

Policy

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IMMUNIZATION AND DENTAL HEALTH OF STUDENTS

- I. In order to safeguard the school community from the spread of certain communicable diseases and in recognition that prevention is a means of combatting the spread of disease, the Board requires that all pupils be immunized against certain diseases in accordance with New York State Education Law §903 and Public Health Law §2164.
- II.
 - A. No child may be admitted to school or allowed to attend school in excess of fourteen (14) calendar days without appropriate certification of immunization. The fourteen (14) calendar day period may be extended by the Building Principal to thirty (30) days for a student transferring from out of state/out of country. If the child is obtaining serological tests, the parent(s) or guardian has a total of thirty (30) days from the start of attendance to provide test results and, if negative test results, appointment dates to begin or complete the vaccine series.
 - B. Each student must present a certificate of immunization specifying the dates of administration and signed by a health practitioner upon registration. Such certificate must meet the New York State requirements for immunization against poliomyelitis, pertussis, tetanus, Hepatitis B, ~~varicella~~^{VARICELLA}, mumps, measles, diphtheria, rubella, meningococcal disease and, where applicable due to enrollment in a Pre-Kindergarten program, haemophilus influenzae type b (Hib) and pneumococcal conjugate (PCV). Acceptable documents and proof of immunity also include:
 1. An electronic health record.
 2. An immunization record issued by New York State Immunization Information System (NYSIIS) or Citywide Immunization Registry (CIR).
 3. An out-of-state immunization registry specifying the dates and products administered.
 4. An official record from a foreign nation may be accepted without a health practitioner's signature.
 5. Immunization records from a previous school.
 6. A statement verifying history of varicella, diagnosed by a physician, nurse practitioner, or physician assistant (10 NYCRR 66-1.3(a)).
 7. Serological proof of immunity for specific diseases (10 NYCRR 66-1.5).
 - C. The only exceptions which may excuse a student from the above immunization requirements are:
 1. if a physician testifies or certifies that administering the vaccine is detrimental to the specific youngster's health, or

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2. if a student has had the first dose of all required immunization series and has appointments to complete the series in accordance with the Advisory Committee for Immunization Practices (ACIP) catch up schedule as published by the Center for Disease Control and Prevention (CDC).
- D. Medical exemptions to immunizations must be reissued annually. The written exemption must identify:
1. the immunization exempted,
 2. the medical contraindication for the exemption, and
 3. the length of time immunization is contraindicated.
- III. A. The District will develop procedures for documenting all communication, along with efforts undertaken by school personnel to assist the parent/guardian in meeting the immunization requirements.
- B. The District must notify the local health department of any child who is refused admittance or continued attendance due to the lack of immunizations.
- C. The District shall notify the Child Protective Services (CPS) after more than fourteen (14) days of the student's exclusion from school if the parent refuses to allow the local department of health or another appropriate health practitioner to immunize their child, and no action steps are reported by the parent/guardian for pursuing another education option such as home schooling.
- D. The District shall annually provide an immunization survey to the New York State Commissioner of Health on the Health Commence System website.
- E. A student denied entrance or attendance due to failure of meeting health immunization standards may appeal to the Commissioner of Education.
- IV. Dental Health
- A. Each student shall be requested to furnish a dental health certificate in the same year the health appraisal is required. If a dental certificate is provided, it must meet the standards of the Commissioner's Regulations and may be signed by a registered dental hygienist or licensed dentist.
- B. The list of dentists available to conduct examination on a free or reduced cost basis compiled by SED is available to parents/guardians by calling the New York State Dental Foundation at 518-465-0044.

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IMMUNIZATION AND DENTAL HEALTH OF STUDENTS

Madison Central School District

Legal Ref: New York State Education Law, Section 914(1) and 310(6-a); Public Health Law, Section 613, 903, 2164 and 2805-h; 10 N.Y.C.R.R. Part 66.

Adopted: 1984

Revised: 05/19/99, 04/24/00, 05/20/14, 07/08/15, 11/18/15, 05/17/16, 08/20/19

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- I. The Board of Education and/or District employees will not be responsible for the diagnosis or treatment of student illness. The administration of prescribed medication to a student during school hours will be permitted only when failure to take such medicine would jeopardize the health of the student, or the student would not be able to attend school or school sponsored activities (e.g. field trips, athletics) if the medicine were not made available to him/her, or where it is administered pursuant to law requiring accommodation of a student's special medical needs.

For the purposes of this policy, the term "medication" will mean both prescription and non-prescription drugs.

