

Children's Committee Testimony Hartford, CT

February 14, 2013 at 11 am room 2b

I, Susan McGuinness Getzinger, am here to testify why I oppose nearly all bills being raised and proposed in today's Children's Committee of the **Behavioral Health Partnership Oversight Council**.

I consider these raised and proposed bills to be errors and superficial proposals due to the withholding of evidence by the state of Connecticut in the Adam Lanza case in Newtown, CT.

My focus is the inherent conflicts of interest with the many vendors involved as members of the **Behavioral Health Partnership Oversight Council**.

Since the majority of Governor Malloy's appointed committee member's employers stand to profit from the proposed legislation presented, I oppose the majority of the bills presented. My reasons are printed below each bill, but I will only go over a few due to time restraints.

*Proposed H.B. No. 5567 AN ACT CONCERNING CHILDREN'S MENTAL HEALTH.

I Oppose because - Adam Lanza's records are sealed. We are never able to learn from sealed records. It is highly irresponsible to continue to seal Adam Lanza's records.

The retention schedule of school records and instructions for destruction of school records may be a factor in this case.

Board of Education (BOE) law firms are agents of the school district and so they are able under present law to keep school records on their premises.

The retention schedule for mental health school records in Connecticut has no requirement to maintain for any amount of time those mental health records or any staff notes or paperwork involved., though vaccine records are to be maintained for 50 years. (M8-380 & M8390) <http://www.cslib.org/publicrecords/reteducation.pdf>

Connecticut school law is riddled with conflicts of interest.

Some Law firms and elected officials have **conflicts of interest in the Adam Lanza case**, for instance:

Senator Chris Murphy's father is a partner at Shipman & Goodwin, the law firm that represents the most CT school districts in educational hearings where the districts, using tax dollars, fight against children and families. They represent 180 of the 169 Connecticut towns, including Newtown, CT.

Attorney General George Jepsen came from the law firm of Shipman & Goodwin.

A Shipman and Goodwin attorney, Tom Mooney, "wrote the book" that BOEs use for school law. This is a conflict of interest that steers tax dollars to the BOE attorneys instead of towards services for children in need.

Berchem, Moses and Devlin school law attorneys represent anywhere between 14 and 30 of the 169 districts in Connecticut. They have represented Newtown, CT and so, **they may retain school records as agents of the school district., including Adam Lanza's.**

This information may be why Adam Lanza's records are being sealed. To hide the inadequacy of the records retention policies and procedures in Connecticut schools and any law firm

which may be retaining Adam Lanza's records.

Though their language deliberately obscures the facts, today's raised and proposed bills lay, as their foundations, through their deceptive language, the internal recycling of opportunities for those vendors, the state contractors and the medical companies that will profit off of their own diagnoses and assessments of children in Connecticut – a direct and immoral conflict of interest that is dangerous to the lives of these children and young adults.

An attempt is being made to pronounce the bills as reform bills when it is apparent, upon examination of the language used and the financial ends to be gained by the vendors involved, that they are an expansion of the already bloated Connecticut bureaucracies.

This committee is introducing bills without looking at the entire evidence in the Adam Lanza case.

We have statutes that are being ignored and abused in schools in Connecticut. We have no need for new ones.

***Proposed S.B. No. 651 AN ACT CONCERNING NUTRITION STANDARDS FOR CHILD CARE SETTINGS AND EARLY EDUCATION PROGRAMS.** States: "Introduced by SEN. WILLIAMS, 29th Dist. AN ACT CONCERNING NUTRITION STANDARDS FOR CHILD CARE SETTINGS AND EARLY EDUCATION PROGRAMS. Be it enacted by the Senate and House of Representatives in General Assembly convened: That the general statutes be amended to establish certain nutrition standards for child care settings and early education programs.

Statement of Purpose: To establish certain nutrition standards for child care settings and early education programs.."

I Oppose because – The language is vague and does not disclose who determines the standard or why.

It is not the government's (State and/or Federal) place to tell the citizens what to eat and when.

The Government already mandates the very vaccines that drastically limit children's diets by creating life threatening food allergies that many never escape from, unless by death.

Vaccines train the body to over-respond by attack, not only the diseases, but also the ingredients and adjuvants in the vaccines . The body is sensitized to attack food contained in vaccines.

This now negatively effects an entire generation of children and their families.

The Federal Government has changed it's own food chart so even all the professionals cannot agree.

The chart or pyramid drastically limits fat even though our brains need fat to function and are made up primarily of fat - 70% ,with another 30% protein.

The state mandates vaccines that strip the protective myelin from children causing the symptoms of Autism and ADHD and other health impairments, by damaging the exposed nerves.

