Temporary amendments to these regulations related to the COVID-19 pandemic have been made to the body of the regulations. All temporary revisions appear in highlighted bold italics or strikethrough text.

I. Health Assessments

The Watertown Board of Education (the “Board”) requires each student enrolled in the Watertown Public Schools (the “District”) to undergo health assessments as mandated by state law. The purpose of such health assessments shall be to ascertain whether a student has any physical disability tending to prevent him/her from receiving the full benefit of school work and to ascertain whether school work should be modified in order to prevent injury to the student or to secure a suitable program of education for him/her. Such health assessments must be conducted by one of the following qualified providers for health assessments: (1) a legally qualified practitioner of medicine; (2) an advanced practice registered nurse or registered nurse, who is licensed under state statute; (3) a physician assistant, who is licensed under state statute; (4) the school medical advisor; or (5) a legally qualified practitioner of medicine, an advanced practice registered nurse or a physician assistant stationed at any military base. The Board will provide written prior notice of the health assessments required under these administrative regulations to the parent or guardian of each student subject to assessment. The parent or guardian shall be provided a reasonable opportunity to be present during such assessment or he/she may provide for such assessment him/herself. No health assessment shall be made of any public-school student unless it is made in the presence of the parent or guardian or in the presence of another school employee. Any student who fails to obtain the health assessments required by these administrative regulations may be denied continued attendance in the District.

II. Health Assessments Required:

The Board recognizes that, due to the COVID-19 pandemic, “well” child appointments (“Health Appointments”) with qualified health care practitioners have been subject to cancelation and may be limited in availability prior to and during the 2020-2021 school year. Due to the unavailability of Health Appointments, there may be barriers for a student to obtain a required health assessment even if the student’s parents or guardians make every attempt to schedule the Health Appointment.
The Board is permitted to deny attendance to a student who fails to obtain health assessments required by law and Board policy. However, during the 2020-2021 school year given the unavailability of Health Appointments due to the COVID-19 pandemic, the Board is prioritizing keeping students in school where possible. The Board recognizes that being present in the classroom is especially important during the 2020-2021 school year due to the cancellation of classes in the spring of the 2019-2020 school year. Accordingly, the District administration, when appropriate, will work with parents and guardians to have a Health Appointment scheduled as soon as possible rather than deny attendance to a student. In addition, as set forth herein, the Board has provided for temporary flexibility regarding the submission of required health assessments in light of the COVID-19 pandemic.

Prior to enrollment in the District or as soon as possible thereafter, each student must undergo a health assessment, which shall include:

(a) a physical examination which includes hematocrit or hemoglobin tests, height, weight, blood pressure, and a chronic disease assessment which shall include, but not be limited to, asthma. The assessment form shall include (A) a check box for the provider conducting the assessment, to indicate an asthma diagnosis, (B) screening questions relating to appropriate public health concerns to be answered by the parent or guardian, and (C) screening questions to be answered by such provider;

(b) an updating of immunizations as required by state law;

(c) vision, hearing, speech and gross dental screenings;

(d) such other information, including health and developmental history, as the physician feels is necessary and appropriate.

The pre-enrollment assessment shall also include tests for tuberculosis, sickle cell anemia or Cooley’s anemia, and tests for lead levels in the blood if, after consultation with the school medical advisor and the local health department, the Board determines that such tests are necessary. Such tests must be conducted by a registered nurse acting pursuant to the written order of a physician, or physician’s assistant, licensed under state law, or an advanced practice registered nurse, licensed under state law.

Each student enrolled in the District must undergo a health assessment when entering in grade [the Board may choose to set the screening requirement at entry to request the assessment in either grade six or grade seven] and when entering in grade [the Board may choose to set the screening requirement at entry to request the assessment in either grade nine or grade ten] [Boards that previously set the screening requirement at entry to grade six and grade nine may choose to temporarily change the required times for screening to entry into, or during, grades seven and ten, respectively, to afford parents/guardians more time to schedule Health Appointments while...
removing compliant with the range of grades set forth in Connecticut General Statutes § 10-206], which shall include:

(a) a physical examination which includes hematocrit or hemoglobin tests, height, weight, blood pressure, and a chronic disease assessment which shall include, but not be limited to, asthma as defined by the Commissioner of Public Health pursuant to subsection (c) of section 19a-62a of the Connecticut General Statutes. The assessment form shall include (A) a check box for the provider conducting the assessment, to indicate an asthma diagnosis, (B) screening questions relating to appropriate public health concerns to be answered by the parent or guardian, and (C) screening questions to be answered by such provider;

(b) an updating of immunizations as required by state law;

(c) vision, hearing, postural and gross dental screenings;

(d) such other information, including health and developmental history, as the physician feels is necessary and appropriate.

The grade six/seven and grade nine/ten assessments shall also include tests for tuberculosis and sickle cell anemia or Cooley’s anemia if, after consultation with the school medical advisor and the local health department, the Board determines that such tests are necessary. Such tests must be conducted by a registered nurse acting pursuant to the written order of a physician, or physician’s assistant, licensed under state law, or of an advanced practice registered nurse, licensed under state law.

