing, prior to any effective date of school exclusion. Failure to complete required health assessment components within this thirty-day grace period shall result in school exclusion. This exclusion shall be verified, in writing, by the Superintendent of Schools or his/her designee. Parents of excluded students may request administrative hearing of a health assessment-related exclusion within five days of final exclusion notice. An administrative hearing shall be conducted and a decision rendered within fifteen calendar days after receipt of request. A subcommittee of the Board of Education shall conduct an administrative hearing and will consider written and/or oral testimony offered by parents and/or school officials.
- 4) Health screenings shall be required for all students according to the following schedule:

Vision Screening	Grades K, 1, 3, 4, 5
Audiometric Screening	Grades K, 1, 3, 4, 5
Postural Screening	Grades 5 and 7 for female students Grades 8 or 9 for male students

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

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

Students

Health Assessments and Immunizations (continued)

- 5) Parents of students failing to meet standards of screening or deemed in need of further testing shall be notified by the Superintendent of Schools. A written notice shall be given to the parent/guardian of each student who is found to have any defect of vision or disease of the eyes, with a brief statement describing such defect or disease and a recommendation for the student to be examined by a licensed optometrist or licensed ophthalmologist. A written statement shall also be provided to the parent/guardian of any student who did not receive the vision screening with a brief statement explaining the reason.

Students eligible for free health assessments shall have them provided by the health services staff. School District may refer student to local health resources to provide free assessments.

- 6) Health records shall be maintained in accordance with Policy #5125.
- 7) All candidates for all athletic teams shall be examined annually by a legally qualified practitioner of medicine. ~~the designated school physician at a time and place determined by the Director of Athletics and/or coach.~~

No candidate will be permitted to engage in either a practice or a contest unless this requirement has been met, and he or she has been declared medically fit for athletics.

An athlete need not be re-examined upon entering another sport unless the coach requests it.

If a student is injured, either in practice, a contest, or from an incident outside of school activities at requires him or her to forego either a practice session or contest, that student will not be permitted to return to athletic activity until a legally qualified practitioner of medicine ~~the school physician~~ examines the student and pronounces him/her medically fit for athletics.

Students

Health Assessments and Immunizations (continued)

Oral Health Assessments

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

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

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

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

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

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

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

Students

Health Assessments and Immunizations

Legal Reference: Connecticut General Statutes

- 10-204a Required immunizations (as amended by P.A. 15-174 and P.A. 15-242)
- 10-204c Immunity from liability
- 10-205 Appointment of school medical adviser
- 10-206 Health assessments (as amended by June Special Session PA 01-4, PA 01-9, PA 05-272, PA 07-58 and PA 18-168)
- 10-207 Duties of medical advisers
- 10-206a Free health assessments (as amended by June Special Session PA 01-1)
- 10-208 Exemption from examination or treatment
- 10-208a Physical activity of student restricted; board to honor notice
- 10-209 Records not to be public. Provision of reports to schools.
- 10-212 School nurses and nurse practitioners
- 10-214 Vision, audiometric and postural screenings. When required. Notification of parents re defects; record of results, as amended by PA 17-173

Department of Public Health, Public Health Code, 10-204a-2a,10-204a-3a and 10-204a-4

Regulation approved:

rev 9/11
rev 7/15
rev 6/17
rev 6/18

R5141.3

A succinct sample regulation to consider.



Health Assessments and Immunizations

A complete immunization record must be presented before a child enters any District school. For all students, this record must show dates of adequate immunizations against:

- Diphtheria;
- Pertussis;
- Tetanus;
- Poliomyelitis (initial series plus booster given on or after the fourth birthday); and
- Hepatitis B (three doses).

In addition, the following immunizations are also required:

Hib	1 dose given on or after the first birthday for students under five years of age.
Pneumococcal	1 dose given on or after the first birthday for students under five years of age who were born on or after January 1, 2007 and are enrolled in Pre-Kindergarten or Kindergarten on or after August 1, 2011.
Hepatitis A	2 doses for all students born on or after January 1, 2007 who are enrolled in Pre-Kindergarten or Kindergarten, on or after August 1, 2011. First dose given on or after the first birthday.
Influenza	1 dose for students under five years of age enrolled in pre-school, on or after August 1, 2011. Vaccine should be administered annually between August 1 and December 31 st . Individuals receiving the vaccine for the first time require two doses.
Measles, Mumps, Rubella	2 doses for all students enrolled in Kindergarten through grade 12, on or after August 1, 2011. First dose given on or after the first birthday.
Varicella	2 doses for those enrolled in Kindergarten or 7 th grade, on or after August 1, 2011. First dose given on or after the first birthday.
Tdap	1 dose, given after the 7 th birthday, of diphtheria, tetanus and pertussis vaccine for those enrolled in 7 th grade, on or after August 1, 2011.
Meningococcal	1 dose for those enrolled in 7 th grade, on or after August 1, 2011.

Under certain circumstances, proof of immunity based upon specific blood testing or disease certification is acceptable in lieu of immunization. Parents/guardians should be instructed to contact the school nurse for further information.

Regulation approved:

cps 6/11

Sample policies are distributed for demonstration purposes only. Unless so noted, contents do not necessarily reflect official policies of the Connecticut Association of Boards of Education, Inc.

STATE OF CONNECTICUT
Department of Public Health

**IMMUNIZATION REQUIREMENTS FOR ENROLLED STUDENTS IN
CONNECTICUT SCHOOLS FOR 2014-2015 SCHOOL YEAR**

See separate PDF file in Series 5000
5141.3 Appendix – School Immunizations

5141.3 Appendix B

List of High Risk¹ Tuberculosis Countries

Afganistan	Georgia	Paraguay
Algeria	Ghana	Peru
Angola	Guam	Philippines
Anguilla	Guatemala	Poland
Argentina	Guinea	Portugal
Armenia	Guinea-Bissau	Qatar
Azerbaijan	Guyana	Republic of Korea
Bahrain	Haiti	Republic of Moldova
Bangladesh	Honduras	Romania
Belarus	India	Russian Federation
Belize	Indonesia	Rwanda
Benin	Iraq	Saint Vincent and the Grenadines
Bhutan	Japan	Sao Tome and Principe
Bolivia (Plurinational State of)	Kazakhstan	Senegal
Bosnia and Herzegovina	Kenya	Serbia
Botswana	Kiribati	Seychelles
Brazil	Kuwait	Sierra Leone
Brunei Darussalam	Kyrgyzstan	Singapore
Bulgaria	Lao Peoples Democratic Republic	Solomon Islands
Burkina Faso	Latvia	Somalia
Burundi	Lesotho	South Africa
Cambodia	Liberia	Sri Lanka
Cameroon	Libyan Arab Jamahiriya	Sudan
Cape Verde	Madagascar	Suriname
Central African Republic	Malawi	Swaziland
Chad	Malaysia	Syrian Arab Republic
China	Maldives	Tajikistan
China, Hong Kong Sp. Admin. Region	Mali	Thailand
China, Macao Administrative Region	Marshall Islands	The former Yugoslav Rep. of Macedonia
Colombia	Mauritius	Timor-Leste
Comoros	Micronesia (Federated States of)	Togo
Cong	Mongolia	Tonga
Cook Islands	Montenegro	Trinidad and Tobago
Cote d'Ivoire	Morocco	Tunisia
Croatia	Mozambique	Turkey
Democratic People's Rep. of Korea	Myanmar	Turkmenistan
Democratic Republic of the Congo	Namibia	Tuvalu
Djibouti	Nepal	Uganda
Dominican Republic	New Caledonia	Ukraine
Ecuador	Nicaragua	United Republic of Tanzania
El Salvador	Niger	Uruguay
Equatorial Guinea	Northern Mariana Islands	Uzbekistan
Eritrea	Pakistan	Vanuatu
Estonia	Palau	Venezuela (Bolivarian Republic of)
French Polynesia	Panama	Viet Nam
Gabon	Papua New Guinea	Yemen
Gambia	Paraguay	Zambia
		Zimbabwe

¹Greater than 20/100,000 population

Estimates can be found at <http://apps.who.int/ghodata/?vid=500>

**STATE OF CONNECTICUT
DEPARTMENT OF EDUCATION
Health Assessment Record**

To Parent or Guardian:

In order to provide the best educational experience, school personnel must understand your child's health needs. This form requests information from you (Part I) which will also be helpful to the health care provider when he or she completes the medical evaluation (Part II).

State law requires complete primary immunization and a health assessment by a legally qualified practitioner of medicine, an advanced practice registered nurse or registered nurse, a physician assistant or the school medical advisor prior to school entrance in Connecticut (C.G.S. Secs. 10-204a and 10-206). An immunization update and additional health assessments are required in the 6th or 7th grade and in the 10th or 11th grade. Specific grade level will be determined by the local board of education.

Name of Student (Last, First, Middle)		Social Security No.	Birth Date	Sex
Address (Street)			Home Telephone Number	
Town and Zip Code		School		Grade
Parent/Guardian (Last, First, Middle)				
Medicaid Number*		Health Insurance Company Number*		

*If applicable

PART I – To be Completed by Parent

Important: Complete Part I before your child is examined.

Take this form with you to the health care provider's office.

(Please check answers to the following questions in columns on the left.

(Explain all "yes" answers in the space provided below.)

- | | | | |
|----|-----|----|--|
| 1. | Yes | No | Do you have any concerns about your child's general health (eating and sleeping habits, weight, teeth, etc.)? |
| 2. | Yes | No | Does your child have any other specific illness or problem? |
| 3. | Yes | No | Does your child have any allergies (food, insects, medication, etc.)? |
| 4. | Yes | No | Does your child have take any medication (daily or occasionally)? |
| 5. | Yes | No | Does your child have any problems with vision, hearing or speech (glasses, contacts, ear tubes, hearing aids)? |
| 6. | Yes | No | Has your child had any hospitalization, operation, or major illness (specify problem)? |
| 7. | Yes | No | Has your child had any significant injury or accident (specify problem)? |
| 8. | Yes | No | Would you like to discuss anything about your child's health with the school nurse? |

(Please explain any "yes" answers here. For illnesses/injuries/etc., include the year and/or your child's age at the time)

I give permission for release of information on this form for confidential use in meeting my child's health and educational needs in school.

Signature of Parent/Guardian _____ Date _____

PART II – Medical Evaluation To the Health Care Provider: Please Complete and Sign

_____ has had a complete history and physical exam on _____

Student's Name

Birth Date

Month/Day/Year

Findings for this student are as follows:

Screening/Test Results					
Note: *Mandated Screening/Tests/Immunizations under Connecticut State Law.					
*Height	*Vision		*Auditory		
*Weight	With glasses	R 20/	L 20/	R	Pass/Fail
*B/P	Without glasses	R 20/	L 20/	L	
Pulse:					
*HCT/HGB					
Urinalysis:	Type of Screening:		Type of Screening:		

*Gross dental (teeth and gums)

*Postural: Normal Abnormal Min. _____
 Slight _____
 Referral Mod. _____
 Marked _____

Other Test Results (TB, Sickle Cell, etc.)		
Test	Date	Results

This student has the following problems which may adversely affect his or her educational experience:

- Vision Auditory Speech/Language Physical Dysfunction Emotional/Social Behavior

The student has a health condition which may require emergency action at school e.g., seizures, allergies. *Specify below.*

The student in on long-term medication. *Specify below.*

Comments and recommendations (attach additional sheet if necessary): _____

- This student may participate fully in the school program, including physical education activities.
 This student may participate in the school program and physical education with the following restriction/adaptation. *(specify this reason and restriction)*

Yes No Based on this comprehensive health history and physical examination, this student has maintained his/her level of wellness.

I would like to discuss information in this report with the school nurse.

Immunization Record						
Vaccine (Month/Day/Year) Note: *Minimum requirements prior to school enrollment. At subsequent exams, note booster shots only.						
	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6
DTP	*	*	*	*		
DTP/Hi b						
DtaP						
DT/Td						
OPV	*	*	*			
IPV						
MMR						
Measles	*			Booster for entry into 7 th grade		
Mumps	*					
Rubella	*					
HIB	*			For students younger than age 5		
HBV	*	*	*	For students born 1-9-94 or later		
Varicella						
Other Vaccines (Specify)						
Disease Hx _____ of above (Specify) _____ (Date) _____ (Confirmed by)						
Exemption						
Religious ___ Medical: Permanent ___ Temporary ___ Date _____						
Recertify Date _____ Recertify Date _____ Recertify Date _____						

Signature of health care provider	Name (Please type or print.)	Phone Number
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Students

Reporting Child Abuse, Neglect and Sexual Assault

Connecticut General Statutes §17a-101, as amended by Public Acts 02-138, 11-93, and 15-205 requires all school employees including the Superintendent of Schools, school teachers, substitute teachers, administrators, school guidance counselors, school counselors, school paraprofessionals, licensed nurses, physicians, psychologists, social workers, behavior analysts, coaches of intramural or interscholastic athletics, or any other person, who in the performance of his/her duties, has regular contact with students and who provides services to District students, who have reasonable cause to suspect or believe that a child has been abused, neglected, placed in imminent risk of serious harm, or sexually assaulted by a school employee to report such abuse, neglect and sexual assault in compliance with applicable state statutes.

An oral report by telephone or in person shall be made as soon as possible but no later than 12 hours to the Commissioner of Children and Families and to the Superintendent of Schools or his/her designee followed within 48 hours by a written report to the Department of Children and Families.

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

Reporting suspected abuse and/or neglect of children or sexual assault, in addition to the requirements pertaining to staff training, record keeping and dissemination of this policy, shall be in accordance with the procedures established and set forth in the Administrative Regulation 5151.4.