"Myelin is about 40% water; the dry mass is about 70 - 85% lipids and about 15 - 30% proteins. Myelin is also a part of the maturation process leading to a child's fast development, including crawling and walking in the first year." <http://en.wikipedia.org/wiki/Myelin>

Damaged myelin means damaged nerve cells, which are needed by the brain to

send signals to all parts of the body. (See notes re: fats and myelin at bottom of testimony).

Some infectious diseases affecting the brain are caused by viruses and bacteria. Viral or bacterial causes have been reported in multiple sclerosis and Parkinson's disease, and are established causes of encephalopathy, and encephalomyelitis.

Symptoms of nerve dysfunction include, but are not limited to: ADHD, Autism, Learning disabilities and countless other impairments.

Then, instead of accommodating the children in their care, school Administrators and their BOE attorneys, with the help of CT DOE employees, fight families with local tax dollars that might better be used FOR the children's needs, instead of the attorneys' billable hours. Controlling 68% of local tax funds proves to be an immoral incentive to strip children of their rights in Connecticut public schools.

Further conflicts of interest are in the very members of this Behavioral Health Partnership Oversight Council"

Council members from pharmaceutical companies, including Boehringer Ingerheim (BI), have conflicts of interest, as do many vendors of this Council. BI state on their website that they are looking for new product opportunities and they have partnered with a vaccine manufacturer, a clear conflict of interest.

Children and families are vulnerable to the undisclosed conflicts of interest that this and the other bills create.

The FDA and CDC recall products, when death and injury occurred due to unsafe products, except in the case of vaccines.

Only taxpayers are liable to pay out for vaccine damages and deaths.

H.B. No. 6346 (RAISED) AN ACT REVISING VARIOUS STATUTES CONCERNING THE DEPARTMENT OF CHILDREN AND FAMILIES.

I Oppose because - Governor Malloy is protecting people who may abuse individuals by taking away the right to face your accuser in paragraph f: "(f) The name of any individual who reports suspected abuse or neglect of a child or youth or cooperates with an investigation of child abuse or neglect shall be kept confidential"

*Proposed S.B. No. 158 AN ACT ESTABLISHING A TASK FORCE ON THE PREVENTION OF SEXUAL ABUSE OF CHILDREN. -

I oppose because - WHO IS IT THAT WRITES THE CURRICULUM? THE BOE AND PARENTS - THIS IS A LOCAL DECISION, NOT A STATE DECISION.

*Proposed S.B. No. 169 AN ACT CONCERNING THE ASSESSMENT AND DELIVERY OF MENTAL HEALTH SERVICES AND INTERVENTIONS FOR CHILDREN.

I Oppose because - those with conflicts of interest make The Assessment and they stand to financially gain when people are diagnosed with mental illness.

*Proposed S.B. No. 273 AN ACT CONCERNING FOSTER CHILDREN AND INTERNSHIP OPPORTUNITIES.

I Oppose because - State Vendors recycle foster children from the system back into same state funded system's programs and perpetuate a broken and allegedly corrupt system.

expanding, not breaking a negative cycle. Private internships are available across the nation. Tax credits might be considered for businesses (without government contracts) sponsoring foster children.

*Proposed S.B. No. 650 AN ACT CREATING A PARENTS' SUPPORT HOT LINE FOR PARENTS OF CHILDREN EXHIBITING BEHAVIORAL HEALTH ISSUES.

I Oppose because - unless it is tied to MEDWATCH - the adverse drug reactions will go unchecked.

*Proposed S.B. No. 652 AN ACT CONCERNING REFERRALS FROM THE DEPARTMENT OF CHILDREN AND FAMILIES TO THE BIRTH TO THREE PROGRAM.

I Oppose because - Direct referrals are being ignored. The Child Find Law is being ignored in districts in Connecticut

*S.B. No. 821 (RAISED) AN ACT CONCERNING RESPONSIBILITIES OF MANDATED REPORTERS OF CHILD ABUSE AND NEGLECT.

I Oppose because - any act regarding mandating reports are easily manipulated to keep parents in line in districts that are hostile to families and have school attorneys to do the bidding of the administrators that might be seeking vengeance upon families.

*S.B. No. 822 (RAISED) AN ACT CONCERNING INTERVIEWS OF CHILDREN BY THE DEPARTMENT OF CHILDREN AND FAMILIES DURING INVESTIGATIONS OF CHILD ABUSE AND NEGLECT.

I Oppose because - this is a clear and obvious attempt to usurp from the parents their the God given parental authority. Interviews with children without their parents give the opportunity for strangers to intimidate children who will say anything to please their interviewers to stop the line of questioning.