II. Authority To Administer Medications:

- A. All medications, including nonprescription drugs given in school, shall be prescribed by a licensed health care provider on an individual basis as determined by the child's health status. At minimum, the written order will include the students' name and date of birth, diagnosis, the name of the medication, the dosage and route of administration, self-administration orders - if indicated, the frequency and time of administration (for prn/as necessary medications, the conditions under which the medication should be administered), the date written, the health care provider's name, title, signature and phone number.
1. Medication orders must be renewed annually or when there is a change in medication or dosage.
 2. A pharmacy label does not constitute a written order and cannot be used in lieu of a written order from a health care provider.
 3. When a properly labeled medication comes to the health office accompanied by a written request from the parent/guardian for administration of the medication, but without a written order from a health care provider, the following procedure will be followed:
 - a. Contact parent/guardian regarding need for written order from a health care provider.
 - b. Contact health care provider to obtain verbal permission to administer medication.
 - c. Request fax or written orders to be received within 48 hours.
 - d. Contact parent/guardian and discontinue medication if written orders are not received in 48 hours.

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- B. The student's parent/guardian must provide a written statement requesting the administration of the medication in the school as ordered by a licensed health care provider (Regulation 7102.1; 7102.2).
1. The pharmacy label must display the students name, the name and phone number of the pharmacy, the licensed health care provider's name, the date and number of refills, the name of the medication/dosage, the frequency of administration, the route of administration and/or other directions.
 2. Over the Counter medications must be in the original manufacturer's container/package with the student's name affixed to the container. The same applies to drug samples.
- III. Medication Administration By Appropriate School Personnel:
- A. Medication to students may only be administered by appropriately licensed health professionals including but not limited to physicians, nurse practitioners (NP), physician assistants (PA), registered professional nurses (RN), and licensed practical nurses (LPN) under the direction of an RN pursuant to Title VIII of the Education Law. However, situations and circumstances, as outlined herein, may occur in the school setting when an authorized health care professional may not be available to administer medications.
 - B. Prescribed medications which require administration through a subcutaneous, intramuscular, intravenous or rectal route or prescribed medications being administered through pumps, tubes or nebulizers, and/or oral, topical or inhalant medications needed by Nurse Dependent Students remains the responsibility of and must be given the school registered professional nurse, licensed practical nurse under the direction of a school registered professional nurse, physician, or as authorized by the parent/guardian. Administration of such prescribed medications may not be performed by unlicensed persons, except in emergencies.
 - C. Designated persons in the school setting (including school contractors), following assignment and in conjunction with documented training and approval by school nursing personnel may assist Supervised Students, at the direction of the student, with the taking of their own oral, topical and inhalant medication.
 - D. Volunteer staff, including school contractors, may be trained by an appropriate licensed health professional to administer epinephrine injections and Glucagon injections to students with a specific order for such and parent/guardian consent, during the school day on school property and at any school function. School nursing personnel and the administration should assure that the unlicensed person receives the annual training and supervision needed to perform these tasks in a

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safe and effective manner. Epinephrine may need to be administered again after the initial effects wear off, potentially in fifteen to twenty minutes. Only licensed medical personnel or trained unlicensed individuals in certain emergency circumstances may administer a second dose of epinephrine if needed, while awaiting emergency medical services transportation.

E. Anaphylaxis/Epinephrine: Non-Patient Specific Order and Protocol

The District stocks epinephrine auto-injectors and permits those school employees who have been trained via the Department of Health's approved training program to administer an epinephrine auto-injector (EAI) in the event of an emergency, or school personnel directed in a specific instance to use an EAI device by a health care practitioner as defined in Public Health Law 3000-c, to any student or staff member on-site with symptoms of anaphylaxis regardless of whether or not there is a previous history to severe allergic reaction, pursuant to 8 NYCRR 64.7 and 8 NYCRR 136.6.

F. Albuterol

The District stocks ^{MDI} albuterol metered dose inhalers (MDIs) and/or liquid albuterol for use in a nebulizer by multiple students diagnosed with asthma in the event their personal albuterol prescription is empty. ^{IF STOCKED} The albuterol will be available under the following conditions:

1. The school nursing personnel or licensed practical nurses under the direction of the school nursing personnel perform the following duties:
 - a. Maintaining an inventory of albuterol and obtaining and replacing the stock;
 - b. Maintaining, cleaning and labeling of the school's stock MDI and nebulizer, individual student's MDIs and spacers; and the student's nebulizer tubing, facemask or mouthpiece; and
 - c. Informing parents/guardians of use and need for replacement of student's albuterol medication.
2. Students must have a patient specific order for use of albuterol MDI or nebulized albuterol from their private health care provider that includes permission of the use the school's stock albuterol.
3. Each student must have their own labeled spacer provided by the parent/guardian that is used when administering their own, or the school's stock albuterol MDI; or the student must have their own labeled tubing and facemask or mouthpiece that is used when administering their own, or the school's stock albuterol via nebulizer.

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4. Signed written permission from the student's parent/guardian for use of the school's stock albuterol.
5. The school's stock albuterol must be obtained from a licensed pharmacy.
6. The school's stock albuterol is not to be used in place of the parent/guardian providing an albuterol medication for their child(ren) in school. The school's stock albuterol is only for use in the event the student's own albuterol is empty and while awaiting the parent/guardian to provide the school with a new one.