(cf. 4112.6/4212.6 – Personnel Records)

(cf. 5145.511 – Sexual Abuse Prevention and Education Program)

Legal Reference: Connecticut General Statutes

10-220a Inservice training. Professional development committees. Institutes for educators. Cooperating teacher program, regulations (as amended by PA 11-93)

10-221d Criminal history records check of school personnel. Fingerprinting. Termination or dismissal (as amended by PA 11-93)

10-221s Investigations of child abuse and neglect. Disciplinary action. (as amended by PA 16-188)

Students

Reporting Child Abuse, Neglect and Sexual Assault

Legal Reference: Connecticut General Statutes (continued)

17a-28 Definitions. Confidentiality of and access to records; exceptions. Procedure for aggrieved persons. Regulations (as amended by PA 11-93 and PA 14-186)

17a-101 Protection of children from abuse. Reports required of certain professional persons. When child may be removed from surroundings without court order. (as amended by PA 96-246, PA 00-220, PA 02-106, PA 03-168, PA 09-242, PA 11-93, PA 05-205, PA 18-15 and PA 18-17)

17a-101a Report of abuse or neglect by mandated reporters. (as amended by PA 02-106, PA 11-93, and PA 15-205)

17a-106 Cooperation in relation to prevention, identification and treatment of child abuse/neglect.

PA 11-93 An Act Concerning the Response of School Districts and the Departments of Education and Children and Families to Reports of Child Abuse and Neglect and the Identification of Foster Children in a School District

PA 14-186 An Act Concerning the Department of Children and Families and the Protection of Children

PA 15-205 An Act Protecting School Children

Policy adopted:

Students

Reporting of Child Abuse/Neglect or Sexual Assault

a. What Must be Reported

A report must be made when any mandated reporter of the Board of Education, in his/her professional capacity, has reasonable cause to suspect or to believe that a child under the age of eighteen: *(Mandated reporters include all school employees, the Superintendent, administrators teachers, substitute teachers, guidance counselors, school counselors, behavior analysts, school paraprofessionals, coaches of intramural and interscholastic athletics, as well as licensed nurses, physicians, psychologists and social workers either employed by the Board or working in one of the District schools, or any other person who, in the performance of his or her duties, has regular contact with students and who provides services to or on behalf of students enrolled in District schools.)*

1. Is in danger of being or has been abused;
2. Has had non-accidental physical injuries or physical injuries which are at variance with the history given for them, inflicted by a person responsible for the child's health, welfare or care, or by a person given access to such child by a responsible person;
3. Has been neglected;
4. Has been sexually assaulted; or
5. Has been placed in imminent risk of serious harm.

A mandated reporter's suspicions may be based on such factors as observations, allegations, and facts by a child, victim or third party. Suspicion or belief does not require certainty or probable cause.

Definitions

“Abused” means that a child (a) has had physical injury or injuries inflicted upon him or her other than by accidental means, or (b) has injuries which are at variance with the history given of them, or (c) is in a condition which is the result of maltreatment, such as, but not limited to, malnutrition, sexual molestation or exploitation, deprivation of necessities, emotional maltreatment or cruel punishment.

“Neglected” means that a child (a) has been abandoned, or (b) is being denied proper care and attention, physically, educationally, emotionally or morally, or (c) is being permitted to live under conditions, circumstances or associations injurious to his well-being, or (d) has been abused.

Students

Reporting of Child Abuse/Neglect or Sexual Assault

Definitions (continued)

“School employee” (a) a teacher, substitute teacher, school administrator, school superintendent, guidance counselor, psychologist, social worker, nurse, physician, school paraprofessional or coach employed by the Board or who is working in an elementary, middle or high school; or (b) any other person who, in the performance of his or her duties, has regular contact with students and who provides services to or on behalf of students enrolled in the Newtown Public Schools, pursuant to a contract with the Board.

“Sexual assault” means for the purposes of mandatory reporting laws and this policy; a violation of Sections 53a-70a, 53a-71, 53a-72a, 53a-72b or 53a-73a of the Connecticut General Statutes.

“Statutory mandated reporter” means an individual by CGS Sec. 17a-101 to report suspected abuse and/or neglect of children or sexual assault by a school employee. The term, “statutory mandated reporter” includes all school employees, as defined above.

b. Reporting Procedures for Statutory Mandated Reporters

The following procedures apply only to statutory mandated reporters, as defined above.

1. When an employee of the Board of Education suspects or believes that a child has been abused, neglected, has been placed in imminent risk of serious harm, or sexually assaulted by a school employee, the following steps shall be taken:
 - (a) The employee shall immediately, upon having reasonable cause to suspect or believe that a child has been abused, neglected, or placed in imminent danger of serious harm, or has had non-accidental physical injury or injury which is at variance with the history or such injury, or sexually assaulted by a school employee and in no case later than twelve (12) hours after having such a suspicion or belief, make an oral report by telephone or in person to the Commissioner of Children and Families or the local law enforcement agency. The Department of Children and Families has established a 24 hour Child Abuse and Neglect Hotline at 1-800-842-2288 for the purpose of making such oral reports.
 - (b) The employee shall also immediately make an oral report to the Building Principal or his/her designee and/or the Superintendent or his/her designee. If the building principal is the alleged perpetrator of the abuse/neglect, then the employee shall notify the Superintendent or his/her designee directly.
 - (c) If a report prepared in accordance with Section (a) above concerns suspected abuse, neglect or sexual assault by a school employee, the Superintendent or his/her designee, shall immediately notify the child’s parent or guardian that such a report has been made.

Students

Reporting of Child Abuse/Neglect or Sexual Assault

b. Reporting Procedures for Statutory Mandated Reporters (continued)

- (d) Not later than 48 hours of making an oral report, the employee shall submit a written report to the Commissioner of Children and Families, or his/her representative, containing all of the required information. The written reports should be submitted on the DCF-136 form or any other form designated for that purpose.
- (e) The employee shall immediately, submit a copy of the written report to the Principal and/or Superintendent or the Superintendent's designee.
- (f) If a report prepared in accordance with Section (c) above, concerns suspected abuse, neglect or sexual assault by a school employee who possesses a certificate, permit or authorization issued by the State Board of Education, the Superintendent shall submit a copy of the written report to the Commissioner of Education, or his/her representative.

c. Contents of Reports

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

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

Students

Reporting of Child Abuse/Neglect or Sexual Assault

c. Contents of Reports (continued)

For purposes of this section pertaining to the required reporting, a child includes any victim under eighteen years of age educated in a technical high school or District school. Any person who intentionally and unreasonably interferes with or prevents the making of the required report or attempts to conspire to do so shall be guilty of a class D felony, unless such individual is under eighteen years of age or educated in the technical high school system or in a district school, other than part of an adult education program. The mandatory reporting requirement regarding the sexual assault of a student by a school employee applies based on the person's status as a student, rather than his or her age.

d. Investigation of the Report

If the suspected abuser is a school employee, the Superintendent or his/her designee shall thoroughly investigate the report, provided that such investigation does not interfere with or impede the investigation by the Department of Children and Families or by a law enforcement agency. To the extent feasible, this investigation shall be coordinated with the Commissioner of Children and Families or the police in order to minimize the number of interviews of any child and to share information with other persons authorized to conduct an investigation of child abuse and neglect. When investigating a report, the Superintendent or his/her designee shall endeavor to obtain, when possible, the consent of parents or guardians or other persons responsible for the care of the child, to interview the child, except in those cases in which there is reason to believe that the parents or guardians or other persons responsible for the care of such child are the perpetrators or the alleged abusers.

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

A person reporting child abuse, neglect or sexual assault shall provide any person authorized to conduct an investigation into such claim with all information related to the investigation that is in the possession or control of the person reporting child abuse, neglect, or sexual assault except as expressly prohibited by state or federal law.

Students

Reporting of Child Abuse/Neglect or Sexual Assault

d. Investigation of the Report (continued)

1. **Evidence of Abuse by Certain School Employees.** After an investigation has been completed, if the Commissioner of Children and Families, based upon the results of such investigation, has reasonable cause to believe that a child has been abused, neglected or sexually assaulted by an employee who has been entrusted with the care of a child or has recommended that such employee be placed on the Department of Children and Families abuse and neglect registry, the Commissioner shall notify within five (5) working days after the completion of the investigation into child abuse, neglect or sexual assault by a school employee, the Superintendent, the school employee, and the Commissioner of Education of such finding and shall provide records, whether or not created by the Department of Children and Families, concerning such investigation to the Superintendent and the Commissioner of Education. The Superintendent shall suspend the employee, if not previously suspended, with pay and without diminution or termination of benefits if DCF has reasonable cause that the employee abused or neglected a child and recommends the employee be placed on the DCF child abuse and neglect registry. Not later than 72 hours after such suspension, the Superintendent shall notify the Board of Education and the Commissioner of Education, or his/her representative, of the reasons for the conditions of suspension. The Superintendent shall disclose records received from the Department of Children and Families to the Commissioner of Education and the Board of Education, or its attorney, for the purposes of review of employment status, certification, permit or authorization. Any decision of the Superintendent concerning such suspension shall remain in effect until the Board of Education Acts, pursuant to the provisions of Connecticut General Statutes. The Commissioner of Education shall also be notified if such certified person resigns from his/her employment in the District. Regardless of the outcome of any investigation by DCF and/or the police, the Superintendent and/or the Board, as appropriate, may take disciplinary action up to and including termination of employment in accordance with the provisions of any applicable statute, if the Superintendent's investigation produces evidence that a child has been abused by a certified, permit or authorized school staff member.

If the contract of employment of a certified school employee holding a certificate, permit or authorization issued by the State Board of Education is terminated as a result of an investigation into reports of child abuse and neglect, the Superintendent shall notify the Commissioner of Education, or his/her representative, within 72 hours of such termination.

Students

Reporting of Child Abuse/Neglect or Sexual Assault

d. Investigation of the Report (continued)

2. **Evidence of Abuse by Other School Staff.** If the investigation by the Superintendent and/or Commissioner of Children and Families did produce evidence that a child has been abused by a non-certified school staff member the Superintendent and/or the Board, as appropriate, may take disciplinary action up to and including termination of employment.
3. The District shall maintain records of allegations, investigations and reports that a child has been abused or neglected by a school employee. Such records will be maintained in the District's Central Office. The records shall include any reports made to the Department of Children and Families. The State Department of Education is to have access to all such records.
4. The Board shall provide to the Commissioner of Children and Families, upon request for the purposes of an investigation by the Commissioner of Children and Families of suspected child abuse or neglect by a teacher employed by the Board, any records maintained or kept in District files. Such records shall include, but not be limited to, supervisory records, reports of competence, personal character and efficiency maintained in such teacher's personnel file with reference to evaluation of performance as a professional employee of such board of education, and records of the personal misconduct of such teacher. (*"Teacher" includes each certified professional employee below the rank of Superintendent employed by a Board of Education in a position requiring a certificate issued by the State Board of Education.*)
5. The Board of Education shall permit and give priority to any investigation conducted by the Commissioner of Children and Families or the appropriate local law enforcement agency that a child has been abused or neglected. The Board shall conduct its own investigation and take any disciplinary action, in accordance with the provisions of section 17a-101i of the general statutes, as amended, upon notice from the Commissioner or the appropriate local law enforcement agency that the Board's investigation will not interfere with the investigation of the Commissioner or such local law enforcement agency.
6. The Department of Children and Families will review, at least annually, with the State Department of Education all records and information relating to reports and investigations that a child has been abused and neglected by a school employee, in the Department of Children and Families' possession to ensure that records and information are being shared properly.

Students

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

e. Delegation of Authority by Superintendent

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

f. Special Reporting Procedures Concerning Suspected Abuse or Neglect of Intellectually Disabled Persons

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

1. Definitions. For the purposes of this policy:

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

“**Neglect**” means a situation where an intellectually disabled person either is living alone or is not able to provide for him/herself the services which are necessary to maintain his/her physical and mental health, or is not receiving such necessary services from the caretaker.

2. Reporting Procedures. If an employee has reasonable cause to suspect that an intellectually disabled person has been abused or neglected, he/she shall, within five calendar days, make an oral report to the Director of the Office of Protection and Advocacy for Persons with Disabilities, to be followed by a written report within five additional calendar days, or shall immediately notify the Superintendent in order for the Superintendent to make such oral and written reports to the Office of Protection and Advocacy. In the event that an employee makes a report to the

Office of Protection and Advocacy, the employee shall immediately notify the Superintendent.

Students

Reporting of Child Abuse/Neglect or Sexual Assault

f. Special Reporting Procedures Concerning Suspected Abuse or Neglect of Intellectually Disabled Persons (continued)

3. **Contents of Report.** Any such report shall contain the following information:
 - (a) The name and address of the allegedly abused or neglected person;
 - (b) A statement from the reporter indicating a belief that the person is intellectually disabled, together with information indicating that the person is unable to protect himself or herself from abuse or neglect;
 - (c) Information concerning the nature and extent of the abuse or neglect; and
 - (d) Any additional information, which the reporter believes, would be helpful in investigating the report or in protecting the intellectually disabled person.
4. **Investigation of Report.** If the suspected abuser is a school employee, the Superintendent shall thoroughly investigate the report following the procedures regarding the investigation of reports of child abuse set forth in paragraph e above.

If the investigation by the Superintendent and/or the Office of Protection and Advocacy produces evidence that an intellectually disabled person has been abused by a school employee, the Superintendent and/or the Board, as appropriate, may take disciplinary Action, up to and including termination of employment.

g. Disciplinary Action for Failure to Follow Policy

Any employee who fails to comply with the requirements of this policy shall be subject to discipline, up to and including termination of employment.

h. Non-Discrimination Policy

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

i. Training

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

Students

Reporting of Child Abuse/Neglect or Sexual Assault

i. Training (continued)

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

j. Foster Care

Upon request of the Board of Education, the Department of Children and Families shall provide the name, date of birth and school of origin for each child in the custody of the Department of Children and Families who has been placed in foster care and is attending a District school.

Confidential Rapid Response Team

The District will establish, not later than January 1, 2016, a confidential rapid response team to coordinate with DCF to (1) ensure prompt reporting of suspected child abuse or neglect; or 1st, 2nd, 3rd, or 4th degree sexual assault; 1st degree aggravated sexual assault; or 3rd degree sexual assault with a firearm of a student not enrolled in adult education by a school employee; and (2) provide immediate access to information and individuals relevant to DCF's investigation of such cases.