This creates a scary and hostile environment for children and their families.

*S.B. No. 832 (RAISED) AN ACT CONCERNING FAMILY ASSESSMENT CASES.

I Oppose because - who are the hired people doing the assessing? Trust has been broken in the Connecticut state agencies where families and children are concerned.

*S.B. No. 833 (RAISED) AN ACT ADDRESSING THE MEDICAL AND EDUCATIONAL NEEDS OF CHILDREN.

I Oppose because - This is nothing more than a witch hunt for parents. Parents, private doctors and local Boards of education (sans their attorneys' puppeteering) are supposed to be doing this, but those in positions to profit from the allegedly corrupt educational and medical system have already abused it. People on the inside designed, created and now manage this allegedly corrupt system of drugging and not educating our children in Connecticut public schools.

All Council members need to give in writing (on all pages of all documents) to the public and families involved full financial disclosure and any professional conflicts of interest in the past, presently or near future, including attorneys' projected billable hours, before every comment or input they give and any and all decisions they make. The public needs to fully understand the relationships of the committee members and of their personal and commercial financial gains that are in store for them if the CGA passes this legislation.

Since pharmaceutical companies bear no liability for vaccine damage and, as of January of this year, the CGA hastily put forth a bill to protect psychiatrists writing prescriptions in the same manner, how can the taxpayers, let alone families and individuals, trust such a system

wrought with conflicts of interests and filled with traps for anyone vulnerable to the failings of their own moral compass?

According to Boeringer Ingelheim's (BI) website, they are: "Boehringer Ingelheim is looking to the outside world to identify new product opportunities. We are passionate about partnering and look forward to working with you."

"New product opportunities" sounds like looking for profits not cures.

Perhaps this "***Behavioral Health Partnership Oversight Council***" established by Connecticut Governor Malloy is the type of "new product opportunity" BI is looking for.

Support for this testimony:

FDA and CDC recalled the following products when death and injury occurred due to unsafe products:

1. Contaminated Heparin Injections (2-28-2008) 246 deaths and many adverse side effects were reported following its use. [1]

2. Contaminated Cantaloupe (8-22-2012): 261 persons were infected with 3 deaths reported. [2]

3. Contaminated Peanut Butter (9-17-2012): Forty-two people were infected. [3]

4. Contaminated Spinach (11-2-2012): A total of 33 persons infected with E. coli were investigated by the FDA and CDC

5. Contaminated Steroid Injections (12-12-2012): The FDA and CDC investigated an outbreak of meningitis among patients who had received an epidural steroid injection. [5]

The FDA and CDC did NOT recall the following products when death and injury occurred:

Vaccines

The following are not liable for death or injury due to unsafe product:

Vaccine manufacturers

Vaccine salespeople

Doctors administering vaccines

Medical staff administering vaccines

Who makes money from vaccines?

Vaccine manufacturers

Vaccine salespeople

Doctors administering vaccines

Medical staff administering vaccines

Who pays the injured patients from vaccine deaths and injuries: Taxpayers

Ingredients injecting into babies and young children and adolescents:

- **Aluminum Hydroxide** (*Heavy Metal*)
- *Egg Protein*
- *Formaldehyde*
- *Bovine Calf Serum*
- **Thimerosal** (*Heavy Metal*)
- *Calf Skin*
- **Aborted Fetal Tissue** (*Human Diploid Tissue – WI38 – 3 mos old female young one and MRC5 – 3 mos. Old Male young one*)
- **Monkey Kidney Tissue**
- *Mouse Brain*
- *Peanut oil (cross reacts with other nuts and other similar large proteins)*
- *Beeswax*
- *Antibiotics*

References

1. www.fda.gov/drugs/drugsafety/postmarketdrugsafety...
2. www.cdc.gov/salmonella/typhimurium-cantaloupe-08-12/index.html
3. www.fda.gov/Food/FoodSafety/CORENetwork/ucm320413.htm
4. www.cdc.gov/ecoli/2012/O157H7-11-12/index.html
5. www.fda.gov/Drugs/DrugSafety/FungalMeningitis/default.htm

Copied from vactruth webpage "9 Magic Words Prove Vaccines Are Unavoidably Unsafe":
http://vactruth.com/2013/02/10/vaccines-are-unsafe/?utm_source=The+Vaccine+Truth+Newsletter&utm_campaign=444d2f8d49-02_10_2013_9_magic_words&utm_medium=email

"The Human Brain

Nourish – Fats:

Membranes – the Working Surface of Your Brain is Made from Fatty Acids

The membranes of neurons – the specialized brain cells that communicate with each other – are composed of a thin double-layer of fatty acid molecules. Fatty acids are what dietary fats are composed of. When you digest the fat in your food, it is broken down into fatty acid molecules of various lengths. Your brain then uses these for raw materials to assemble the special types of fat it incorporates into its cell membrane.