G. Non-FDA Sanctioned Medications/Supplements

Requests or orders for use of non-FDA sanctioned medications and/or supplements including but not limited to: herbal remedies, essential oils, dietary supplements, naturopathic or holistic medicines, and natural products do not need to be honored by the District or school nurse. If a student/parent requests use of a non-FDA sanctioned medication and/or supplement the School Nurse will provide a letter to the parent/guardian and the student's physician that such medications/supplements need to be administered outside of school. An appropriate note should be made in the student's CHR documenting the communication.

IV. Procedures For Administering Medications:

- A. All medications should be given as close to the prescribed time as possible. Given student schedules and compliance with coming to the health office in a timely fashion, medications accepted for school administration generally may be given up to one hour before and no later than one hour after the prescribed time. However, the parent/guardian and health care provider should be advised, so that they can advise the school if there is a time-specific concern regarding administration of the medication.
- B. If a student fails to come for a dose, the school nurse will make a reasonable effort to locate the student. If the medication has not been given for any reason within the prescribed time frame, the school nurse must make reasonable efforts to notify the parent/guardian that day.
- C. If a student chronically fails to come for medications, the school nurse should contact the parent/guardian to address the problem. It is good practice to advise the health care provider of the poor compliance so that appropriate adjustments can be made.

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- D. A medication may be changed or discontinued by a written order of the health care provider at any time. If a parent/guardian requests discontinuation of a prescribed medication without the health care provider's order to do the same, it is good practice to send a confirmation to the parent/guardian with a copy to the health care provider of the school's intention to discontinue the medication at the parent's/guardian's request.
 - E. When the dose of a medication is changed by a health care provider's written order and a parent/guardian request, and the old pharmacy bottle has not been corrected, the school nurse may label the bottle with the correct dose until the new pharmacy labeled prescription bottle is received. The importance of parent/guardian compliance with sending in a new bottle quickly needs to be conveyed.
- V. Transportation and Storage of Medication
- A. No medication should be brought into school without the knowledge of the health office.
 - B. Medications should not be transported daily to and from school unless the student, with proper authorization, is permitted to carry and self-administer his/her own medications. Medications shall be brought to school by the parent/guardian and shall be picked up at the end of the school year or the end of the period of medication, whichever is earlier. Parents/guardians should be advised to ask the pharmacist for two containers, one to remain home and one to remain at school.
 - C. All medications, except as otherwise arranged, should be properly stored and secured within a health office cabinet, drawer or refrigerator designated for medications only. The site must include a lock for the cabinet, drawer and refrigerator, as well as a lock to the outside health office door. Controlled substances must always be secured and must never be left open or accessible to the public at any time. Even Supervised Students and/or Independent Students should not be given unsupervised access to controlled substances in the possession of the school. Whenever possible, medication storage units ideally should be secured to the wall or floor, and should not have breakable glass doors. Ideally, all medications should be stored in a health office. However, there may be instances when either request are made by a parent/guardian and physician for a student to carry and self-administer medications because of the emerging nature of the health problem or the severity of the health condition.
- VI. Independent Students
- A. If school personnel receive a request from a parent/guardian and health care provider to permit a student to carry and self-administer his/her own prescribed

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medication, such decisions should be made on an individual basis and in accordance with the following criteria:

1. Parent statement requesting compliance with licensed health care provider's order. (Regulation 7102.1)
2. The appropriate Provider Attestation and Parent/Guardian Permission for Independent Medication Carry and Use Form (Regulation 7102.2) must be completed by a physician or a duly authorized health care provider permitting students who have been diagnosed with a severe asthmatic, diabetic, or allergy condition to carry and use a prescribed inhaler, insulin, glucagon, and other diabetes supplies or epinephrine kit during the school day.
3. The severity of the health care problem.
4. Licensed health care provider's order directing that the student be allowed to carry her/his medication and self-administer.
5. Student has been instructed in the procedure of self-administration and can assume responsibility for carrying properly labeled medication in original container on her or his person or keeping in school or physical education locker.
6. School nursing assessment that student is self-directed to carry and self-administer her/his medication properly.
7. Parent/guardian contact made to clarify parental responsibility regarding the monitoring of the student on an ongoing/daily basis to insure that the student is carrying and taking the medication as ordered. This contact should be documented.
8. Students with diagnoses other than asthma (or another respiratory disease requiring the use of an inhaler), diabetes, or allergic conditions requiring the use of an epinephrine auto injector, must also have a properly completed Self-Medication Authorization Form on file.