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

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

Hiring Prohibitions

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

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

Students

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

Posting of DCF's "Careline"

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

(cf. 4112.5/4212.6 – Personnel Records)

(cf. 5145.511 – Sexual Abuse Prevention and Education Program)

Legal Reference: Connecticut General Statutes

10-220a Inservice training. Professional development committees. Institutes for educators. Cooperating teacher program, regulations (as amended by PA 11-93)

10-221d Criminal history records check of school personnel. Fingerprinting. Termination or dismissal (as amended by PA 11-93)

10-221s Investigations of child abuse and neglect. Disciplinary action. (as amended by PA 16-188)

17a-28 Definitions. Confidentiality of and access to records; exceptions. Procedure for aggrieved persons. Regulations (as amended by PA 11-93 and PA 14-186)

17a-101 Protection of children from abuse. Reports required of certain professional persons. When child may be removed from surroundings without court order. (as amended by PA 96-246, PA 00-220, PA 02-106, PA 03-168, PA 09-242, PA 11-93, PA 15-205, PA 18-15 and PA 18-17)

17a-101a Report of abuse or neglect by mandated reporters. (as amended by PA 02-106, PA 11-93, and PA 15-205)

17a-101i Abuse of child by school employee or staff member of public or private institution or facility providing care for children. Suspension. Notification of state's attorney re: conviction. Boards of education to adopt written policy re: reporting of child abuse by school employee.

17a-102 Report of danger of abuse. (as amended by PA 02-106)

17a-106 Cooperation in relation to prevention, identification and treatment of child abuse/neglect.

10-151 Teacher Tenure Act

Students

Reporting of Child Abuse/Neglect or Sexual Assault

Legal Reference: Connecticut General Statutes (continued)

PA 11-93 An Act Concerning the Response of School Districts and the Departments of Education and Children and Families to Reports of Child Abuse and Neglect and the Identification of Foster Children in a School District

PA 14-186 An Act Concerning the Department of Children and Families and the Protection of Children

PA 15-112 An Act Concerning Unsubstantiated Allegations of Abuse and Neglect by School Employees

PA 15-205 An Act Protecting School Children

Regulation approved:

Students

Dealing With The Effect Of A Death

Guidelines

Introduction

A death in the school community has an impact on everyone. Since death is a part of life, educators are in a unique position to help students learn to cope with death in a healthy way.

The initial reaction to a death is often shock, particularly when the death is sudden or violent. Current literature and professional thinking emphasize 1) the need for an established plan and 2) a team approach for dealing with a school related death. These practices relieve any one person from having to take a total responsibility for handling a traumatic situation. Having a plan and a crisis team in place allows administrators and school staff to react more quickly and to deal more effectively with the impact of a death.

The primary goals of a successful plan are to:

- facilitate communication
- encourage the healthy expression of feelings
- provide outreach and support to those in special need
- identify students at risk
- help all students and staff deal with the reality of death in a positive way

The procedure outlined in this guide should serve as a base from which to work as each school develops an action plan that meets its specific needs. A plan should be flexible enough so that it can take into account the differences in each situation. Every school should have a crisis team in place which will then be activated whenever a crisis occurs.

Although this guide was developed to deal with a school related death, it can be adapted or applied to other traumas.

School Based Crisis Team

The school based Crisis Teams are flexible in structure. The Principal will chair each school based team, although another staff member may serve as the Chairman at the request of the Principal. ~~Permanent team members will review the procedures outlined in this document at least on an annual basis.~~ The school based teams will be likely to have at least one counselor and the school nurse. Certified as well as non-certified staff, parents, students, and community members may join the teams where appropriate. There is no limit as to the number of members on the school based Crisis Team.

Students

Dealing With The Effect Of A Death

Staff-Wide Role

Although the Crisis Team and School Principal often play the most direct part in dealing with a school death, all other staff members have their roles, too. These include serving as a sounding board for student feelings and information, receiving and communicating helpful knowledge about student welfare, and acting as a role model for students. Staff members should stay alert over a period of time to the effect of a death, serious injury, or suicide attempt on students with whom they come in contact. The on-going role of the total staff is to help the school as a whole cope with the crisis situation.

Legal References: Connecticut General Statutes

10-221(e) Boards of education to prescribe rules.

Policy adopted:

Students

Dealing With The Effect Of A Death

Response Timeline for Student Death

Immediately upon notification of death:

- Talk to family about the information that they would like to be shared
- Notify the Superintendent
- Notify other principals in the district (encourage them to get their buildings' support staff ready)
- Notify the school's PPS support staff
- Notify the school's staff/faculty

<u>Domain</u>	<u>Action/Considerations</u>	<u>Details</u>
<u>Family</u>	Respect the family's wishes first	<ul style="list-style-type: none"> • Ask family about what they would like you to tell staff, students • Make sure family is aware of and alright with your decisions, next steps
	Initial message to family	<ul style="list-style-type: none"> • From administrators on behalf of the faculty
	Religious services	<ul style="list-style-type: none"> • Find out if there are any prayer/religious services scheduled in the community
	Visit to the home from administrators and student's teacher	<ul style="list-style-type: none"> • Let family know of your desire of visit them when the time is right • Ask them about their availability and wishes for this
<u>Next school day after the death</u>	Desk and personal belongings	<ul style="list-style-type: none"> • Leave in place
	Prepare for the return of student's siblings	
	Prepare a support plan for student's classroom and teacher	<ul style="list-style-type: none"> • Secure substitute coverage for teacher
	Prepare a support plan for student's siblings' classrooms and teachers	
<u>Funeral/Wake</u>	Get details of wake and funeral from family	<ul style="list-style-type: none"> • Ask family how they would like the details to be communicated, and to whom • Notify appropriate staff members of details
	Coverage for staff	<ul style="list-style-type: none"> • Find out who would like to attend the services and get staff sub coverage

Students

Dealing With The Effect Of A Death

Response Timeline for Student Death (continued)

<u>Domain</u>	<u>Action/Considerations</u>	<u>Details</u>
<u>Community</u>	Inform other schools in the district; other staff and families as appropriate	
	Prepare for media inquires	<ul style="list-style-type: none"> From administrators on behalf of the faculty
	Email to parents	<ul style="list-style-type: none"> Include information on loss and grief, what is developmentally appropriate for their children Notify parents of how the school will proceed in the coming school days, plan Give parents contact information of PPS support staff Create a list of parents/students that need to be told individually, before the general community email is sent.
	Outside activities the student was involved with) how will their death impact the great community)?	<ul style="list-style-type: none"> Did the family attend religious services somewhere? Was the student involved in any sports? Was the student involved in any clubs (e.g. Cub Scouts, 4-H, etc)?
<u>Bus</u>	Notify the bus company of student's death	
<u>Student Support</u>	Comfort dogs	<ul style="list-style-type: none"> As needed
	Extra support staff	<ul style="list-style-type: none"> Limit the number of unfamiliar faces in the school building
	Create plan for days after death	<ul style="list-style-type: none"> Notify the parents of every student who requires small group/individual support Assign PPS staff to every classroom/grade level Get extra PPS staff from the other buildings in the district, if necessary Locate rooms where small group support can occur with PPS staff
	Student support plan	<ul style="list-style-type: none"> Tiered level of approach Tier 1: Classroom discussion (developmental appropriate); class room activity, depending on the
		<ul style="list-style-type: none"> closeness of the class to the student; create script for how the teacher will open the discussion/ what to say to the students Tier 2: small group activity in another room Tier 3: individual session with PPS staff
	Create efficient means of communication	<ul style="list-style-type: none"> Group text chain (in school) Get cell phone numbers of team members

<u>PPS Supports</u>	Create a script for the teacher to use with the students to explain what happened	
	Create a list of parents/students that need to be told individually before general community email is sent	<ul style="list-style-type: none"> Utilize support staff (within building)
<u>Personal belongings</u>	Create a plan (in collaboration with parents) on what to do with students belongings	<ul style="list-style-type: none"> Do not remove belongings soon after the loss After a week, clean out the contents of the desk but leave the desk, cubby, chair, etc. in the classroom Put belongings in a nice box (not a cardboard box) for the family when they are ready to receive it Other items to give to parents: list of books the child checked out from the library, favorite books from the classroom/library, card from the staff/students to the family, pictures students drew for the family, classroom work completed by the student, etc.
<u>Memorialization</u>	Create a plan for how to remember the student	<ul style="list-style-type: none"> Ask the student's class/grade if they have any ideas Include the family on the plans
<u>Staff/Faculty Supports</u>	Staff meeting	<ul style="list-style-type: none"> Info on grief and loss and developmental differences Information on self-help/self-care for staff support groups of staff Script for teachers on how to talk to classrooms (concrete verbiage) Staff coverage Plan for tiered PPS intervention supports, kids accessing support Conversation about the layers of community's grief Breakfast for staff
	Generate a list of staff who will be most affected by the loss	<ul style="list-style-type: none"> Reading interventionist, class room teacher, paraeducator close to student, etc.
	Substitute coverage	<ul style="list-style-type: none"> Make list of staff members available to cover a classroom teacher, if it is needed (including PPS supports to help emotionally support a room) Give subs walkie-talkies
	Initial message to staff	<ul style="list-style-type: none"> Find out from family the details that they would like shared with the staff Include info about the student's status/death Notify them of staff meeting
	Student's teacher (and teachers of siblings)	<ul style="list-style-type: none"> Provide extra adult support in the room to assist them

Students

Dealing With The Effect Of A Death

Grief and Children

Ages 5-9:

Children between the ages of 5-9 begin to understand that death is permanent, although they do not always believe it is something that can happen to them. Children in this age group with a medical condition may be more likely to internalize that death can happen to them.

Ages 9-11:

Children between the ages 9-11 begin to understand that life is fragile and death can happen to them. Kids this age may be more interested in the details of things like cause of death, and the biological aspects of the causes of death.

School age children may show the following behaviors when learning about death:

- Crying or sobbing
- Anxiety
- Headaches
- Abdominal pain
- Denial of death
- Hostile reaction toward deceased person
- Guilt

Adults can be help by:

- Providing age appropriate information when questions are asked
- Physically and verbally comforting students as appropriate – acknowledge their pain
- Admitting that adults do not always know why certain things happen
- Linking children and adolescents to counseling services as needed

Teens/Older Adolescents

Older adolescents/teens may have a much greater understanding of death than younger children. Therefore, they may exhibit visible signs of stress and depression when they are faced with loss, whether that is the loss of a family member, close friends, or other peer. Behaviors following loss may be characterized by:

- Social isolation
- Discomfort talking about the loss with another adult or outside counselor
- Reliance on the internet of social media to “find answers” or seek comfort
- Behavioral changes (acting out), substance abuse, or eating disorders
- Strong emotions, such as sadness, anger, worry, or guilt
- Physical reactions, such as having stomach aches or not sleeping

Regulation adopted:

Students

Student Sports – Concussions

The Board of Education recognizes that concussions and head injuries are commonly reported injuries in children and adolescents who participate in sports and other recreational activities. The Board acknowledges the risk of catastrophic injuries or deaths are significant when a concussion or head injury is not properly evaluated and managed.

Commencing July 1, 2010, and each school year thereafter, any coach of intramural or interscholastic athletics employed by the District shall complete an initial training course, approved by the State Board of Education, regarding concussions which are a type of brain injury prior to commencing the coaching assignment for the season. Such training course shall include, but not be limited to (1) the recognition of the signs and symptoms of a concussion; (2) the means of obtaining proper medical treatment for a person suspected of having a concussion; (3) the nature and risk of concussions, including the danger of continuing to engage in athletic activity after sustaining a concussion; and (4) the proper method of allowing a student athlete who has sustained a concussion to return to athletic activity.

Each school year any coach who has completed the initial training course regarding concussions shall annually review current and relevant information, developed or approved by the State Board of Education, regarding concussions prior to the start of the coaching assignment. This annual review is not required in any year the coach is required to complete a refresher course. Beginning July 1, 2015, and each school year thereafter, a coach must complete an approved refresher course not later than five years after the initial training course in order to maintain his/her coaching permit and to coach in the District.

Annually the District will distribute a head injury and concussion information sheet to all parents/guardians of student participants in competitive sport activities. The parent/guardian and student must return a signed acknowledgement indicating that they have reviewed and understand the information provided before the student participates in any covered activity. This acknowledgement form must be returned and be on file with the District in order for the student to be allowed to practice or compete in the sports activity.

All coaches will complete training pertaining to the District's procedures.

The required refresher course regarding concussions shall include, but not be limited to, an overview of key recognition and safety practices, an update of medical developments, current best practices in the field of concussion research, and prevention and treatment. Said refresher course shall also contain an update on new relevant federal, state and local laws and regulations, and for football coaches, current best practices regarding coaching the sport of football, including, but not limited to, frequency of games and full contact practices and scrimmages as identified by the governing authority for intramural and interscholastic athletics (CIAC).

Students

Student Sports – Concussions (continued)

The District, after January 1, 2015, shall implement the “*Concussion Education Plan and Guidelines for Connecticut Schools*,” developed by the State Board of Education per the stipulations of P.A. 14-66. Written materials, online training or videos, or in person training shall address, at a minimum, the recognition of signs or symptoms of concussion, means of obtaining proper medical treatment for a person suspected of sustaining a concussion, the nature and risks of concussions, including the danger of continuing to engage in athletic activity after sustaining a concussion, proper procedures for return to athletic activity and current best practices in the prevention and treatment of a concussion.

~~The Board recognizes that commencing July 1, 2015, the CIAC prohibits student athletes from participation in any intramural or interscholastic activity unless the student athlete and his/her parent/guardian completes the concussion education plan of the State Board of Education and its contributing organizations to such plan. Prior to participating in any intramural or interscholastic athletic activity students must (1) read written materials, (2) view online training videos, or (3) attend in person training regarding the District’s concussion education plan provided by the Board of Education.~~

~~Prior to participating in any intramural or interscholastic athletic activity for the school year beginning July 1, 2015 and thereafter, a parent/guardian of each student athlete must (1) read written materials, (2) view online training videos, or (3) attend in person training regarding the District’s concussion education plan.~~

<p>Note: CIAC recommends that, whenever possible, in person training is utilized at the required pre-season meeting for parents/guardians and athletes. Schools may use any or all of the delivery methods mentioned above to develop a plan that best fits the district’s demographics.</p>
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The District, commencing July 1, 2015, will utilize the consent form developed or approved by the State Board of Education with parent/guardians of student athletes in intramural or interscholastic activities regarding concussions. This form shall provide a summary of the concussion education plan developed or approved by the State Board of Education and a summary of the Board’s policy regarding concussions. The consent form shall be returned to the appropriate school authorities, signed by the parent/guardian, attesting to the receipt of such form and authorizing the student athlete to participate in the athletic activity.