Passing through a cell's membrane into its cell's interior are oxygen, glucose (blood sugar), and the micronutrients the cell needs to function. Metabolic waste products must exit, so the cell won't be impaired by its own pollution....

Myelin, the protective sheath that covers communicating neurons, is composed of 30% protein and 70% fat. One of the most common fatty acids in myelin is oleic acid, which is also the most abundant fatty acid in human milk and in our diet.

Monosaturated oleic acid is the main component of olive oil as well as the oils from almonds, pecans, macadamias, peanuts, and avocados.”

<http://www.fi.edu/learn/brain/fats.html>

Vaccine induced demyelination: “<http://www.healing-arts.org/children/vaccines/vaccines-demyelination.htm#demyelination>

“Vaccine Induced Demyelination

Myelination is an essential part of human brain development. Nerves can only conduct pulses of energy efficiently if covered by myelin. Like insulation on an electric wire, the fatty coating of myelin keeps the pulses confined and maintains the integrity of the electrical signal so that it has a high signal-to-noise ratio. When the insulation on a wire is damaged or destroyed, the flow of electrical current may be interrupted and a short-circuit occurs. Oligodendrocyte cells give white matter its color by manufacturing myelin. If myelin falls into disrepair, nerve axons cease to function, even though they themselves aren't damaged. Protecting oligodendrocytes after brain or spinal cord injury might keep nerve cells intact. At birth, relatively few pathways have myelin insulation. Myelination in the human brain continues from before birth until at least 20 years of age. Up until the age of 10 or so, vast areas of the cortex are not yet myelinated. Up to the age of 20, large areas of the frontal lobes are not yet myelinated.¹ Myelination begins in the developmentally oldest parts of the brain, like the brain stem, moving to the areas of the nervous system that have developed more recently, like the prefrontal lobe and cortex. Myelin spreads throughout the nervous system in stages, which vary slightly in each individual. Impairment of myelination can alter neural communication without necessarily causing severe CNS (central nervous system) damage. The prefrontal portions of the cerebrum have a profound influence on human behavior.² If an individual is injected with vaccines, most of which have adjuvants like mercury and aluminum compounds, as well as foreign proteins (some from other species in which the vaccines were grown) and biological organisms, unprotected nerves may be impacted.

The argument for a role of vaccines in the development of autistic disorders hinges on these biological effects upon nerves, damaging them in a way that influences behavior and learning patterns. The argument for adjuvants evoking an auto-immune response does not hinge on any inherent neuro-toxicity of these compounds, but on the initiation of an allergic response. The model by which adjuvants initiate an immune response is that of Experimental Allergic Encephalomyelitis (EAE). To date, EAE is recognized as the best available animal model of several degenerative human diseases, like multiple sclerosis and post-vaccinal encephalopathies. EAE3 is generally thought to be an autoimmune response to myelin basic protein (MBP). Oddly, MBP can also suppress EAE, and many observations suggest that an independent immune response to so-called “adjuvant” material is also necessary to EAE induction. Of course, this is why adjuvants are used in vaccines, to dramatically increase the likelihood of an immune response to the administered biological material. Thus, EAE

may be a result of a pair of interactive immune responses, one against MBP, and one against the adjuvant. If so, the adjuvant should, like MBP, suppress EAE. Root-Bernstein, et al. (1986) presented data from experiments on strain 13 guinea pigs demonstrating EAE suppression by muramyl dipeptide, an active component of complete Freund's adjuvant. In the past, adjuvants have only been classified as immunopotentiators, not immunosuppressants. Apparently, adjuvants are both. This study strengthens the argument that adjuvants may be crucial to initiating an auto-immune response leading to post-vaccine neurological symptoms."

http://www.vaccinetruth.org/myelin_sheath.htm

demyelination "loss of nerve-fiber covering: the loss of the fatty covering **myelin** of nerve fibers"
<http://www.bing.com/Dictionary/search?q=define+demyelination&qpv=What+Does+Demyelination+Mean&FORM=DTPDIA>

According to Dr. Mercola: "Vaccinations are very neurotoxic and have been associated with many neurological disorders, like encephalopathies, epilepsy, convulsions, ADD, LD, autism, mental retardation, depression, anxiety, CNS disorders, paralysis, Guillain-Barre Syndrome, nerve deafness, blindness and SIDS. The neurological disorders associated with vaccinations are diverse and numerous. Vaccinations lower IQ as well as contribute to the overt mental disorders and neurological diseases listed here. ☒☒The relationship of vaccinations to encephalopathies and neurological diseases have been surfacing in medical journals since the advent of mass vaccination programs. Autism was unheard of before vaccinations, and parallel mass vaccination programs very nicely. ADD and learning disorders in children are now being traced to childhood vaccinations, as well as convulsions, paralysis, and epilepsy. Brain damage is by far the most common adverse reaction associated with vaccinations, although their actual numbers are not often reported correctly.