B. Sunscreen

Students do not need to obtain an order from a health care provider in order to use sunscreen in school. In order for a student to be able to apply sunscreen in school, however, they must meet the following criteria:

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1. The student's parent or guardian must provide written permission to the school principal (or school nurse) to allow the student to carry and use the sunscreen. Parents or guardians may permit unlicensed school personnel to apply sunscreen if the student is unable to do so on their own.
 2. The sunscreen must be available over-the-counter, and approved by the Federal Drug Administration (FDA).
 3. The sunscreen must be used for the purpose of avoiding overexposure to the sun.
 4. Parents or guardians are responsible for providing their child's sunscreen.
- C. Any student self-administering medication without proper authorization should be counseled by the school nursing personnel. In addition, the parent/guardian and the school administration should be notified.
- D. No student is to have any other type of medication on his/her person in school under any circumstances.

VII. Responsibilities of School Nursing Personnel

A. General:

1. Facilitate policies and procedures regarding the administration of medication in schools.
2. Ensure proper and appropriate techniques for the administration of medication in schools.
3. Provide and/or document adequate training and in-service education for trained unlicensed staff assisting supervised and/or independent students with self-medication.
4. Maintain adequate and secure storage of all medications.
5. Document or assure documentation by other licensed or unlicensed persons for each dose of medication given or taken on a daily log and periodically summarize in each student's cumulative health record.
6. Perform intermittent evaluation of the practices and procedures related to the administration of medications and modify as needed.

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7. Become familiar with and adhere to the State Education Department's document titled "Administration of Medication in School Settings" and its periodic revisions.
- B. Specific For Each Student:
1. Observe and evaluate the student's health status and response to medication, informing parents, guardians, or health care provider as deemed necessary.
 2. Educate the student regarding the importance of medication and encourage the student's self-directed involvement in the process, including coming to the health office on time and receiving or taking medications. If a student forgets, it is recommended that the school nurse call for the student to ensure that medication is not missed. Parents/guardians should be advised if their child is not fully participating in the established school procedure.
 3. Involve school staff only as needed to ensure student safety and only where disclosure of health information is permitted by law.
- C. Procedures for Taking Oral, Topical or Inhalant Medications Off School Grounds or After School Hours While Participating in a School-Sponsored Activity. The school nursing personnel should ensure that:
1. Oversight of medication self-administration when off school grounds or after hours while participating in a school-sponsored activity may be delegated to trained unlicensed school personnel for supervised and/or self-directed student(s). Such personnel must be appropriately instructed by a licensed school professional (RN, NP, PA, or physician). Ideally each student should have a written emergency action plan for personnel to follow in the event of an emergency or they are unable to contact the licensed school health professionals for questions.
 2. Preparation of medication. When oral medication is to be given off school grounds or after school hours, the school nurse may prepare the medication for short out-of-school experiences. Children needing medication on extended trips must have their medication in a properly labeled pharmacy container.
 4. The parent/guardian may designate, in writing another adult, as described in Education Law Section 6908, to administer the medication to Nurse Dependent Students in situations where the school nurse, physician or parent/guardian is unavailable. (Regulation 7102.3)

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D. Medication Errors:

1. Medication errors should be addressed immediately according to District protocol.
2. Additionally, school nursing personnel should assess the student and, if appropriate notify the supervisor, school administrator and/or school physician; notify the health care provider; notify the parent/guardian and secure the student's safety; complete a written report of the medication error (detailing the student's name, parent's/guardian's name and phone number, specific statement of the medication error, people notified and remedial action).
3. School nursing personnel should review reports of medication errors and take necessary steps for appropriate medication administration in the future.

E. Disposal of Medications, Needles and Syringes

1. Medications that remain at the end of the school year or after the order is changed or discontinued or is past the expiration date must be:
 - a. Returned to the parent/guardian or a responsible designee picking up the medication from the health office.
 - b. If the parent/guardian does not retrieve the unused medication before the end of the school year, the school nurse must document that the medication was abandoned and dispose of the unused medication.
 - c. All medication being considered for disposal should be taken to an appropriate disposal location, such as a pharmacy.
2. Needles and Syringes, including auto-injectors, must be disposed of in a manner consistent with state law and the following guidelines:
 - a. Needles should not be recapped and should not be purposely bent or broken.
 - b. Disposable syringes and needles (and other sharp items) should be placed in approved sharps' containers and labeled "BIOHAZARD."
 - c. Arrangements should be made with custodial staff or an appropriate agency to dispose of containers at periodic intervals according to established procedures of the school regarding regulated medical waste and in accordance with the school's Exposure Control Plan.

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- d. Sharps include, but are not limited to, needles, syringes, diabetic testing, and Epi pens.

F. Emergency Building Evacuations and Medication

1. The health office should be supplied with a readily accessible, easily carried and recognizable emergency pack that includes supplies for basic first aid, including supplies for infection control, a stock Epi pen with non-patient specific orders and a glucose source, such as glucose gel or honey sticks. A plan for communicating with the appropriate building principal should be established. A list of all students with significant medical conditions and medical orders for prescription medication, including emergency contact numbers, should be kept in the emergency pack.