Students

Student Sports – Concussions (continued)

Further, in compliance with applicable state statutes, the coach of any intramural or interscholastic athletics shall immediately remove any student athlete participating in intramural or interscholastic athletics who (1) is observed to exhibit signs, symptoms or behaviors consistent with a concussion following an observed or suspected blow to the head or body during a practice, game or competition, (2) is diagnosed with a concussion, or (3) is otherwise suspected of having sustained a concussion because such student athlete is observed to exhibit signs, symptoms or behaviors consistent with a concussion regardless of when such concussion or head injury may have occurred. Upon such removal, the coach or other qualified school employee defined in Connecticut General Statutes 10-212a, shall notify the student athlete's parent/guardian that the student athlete has exhibited such signs, symptoms, or behaviors consistent with a concussion or has been diagnosed with a concussion. Such notification shall be provided not later than twenty-four hours after such removal. However, a reasonable effort shall be made to provide such notification immediately after such removal.

The coach shall not permit such student athlete to participate in any supervised athletic activities involving physical exertion, including, but not limited to, practices, games or competitions, until such student athlete receives written clearance to participate in such supervised athletic activities involving physical exertion from a licensed health care professional^{*} trained in the evaluation and management of concussions.

Following medical clearance, the coach shall not permit such student athlete to participate in any full, unrestricted supervised athletic activities without limitations on contact or physical exertion, including, but not limited to, practices, games or competitions and such student athlete (1) no longer exhibits signs, symptoms or behaviors consistent with a concussion at rest or with exertion, and (2) receives written clearance to participate in such full, unrestricted supervised athletic activities from a licensed health care professional trained in the evaluation and management of concussions.

***“licensed health care professional” means a physician licensed pursuant to Chapter 370 of the General Statutes, a physician assistant licensed pursuant to Chapter 370 of the General Statutes, an advanced practice registered nurse licensed pursuant to Chapter 378 of the General Statutes or an athletic trainer licensed pursuant to Chapter 375a of the General Statutes.**

~~The Board, as required, for the school year beginning July 1, 2014 and annually thereafter, will collect and report to the State Board of Education all occurrences of concussion. The report shall contain, if known, the nature and extent of the concussion and the circumstances in which it was sustained.~~

Students

Student Sports – Concussions (continued)

Optional language:

The Board believes that at the forefront of concussion management is the implementation of baseline testing, through the implementation of the ImPACT (Immediate Post-concussion Assessment and Cognitive Testing) Program.* Subject to the availability of financial resources, District athletes will receive “baseline” testing prior to the start of the sports season and should be done for individual athletes at least every other year.

**ImPACT is a 20 minute computerized concussion evaluation system that has been scientifically validated and has become a standard tool used in comprehensive clinical management of concussions for athletes of all ages. Information is available at <http://www.impacttest.com/>. This computerized neurocognitive testing program is available online.*

Legal Reference: Connecticut General Statutes

PA 10-62 An Act Concerning Student Athletes and Concussions

P.A. 14-66 An Act Concerning Youth Athletics and Concussions

“Concussion Education Plan and Guidelines for Connecticut Schools”
adopted by the State Board of Education, January 7, 2015.

Policy adopted:

Students

Student Sports – Concussions

Concussion Management in Student Sports

A. Return to Play after Concussions

1. A student athlete who has been removed from play may not participate in any supervised team activities involving physical exertion, including, but not limited to practices, games, or competitions, sooner than twenty-four hours* after such athlete was removed from play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussions and receives a written clearance to return to play from that health care provider. [or: Any athlete removed from play because of a concussion must have written medical clearance from an appropriate health care professional before he/she can resume practice or competition and not until the student athlete and his/her parent/guardian completes the State Board of Education concussion education plan.] (Refer to Appendix E: “The Proper Procedures for Allowing a Student Athlete Who Has Sustained a Concussion to Return to Athletic Activity.”)

Note: CIAC requirements indicate that no athlete shall return to participation on the same day of concussion.

**P.A. 10-62 does not require a 24 hour waiting period before an athlete may return to participate in team activities. However, the law does require written clearance from a licensed health care professional.*

2. After medical clearance, the return to play by the athlete should follow a step-wise protocol with provisions for delayed return to play based on return of any signs or symptoms.
3. The medical clearance return to play protocol is as follows:
 - a. No exertional activity until asymptomatic.
 - b. When the athlete appears clear, begin low-impact activity such as walking, stationary bike, etc.
 - c. Initiate aerobic activity fundamental to the specific sport such as skating, or running and may also begin progressive strength training activities.
 - d. Begin non-contact skill drills specific to sport such as dribbling, fielding, batting, etc.
 - e. Full contact in practice setting.
 - f. If athlete remains asymptomatic, he/she may return to game/play
4. Once all academic requirements are made up and/or there is a plan in place to complete all academic assignments, the student/athlete may return to his or her athletic team.

Regulation approved:



HEADS UP: CONCUSSION IN YOUTH SPORTS
A Fact Sheet for COACHES

To download the coaches fact sheet in Spanish, please visit:
<http://www.cdc.gov/concussion/HeadsUp/youth.html>

THE FACTS

- A concussion is a **brain injury**.
- All concussions are **serious**.
- Concussions can occur **without** loss of consciousness.
- Concussions can occur **in any sport**.
- Recognition and proper management of concussions when they **first occur** can help prevent further injury or even death.

WHAT IS A CONCUSSION?

A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a ding, getting your bell rung, or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost.

The potential for concussions is greatest in athletic environments where collisions are common.¹ Concussions can occur, however, in **any** organized or unorganized sport or recreational activity. As many as 3.8 million sports- and recreation-related concussions occur in the United States each year.²

RECOGNIZING A POSSIBLE CONCUSSION

To help recognize a concussion, you should watch for the following two things among your athletes:

1. A forceful blow to the head or body that results in rapid movement of the head.
- and-**
2. Any change in the athlete's behavior, thinking, or physical functioning. (See the signs and symptoms of concussion.)

SIGNS AND SYMPTOMS

SIGNS OBSERVED BY COACHING STAFF

- | |
|--|
| <ul style="list-style-type: none">▪ Appears dazed or stunned▪ Is confused about assignment or position▪ Forgets sports plays▪ Is unsure of game, score, or opponent▪ Moves clumsily▪ Answers questions slowly▪ Loses consciousness (even briefly)▪ Shows behavior or personality changes▪ Can't recall events prior to hit or fall▪ Can't recall events after hit or fall |
|--|

SYMPTOMS REPORTED BY ATHLETE

- | |
|---|
| <ul style="list-style-type: none">▪ Headache or pressure in head▪ Nausea or vomiting▪ Balance problems or dizziness▪ Double or blurry vision▪ Sensitivity to light▪ Sensitivity to noise▪ Feeling sluggish, hazy, foggy, or groggy▪ Concentration or memory problems▪ Confusion▪ Does not feel right |
|---|

Adapted from Lovell et al. 2004

Athletes who experience any of these signs or symptoms after a bump or blow to the head should be kept from play until given permission to return to play by a health care professional with experience in evaluating for concussion. Signs and symptoms of concussion can last from several minutes to days, weeks, months, or even longer in some cases.

Remember, you can't see a concussion and some athletes may not experience and/or report symptoms until hours or days after the injury. If you have any suspicion that your athlete has a concussion, you should keep the athlete out of the game or practice.

PREVENTION AND PREPARATION

As a coach, you can play a key role in preventing concussions and responding to them properly when they occur. Here are some steps you can take to ensure the best outcome for your athletes and the team:

- **Educate athletes and parents about concussion.** Talk with athletes and their parents about the dangers and potential long-term consequences of concussion. For more information on long-term effects of concussion, view the following online video clip: http://www.cdc.gov/ncipc/tbi/Coaches_Tool_Kit.htm#Video. Explain your concerns about concussion and your expectations of safe play to athletes, parents, and assistant coaches. Pass out the concussion fact sheets for athletes and for parents at the beginning of the season and again if a concussion occurs.
- **Insist that safety comes first.**
 - Teach athletes safe playing techniques and encourage them to follow the rules of play.
 - Encourage athletes to practice good sportsmanship at all times.
 - Make sure athletes wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
 - Review the athlete fact sheet with your team to help them recognize the signs and symptoms of a concussion.

Check with your youth sports league or administrator about concussion policies. Concussion policy statements can be developed to include the leagues commitment to safety, a brief description of concussion, and information on when athletes can safely return to play following a concussion (i.e., an athlete with known or suspected concussion should be kept from play until evaluated and given permission to return by a health care professional). Parents and athletes should sign the concussion policy statement at the beginning of the sports season.

- **Teach athletes and parents that it's not smart to play with a concussion.** Sometimes players and parents wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let athletes persuade you that they're just fine after they have sustained any bump or blow to the head. Ask if players have ever had a concussion.
- **Prevent long-term problems.** A repeat concussion that occurs before the brain recovers from the first usually within a short period of time (hours, days, or weeks) can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in brain swelling, permanent brain damage, and even death. This more serious condition is called *second impact syndrome*.^{4,5} Keep athletes with known or suspected concussion from play until they have been evaluated and given permission to return to play by a health care professional with experience in evaluating for concussion. Remind your athletes: It's better to miss one game than the whole season.

ACTION PLAN

WHAT SHOULD A COACH DO WHEN A CONCUSSION IS SUSPECTED?

1. **Remove the athlete from play.** Look for the signs and symptoms of a concussion if your athlete has experienced a bump or blow to the head. Athletes who experience signs or symptoms of concussion should not be allowed to return to play. When in doubt, keep the athlete out of play.
2. **Ensure that the athlete is evaluated right away by an appropriate health care professional.** Do not try to judge the severity of the injury yourself. Health care professionals have a number of methods that they can use to assess the severity of concussions. As a coach, recording the following information can help health care professionals in assessing the athlete after the injury:
 - Cause of the injury and force of the hit or blow to the head
 - Any loss of consciousness (passed out/knocked out) and if so, for how long
 - Any memory loss immediately following the injury
 - Any seizures immediately following the injury
 - Number of previous concussions (if any)
3. **Inform the athlete's parents or guardians about the possible concussion and give them the fact sheet on concussion.** Make sure they know that the athlete should be seen by a health care professional experienced in evaluating for concussion.
4. **Allow the athlete to return to play only with permission from a health care professional with experience in evaluating for concussion.** A repeat concussion that occurs before the brain recovers from the first can slow recovery or increase the likelihood of having long-term problems. Prevent common long-term problems and the rare second impact syndrome by delaying the athletes return to the activity until the player receives appropriate medical evaluation and approval for return to play.

If you think your athlete has sustained a concussion take him/her out of play, and seek the advice of a health care professional experienced in evaluating for concussion.

For more information and to order additional materials **free-of-charge**, visit:
<http://www.cdc.gov/concussion/HeadsUp/youth.html>

For more detailed information on concussion and traumatic brain injury, visit:
<http://www.cdc.gov/ncipc/tbi/TBI.htm>

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4. Institute of Medicine (US). Is soccer bad for children's heads? Summary of the IOM Workshop on Neuropsychological Consequences of Head Impact in Youth Soccer. Washington (DC): National Academy Press; 2002.
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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR DISEASE CONTROL AND PREVENTION

Content Source: National Center for Injury Prevention and Control, Division of Injury Response

Page Located on the Web at <http://www.cdc.gov/concussion/index.html>

Fact Sheet for Student Athletes

What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head.
- Can change the way your brain normally works.
- Can range from mild to severe.
- Can occur during practices or games in any sport.
- Can happen even if you haven't been knocked out.
- Can be serious even if you've just been "dinged" or had your "bell rung."

How can I prevent a concussion?

It's different for every sport. But there are steps you can take to protect yourself from concussion.

- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Use the proper sports equipment, including personal protective equipment (such as helmets)
- In order for equipment to protect you, it must be:
 - Appropriate for the game, position, and activity
 - Well maintained
 - Properly fitted
 - Used every time you play

How do I know if I've had a concussion?

You can't see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up days or weeks after the injury. It's best to see a health care professional if you think you might have a concussion. An undiagnosed concussion can affect your ability to do schoolwork and other everyday activities. It also raises your risk for additional serious injury.

What are the symptoms of a concussion?

- Nausea (feeling that you might vomit)
- Balance problems or dizziness
- Double or fuzzy vision
- Sensitivity to light or noise
- Headache
- Feeling sluggish
- Feeling foggy or groggy
- Concentration or memory problems (forgetting game plays)
- Confusion

What should I do if I think I have a concussion?

- **Tell your coaches and your parents.** Never ignore a bump, blow, or jolt to the head. Also tell your coach if one of your teammates might have a concussion.
- **Get a medical checkup.** A health care professional can tell you if you have had a concussion and when you are OK to return to play.
- **Give yourself time to recover.** If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to suffer another concussion.

**Connecticut State Department of Education (CSDE)
and the
Connecticut Interscholastic Athletic Conference (CIAC)
Concussion and Head Injury
Annual Review 2015-16
Required for all School Coaches in Connecticut**

**5141.7
Appendix C**

This document was developed to provide coaches with an annual review of current and relevant information regarding concussions and head injuries. In addition to reviewing this form, the annual review must include one of the following prescribed resources: Connecticut Concussion Task Force video, Centers for Disease Control and Prevention (CDC) Heads Up: Concussion in Youth Sports training course, or the National Federation of State High School Associations (NFHS) concussion training course. Links to these resources can be found at: <http://concussioncentral.ciacsports.com/>. A new form is required to be read, signed, dated and kept on file by coaches' associated school districts annually to comply with Connecticut General Statutes (C.G.S.) Chapter 163, Section 149b: *Concussions: Training courses for coaches. Education plan. Informed consent form. Development or approval by State Board of Education. Revocation of coaching permit.*

What is a Concussion?