List of Vaccination-induced Neurological disorders:

- Encephalitis
- Ataxia/Apraxia
- Retardation
- Meningitis Paralysis
- Paralytic polio
- Ms Gullain Barre Syndrome
- Lupus
- Hyperactivity - ADD, LD
- Demyelination diseases
- Auto-immune Diseases Epilepsy
- Convulsions - Seizures
- Blindness

- Deafness
- SIDS
- Epilepsy
- Mental confusion - lowered IQ
- Brain tumors (SV-40)

This list was generated from a variety of resources and is not, by any means, all inclusive. Ted Koren, DC stated, "Dyslexia, minimal brain damage, ADD, autism, allergies, visual and many other neurologic diseases grouped together as "developmental disabilities," barely existed before mass vaccination programs. Probably twenty percent of American children-one youngster in five-suffers from a 'developmental disability.' This is a stupefying figure Developmental disabilities" are nearly always generated by encephalitis. And the primary cause of encephalitis in the United States and other industrialized countries is the childhood vaccination program. To be specific, a large proportion of the millions of U.S. children and adults suffering from autism, seizures, mental retardation, hyperactivity, dyslexia, and other developmental disabilities, owe their disorders to one or another of the **vaccines against childhood diseases.**" [Emphasis mine.]

Some 40-50 years ago children were not vaccinated until they were ready for the first grade at age 6. Neurological disorders were very uncommon then. Today, children are vaccinated at birth for HiB and begin their long vaccination-journey at 2 months of age, before the blood brain barrier is fully developed. A review of the medical literature around the world will turn up many articles linking vaccinations with many neurological disorders. Before the 1940s, autism was extremely rare or unheard of. Then in the mid-1940s we began a massive vaccination programs and autism was "born". At first, it only occurred in the children of wealthy parents, since vaccinations were not free or government sponsored like today. Later autism became a disease of all classes (with government-sponsored vaccine programs).

The strongest link was between measles virus antibodies and anti-MBP, suggesting that exposure to the measles virus may cause the immune systems of children with autism to attack myelin," Singh said. Children with autism produce anti-bodies against their own brain, making autism an auto-immune condition. "Singh compiled a nonscientific, anecdotal survey of 88 autistic children whose families have contacted him. Of those, 51 percent said symptoms of autism began shortly after the MMR vaccination, and 36 percent said the problems started days after the DPT shot." Anecdotal evidence over-whelmingly points to vaccines as causing autism. The connect between autism and vaccinations cannot be denied.

The pertussis vaccine is very neurotoxic and is used in the laboratory to produce brain lesions in lab animals for study. But if our child develops brain problems after a DPT vaccination, our doctor will tell us it is coincidence or genetic. Vaccinations have been known to increase the demyelination, a process related to many neurologic diseases and MS is a demyelination disease. Myelin is designed to protect the outer coating of neurons, much like the plastic outer coating over an electrical wire. When this myelin is damaged, neurological disorders, such as, MS, paralysis, or ALS, will result. (Singh mentioned autism as a result of demyelination disorder.) The nerves are short-circuited and do not function normally"

http://www.mercola.com/article/vaccines/neurological_damage.htm

"Today too it is necessary ... to warn the People of God against false prophets, against the errors and superficiality of proposals that do not conform to the teaching of the divine Master." Pope Benedict XVI June 16, 2007 VIS 070616 (670)

School records retention schedule: <http://www.cslib.org/publicrecords/reteducation.pdf>

CT raised and proposed bills:

http://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&bill_num=+6346+&which_year=2013&SUBMIT1.x=0&SUBMIT1.y=0&SUBMIT1=Normal

CDC and ADHD <http://www.cdc.gov/ncbddd/adhd/data.html>

-End-

Date: 5/17/2011

Complaint Filed by: State Representative DebraLee Hovey 112th
860 240-8734

State Representative Christopher Lyddy 106th
860 240-8569

Legislative Office Building
Hartford, Ct

On Behalf of the Parents of Newtown
Education Agency: Newtown Public Schools

Issues have been brought to our attention through individual emails, phone calls, and requests for meetings. Rep. Hovey met with the Supt. of Schools to discuss the issues and then sent letters specifically identifying issues and hope for possible resolution with NO response from the Board of Education or the Administration. Therefore:

We are requesting a formal Investigation of the Newtown Special Education Department and school system based on the inordinate number of complaints registered with our offices.