G. Record Keeping

1. School Nursing Personnel shall follow the Retention and Disposition for New York Local Government Records (LGS-1).
2. School Nursing Personnel, and any trained unlicensed personnel assisting Supervised Students, should maintain accurate records of the medication administered, any special circumstances related to the procedure, and student's reactions/responses.
3. At a minimum, school nursing personnel should retain the written order from the health care provider, retain the parent/guardian request letter, retain pertinent information about medication on cumulative health record, maintain an individual daily medication record for each student taking medication during the time frame the medication is being given, periodically summarize daily medication records on the cumulative health record.
4. Student medication orders and parent/guardian consents are to be kept for one year after the end of the school year, as long as the information is transcribed into the cumulative health record on either an MAR or narrative. Medication orders and parent/guardian consents not transcribed, along with the MAR and narrative, need to be kept in the cumulative health record until the student reaches age 27.

VIII. Additional Guidelines For Best Practices

- A. For certain medications, especially controlled substances, the standards of best practice include counting the medication upon receipt and at regular intervals. A count of a controlled substance should be witnessed by another nurse, principal,

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or staff member designated by the principal. Discrepancies should be reported to appropriate school administrators and the student's parent/guardian immediately.

- B. Instructions should be left for substitute nurses that are clear and concise on the handling of all aspects of medication acceptance, handling, delivery and storage.
- C. Education of families regarding the school district's medication protocols is an ongoing responsibility of the school district.

IX. Student Privacy

The District will protect the privacy rights of students as required by the Family Education Rights and Privacy Act of 1974, Education Law §2-D and the Health Insurance Portability and Accountability Act of 1996.

Madison Central School District

Legal Ref: State Education Department's "Guidelines for Medical Management in Schools 2015", Revised December 2017; Education Law 902, 907, 916, 921, 6909; 8 NYCRR 64.7, 136.6; Public Health Law §3000c.

Adopted: 1984

Revised: 05/19/99, 11/27/12, 07/08/15, 03/19/19, 01/19/21

POLICY IS REQUIRED
WORKPLACE VIOLENCE PREVENTION POLICY

I. Statement of Policy

Madison Central School District (the District) is committed to the safety and security of our employees and to the goal of promoting the safety and well-being of all people in the workplace.

II. Definitions

- A. Workplace is defined as any location away from an employee's domicile, permanent or temporary, where an employee performs any work-related duty in the course of their employment by an employer.
- B. Workplace Violence is any physical assault or act of aggressive behavior occurring where a public employee performs any work-related duty in the course of their employment including but not limited to:
 - 1. an attempt or threat, whether verbal or physical, to inflict physical injury upon an employee; any intentional display of force which would give an employee reason to fear or expect bodily harm;
 - 2. intentional and wrongful physical contact with a person without their consent that entails some injury; or
 - 3. stalking an employee with the intent of causing fear of material harm to the physical safety and health of such employee when such stalking has arisen through and in the course of employment.
- C. Authorized Employee Representative is an employee authorized by the employees or the designated representative of an employee organization recognized or certified to represent the employees pursuant to Article 14 of the Civil Service Law.

III. Workplace Risk Evaluation

- A. The District and authorized employee representatives must conduct a workplace risk evaluation annually.
- B. The evaluation shall be designed to determine the risks of workplace violence that employees could be exposed to and will be conducted to identify potential hazards related to workplace violence. This includes:
 - 1. an analysis of relevant policies;

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2. reviewing work practices and procedures that may have an impact on workplace violence;
3. evaluating the physical environment to assess any factors that may place employees at risk of workplace violence;
4. developing the Workplace Violence Prevention Program; and
5. reviewing workplace violence incident reports at least annually to identify trends in the types of incidents reported, if any, and reviewing the effectiveness of the mitigating actions taken.

IV. Workplace Violence Prevention Program

A written Workplace Violence Prevention Program shall be developed by the District and will explain how the Workplace Violence Prevention policy will be implemented and include details about the risks that were identified in the basic evaluation and describe how the employer will address those risks. The program will also include a system to report any incidents of workplace violence.

V. Reporting and Investigations

A. All employees are responsible for helping to create an environment of mutual respect and dignity for each other as well as for District students and visitors. All employees must follow all District policies, procedures and practices and assist in maintaining a safe and secure work environment.

B. The Workplace Violence Prevention Program Coordinator is:

Jason Mitchell
Superintendent of Schools
District Office
315-893-1878
jmitchell@madisoncentralny.org

C. All incidents of violence or threatening behavior will be responded to immediately upon notification. All staff are responsible for notifying the contact person designated above of any violent incidents, threatening behavior, including threats they have witnessed, received, or have been told that another person has witnessed or received.