Centers for Disease Control and Prevention (CDC) - "A concussion is a type of traumatic brain injury, or TBI, caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move rapidly back and forth. This sudden movement can cause the brain to bounce around or twist in the skull, stretching and damaging the brain cells and creating chemical changes in the brain." -CDC, Heads Up: Concussion. http://www.cdc.gov/headsup/basics/concussion_whatIs.html

Even a "ding," "getting your bell rung," or what seems to be mild bump or blow to the head can be serious." -CDC, Heads Up: Concussion Fact Sheet for Coaches http://www.cdc.gov/headsup/pdfs/custom/headsupconcussion_fact_sheet_coaches.pdf

Section 1. Concussion Education Plan Summary

The Concussion Education Plan and Guidelines for Connecticut Schools was approved by the Connecticut State Board of Education in January 2015. Below is an outline of the requirements of the Plan. The complete document is accessible on the CSDE Web site: <http://www.sde.ct.gov/sde/cwp/view.asp?a=2663&q=335572>

State law requires that each local and regional board of education must approve and then implement a concussion education plan by using written materials, online training or videos, or in-person training that addresses, at a minimum, the following:

1. The recognition of signs or symptoms of a concussion.
2. The means of obtaining proper medical treatment for a person suspected of sustaining a concussion.
3. The nature and risks of concussions, including the danger of continuing to engage in athletic activity after sustaining a concussion.
4. The proper procedures for allowing a student-athlete who has sustained a concussion to return to athletic activity.
5. Current best practices in the prevention and treatment of a concussion.

Section 2. Signs and Symptoms of a Concussion: Overview

A concussion should be suspected if any one or more of the following signs or symptoms are present, or if the coach/evaluator is unsure, following an impact or suspected impact as described in the CDC definition above.

Signs of a concussion may include (i.e. what the athlete displays/looks like to an observer):

- Confusion/disorientation/irritability
- Trouble resting/getting comfortable
- Lack of concentration
- Slow response/drowsiness
- Incoherent/slurred speech
- Slow/clumsy movements
- Loss of consciousness
- Amnesia/memory problems
- Acts silly, combative or aggressive
- Repeatedly asks the same questions
- Dazed appearance
- Restless/irritable
- Constant attempts to return to play
- Constant motion
- Disproportionate/inappropriate reactions
- Balance problems

Symptoms of a concussion may include (i.e. what the athlete reports):

- Headache or dizziness
- Nausea or vomiting
- Blurred or double vision
- Oversensitivity to sound/light/touch
- Ringing in ears
- Feeling foggy or groggy

State law requires that a coach MUST immediately remove a student-athlete from participating in any intramural or interscholastic athletic activity who: a) is observed to exhibit signs, symptoms or behaviors consistent with a concussion following a suspected blow to the head or body, or b) is diagnosed with a concussion, regardless of when such concussion or head injury may have occurred. Upon removal of the athlete, a qualified school employee must notify the parent or legal guardian within 24 hours that the student-athlete has exhibited signs and symptoms of a concussion.

Section 3. Return to Play (RTP) Protocol Overview

It is impossible to accurately predict how long an individual's concussion will last. There must be full recovery before a student-athlete is allowed to resume participating in athletic activity. Connecticut law now requires that no athlete may resume participation until she/he has received written medical clearance from a licensed health care professional (physician, physician assistant, advanced practice registered nurse (APRN), athletic trainer) trained in the evaluation and management of concussions.

Concussion Management Requirements:

1. No athlete shall return to participation in the athletic activity on the same day of concussion.
2. If there is any loss of consciousness, vomiting or seizures, the athlete **MUST** be transported immediately to the hospital.
3. Close observation of an athlete **MUST** continue following a concussion. The athlete should be monitored following the injury to ensure that there is no worsening/escalation of symptoms.
4. Any athlete with signs or symptoms related to a concussion **MUST** be evaluated by a licensed health care professional (physician, physician assistant, advanced practice registered nurse (APRN), athletic trainer) trained in the evaluation and management of concussions.
5. The athlete **MUST** obtain an initial written clearance from one of the licensed health care professionals identified above directing her/him into a well-defined RTP stepped protocol similar to the one outlined below. If at any time signs or symptoms return during the RTP progression, the athlete should cease activity.
6. After the RTP protocol has been successfully administered (no longer exhibits any signs or symptoms or behaviors consistent with concussions), final written medical clearance is required by one of the licensed health care professionals identified above for the athlete to fully return to unrestricted participation in practices and competitions.

Medical Clearance RTP protocol (Recommended one full day between steps)*

Rehabilitation stage	Functional exercise at each stage of rehabilitation	Objective of each stage
1. No activity	Complete physical and cognitive rest until asymptomatic; School activities may need to be modified	Recovery
2. Light aerobic exercise	Walking, swimming or stationary cycling maintaining intensity at less than 70% of maximal exertion; no resistance training	Increase heart rate
3. Sport-specific exercise No contact	Skating drills in ice hockey, running drills in soccer; no head impact activities	Add movement
4. Non-contact sport drills	Progression to more complex training drills, such as passing drills in football and ice hockey; may start progressive resistance training	Exercise, coordination and cognitive load
5. Full contact sport drills	Following final medical clearance, participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6. Full activity	No restrictions	Return to full athletic participation

* If at any time signs or symptoms should worsen during the RTP progression, the athlete should stop activity that day. If the athlete's symptoms are gone the next day, she/he may resume the RTP progression at the last step completed in which no symptoms were present. If symptoms return and do not resolve, the athlete should be referred back to her/his medical provider.

Section 4. Local/Regional Board of Education Policies Regarding Concussions

***** Attach local or regional board of education concussion policies *****

I have read and understand this document and have viewed the prescribed resource material. I understand that state law requires me to immediately remove any player suspected of having a concussion and to not allow her/him to return to participation until she/he has received written medical clearance by a licensed health care professional trained in the evaluation and management of concussions.

Coach: _____ School: _____
(Print Name)

Coach's Signature: _____ Date: _____

References:

1. NFHS. Concussions. 2008 NFHS Sports Medicine Handbook (Third Edition). 2008: 77-82. <http://www.nfhs.org>. http://journals.lww.com/cisportsmed/Fulltext/2009/05000/Consensus_Statement_on_Concussion_in_Sport_3rd.1.aspx.
2. CDC. *Heads Up: Concussion in High School Sports*. http://www.cdc.gov/NCIPC/tbi/Coaches_Tool_Kit.htm.
3. CIAC Concussion Central - <http://concussioncentral.ciacsports.com/>

Resources:

- CDC. *Injury Prevention & Control: Traumatic Brain Injury*. Retrieved on June 1, 2015. <http://www.cdc.gov/TraumaticBrainInjury/Index.html>
- CDC. *Heads Up: Concussion in High School Sports Guide for Coaches*. Retrieved on June 1, 2015. <http://www.cdc.gov/headsup/highschoolsports/coach.html>
- CDC. *Heads Up: Concussion materials, fact sheets and online courses*. Retrieved on June 6, 2015. <http://www.cdc.gov/headsup/>

Concussion Symptoms

Common symptoms in concussions are generally divided into physical/somatic, cognitive/thinking/remembering, sleep and emotional/mood disruption categories.

1. **Physical**

- Headache
- Nausea
- Vomiting
- Imbalance
- Slowed reaction time
- Dizziness
- Sensitivity to light
- Sensitivity to sound
- Fuzzy or blurred vision

2. **Sleep**

- Sleeping more or less than usual
- Drowsiness
- Trouble falling asleep
- Trouble maintaining sleep

3. **Cognitive (Thinking/Remembering)**

- Difficulty thinking or concentrating
- Difficulty remembering
- Confusion
- Feeling mentally foggy
- Feeling slowed down
- Decreased attention
- Decreased retention
- Distractibility
- Amnesia

4. **Mood Disruption**

- More emotional
- Irritable
- Sad
- Nervous
- Depressed

Concussion Symptoms (continued)

Athletes who experience any of the signs and symptoms listed below after a bump, blow, or jolt to the head or body should be kept out of play the day of the injury and until a health care professional, experienced in evaluating concussions, provides written clearance that they are symptom-free and can return to play. It is important to note that some athletes may not experience and/or report symptoms until hours or days after the injury. Most people with a concussion will recover quickly and fully. For some people, however, signs and symptoms of concussion can last for days, weeks, or longer.

Potential Signs Observed by Coaches, Athletic Trainers, Parents or Others:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

Potential Symptoms Reported by Athlete:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not "feel right" or is "feeling down"

Source: CDC, How Can I Recognize a Possible Concussion?

Athletes who experience any of the signs and symptoms listed above after a bump, blow, or jolt to the head or body should be kept out of play the day of the injury and until a health care professional, experienced in evaluating concussions, provides written clearance that they are symptom-free and can return to play. It is important to note that some athletes may not experience and/or report symptoms until hours or days after the injury. Most people with a concussion will recover quickly and fully. For some people, however, signs and symptoms of concussion can last for days, weeks, or longer.

The Proper Procedures for Allowing a Student Athlete Who Has Sustained a Concussion to Return to Athletic Activity

When managing an athlete with a concussion, the management plan should cover both returning to school and to play, and should:

- include monitoring both physical and cognitive activities;
- consider concussion history; and
- be individualized to the athlete.

An athlete should be referred for follow-up care from a health care professional who can help him or her gradually return to school and to play when fully recovered. An athlete who has been diagnosed with a concussion should not return to practice or play the same day. In addition, *Public Act No. 14-66, An Act Concerning Youth Athletics and Concussions* requires that:

...coaches shall not permit such student athlete to participate in any supervised team activities involving physical exertion, including, but not limited to, practices, games or competitions, until such student athlete receives written clearance to participate in such supervised team activities involving physical exertion from a licensed health care professional trained in the evaluation and management of concussions. Following clearance, the coach shall not permit such student athlete to participate in any full, unrestricted supervised team activities without limitations on contact or physical exertion, including, but not limited to, practices, games or competitions, until such student athlete no longer exhibits signs, symptoms or behaviors consistent with a concussion at rest or with exertion, and receives written clearance to participate in such full, unrestricted supervised team activities from a licensed health care professional trained in the evaluation and management of concussions.

There are five gradual steps to help safely return an athlete to play, adapted from the International Concussion Consensus Guidelines located at:

http://www.cdc.gov/concussion/headsup/return_to_play.html

Suggested Return-to-Play Progression

Baseline (Step 0): As the baseline step of the *Return-to-Play Progression*, the athlete needs to have completed physical and cognitive rest and not be experiencing concussion symptoms for a minimum of 24 hours. Keep in mind, the younger the athlete, the more conservative the treatment. There should be a minimum of 24 hours before progressing to the next step.

Step 1: Light Aerobic Exercise

Goal: only to increase an athlete's heart rate

Time: 5 to 10 minutes

Activities: exercise bike, walking, or light jogging

No weight lifting or resistance training, jumping, or hard running

Step 2: Moderate Exercise

Goal: limited body and head movement

Time: reduced from typical routine

Activities: moderate jogging, brief running, moderate-intensity stationary biking, and moderate-intensity weightlifting and resistance training

No head impact activities

Step 3: Non-contact Exercise

Goal: more intense, but non-contact movement

Time: close to typical routine

Activities: running, high-intensity stationary biking, the player's regular weightlifting routine, and non-contact sport-specific drills

This stage may add some cognitive component to practice in addition to the aerobic and movement components introduced in Steps 1 and 2.

Step 4: Practice

Goal: reintegrate in full contact practice with vigilant observation by the coach and/or athletic trainer

Step 5: Return to Play

Goal: return to competition

It is important to monitor symptoms and cognitive function carefully during each increase of exertion. Athletes should only progress to the next level of exertion if they are not experiencing symptoms at the current level. If symptoms return at any step an athlete should stop these activities as this may be a sign that the athlete is pushing too hard. Only after additional rest, when the athlete is once again not experiencing symptoms for a minimum of 24 hours, should he or she start again at the step during which symptoms were experienced.

The *Return-to-Play Progression* process is best conducted through a team approach and by a health care professional who knows the athlete's physical abilities and endurance, such as the school's athletic trainer in collaboration with the school nurse. By gauging the athlete's performance on each individual step, a health care professional will be able to determine how far to progress the athlete on a given day. In some cases, the athlete may be able to work through one step in a single day, while in other cases it may take several days to work through an individual step. It may take several weeks to months to work through the entire 5-step progression.

While most athletes will recover quickly and fully following a concussion, some will have symptoms for weeks or longer. Athletes should be referred to a concussion specialist if:

1. Symptoms worsen at any time.
2. Symptoms have not gone away after 10-14 days.
3. The athlete has a history of multiple concussions or risk factors for prolonged recovery. This may include a history of migraines, depression, mood disorders, or anxiety, as well as developmental disorders such as learning disabilities and Attention Deficit Hyperactivity Disorder (CDC, *A "Heads Up" on Managing Return to Play*).

School Concussion Management Team

(Adapted from the Oregon Concussion Awareness and Management Program)

School concussion management teams may be formed to create and implement a concussion management plan with sound procedures that support a concussed student. Suggestions for team members are as follows:

Student Athlete

Empowering students to self-assess symptoms and report may be a challenge. Consider inviting an influential student-athlete to the team. Help create an atmosphere of acceptance for reporting suspected and diagnosed concussions, and encourage athletes to report a fellow athlete's symptoms.

Parent(s)/Guardian(s)

Invite a parent leader to the team who could be influential with parent organizations that support athletics and gaining parental and community support for district policies.

School Administrator

Administrator support is needed to change the culture surrounding sports concussions, put systems in place to manage concussions effectively, and provide the programs necessary to return students to full activity (athletics and academics) safely.

School Medical Advisor

It is important that the school medical advisor is appropriately trained in the current knowledge about concussion.

Licensed Health Care Professional

Student athletes who are suspected of or have a concussion must receive written clearance from a licensed health care professional trained in the evaluation and management of concussions in order to participate in supervised team activities.

School Nurse

The school nurse is the lead health and medical school staff who works in conjunction with the athletic trainer (when available), athletic director, coaches, school faculty, counselors, and administrators, as well as the student-athlete's health care provider and family, in order to provide the best healing environment possible. In the case of a concussion, school nurses need to be able to recognize signs and symptoms, be aware of risks associated with recurrent injury, and make recommendations to student-athletes, parents, and school officials on proper care and recovery.