Such complaints are:

- 1) The Newtown Board of Education fails to provide free and appropriate educational services
- 2) The Administration specifically and knowingly usurps the rights of parents on behalf of their children
- 3) The Newtown Board of Education consistently exhibits a lack of responsiveness to concerns expressed by parents with regards to their children's learning and progress
- 4) The PPT does not and refuses to consider/use the findings and recommendations of independent experts and evaluations.
- 5) There are expressed concerns by Parents that there is

*Shows
Pattern of
Similar
complaints*

Vaccine: A pharmaceutical product that contains an antigen and other questionable ingredients to prevent contamination. Vaccines are administered through needle injections, by mouth and by aerosol.

Antigen: Foreign substances (e.g. bacteria or viruses) in the body that are capable of causing disease.

A Typical Baby Vaccine Schedule

Frequency	Vaccine	Number of Vaccines Given	Total Number of Antigens Injected into Your Child
Birth (Hospital)	Hepatitis B (HepB)	1	1
Total for Visit		1	1
Well Baby Visit #1 (1-2 weeks)	None^	0	0
Total for Visit		0	0
Well Baby Visit #2 (2 Months)	Pediarix (Polio, DTaP, HepB)	1	7
	Haemophilus influenzae type b (Hib)	1	2
	Pneumococcal conjugate Vaccine (PCV13)	1	14
	Rotavirus (RV) - Oral Drops	1	5
Total for Visit		4	28
Well Baby Visit #3 (4 Months)	Pentacel (Hib, Polio, DTaP)	1	8
	Pneumococcal conjugate Vaccine (PCV13)	1	14
	Rotavirus (RV) - Oral Drops	1	5
Total for Visit		3	27
Well Baby Visit #4 (6 Months)	Pediarix (Polio, DTaP, HepB)	1	7
	Haemophilus influenzae type b (Hib)	1	2
	Pneumococcal conjugate Vaccine (PCV13)	1	14
	Influenza* (IIV)	1	3
	Rotavirus (RV) - Oral Drops	1	5
Total for Visit		5	31

Well Baby Visit #5 (9 Months)	Influenza* (IV)	1	3
Total for Visit		1	3
Well Baby Visit #6 (1 Year)	Diphtheria, tetanus, and acellular pertussis Vaccine (DTaP)	1	3
	Haemophilus influenzae type b (Hib)	1	2
	Pneumococcal conjugate Vaccine (PCV13)	1	14
	Measles, Mumps, and Rubella (MMR)	1	3
	Varicella (VAR)	1	1
	Hepatitis A (HepA)	1	1
Total for Visit		6	24
Well Baby Visit #7 (15 Months)	None^	0	0
Total for Visit		0	0
Well Baby Visit #8 (18 Months)	Hepatitis A (HepA)	1	1
Total for Visit		1	1
Well Baby Visit #9 (2 Years)	Influenza* (IV)	1	3
Total for Visit		1	3
Well Baby Visit #10 (3 Years)	None^	0	0
Total for Visit		0	0
		Number of Vaccines Given Before Age 3	Total Number of Antigens Injected Into Your Child

- = The first time a baby is given the flu vaccine, they are normally given a 1/2 dose and then the second 1/2 dose a month or so later.
- <http://vactruth.com/baby-vaccine-schedule/>

Municipal Records Retention Schedule M8
EDUCATION RECORDS

Item Number	Record Series Title	Minimum Retention Required	Disposition
	A. ADMINISTRATIVE RECORDS¹		
	1. Athletic Department records		
M8-005	a. Sports Contract/Student Contract (including signature sheets for student handbooks)	At end of school year for which contract signed	destroy ²
M8-010	b. Permission slips (to participate in sporting activities)	3 years	destroy ²
(M11-085)	2. Computer Terminal Sign-up Sheets	1 month	destroy ²
M8-020	3. Free/reduced meal application and documentation	3 years or until audited, whichever comes later	
M8-030	4. Notification to parents (annual) (regarding Student Behavior and Discipline, Bus Conduct, and Electronic Communications Systems, and the National School Lunch Program)	1 year	destroy ²
M8-040	5. Policy and Procedures manuals	permanent; revise as required. Keep old policy and procedures separately.	retain permanently ³
	6. Registration records		
M8-050	a. Adult education registration records	3 years or until audited, whichever comes later	destroy ²
M8-055	b. After school program registration records	1 year	destroy ²
M8-060	c. Pesticide application notification registration form	5 years (CGS Sec. 10-231c(f))	destroy ²
M8-065	d. School registration records including residency documentation	3 years or until audited, whichever comes later	destroy ²