The Board of Education shall provide such assessments free of charge to students whose parents or guardians meet the eligibility requirements for free and reduced price meals under the National School Lunch Program or for free milk under the special milk program.

III. Oral Health Assessments:

A. Prior to enrollment in the District or as soon as possible thereafter, in grade [the Board may choose to request the assessment in either grade six or grade seven] and in grade [the Board may choose to request the assessment in either grade nine or grade ten] [Boards that previously set the screening requirement in grade six and grade nine may choose to temporarily change the required times for screening to grades seven and ten, respectively, to afford parents/guardians more time to schedule Health Appointments while remaining compliant with the range of grades set forth in Connecticut General Statutes § 10-206], the Board shall request that each student undergo an oral health assessment. Such oral health assessments must be conducted by one of the following qualified providers for oral health assessments: (1) a dentist licensed under state law; (2) a dental hygienist licensed under state law; (3) a legally qualified practitioner of medicine trained in conducting oral health assessments as a part of a training program approved by the
Commissioner of Public Health; (4) a physician assistant licensed under state law and trained in conducting oral health assessments as part of a training program approved by the Commissioner of Public Health; or (5) an advanced practice registered nurse licensed under state statute and trained in conducting oral health assessments as part of a training program approved by the Commissioner of Public Health.

B. The oral health assessment identified in subsection A above shall include a dental examination by a dentist, or a visual screening and risk assessment for oral health conditions by a dental hygienist, legally qualified practitioner of medicine, physician assistant, or advanced practice registered nurse. The assessment form shall include a check box for the qualified provider conducting the assessment to indicate any low, moderate or high risk factors associated with any dental or orthodontic appliance, saliva, gingival condition, visible plaque, tooth demineralization, carious lesions, restorations, pain, swelling or trauma.

C. No oral health assessment shall be made of any public school student unless the parent or guardian of the student consents to such assessment and such assessment is made in the presence of the parent or guardian or in the presence of another school employee. The parent or guardian shall be provided with prior written notice of an oral health assessment and be provided with a reasonable opportunity to opt his/her child out of such assessment or may provide for such oral health assessment him or herself.

D. If the Board of Education hosts a free oral health assessment event where qualified providers (identified in subsection A above) perform oral health assessments of children attending a public school, the Board shall notify the parents and guardians of such children of the event in advance and provide an opportunity for parents and guardians to opt their child(ren) out of such event. The Board shall infer parent/guardian consent for each child whose parent or guardian did not opt him or her out of the free oral health assessment event and shall provide such child with a free oral health assessment; however, such child shall not receive dental treatment of any kind unless the child’s parent or guardian provides informed consent for such treatment.

E. Any student who fails to obtain an oral health assessment requested by the Board shall not be denied enrollment or continued attendance in the District.

IV. Screenings Required:

The Board will provide annually to each student enrolled in kindergarten and grades one and three to five, inclusive, a vision screening using a Snellen chart or equivalent screening device, such as an automated vision screening device. The Superintendent shall give written notice to the parent or guardian of each student (1) who is found to have any defect of vision or disease of the eyes, with a brief statement describing the defect or disease and a recommendation that the student be examined by an
optometrist or ophthalmologist licensed pursuant to state law, and (2) who did not receive such vision screening, with a brief statement explaining why such pupil did not receive such vision screening.

The Board will provide annually to each student enrolled in kindergarten and grades one and three through five, inclusive, audiometric screening for hearing. The Superintendent shall give written notice to the parent or guardian of each student (1) who is found to have any impairment or defect of hearing, with a brief statement describing the impairment or defect, and (2) who did not receive an audiometric screening for hearing, with a brief statement explaining why such student did not receive an audiometric screening for hearing.

The Board will provide postural screenings for (1) each female student in grades five and seven, and (2) each male student in grade eight or nine. The Superintendent shall give written notice to the parent or guardian of each student (A) who evidences any postural problem, with a brief statement describing such evidence, and (B) who did not receive a postural screening, with a brief statement explaining why such student did not receive such postural screening.

All of the screenings required under these administrative regulations will be performed in accordance with regulations applicable to such screenings as adopted by the State Board of Education.

V. Assessment/Screening Results:

The results of each assessment and screening required or requested by these administrative regulations shall be recorded on forms supplied by the State Board of Education. Each qualified provider performing health assessments or oral health assessments under these administrative regulations shall sign each form and any recommendations concerning a student shall be in writing. Assessment/screening forms shall be included in the cumulative health record of each student and they shall be kept on file in the school attended by the student. If a student transfers to another school district in Connecticut, his/her original cumulative health record shall be sent to the chief administrative officer of the new school district and a true copy retained by the Board. For a student leaving Connecticut, a copy of the records, if requested, should be sent and the original maintained.