Physical Education Director/Athletic Director (AD)

The physical education or athletic director's leadership is a crucial component of good concussion management. They can support coach/athlete/parent training, promote a culture of awareness, ensure the teaching of safe techniques and sportsmanship, ensure proper and well maintained equipment, monitor appropriate incident protocols, promote good officiating, and encourage effective tracking of injuries.

Certified Athletic Trainer (ATC)

Certified athletic trainers (ATCs) are medical experts in preventing, recognizing, managing and rehabilitating injuries that result from physical activity. The ATC in a school environment works under the direction of a licensed physician, in collaboration with the school nurse and in cooperation with other health care professionals, athletic or physical education directors, coaches and parents.

Coach

Coaches play a key role in concussion management. They are responsible for pulling an athlete from competition or practice immediately after suspecting a concussion, Securing buy-in from the coaching staff is crucial to the safety of the athlete and to the success of the return to play protocol. Having a coach serve as the liaison between the school concussion management team and the other coaching staff can help ensure effective communication and understanding.

Teachers

Teachers are critical to student success post-concussion. Teachers need to have a strong understanding of the potential cognitive, behavioral, emotional, and physical symptoms of a concussion. A school concussion management team representative from the teaching staff can work with the student's teachers to ensure appropriate classroom accommodations.

School Counselor

The school counselor is the ideal lead staff person to inform teachers of needed learning accommodations while the student is symptomatic. They can provide information needed for making decisions about return to activity, can work with the student's teachers to ensure appropriate classroom accommodations, and can refer the student to more formalized supports such as 504 plans or Individualized Education Programs (IEP).

School Psychologist

School psychologists can help with assessment and test results interpretation.

Suggested Roles and Responsibilities of the School Concussion Management Team and School Personnel

(Adapted from the University of the State of New York, State Education Department, Office of Student Support Services Guidelines for Concussion Management in the School Setting [Last updated January 2014])

Student Athlete

Students should be encouraged to communicate any symptoms promptly to district staff and/or parents/guardians, as a concussion is primarily diagnosed by reported and/or observed signs and symptoms. It is the information provided by students about their signs and symptoms that guide the other members of the team in transitioning them back to activities. The amount and type of feedback reported by the student will be dependent on age and other factors. Therefore it is recommended that students:

- Be educated about the prevention of head injuries.
- Be familiar with signs and symptoms that must be reported to the coach, certified athletic trainer, school nurse, parent/guardian, or other staff.
- Be made aware of the risk of concussion and be encouraged to tell their coach, parent/guardian, certified athletic trainer, school nurse or other staff members about injuries and symptoms they are experiencing.
- Be educated about the risk of severe injury, permanent disability, and even death that can occur with re-injury by resuming normal activities before recovering from a concussion.
- Follow instructions from their private medical/health care provider.
- Be encouraged to ask for help and to inform teachers of difficulties they experience in class and when completing assignments.
- Encourage classmates and teammates to report injuries.
- Promote an environment where reporting signs and symptoms of a concussion is considered acceptable and is encouraged.

Parent(s)/Guardian(s)

When students are diagnosed with a concussion, it is important that the parent/guardian communicates with both the health care professional and the school. Therefore, it is recommended that parents/guardians:

- Be familiar with the signs and symptoms of concussions. This may be accomplished by reading pamphlets, Web based resources, and attending meetings and education sessions prior to their child's involvement in athletic activities.
- Be familiar with the requirement that any students suspected of having a concussion must immediately be removed from athletic activities.
- Be familiar with any concussion policies or protocols implemented by the local or regional board of education.
- Be made aware that concussion symptoms that are not addressed can prolong concussion recovery.

- Provide any forms and written orders from the health care professional to the school nurse and the athletic trainer or coach in a timely manner.

- Monitor their child’s physical and mental health as they transition back to full activity after sustaining a concussion.
- Report concerns to their child’s health care professional and the school as necessary.
- Communicate with the school to assist in transitioning their child back to school after sustaining a concussion.
- Communicate with school staff if their child is experiencing significant fatigue or other symptoms during or at the end of the school day.
- Follow the health care professional’s orders at home regarding return to activities.

School Administrator

School administrators and/or their designees, should ensure that the district’s policies on concussion management are communicated and implemented. Administrators may choose to designate a school concussion management team to oversee that district policies are enforced and protocols are implemented. Therefore, administrators should:

- Review the district’s concussion education plan with all staff.
- Arrange for the mandatory professional development regarding concussion management for staff and/or parents.
- Provide guidance to district staff on district wide policies and protocols for emergency care and transport of students suspected of sustaining a concussion.
- Ensure that plans are developed and implemented to meet the needs of individual students diagnosed with a concussion and consult with the school medical advisor, school nurse, and (if any) a certified athletic trainer.
- Enforce district concussion management policies and protocols.
- Encourage parents/guardians to communicate with the school nurse and teachers if their child is experiencing significant fatigue or other symptoms during or at the end of the school day.
- Invite parent/guardian participation in determining their child’s needs at school.
- Encourage parents/guardians to communicate with the health care professional on the status of their child and their progress with return to school activity.
- Ensure that coaches, athletic directors and athletic trainers inform the school nurse or medical advisor of any student who is suspected of or has been diagnosed with a concussion.

School Medical Advisor

The school medical advisor, who is a physician, plays a very important role in setting policies and procedures related to identifying students who may have sustained a concussion, along with post-concussion management in school. Therefore, the medical advisor should:

- Collaborate with district administration and the school nurse supervisor in developing concussion management policies and protocols.
- Assist district staff by acting as a liaison to the student’s medical provider when necessary.

- Attend 504 and concussion management team meetings when necessary or requested. Clear all students returning to athletic activities. This can be done at the discretion of the medical advisor either by reviewing a private medical provider's clearance, or personally assessing the student.
- Work with the concussion management team to monitor the progress of individual students with protracted recovery, multiple concussions, and atypical recovery.
- Encourage school health personnel (such as school nurses and certified athletic trainers) to collaborate and communicate with each other about all students who are involved in athletic activities and are suspected of having or are diagnosed with a concussion.
- Participate in professional development activities as needed to maintain a current knowledge base.

Licensed Health Care Professional

Licensed health care professionals trained in the evaluation and management of concussions provide orders and guidance that determine when students are able to begin transitioning back to school and activities. Therefore, they should:

- Provide written orders regarding restrictions and monitoring for specific symptoms that the health care professional should be made aware of by family and/or district staff members.
- Provide the district with a written graduated return to activity schedule to follow, or approve use of the district's graduated return to activity schedule, if appropriate.
- Readily communicate with the school nurse, certified athletic trainer, or school medical advisor to clarify orders.
- Provide written clearance for return to full activities (coaches shall not permit such student athlete to participate in any supervised team activities involving physical exertion, including, but not limited to, practices, games or competitions, until such student athlete receives written clearance to participate in such supervised team activities involving physical exertion).

School Nurse

The school nurse (registered nurse) is the primary health care professional in the school environment and is responsible for the coordination of care for all students. He or she communicates with the health care professional, medical director, parent/guardian, and district staff, collects written documentation and orders and assesses students' progress in returning to school activities. Therefore, the school nurse should:

- Assess students who have suffered a significant fall or blow to the head or body for signs and symptoms of a concussion and determine if any signs and symptoms of concussion warrant emergency transport to the nearest hospital emergency room per district policy.
- Refer parents/guardians of students believed to have sustained a concussion to their health care professional for evaluation.
- Provide parents/guardians with oral and/or written instructions (best practice is to provide both) on observing the student for concussive complications that warrant immediate emergency care.

- Use the health care professional's orders when developing an individualized health care plan or an emergency care plan for staff to follow.
- Ensure proper communication (as guided by FERPA and school district policies) to teachers, coaches, athletic trainers, athletic directors and other school staff that a student is suspected of or has sustained a concussion.
- Monitor and assess the student's return to school activities, assessing the student's progress with each step and communicating with the health care professional, school medical advisor, certified athletic trainer, parent/guardian, and appropriate district staff when necessary.
- Collaborate with the concussion management team in creating accommodations if it is determined that a 504 plan is necessary.
- Assist in educating students and staff in concussion management and prevention.

Director of Physical Education and/or Athletic Director (AD)

The Director of Physical Education provides leadership and supervision for Physical Education (PE) class instruction, intramural activities, and interscholastic athletic competition within a school district's total physical education program. In many districts there may be an athletic director solely in charge of the interscholastic athletic program. The Director of Physical Education and/or the athletic director must be fully informed about district policies regarding concussion management. They should educate physical education teachers, coaches, parents/guardians, and students about such policies. The Director of Physical Education and/or the athletic director often act as the liaison between district staff and coaches. Therefore, the Director of Physical Education and/or athletic director should:

- Ensure that informed consent forms are distributed to and collected from the parents and legal guardians of student athletes involved in intramural or interscholastic athletic activities. Such informed consent form shall include, at a minimum, a summary of the concussion education plan and a summary of the local or regional board of education's policies regarding concussions.
- Inform the school nurse, certified athletic trainer, or medical advisor of any student who is suspected of or has been diagnosed with a concussion.
- Ensure that any student identified as potentially having a concussion is not permitted to participate in any athletic activities until written clearance is received from a licensed health care professional trained in the evaluation and management of concussions.
- Ensure that game officials, coaches, physical education teachers, or parents/guardians are not permitted to determine whether a student with a suspected head injury can continue to play.
- Educate coaches on the school district's policies on concussions and care of injured students during interscholastic athletics, including when to arrange for emergency medical transport.
- Assist in educating students, parents/guardians and staff in concussion management and prevention.
- Enforce district policies on concussions including training requirements for coaches and certified athletic trainers.
- Advocate for a certified athletic trainer to be present during athletic activities.

Certified Athletic Trainer (ATC)

A certified athletic trainer, under the supervision of a qualified physician, can assist the medical advisor and athletic director (or Director of Physical Education) by identifying a student with a potential concussion. The certified athletic trainer can also evaluate the concussed student's progress in return to athletic activities and post-concussion care based on the licensed health care professional's provider orders and/or district protocol. Therefore, in collaboration with the school nurse, certified athletic trainers should:

- Evaluate student athletes who may have suffered a significant fall or blow to the head or body for signs and symptoms of a concussion when present at athletic events.
- Observe for late onset of signs and symptoms of a concussion and refer as appropriate.
- Evaluate the student to determine if any signs and symptoms of concussion warrant emergency transport to the nearest hospital emergency room per district policy.
- Refer parents/guardians of student athletes believed to have sustained a concussion to their health care professional for evaluation.
- Provide parents/guardians with oral and/or written instructions (best practice is to provide both) on observing the student for concussive complications that warrant immediate emergency care.
- Monitor the student's return to school activities, evaluating the student's progress with each step.
- Review the written statement to clear a student for return to activities.
- Assist in educating students, parents/guardians and staff in concussion management and prevention.
- Inform the school nurse or medical advisor of any student who is suspected of or has been diagnosed with a concussion.

Coach

Coaches are typically the only district staff present at all interscholastic athletic practices and competitions. Therefore, it is essential that coaches be well informed regarding possible causes of concussions and to understand the signs and symptoms. Coaches should always put the safety of the student first. Therefore, coaches should:

- Remove any student who has taken a significant blow to head or body, or presents signs and symptoms of a head injury immediately from play. Public Act No. 14-66: An Act Concerning Youth Athletics and Concussions require immediate removal of any student suspected to have sustained a concussion.
- Contact the school nurse or certified athletic trainer for assistance with any student injury.
- Send any student exhibiting signs and symptoms of a more significant concussion to the nearest hospital emergency room via emergency medical services (EMS).
- Inform the parent/guardian of the need for evaluation by their medical/health care provider.
- Provide the parent/guardian with written educational materials on concussions along with the district's concussion management policies.

- Inform the school nurse, certified athletic trainer, athletic director (or physical education director) of the student's potential concussion. This is necessary to ensure that the student does not engage in activities at school that may complicate the student's condition prior to having written clearance by a licensed health care professional.
- Ensure that students diagnosed with a concussion do not participate in any athletic activities until written authorization has been received from the licensed health care professional trained in the evaluation and management of concussions.
- Inform the school nurse or medical advisor of any student who is suspected of or has been diagnosed with a concussion.

Teacher/School Counselor/School Psychologist

Teachers, school counselors, and school psychologists can assist students in their recovery from a concussion by making and coordinating the implementation of accommodations that minimize aggravating symptoms so that the student has sufficient cognitive rest. They should refer to district protocols and licensed health care provider orders in determining academic accommodations. Section 504 plans may need to be considered for some students with severe symptoms requiring an extended timeframe for accommodations. The school professionals should be aware of the processing issues a student with a concussion may experience. A student who has a concussion will sometimes have short-term problems with attention and concentration, speech and language, learning and memory, reasoning, planning, and problem solving. Students transitioning into school after a concussion might need academic accommodations to allow for sufficient cognitive rest. These include, but are not limited to:

- shorter school day;
- rest periods;
- extended time for tests and assignments;
- provision of copies of notes;
- alternative assignments;
- minimizing distractions;
- permitting student to audiotape classes;
- peer note takers;
- providing assignments in writing; and
- refocusing student with verbal and nonverbal cues.

Current Best Practices in the Prevention and Treatment of a Concussion

Prevention

There are many ways to reduce the chances of sustaining a concussion during participation in athletic activities. Schools should ensure that during athletic contests and practices, athletes:

- use the correct protective equipment (should be fitted and maintained properly in order to provide the expected protection);
- follow all safety rules and the rules of the sport;
- practice good sportsmanship; and
- do not return to play with a known or suspected concussion until they have been evaluated and given **written permission** by an appropriate health care professional.

Treatment

Education and recognition are the best tools for improving the care of the athlete with a concussion. Students who have been diagnosed with a concussion require both physical and cognitive rest. Delay in instituting health care provider orders for such rest may prolong recovery from a concussion. The health care provider's orders for avoidance of cognitive and physical activity and graduated return to activity should be followed and monitored both at home and at school. Districts should consult their school medical director if further discussion and/or clarification is needed regarding a private medical provider's orders, or in the absence of a private medical provider's orders. Additionally, children and adolescents are at increased risk of protracted recovery and severe, potentially permanent disability (e.g. early dementia, also known as chronic traumatic encephalopathy), or even death if they sustain another concussion before fully recovering from the first concussion. Therefore, it is imperative that a student is fully recovered before resuming activities that may result in another concussion. Best practice warrants that, whenever there is a question of safety, a health care professional errs on the side of caution and holds the athlete out for a game, the remainder of the season, or even a full year.