VI. Remedial Measures When This Policy is Violated

Acts of violence against District employees in the workplace will be thoroughly investigated under this and any other applicable District policy, and appropriate action will be taken. This action may include but is not limited to counseling memorandum,

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discipline, termination, and/or involving law enforcement authorities when warranted.

VII. Documentation

All incident reports must be retained for five (5) years following the end of the calendar year that the report was made.

VIII. Training

All employees, and all new hires, will participate in annual Workplace Violence Prevention Training Program. Training will include, but not be limited to, the risk factors identified and what employees can do to protect themselves.

IX. Implementation

The Superintendent or designee shall be responsible for creating, maintaining, and implementing a Workplace Violence Prevention Program and any Superintendent Regulations, procedures, or forms necessary to comply with New York State Labor Law §27-b.

X. Notification and Posting

This Policy shall be posted where notices to employees are normally posted.

Madison Central School District

Legal Ref: NYS Labor Law §27-g

Cross Ref: District Wide Safety Plan Policy

Adopted: _____

Regulation

SUPPORT OPERATIONS

Draft 12/13/23
5010.1

WORKPLACE VIOLENCE INCIDENT REPORT

- 1. Date of Incident: _____
- 2. Time of day when the incident occurred: _____
- 3. District location where incident occurred: _____
- 4. Provide a detailed description of the incident below.

Description to include the following:

- Name of employee reporting the incident (unless a "privacy concern case");
- Names and job titles of involved employees;
- Name or other identifier of other individuals involved;
- Nature and extent of injuries arising from the incident;
- Names of witnesses; and
- Events leading up to the incident and how the incident ended.

Note: If the case is a 'privacy concern case,' remove the name of the employee who was the victim of the workplace violence and enter "**PRIVACY CONCERN CASE**" in the space normally used for the employee's name. Privacy concern cases include cases involving:

- Injury or illness to an intimate body part or the reproductive system;
- Injury or illness resulting from a sexual assault;
- Mental illness;
- HIV infection;
- Needle stick injuries and cuts from sharp objects that are or may be contaminated with another person's blood or other potentially infectious material; and
- Other injuries or illnesses, if the employee independently and voluntarily requests that his or her name not be entered on the report.

Madison Central School District

Legal Ref: DOL Workplace Violence Prevention – Appendix 5¹

Approved by the Superintendent: _____

¹ [New York State Department of Labor Workplace Violence Prevention for Public Employers – Appendix 5](#)

Executive Directors: Danielle Martin, Melissa Roys
Divisional Director: Colleen Matthews
Project Manager: Michele Bowen
Reporting Period: October 2023

Madison Connected October Monthly Highlight!

First Grade Doctors!



Huge thanks to our friends at Community Memorial Hospital for their generous donation of doctor gear! Our first graders were able to really step up their unit on the human body with a little extra gear to help them look the part! Great lessons, creative teachers, and community partners make for a fabulous learning environment!

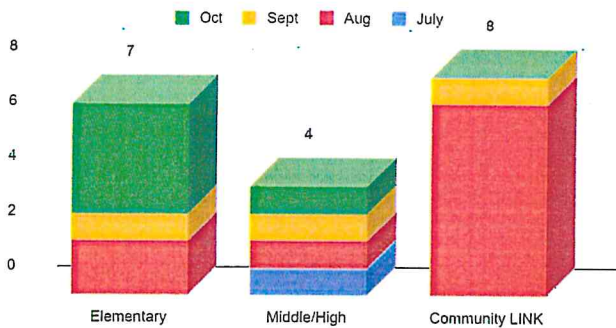




LINK is a single point of access for connecting students and families to the appropriate resources and services within their community based on identified needs. All who come through the LINK pipeline are assessed for any needs, on both an individual and household level, to ensure they have a support-network in place and that each member of their team is working together to meet these needs both, short-and long-term

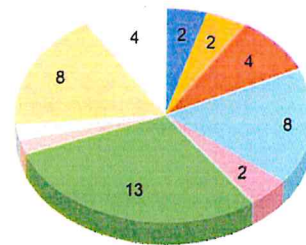
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Year to Date LINK Referrals-
Connected Madison



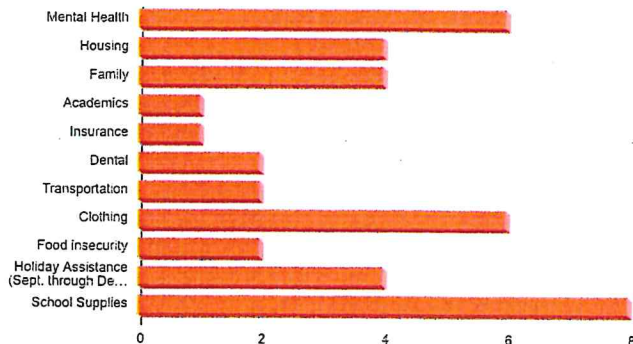
From July 1, 2023 until October 31, 2023, Connected Madison has received 11 LINK Team Referrals.