Schedule M8 – Education Records, p. 2

Item Number	Record Series Title	Minimum Retention Required	Disposition
	A. ADMINISTRATIVE RECORDS¹ (cont.)		
M8-075	7. Student portfolio work (student produced work for grading assessment)	End of year at which student received grade	destroy ²
M8-085	8. Student teacher records	2 years	destroy ²
M8-095	B. CHILD-STUDY TEAM RECORDS¹	6 years after student leaves the school district	destroy ²
	C. EDUCATION INFORMATION¹ (including but not limited to):		
M8-105	1. Curriculum	Until superseded by new curriculum	destroy ²
	2. Cumulative records ⁴		
M8-115	a. Academic achievement (grades/transcripts)	50 years after student leaves the school district ⁵	destroy ^{2,4,6}
M8-120	b. Attendance records (days absent/present/tardy) ⁷	50 years after student leaves the school district	destroy ²
M8-125	c. Awards	6 years after student leaves the school district	destroy ²
M8-130	d. Basic biographical information	50 years after student leaves the school district	destroy ^{2,6}
M8-135	e. Diagnostic test results (non-special ed)	6 years after student leaves the school district	destroy ²
M8-140	f. Extracurricular activities	6 years after student leaves the school district	destroy ²
M8-145	g. Letters of recommendation	6 years after student leaves the school district	destroy ²

Schedule M8 – Education Records, p. 3

Item Number	Record Series Title	Minimum Retention Required	Disposition
M8-150	C. EDUCATION INFORMATION ¹ (Cont.): h. Parent's ⁸ /eligible student's signed release forms, if required by school policy ⁹	as long as records are maintained	destroy ²
M8-155	i. Records of immunization ¹⁰	50 years after student leaves the school district	destroy ²
M8-160	j. Standardized group test scores	6 years after student leaves the school district	destroy ²
M8-170	3. Diplomas	6 years after student leaves the school district ¹¹	destroy ²
	4. Disciplinary records		
M8-180	a. Detentions	no requirement	destroy ²
M8-185	b. Incident reports	no requirement	destroy ²
M8-190	c. Referrals	no requirement	destroy ²
M8-195	d. Suspensions/expulsions	For expunging the cumulative record, see CGS Sec. 10-233c(e) and 10-233d(f). ¹²	destroy ²
M8-205	5. Enumeration Records/Field Sheets	3 years	destroy ²
M8-215	6. Grade Books ¹	current, plus 1 year	destroy ²
M8-225	7. Tardy slips from parents/guardians	At completion of school year	destroy ²
M8-235	D. FAMILY WITH SERVICE NEEDS RECORDS ¹	6 years after student leaves the school district	destroy ²

Schedule M8 – Education Records, p. 4

Item Number	Record Series Title	Minimum Retention Required	Disposition
	E. HEALTH INFORMATION⁷ (including but not limited to)		
	1. Cumulative records		
M8-245	a. Accident reports	6 years after student leaves the school district	destroy ²
M8-250	b. Basic school entrance health histories	6 years after student leaves the school district	destroy ²
M8-255	c. Child abuse forms	6 years after student leaves the school district	destroy ²
M8-260	d. Cumulative health record (CHR-1, original or copy) ¹³	6 years after student leaves the school district	destroy ²
M8-265	e. Emergency care plans	6 years after student leaves the school district	destroy ²
M8-270	f. Health assessment records (HAR-3)	6 years after student leaves the school district	destroy ²
M8-275	g. Incident reports	6 years after student leaves the school district	destroy ²
M8-280	h. Individualized health care plans	6 years after student leaves the school district	destroy ²
M8-285	i. Medication administration records	until superseded by yearly summary on CHR-1 or 6 years after student leaves the school district	destroy ²
M8-290	j. Parent authorizations for medications/treatments	6 years after student leaves the school district	destroy ²
M8-295	k. Parent's/eligible student's signed release forms, if required by school policy ⁷	as long as records are maintained	destroy ²
M8-300	l. Physician orders for medications/treatments	6 years after student leaves the school district	destroy ²