Cognitive Rest

Cognitive rest requires that the student avoid participation in, or exposure to, activities that require concentration or mental stimulation including, but not limited to:

- computers and video games;
- television viewing;
- texting;
- cell phone use;
- reading or writing;
- studying or homework;
- taking a test or completing significant projects;
- loud music; or
- bright lights.

Parents/guardians, teachers, and other school staff should watch for signs of concussion symptoms such as fatigue, irritability, headaches, blurred vision, or dizziness reappearing with any type of mental activity or stimulation. If any of these signs and symptoms occur, the student should cease the activity. Return of symptoms should guide whether the student should participate in an activity. Initially a student with a concussion may only be able to attend school for a few hours per day and/or need rest periods during the day. Students may exhibit increased difficulties with focusing, memory, learning new information, and/or an increase in irritability or impulsivity. (Districts should have policies and procedures in place related to transitioning students back to school and for making accommodations for missed tests and assignments.) An Individual Health Care Plan with academic accommodations is an example of a guideline that may be used. If the student's symptoms last longer than 7 to 14 days, a medical provider should consider referring the student for an evaluation by a neuropsychologist, neurologist, psychiatrist, or other medical specialist in traumatic brain injury.

Note: increased cognitive activity, as well as too little cognitive activity, is associated with longer recovery from concussion. Thus, it is desirable to pace a student's academic load below symptom threshold. (Pediatrics 2014; 133:1-6)

Schools are permitted to authorize certain testing accommodations for students who incur an injury within a certain timeframe prior to the test administration. In some situations, a 504 plan may be appropriate for students whose concussion symptoms are significant or whose symptoms last 6 months or longer. Section 504 is part of the Rehabilitation Act of 1973 and is designed to protect the rights of individuals with disabilities in programs and activities that receive federal financial assistance from the U.S. Department of Education. Section 504 requires a school district to provide a "free appropriate public education" (FAPE) to each qualified student with a disability who is in the school district's jurisdiction, regardless of the nature or severity of the disability. Under Section 504, FAPE consists of the provision of regular or special education and related aids and services designed to meet the student's individual educational needs as adequately as the needs of nondisabled students are met.

(More information is available on Section 504 law at:
<http://www2.ed.gov/about/offices/list/ocr/index.html>

Questions and Answers on Section 504 including information on addressing temporary impairments such as concussions is available at:

<http://www2.ed.gov/about/offices/list/ocr/504faq.html>

Physical Rest

Physical rest includes getting adequate sleep, taking frequent rest periods or naps, and avoiding physical activity that requires exertion. Some activities that should be avoided include, but are not limited to:

- activities that result in contact and collision and are high risk for re-injury;
- high speed and/or intense exercise and/or sports;

- any activity that results in an increased heart rate or increased head pressure (such as straining or strength training).

5141.7
Appendix H
(continued)

Students may experience frustration or stress about having to limit activities or having difficulties keeping up in school. They should be supported and reassured that they will be able to resume activities as soon as it is safe, and that it is important to avoid activities which will delay their recovery. Students should be informed that the concussion will resolve more quickly when they follow their medical provider's orders. Students will need encouragement and support at home and school until symptoms fully resolve (CDC, *Heads Up: Preventing Concussion Heads Up*).

School Name _____

**Student and Parent Concussion Informed Consent Form
2015-16**

This consent form was developed to provide students, parents and legal guardians with current and relevant information regarding concussions and to comply with Connecticut General Statutes (C.G.S.) Chapter 163, Section 149b: *Concussions: Training courses for coaches. Education plan. Informed consent form. Development or approval by State Board of Education. Revocation of coaching permit;* and Section 10-149c: *Student athletes and concussions. Removal from athletic activities. Notification of parent or legal guardian. Revocation of coaching permit.*

What is a Concussion?

National Athletic Trainers Association (NATA) - *A concussion is a "trauma induced alteration in mental status that may or may not involve loss of consciousness."*

Centers for Disease Control and Prevention (CDC) - *"A concussion is a type of traumatic brain injury, or TBI, caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move rapidly back and forth. This sudden movement can cause the brain to bounce around or twist in the skull, stretching and damaging the brain cells and creating chemical changes in the brain."* -CDC, Heads Up: Concussion. http://www.cdc.gov/headsup/basics/concussion_what.html

Even a "ding," "getting your bell rung," or what seems to be mild bump or blow to the head can be serious." -CDC, Heads Up: Concussion Fact Sheet for Coaches http://www.cdc.gov/headsup/pdfs/custom/headsupconcussion_fact_sheet_coaches.pdf

Section 1. Concussion Education Plan Summary

The Concussion Education Plan and Guidelines for Connecticut Schools was approved by the Connecticut State Board of Education in January 2015. Below is an outline of the requirements of the Plan. The complete document is accessible on the CDE Web site: <http://www.sde.ct.gov/sde/cwp/view.asp?a=2663&q=335572>

State law requires that each local and regional board of education must approve and then implement a concussion education plan by using written materials, online training or videos, or in-person training that addresses, at a minimum, the following:

1. The recognition of signs or symptoms of a concussion.
2. The means of obtaining proper medical treatment for a person suspected of sustaining a concussion.
3. The nature and risks of concussions, including the danger of continuing to engage in athletic activity after sustaining a concussion.
4. The proper procedures for allowing a student-athlete who has sustained a concussion to return to athletic activity.
5. Current best practices in the prevention and treatment of a concussion.

Section 2. Signs and Symptoms of a Concussion: Overview

A concussion should be suspected if any one or more of the following signs or symptoms are present, or if the coach/evaluator is unsure, following an impact or suspected impact as described in the CDC definition above.

Signs of a concussion may include (i.e. what the athlete displays/looks like to an observer):

- Confusion/disorientation/irritability
- Trouble resting/getting comfortable
- Lack of concentration
- Slow response/drowsiness
- Incoherent/slurred speech
- Slow/clumsy movements
- Loss of consciousness
- Amnesia/memory problems
- Acts silly, combative or aggressive
- Repeatedly asks the same questions
- Dazed appearance
- Restless/irritable
- Constant attempts to return to play
- Constant motion
- Disproportionate/inappropriate reactions
- Balance problems

Symptoms of a concussion may include (i.e. what the athlete reports):

- Headache or dizziness
- Nausea or vomiting
- Blurred or double vision
- Oversensitivity to sound/light/touch
- Ringing in ears
- Feeling foggy or groggy

State law requires that a coach **MUST** immediately remove a student-athlete from participating in any intramural or interscholastic athletic activity who: a) is observed to exhibit signs, symptoms or behaviors consistent with a concussion following a suspected blow to the head or body, or b) is diagnosed with a concussion, regardless of when such concussion or head injury may have occurred. **Upon removal of the athlete, a qualified school employee must notify the parent or legal guardian within 24 hours that the student athlete has exhibited signs and symptoms of a concussion.**

Section 3. Return to Play (RTP) Protocol Overview

Currently, it is impossible to accurately predict how long an individual’s concussion will last. There must be full recovery before a student-athlete is allowed to resume participating in athletic activity. Connecticut law now requires that no athlete may resume participation until she/he has received written medical clearance from a licensed health care professional (physician, physician assistant, advanced practice registered nurse (APRN), athletic trainer) trained in the evaluation and management of concussions.

Concussion Management Requirements:

1. No athlete shall return to participation in the athletic activity on the same day of a concussion.
2. If there is any loss of consciousness, vomiting or seizures, the athlete MUST be transported immediately to the hospital.
3. Close observation of an athlete MUST continue following a concussion. The athlete should be monitored following the injury to ensure that there is no worsening/escalation of symptoms.
4. Any athlete with signs or symptoms related to a concussion MUST be evaluated by a licensed health care professional (physician, physician assistant, advanced practice registered nurse (APRN), athletic trainer) trained in the evaluation and management of concussions.
5. The athlete MUST obtain an initial written clearance from one of the licensed health care professionals identified above directing her/him into a well-defined RTP stepped protocol similar to the one outlined below. If at any time signs or symptoms return during the RTP progression, the athlete should cease activity.
6. After the RTP protocol has been successfully administered (no longer exhibits any signs or symptoms or behaviors consistent with concussions), final written medical clearance is required by one of the licensed health care professionals identified above for the athlete to fully return to unrestricted participation in practices and competitions.

Medical Clearance RTP protocol (at least one full day between steps recommended)

Rehabilitation stage	Functional exercise at each stage of rehabilitation	Objective of each stage
1. No activity	Complete physical and cognitive rest until asymptomatic; School activities may need to be modified	Recovery
2. Light aerobic exercise	Walking, swimming or stationary cycling maintaining intensity at less than 70% of maximal exertion; no resistance training	Increase heart rate
3. Sport-specific exercise No contact	Skating drills in ice hockey, running drills in soccer; no head impact activities	Add movement
4. Non-contact sport drills	Progression to more complex training drills, such as passing drills in football and ice hockey; may start progressive resistance training	Exercise, coordination and cognitive load
5. Full contact sport drills	Following final medical clearance, participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6. Full activity	No restrictions	Return to full athletic participation

* If at any time signs or symptoms should worsen during the RTP progression the athlete should stop activity that day. If the athlete’s symptoms are gone the next day, she/he may resume the RTP progression at the last step completed in which no symptoms were present. If symptoms return and do not resolve, the athlete should be referred back to her/his medical provider.

Section 4. Local/Regional Board of Education Policies Regarding Concussions

***** Attach local or regional board of education concussion policies *****

I have read and understand the Student and Parent Concussion Informed Consent Form and the attached board of education policies regarding concussions and understand the severities associated with concussions and the need for immediate treatment of such injuries.

Student name: _____ Date: _____ Signature: _____
(Print Name)

I authorize my child to participate in _____ for school year _____
(Sport/Activity)

Parent/Guardian name: _____ Date: _____ Signature: _____
(Print Name)

References:

1. NFHS. Concussions. 2008 NFHS Sports Medicine Handbook (Third Edition). 2008: 77-82. <http://www.nfhs.org>. http://journals.lww.com/cisportsmed/Fulltext/2009/05000/Consensus_Statement_on_Concussion_in_Sport_3rd.1.aspx.
2. CDC. *Heads Up: Concussion In High School Sports*. http://www.cdc.gov/NCIPC/tbi/Coaches_Tool_Kit.htm.
3. CIAC Concussion Central - <http://concussioncentral.ciacsports.com/>

Resources:

- CDC. *Injury Prevention & Control: Traumatic Brain Injury*. Retrieved on June 1, 2015. <http://www.cdc.gov/TraumaticBrainInjury/index.html>
- CDC. *Heads Up: Concussion In High School Sports Guide for Coaches*. Retrieved on June 1, 2015. <http://www.cdc.gov/headsup/highschoolsports/coach.html>
- CDC. *Heads Up: Concussion* materials, fact sheets and online courses. Retrieved on June 6, 2015. <http://www.cdc.gov/headsup/>

HEADS UP: CONCUSSION IN YOUTH SPORTS

A Fact Sheet for Parents and Athletes
(Requirement to Read and Signed by Parents and Athletes)
Return This Form to Team Coach.

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury (TBI) that is caused by a bump, blow or jolt to the head. It can change the way your brain normally works. Concussions can also occur from a fall or blow to the body that causes the head and brain to move quickly back and forth. It can occur during practices or games in any sport. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious. A concussion can happen even if you haven’t been knocked out. You can’t see a concussion. Signs and symptoms of a concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

Parents and Guardians

What are the signs and symptoms of a concussion observed by Parents/Guardians?

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can’t recall events prior to being hit or falling
- Can’t recall events after being hit or falling

How can a Parent/Guardian help their child prevent a concussion?

Every sport is different, but there are steps your children can take to protect themselves from concussion.

- Ensure that they follow their coach’s rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- Learn the signs and symptoms of a concussion.

What should a parent/guardian do if they think their child has a concussion?

1. Seek medical attention right away. A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports. Notify your child's coach if you think your child has a concussion.
2. Keep your child out of play. Concussions take time to heal. Don't let your child return to play until a health care professional says it's OK. Children who return to play too soon while the brain is still healing risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
3. Tell your child's coach about any recent concussion in ANY sport or activity. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

Athletes

What are the symptoms of a concussion?

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light
- Bothered by noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion
- Does not "feel right"

What should an athlete do if they think they have a concussion?

- **Tell your coaches and your parents.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach if one of your teammates might have a concussion.
- **Get a medical checkup.** A doctor or health care professional can tell you if you have a concussion and when you are OK to return to play.
- **Give yourself time to get better.** If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Second or later concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.
- **It is better to miss one game than the whole season.**

How can athletes prevent a concussion?

Every sport is different, but there are steps you can take to protect yourself.

- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Use the proper sports equipment, including personal protective equipment (such as helmets, padding, shin guards, and eye and mouth guards). In order for equipment to protect you, it must be:
 - The right equipment for the game, position, or activity
 - Worn correctly and fit well
 - Used every time you play
 - Repaired and maintained

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

BOARD MEMBER USE OF SOCIAL MEDIA
(Background Information for Policy Review Committee)

Social media refers to the means of interactions among people in which they create, share and exchange information and ideas in virtual communities and networks. Social media depends on mobile and web-based technologies to create highly interactive platforms through which individuals and communities share, co-create, discuss and modify user-generated content. The benefits of using social media include the fact that it is free, quicker than traditional methods of communication, and reaches more people with less effort. Some commonly used social media platforms include, but are not limited to, Twitter, Facebook, Pinterest, Flickr, LinkedIn, Tumblr, and YouTube.

Many school board members are active users of social media, using the platforms listed previously, as well as other media such as blogs and personal websites. Social media can be a positive tool for fostering community engagement with the school district. Board members, however, need to operate within appropriate guidelines when they are communicating online about school district business.