Appropriate school health personnel shall review the results of each assessment and screening. If the reviewing school health personnel judge that a student is in need of further testing or treatment, the Superintendent shall give written notice to the parent or guardian of such student and shall make reasonable efforts to ensure that such further testing or treatment is provided. Reasonable efforts shall include determination of whether the parent or guardian has obtained the necessary testing or treatment for the student, and, if not, advising the parent or guardian how such testing or treatment may be obtained. The results of such further testing or treatment shall be recorded, kept on file and reviewed by
appropriate school health personnel in the same manner as the results of the health assessments and screenings required or requested under these administrative regulations.

The district shall report to the local health department and the Department of Public Health, on a triennial basis, the total number of children per school and on a district-wide basis having a diagnosis of asthma (1) at the time of public school enrollment, (2) in grade six or seven, and (3) in grade ten or eleven. The report shall contain the asthma information collected as required under Section II of this Policy and shall include information regarding each diagnosed child’s age, gender, race, ethnicity and school.

VI. Exemption

Nothing in these administrative regulations shall be construed to require any student to undergo a physical or medical examination or treatment, or be compelled to receive medical instruction, if the parent or legal guardian of such student or the student, if he/she is an emancipated minor or is eighteen (18) years of age or older, notifies the teacher or principal or other person in charge of such student in writing that he/she objects on religious grounds to such physical or medical examination or treatment or medical instruction.

VII. Other Non-Emergency Invasive Physical Examinations and Screenings:

A. In addition to the screenings listed above, the district may, from time to time, require students to undergo additional non-emergency, invasive physical examination(s)/screening(s).

B. A non-emergency, invasive physical examination or screening is defined as:

1. any medical examination that involves the exposure of private body parts; or

2. any act during such examination that includes incision, insertion, or injection into the body, but does not include a hearing, vision, or scoliosis screening; and

3. is required as a condition of attendance, administered by the school and scheduled by the school in advance; and

4. is not necessary to protect the immediate health and safety of the student, or of other students.

C. If the district elects to conduct any such examinations, then, at the beginning of the school year, the administration shall give direct notice to parents of affected students of the district's intent to conduct the non-emergency invasive physical examination(s) and/or screening(s) described in this subsection. Such notice shall include the specific or approximate dates during the school year of the administration of such non-emergency invasive physical examination(s)/screening(s).
D. Upon request, the administration shall permit parents or students over the age of eighteen (18) (or emancipated minors) to opt out of participation in the non-emergency invasive physical examination(s)/screening(s) described in this subparagraph.

VIII. School Representative to Receive Information Concerning Health Assessments:

The Board designates [insert name of responsible staff member] as the representative for receipt of reports from health care providers concerning student health assessments and oral health assessments.

Legal References:

Connecticut General Statutes
§ 10-206 Health assessments
§ 10-206a Free health assessments
§ 10-208 Exemption from examination or treatment
§ 10-214 Vision, audiometric and postural screenings: When required; notification of parents re defects; record of results


State of Connecticut Department of Education, Memorandum from Dr. Miguel A. Cardona, Commissioner of Education, to Superintendents of Schools, regarding “Health Assessments for 2020-2021 School Year.”

Federal Law:


ADOPTED: BOE 8/17/2020

REVISED: _____/_____/_____

Temporary revisions 7/7/2020
SAMPLE
NOTICE OF FREE ORAL HEALTH ASSESSMENT

The Watertown Public Schools (the “District”) shall hold a free oral health assessment event for students on ______________ [insert date and time of event] at your student’s school. The oral health assessment shall consist of [insert one of the following options depending on the professional staffing the oral health assessment event: (1) a dental examination by a dentist OR (2) a visual screening and risk assessment for oral health conditions by a dental hygienist, legally qualified practitioner of medicine, physician assistant, or advanced practice registered nurse.] The practitioner conducting the oral health assessment shall indicate any low, moderate or high risk factors associated with any dental or orthodontic appliance, saliva, gingival condition, visible plaque, tooth demineralization, carious lesions, restorations, pain, swelling or trauma. No student shall receive dental treatment of any kind as part of the free oral health assessment event.

This event is free of charge. You may be present during the oral health assessment of your student, if you so wish. When, based on the results of the assessment and in the judgment of school health personnel, your student is in need of further testing or treatment, you will be notified by the District.

You may elect for your student not to participate in the free oral health assessment event. If you do not want your student to participate, you must sign the form below and return that section of the form to ______________ by ______________. If you fail to return the form by this date, you have consented to the free oral health assessment and your student will participate. If your student does not participate in the school’s event, you will be asked to provide documentation that your student has received an oral health assessment, in accordance with state law.

If you have questions or concerns regarding the free oral health assessment event, please contact ______________.

FREE ORAL HEALTH ASSESSMENT EVENT - ______________ [insert date of event]

Name of student: ___________________________   Student’s Date of Birth: ___________________________

Student’s Address: ___________________________________________________________________________

Parent/Guardian Name (print): ________________________________________________________________

As the parent/guardian of the above-named student, I elect for my student to not participate in the free oral health assessment. I understand that I will be asked by school officials to provide documentation that my student has received an oral health assessment by a qualified professional. I further understand that this “opt-out” is effective only for the free oral health assessment event being held on the date listed above.

_________________________________________   __________________
Parent/Guardian Signature                   Date

Revised 8/1/2018