Connected Madison Outgoing Referrals- YTD



Since July 1, 2022 until October 31, 2023, our Connected Madison team has supported families through **45 outgoing referrals**.

Connected Madison LINK Referral Identified Needs



School supplies and clothing have consistently been the **largest identified needs** this year. **Mental health** was our largest identified need this time last year.

- Mental Health
- Housing
- Academics
- Clothing
- Financial Care Management
- Food insecurity
- Holiday Assistance (Sept. through Dec. ONLY)
- Community Based



LINK Success Stories:

- Families continue to receive support for whatever needs arise. This month the highlight includes those students that linked themselves to District Coordinator Michele for weekend food needs while the adult in the home worked. The student was confident in knowing their needs could be met and be held in confidence. Establishing relationships with families and students continues to be the primary goal while maintaining their privacy as well.

Community Connections:

- District Coordinator Michele was able to meet with the Madison County Mental Health Department in order to ease the transition of appointments required for mental health services.
- Madison County Single Point of Access (SPOA) Committee meets monthly to review together students that have extensive service needs. District Coordinator Michele attends each month to ensure strong relationships with multiple providers and that any Madison students have a voice in a group with these strong resources.
- Cayuga Centers and ViewPoint Clinical Therapy are two service providers that District Coordinator Michele met with in October. Talking to and learning about what each provider has to offer and strengthening connections with them for future student support is key to Madison students having a quick referral if needed.
- District Coordinator Michele continues to meet monthly with the Madison PTO and the Madison Optimist Club to ensure activities are coordinated together and overlap doesn't occur.

the HUB Club

Connected Madison District

Fifth Grade Kindness Groups:

District Coordinator Michele teamed up with Mrs. Buckley and Ms. Tubbs to facilitate a student-led Kindness Club. Students are able to sign up and will have a small group, bi-weekly meetings during the month where they share and then perform acts of kindness throughout the school building. Leadership, kindness, and creativity are a few of the many traits that students are demonstrating!



K-1 Sensory group:

Ms. Tubbs, Mrs. Buckley, and Michele team up for a weekly group of students of kindergarten and first graders that meet to talk about their senses and how to incorporate them within the day. Lessons included using our senses as we eat a snack, using our senses on a scavenger hunt, making calming bottles, and playing a game or two!

Helpers in the HUB

District Coordinator Michele has students at lunch or that are able to sign out of study hall and come to the HUB. Often there are projects to work on and students are more than willing to be helpers! Here are some helpers in the HUB making fidgets for a classroom and building a new shoe shelf:





Family Engagement

Seeking to assist families with creating more positive experiences through fun and engaging activities with their children and their school, facilitating positive interactions with staff and resulting in continued relationships and increased engagement in their children's education.



Popsicles on the Playground

We were able to enjoy some summer-like weather, new playground equipment, and the basketball court in early October. Many thanks to Mr. Mitchell for making sure all of the basketballs had plenty of air and to Ms. Kimball for helping distribute popsicles to all of the attendees.



Farm Day at Morrisville College

District Coordinator Michele collaborated with Mr. Bruno and some great FFA student helpers at the annual Farm Day at Morrisville College approximately 700 students attended and did an activity.





CLASSROOM PROGRAMMING

Striving to provide our students with the most engaging and creative education. By adding programming from our community partners and professionals in the community, which brings hands-on learning and experiences straight from our experts of the community.



Mindfulness Club and SNAP-Ed

Our friend Regina with the Cornell Cooperative Extension SNAP-Ed Program came to the afterschool Mindfulness Group to talk about healthy food choices. She educated the participants in the club on using all five of their senses while they ate in order to encourage a more mindful palate! The students enjoyed their time with Regina and learned a lot more about their five senses and how they all work together.



MS/HS Houses

The students in Connected Middle School and High School are divided into small groups for a monthly meeting, called a house. The students are able to connect with peers and with an adult within the building and can talk, play games, do a craft, or otherwise just build that connection with one another. This month, our community partner **Creekside Community Thrift** donated thirty five pumpkins to be used if desired at house meetings. Carving and painting took place as well as judging of the best pumpkin creation. More importantly, relationships were established, connecting, snacking, and laughing took place with-in the building as "houses" were built.

Fall Festival and Trunk or Treat

District Connected Coordinator Michele was able to connect with families during the recent Fall Festival while having fall ornaments for students to color or take and make at home. The transition then took the fun outside for the annual Trunk or Treat! Candy and laughs and great costumes by all!



