



STATE OF CONNECTICUT
DEPARTMENT OF EDUCATION



TO: Superintendents of Schools

FROM: Charlene Russell-Tucker, Chief Operating Officer 

DATE: June 6, 2018

SUBJECT: Improving Attendance by Addressing School Health Assessments and Immunizations

Thank you for your continued efforts to champion student attendance. More than 10,000 students consistently attend school and reap the myriad benefits of their improved attendance as a result of statewide initiatives over the last five years. The Connecticut State Department of Education (CSDE) is pleased to continue our partnership in reducing chronic absenteeism.

As the end of the 2017-18 academic year approaches, the CSDE encourages you to begin considering innovative tactics to address attendance as you prepare for the start of the 2018-19 school year. Regular attendance in the beginning of the school year is especially important as absenteeism in the first month of school can predict poor attendance throughout the school year. In fact, research has found that half of the students who miss two-to-four days in September go on to miss nearly a month of school before the year ends. Any amount of missed school, regardless of reason, is lost instructional time and can negatively impact sequential learning and academic growth. By strategically removing barriers to attending school, districts can improve graduation rates and overall academic achievement.

Noncompliance with school health requirements including immunizations, is one reason that students disproportionately miss school in the beginning of the school year. This is a barrier that districts can take action to address. Students with noncompliant immunization records and school health assessments may be denied entry to school at the start of the year. These avoidable absences can add up and can be mitigated as outlined below, and also in the attachment.

Schools, families and health care providers should work closely together to ensure that school health and immunization requirements are met prior to deadlines for school exclusion that results from noncompliance. The enclosed attachment outlines best practices for working with key partners, including school personnel, families and community-based providers.

We hope that strong parent engagement efforts and collaboration with school health services and local community health resources will result in students meeting health assessment and immunization requirements before needing to miss school as a result of noncompliance with those requirements.

Additional resources to support student attendance can be found on the [CSDE Chronic Absenteeism webpage](#). If you have questions or need additional information, please contact:

Chronic Absenteeism

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School Health Requirements

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Attachment

Best Practices for *Improving Attendance* by Addressing School Health Assessments and Immunizations

What Schools and Districts Can Do

1. **Collaborate with district and community-based prekindergarten programs to educate entering kindergarten families.** District and/or community-based prekindergarten programs have relationships with families of students who will soon enter kindergarten. Collaborate with program leaders and their families to inform them about the importance of attendance, in general, and the requirements for kindergarten entry. Take advantage of meetings of Early Childhood Collaboratives and other organized early childhood groups for strategic communication.
2. **Communicate expectations with families early and often.** Before school ends every year, send letters home to parents of current Grades 5/6 or 8/9 students letting them know about the requirements for Grades 6/7 or 9/10 school entry. It may also be beneficial for staff/volunteers to attend middle and high school orientations to remind parents about the requirements.
3. **Build a community of shared ownership.** School health personnel benefit when colleagues help to extend the reach of their efforts to inform and/or remind families. Staff in the Family Resource Center or afterschool program can meet families where they are. Parent nights, parent/teacher conferences, and prekindergarten graduations are also great opportunities.
4. **Train enrollment and school health personnel on the entitlements of homeless youth and youth displaced by natural disasters.** The federal McKinney-Vento Homeless Assistance Act dictates that students who are determined to be homeless must not experience enrollment delays due to the requirements of immunization or other health records [[42 U.S.C. § 11432\(g\)\(1\)\(H\)](#)]. McKinney Vento liaisons should assist the parent, guardian or unaccompanied youth in obtaining these records or meeting the requirements.
5. **Transfer records in a timely fashion.** State law requires records to be transferred within ten days of a child enrolling in a new school district ([C.G.S. 10-220h](#)). Prompt transfer of records ensures that a child is not excluded by the new district for missing health assessments or immunization records. Note that, even if the student's parent or guardian did not provide written authorization to the exiting district for the transfer of such records, state law requires the transfer of records and that the district notify the family of the transfer of the records.
6. **Follow proper protocols for unregistering a student from school.** If a student is not coming to school, due to lack of health assessment or other reasons, school districts must follow proper protocols before unregistering a student from the Public School Information System (PSIS). Guidance is provided by the CSDE in [Appendix N of the PSIS Reference Guide](#).

What School Health Personnel Can Do

7. **Utilize school health personnel, including the school nurse and the school medical advisor to maximize access to health providers.** District-level health personnel can lead the coordination of services with community providers to ensure access to services in the school or at locations that are convenient to families. In addition, ensure that school health staff are included on both district and school attendance teams to assist with attendance issues related to immunizations or other health barriers.

8. **Call parents of students with missing immunization information.** During the school year prior to the required health assessment deadline and again before the school year starts, school health personnel should generate an out-of-compliance report or refer to their tracking sheet and start calling parents to get updated immunization information. Everybody benefits from a gentle reminder sometimes!
9. **Implement an immunization program in the school district and/or at school-based health center (SBHC).** The Connecticut Department of Public Health partners with school districts and school-based health centers (SBHCs) to establish immunization programs. After establishing an immunization program, school nurses are able to administer immunizations in the school health office or in the school-based health center.
10. **Conduct health assessments in the school health office or in the school-based health center.** A school medical advisor may provide health assessments for students who qualify for free and reduced price meals under the National School Lunch Program or for free milk under the special milk program ([C.G.S. Section 10-206a](#)). SBHCs, comprehensive primary care facilities located in or on the grounds of schools, are also able to provide assessments. SBHCs assure that students, particularly those that are uninsured and underinsured, have access to comprehensive health and preventative services, including immunizations and health assessments, needed to be healthy, in school, and ready to learn.

11. **Use the Health Assessment Record as a release of records form.** As schools must comply with federal privacy regulations regarding the release of students' records, medical care providers must comply with federal privacy regulations regarding the release of medical records. Fortunately, the first page of the blue Health Assessment Record form contains an authorization for the release of medical records. Only the student's general information and parent signature is necessary to authorize direct communication with a healthcare provider, including the sharing of health assessments and immunization records. Authorization must be obtained annually.

Look for the box which says
"I give permission for release and exchange of information on this form between the school nurse and health care provider for confidential use in meeting my child's health and educational needs in school."

12. **Consult the [Connecticut Immunization Registry and Tracking Systems \(CIRTS\)](#).** School nurses now have access to the statewide immunization registry. A CIRTS consult may yield provider-entered information missing from an out-of-date health record.

What Community-based Health Providers Can Do

13. **Collaborate with school districts to facilitate access to medical care.** Health care providers across the state are enrolled in the free-to-low-cost [Connecticut Vaccine Program \(CVP\)](#). Community-based partners, such as the local health department or community health center, may even be able to bring a mobile clinic to a district registration fair or school orientation to help families access care.
14. **Update the [Connecticut Immunization Registry and Tracking Systems \(CIRTS\)](#).** Sometimes the biggest challenge that school health personnel experience is the successful handoff of paperwork from the provider to the school. An immunization record may transfer from a guardian's purse to a student's backpack to a teacher's desk to the school nurse's mailbox before finding its permanent home in the student's health record. Consistently entering the student's immunizations into CIRTS allows school health personnel to maximize the resource.

This list was adapted with permission from Immunity Community (IC), a program of WithinReach in Washington State. The IC School Immunizations Record Management Toolkit is available at <https://immunitycommunitywa.org/school-toolkit/>.

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