In using social media to communicate about school district business, board members should be aware of and consider the guidelines listed below.

In using social media to communicate about school district activities, a Board member shall:

1. Clarify that the communication is as an individual member of the Board and not in the role of an official District spokesperson.
2. Avoid deliberating school district business with a quorum of the Board.
3. Direct complaints or concerns presented online from other individuals to the appropriate administrator.
4. Avoid posting content that indicated the reaching of an opinion on pending matters.
5. Ask for community input through appropriate channels, but will not allow the social network site to direct decisions as a Board member.
6. Post only content that the District has already released to the public.
7. Clarify, when attempting to restate what happened at a previous Board meeting, that the posting on the social media site is not an official record of such meeting. Share information only from the open portions of the meeting.
8. Conduct himself/herself online in a manner that reflects well on the District; avoid posting information that has not been verified and made public by the District; and never post anonymously about school business.
9. Report immediately harassing or defamatory communications to the Superintendent if they involve school officials, staff, students or District business.
10. Retain electronic records, including the Board member's own posts and content others post to the Board members account, when required to do so by the District's retention policy.

**BOARD MEMBER USE OF SOCIAL MEDIA
(CONTINUED)**

11. Report immediately to the District any potential security breaches if the Board member loses control or possession of a District-issued or personal electronic device on which confidential District records could be accessed.
12. Comply with the District's acceptable use policy when using District-issued devices or technology resources, including District Internet access on a personal device.

While social networking sites and use of them can be an effective and efficient means of communication, in addition to the above guidelines, school board members need to be aware of the obligations and requirements that arise when using this form of communication. As a school official board members must comply with state laws pertaining to public records and open meetings, especially the Freedom of Information Act.

Law pertaining to public records basically indicates that the public is entitled to the greatest possible information regarding the affairs of government and the official acts of those officers and employees who represent them. This applies to communications that school board members and school district employees send or receive relating to the affairs of the school district and the official acts of school officials and employees. Electronically stored information generally constitutes a "record" so long as the recorded information is created or kept in connection with official business. It is the substance of the information, not the format, which controls whether it is a public record or not.

The Freedom of Information Act (FOIA) applies to every meeting of a governmental body, with some limited exceptions. Importantly, members of a board need not gather in the same place to satisfy the definition of a "meeting." Under the FOIA, the basic rule is that there is a "meeting" of the board of education any time a quorum of the board convenes to discuss or act upon a matter over which the board has responsibility. Therefore, a series of telephone communications, e-mails, or social media contacts to a quorum of the board may constitute a "meeting" in violation of the FOIA. Properly posted, however, a meeting can be conducted by electronic means. The law is still unfolding regarding when electronic communications may be a "meeting."

Social networking sites have increased the ease with which discussions can take place between board members without the need to gather in a single physical location. Board members using social networking sites may inadvertently violate the open meetings law if they are not vigilant about the content and subject matter posted on these sites and aware of the users of the site.

Online postings by board members can result in a meeting of the board if the postings discuss school district business and a sufficient number of school board members are involved on the site to determine the course of action that will be taken by the board. Due to the unique characteristics of social networking sites, with the ability to engage in real-time and near real-time communication, courts will likely find that a meeting has taken place if a sufficient number of board members use the site to communicate with one another on issues that are within the board's authority.

**BOARD MEMBER USE OF SOCIAL MEDIA
(CONTINUED)**

Policy Implications

A new bylaw, #9327.1, "Board Member Use of Social Networks," has been developed and follows for your consideration. This is currently considered an optional bylaw for inclusion in a district's policy manual. However, with the increased use of such sites by board members, it may become a recommended bylaw for placement in the manual.

A previously developed bylaw, #9327, "Electronic Communications Among Board Members," should also be consulted in relation to this topic. It is available upon request.

Also related to this topic is policy #1114, "District-Sponsored Social Media." It should also be consulted in relation to this topic to gain a fuller perspective on this issue. It is also available upon request.

November 2017

Suggested bylaw to consider.

Bylaws of the Board

Board Member Use of Internet Social Networks

The Board of Education (Board) recognizes that reliance on social media as a means of communication is rapidly becoming the norm for school districts. Many school board members are active users of social media, including, but not limited to, such online platforms as Facebook and Twitter, as well as other media such as blogs and personal websites. The Board understands that social media can be a positive tool for fostering community engagement with the school district. However, Board members need to operate with appropriate guidelines when they are communicating online about school district business.

While social networking sites can be an effective and efficient means of communication, Board members need to be aware of the obligations and requirements that arise when using this form of communication. Board members' personal use of social networking sites may be limited or prohibited because of the need to comply with Connecticut statutes pertaining to public records and open meetings as described in the Freedom of Information Act.

Compliance with Public Records Law

Any recorded data or information relating to the conduct of public's business prepared, owned, received, or retained by the Board or the school district, whether handwritten, typed, tape-recorded, printed, photo-stated, photographed or recorded by any other method is by definition a "public record" and access thereto during normal hours of business shall be granted to any citizen. This includes communication that school board members and district employees send or receive relating to the affairs of the school district and the official acts of school officials and employees. Electronically stored information generally constitutes a "record" within the meaning of the public records law provided such recorded information is created or kept in connection with school business. The substance of the information, not the format, controls whether it is a public record. As an elected official, a school board member's information contained on a social networking site or a blog, that is created or kept by the Board member regarding the affairs of the district is likely to be considered a public record.

Compliance with the Freedom of Information Act

Board members must be mindful of the Connecticut Freedom of Information Act (FOIA) when using social networking sites. The FOIA defines a "meeting" as any hearing or other proceeding of a public agency, any convening or assembly of a quorum of a multimember public agency, and any communication by or to a quorum of a multimember public agency, whether in person or by means of electronic equipment, to discuss or act upon a matter over which the public agency has supervision, control, jurisdiction, or advisory power (C.G.S. 1-200(2)).

Bylaws of the Board

Board Member Use of Internet Social Networks

Compliance with the Freedom of Information Act (continued)

Board member use of a social networking site may be susceptible to violations of the FOIA due to the ease with which Board members can discuss school business in a manner that may determine the Board's course of action. An online discussion by Board members can result in agreement, tacitly or explicitly to act in a certain manner in number sufficient to reach a quorum.

OR

Board members using social networking sites may inadvertently violate the FOIA if they are not vigilant about the content and subject matter posted on the site and aware of the users of the site. Online posting by Board members can result in a meeting of the Board if the postings discuss school district business and a sufficient number of school board members are involved on the site to determine the course of action that will be taken by the Board.

Board members will not have online conversations that violate or to seek to circumvent the FOIA. Board members may not use online websites to communicate with one another about official Board business.

Social Networking Websites

Board members need to periodically review the importance of maintaining proper decorum in the online digital world as well as in person. This review is to give special emphasis to Board member use of Facebook, Twitter and other social media.

Code of Ethics

Use of social media sites by Board members shall be consistent with the Board's Code of Ethics (Bylaw #9270).

Board members will refrain from inappropriate conduct in making public statements on Facebook and other social networking sites, and will refrain from any disparagement of fellow Board members or others on a personal, social, racial, or religious basis. Board members shall not send messages that contain material that may be defined by a reasonable person as profane or obscene; messages that are racist, sexist or promote illicit, illegal or unethical activity.

Board members will recognize that authority rests with the Board of Education and will make no personal promises on social media sites nor take any private action which may compromise the Board.

Bylaws of the Board

Board Member Use of Internet Social Networks (continued)

Maintaining Confidentiality

Board members will exercise care not to divulge confidential information about students, school employees, or Board business on social media sites. Board members who have access to student information, like District employees, are prohibited from disclosing that information without the consent of the adult student or parent/guardian of a minor. In general, all records related to the individual student maintained by a school constitute confidential student records.

Board members are not to expect that their online conversations will remain private. Discussion of investigations into school issues will not be conducted online. Extreme care must be taken not to disclose confidential information related to students or employees while interacting online.

Social Media Guidelines for Board Members

The following guidelines are for Board members to consider when using social media in their role as public officials. In using social media to communicate about school district activities, a Board member shall:

1. Clarify that the communication is as an individual member of the Board and not in the role of an official District spokesperson.
2. Avoid deliberating school district business with a quorum of the Board.
3. Direct complaints or concerns presented online from other individuals to the appropriate administrator.
4. Avoid posting content that indicated the reaching of an opinion on pending matters.
5. Ask for community input through appropriate channels, but will not allow the social network site to direct decisions as a Board member.
6. Post only content that the District has already released to the public.
7. Clarify, when attempting to restate what happened at a previous Board meeting, that the posting on the social media site is not an official record of such meeting. Share information only from the open portions of the meeting.
8. Conduct himself/herself online in a manner that reflects well on the District; avoid posting information that has not been verified and made public by the District; and never post anonymously about school business.
9. Report immediately harassing or defamatory communications to the Superintendent if they involve school officials, staff, students or District business.
10. Retain electronic records, including the Board member's own posts and content others post to the Board members account, when required to do so by the District's retention policy.

Bylaws of the Board

Board Member Use of Internet Social Networks

Social Media Guidelines for Board Members (continued)

11. Report immediately to the District any potential security breaches if the Board member loses control or possession of a District-issued or personal electronic device on which confidential District records could be accessed.
12. Comply with the District's acceptable use policy when using District-issued devices or technology resources, including District Internet access on a personal device.

(cf. 1100 – Communications with the Public)
(cf. 1114 – District-Sponsored Social Media)
(cf. 3543.31 – Electronic Communication Use and Retention)
(cf. 4118.5/4218.5 – Staff Acceptable Computer Use)
(cf. 4118.51/4218.51 – Social Networking)
(cf. 5125 – Student Records)
(cf. 6141.321 – Acceptable Computer Use)
(cf. 6141.324 – Posting of Student Work/Photographs)
(cf. 6141.326 – Online Social Networking)
(cf. 9271 – Board Code of Ethics)
(cf. 9327 – Electronic Mail Communications)
(cf. 9330 – Board/School District Records)

Legal Reference: Connecticut General Statutes

The Freedom of Information Act.

1-200 Definitions.

10-209 Records not to be public.

1-210 Access to public records. Exempt records.

Public Law 94-553, The Copyright Act of 1976, 17 U.S.C. 101 et.

seq.

Federal Family Educational Rights and Privacy Act of 1974

Dept. of Education. 34 CFR. Part 99 (May 9, 1980 45 FR 30802) regs. implementing FERPA enacted as part of 438 of General Education Provisions Act (20 U.S.C. 1232g) parent and student privacy and other rights with respect to educational records, as amended 11/21/96.

Bylaw adopted by the Board:

cps 3/17

Social Media Etiquette

As use of blogs, micro blogs, Twitter, Facebook, and cell phone message texting has become more commonplace, it is important for Board members, as elected officials, to make sure there is a clear definition between the school district's and board member's own accounts.

Board members need to keep both communication etiquette and legal restraints in mind when writing in their personal accounts. Remember:

1. The printed word, even if it is written and distributed via the Internet, is 'discoverable', meaning it can be retrieved and used as evidence in lawsuits.
2. Don't assume that you can post any opinion you want citing 'freedom of speech'. More and more headlines are reporting defamation suits filed as the result of those postings.
3. Lawsuits are also being filed against social media users who have not obtained copyright permission prior to posting copyrighted materials (articles and photos). Make sure you have written permission for reproducing information and that you follow a publication's reprint/use guidelines, even if you are using only a small portion of a lengthy article about school improvement or other education-related topic from a publication.
4. Follow district guidelines and state and national privacy laws concerning the release of student information (including use of photos) if you post anything about school district events on a social media outlet. Obtain written permission from parents or guardians prior to posting photos or other identifying information on your personal accounts even if the school district has permission forms on file. Parents may not feel that a Board member's personal account is a place to display their children's information.
5. Don't solicit discussion among fellow Board members on any school district business using social media. While discussion of certain topics may be permitted, err on the side of caution so that you don't find yourself violating legal requirements for open meetings.
6. Even if you are posting to your personal websites, such as Facebook and Twitter accounts, remember that nothing is really personal on the Internet. People have a way of accessing the information, forwarding, copying and pasting and possibly distorting what you have written. Even though you use a personal page 2 account, as long as you are on the school board you are a 'public face' of the district and your comments could be misconstrued as reflecting views of the district.
 - a. Include a statement or disclaimer on your account that the opinions you post are yours as an individual.
 - b. Avoid posting your opinions about school district business or Board actions.
 - c. At a Board meeting, discuss with the district's legal counsel the legalities regarding use of a personal social media account while serving as an elected official.
7. If you have a reason to post information about the district, double check to make sure the information is correct. It is easy to transpose numbers, get a date or time incorrect even on the most well-intentioned post, blog entry, or tweet.

- a. Once an error is discovered, make the correction and then note the date/time of the correction at the top of the post or blog. If you've sent an incorrect Tweet, send a new one with 'Correction' at the lead.
 - b. To avoid putting incorrect information on your personal blogs, use links to the school district's home page or blog directing readers/followers to get information from the 'official' source.
8. Commenting on school district business while using one's own computer can put you in a precarious position if a public records request is made of all communications concerning a particular topic. Your personal computer and hard drive, and other data memory equipment could be subpoenaed as part of a lawsuit discovery process.
9. Remember that once a thought, idea, claim, or suggestion has been distributed via social media, it takes on a life of its own. Think twice when writing anything. Ask yourself if you would want your comments to appear on the front page of the morning paper or as a lead item on the television news.
10. Don't continue school board discussions or debates using your social media as a vehicle for voicing your dissent or approval of an issue. The Boardroom is the place for discussion and decision, not the Internet.
11. If you want public comment on a particular issue with which the school board is dealing, don't ask readers/followers to comment on your own message boards or comment sections. Instead, tell readers/followers how to contact the district through e-mail or phone calls that will allow comments to be forwarded to all board members. Be sure to include information on deadlines for submitting comments.
12. Refrain from using your personal social media account to inflame or incite a public outcry on a topic that is being discussed by the board.
13. Never post any information gleaned during an executive session, such as that related to personnel, business negotiations, and employee contract negotiations.
14. If you post to other sites and social media outlets — not under your control — make sure those site's topics and photos are considered to be politically correct as well as socially acceptable for readers of all ages.