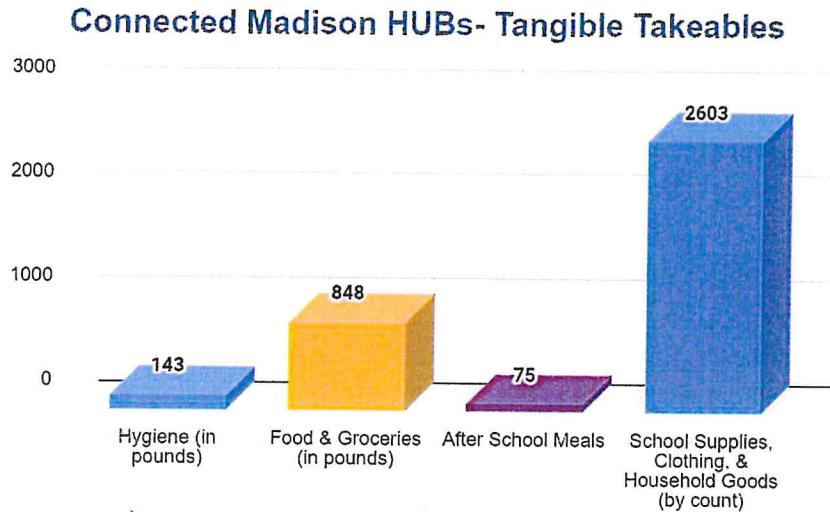
the HUB

A physical space within the schools filled with tangible items that support the needs of our students, families and faculty/staff and the additional support provided through these HUBs by our Site Coordinators. Providing school supplies, emergency groceries, hygiene products, clothing, and snacks. All items are resourced through community partnerships and donations.





Year to Date HUB Data:



- ❖ The following was provided to the school and surrounding community through Connected Adirondack HUBs from July 2023 through October 2023:
 - 143 pounds of hygiene products
 - 2,603 school supplies/clothing items/household goods
 - 848 pounds easy-to-prepare foods/meal items for students for weekends
 - Connected Central HUB has made it a priority to purchase and make available those items that students can easily prepare for themselves such as macaroni and cheese, soups, cereals, etc. to ensure that no matter what the circumstance, all students have access to a filling meal
 - 75 before/after school meals for students
 - Additional clothing and household products were also available thanks to generous donations from the community

❖ **SNACK ATTACK!** 2,990 snacks were distributed to students this year so far!

CONNECTED CENTRAL HUB IMPACT:

- Connected Central HUB is a centralized point of connectivity to resources and services which serves as a location of linkage for and distribution of resources to all 63 of our connected HUBs in 15 districts within 7 counties as well as the surrounding community.
- Each week Connected Community Schools receives donations from two local Walmarts (Rome and Oneida) of various items such as clothing, shoes, household items, seasonal items. The items are distributed to the 63 school HUBs as well as to the families within your Connected District. Walmart donated an average of \$24,795 to Connected Community Schools in the month of October.



Initiative Wide Updates:

- This month, we had 8 new staff start and complete new hire training!
- We hosted our monthly Lunch and Learn available to staff to learn about community partners and resources for programming and supporting LINK Referrals. This month's presentation was with View Point Clinical Therapy Services, a great mental health counseling service available that accepts a wide variety of insurances.
- In addition to our regularly scheduled presentation, we had Ashley Simons with Cayuga Centers provide an overview to staff on the wide variety of services and programs available under the agency, including the referral processes, eligibility requirements, and direct contacts for questions and collaboration.
- Last but not least, we held our monthly Work Group, in which Site Coordinators came together to share ideas and tips with one another on planning events and programming. This resulted in a resource that will be available for any new staff who are not familiar with the different components that go into planning events.

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Expressions
FROM




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Dear Students + Faculty,

I would like to thank the students and faculty of the Madison Central School for all their hard work in making the Veterans Day breakfast a huge success.

As a veteran, I thank you for your thoughtfulness and appreciation.

The students did a great job of serving the food, making the cards and singing.

It's been a privilege and honor to serve my country.

Sincerely,
SFC Kevin E. Godfrey
(U.S. Army Ret.)



NOVEMBER 2023 LIBRARY REPORT



791 books checked
out/renewed during
the month of
November

Most Popular book:
Pokemon reader
collection

November Updates

- **Elementary** - In Kindergarten we read themed books about harvest and turkeys. First grade we started our Ben Clanton author unit and learned the Narwhal song. Second grade started their parade floats by reading Balloons Over Broadway. Third grade started their work with dictionaries - learning how to use it and how to put words in alphabetic order. Fourth grade started a Dewey Decimal Unit and how to find nonfiction books. Fifth grade focused on how to find books in the library using the library catalog.
 - **Computer Science 6th Grade** - We watched a video about the history of Nintendo and the work that was put in to create well known games like Zelda, Mario, and Pokemon.
 - **Middle School/High School** - Working on building a Battle of the Books Team but also a lunch club for MS and HS. I have had some interested so working on solidifying a group of students and day of the week to meet. Also working with Mrs. Collins on a research unit connecting with the Madison County Historian, Matthew Urtz.
 - **Plans ahead** - Continue to get rid of unwanted materials for the library renovation, work on some collaborative projects with HS teachers
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