Schedule M8 — Education Records, p. 5

Item Number	Record Series Title	Minimum Retention Period	Disposition
E. HEALTH INFORMATION¹ (cont.):			
M8-305	m. Referral forms for services based on Results mandated screenings	6 years after student leaves the school district	destroy ²
M8-310	n. Sports histories and physical-examination Reports	6 years after student leaves the school district	destroy ²
M8-320	2. Employee's emergency health information	until superseded or until employee leaves school district	destroy ²
M8-330	3. Nursing protocols	permanent; revise as required. Keep old copy separately	retain permanently
	4. Nursing records		
M8-340	a. Health assessment data	6 years after student leaves the school district	destroy ²
(M8-285)	b. Individual-treatment or procedure logs/flow Sheets	see retention period for medication records	
M8-345	c. Nursing process notes	6 years after student leaves the school district	destroy ²
M8-350	d. Third-party health records (from hospitals, clinics, and private providers)	6 years after student leaves the school district	destroy ²
M8-360	5. Physician's standing orders	permanent; revise as required. Keep old copy separately.	retain permanently
M8-370	6. Student's emergency information card	until superseded or student leaves school district	destroy ²

Schedule M8 – Education Records, p. 6

Item Number	Record Series Title	Minimum Retention Required	Disposition
M8-380	F. PRIMARY MENTAL HEALTH PROGRAM RECORDS ¹	no requirement	destroy ²
M8-390	G. PROFESSIONAL STAFF'S WORKING PAPERS/NOTES ^{14,15}	no requirement	destroy ²
M8-400	H. PROGRAM DATA RECORDS Statistical data (including but not limited to): Services provided or professional activities—e.g., number and type of daily visits, number of screenings, number of home visits, caseload records, etc. These records include both raw data files (or logs) and reports. ¹⁶	no requirement	destroy ²
M8-410	I. PUPIL PERSONNEL SERVICES ¹ (including, but not limited to): 1. School counselor case records	6 years after student leaves the school district	destroy ²
M8-420	2. School nurse case records	See E. HEALTH INFORMATION	
M8-430	3. School psychologist case records	6 years after student leaves the school district	destroy ²
M8-440	4. School social-work case records	6 years after student leaves the school district	destroy ²
M8-450	5. School speech/language pathology case records	6 years after student leaves the school district	destroy ²
M8-460	J. REPORTS TO STATE BOARD OF EDUCATION—File Copies	3 years after audit	destroy ²
M8-470	K. SECTION 504 RECORDS ^{1,17}	6 years after student leaves the school district	destroy ²

Schedule M8 – Education Records, p. 7

Item Number	Record Series Title	Minimum Retention Required	Disposition
	L. SPECIAL EDUCATION and RELATED SERVICES (birth through 21) (including, but not limited to):		
M8-480	1. Assessment/evaluation reports	6 years after student leaves the school district	destroy ²
M8-490	2. Due process records, including complaints, mediations, and hearings	6 years after student leaves the school district	destroy ²
M8-500	3. Individual Transition Plan (ITP)	6 years after student leaves the school district	destroy ²
M8-510	4. Individualized Education Program (IEP) Records	6 years after student leaves the school district	destroy ²
M8-520	5. Individualized Family Service Plan (IFSP)	6 years after student leaves the school district	destroy ²
M8-530	6. Parent's/eligible student's release forms	as long as records are maintained	destroy ²
M8-540	7. Planning and Placement Team (PPT) records: notices, meetings, consent forms	6 years after student leaves the school district	destroy ²
M8-550	8. Referral forms	6 years after student leaves the school district	destroy ²
M8-560	9. Test protocol	at discretion of school administration	discard
M8-570	M. STUDENT ASSISTANCE TEAM RECORDS ¹	6 years after student leaves the school district	destroy ²
(M1-265)	N. TRANSPORTATION		
M8-580	1. Surveillance videotapes made on school buses	2 weeks	recycle ¹⁸
	2. Bus routes	3 years	destroy ²

Schedule M8 – Education Records, p. 8

Item Number	Record Series Title	Minimum Retention Required	Disposition
M8-590	O. TRUANCY ¹ (including, but not limited to):	6 years after student leaves the school district	destroy ²
M8-600	1. Record of parent conferences 2. Referrals	6 years after student leaves the school district	destroy ²

¹ Any student records maintained by the school district that have personally identifiable information must have an access log that is maintained with the records for the same retention period as required for the record.

² Municipalities/Boards of Education may destroy records only after receiving the signed approval form (RC-075, rev. 2/2005) from the Office of the Public Records Administrator. Retention periods established on this schedule are *minimum retention requirements*. Records may be retained for longer periods of time.

³ Policy manuals over 75 years have potential historical value. School districts may request transfer to an appropriate repository.

⁴ Copy remains with sending district; original accompanies student.

⁵ When student graduates from high school (i.e., receives a diploma), the high school may discard grades K-8 transcripts.

⁶ Education records up to and including World War II, may have historical research potential; disposal may include transfer to a local historical repository.

⁷ This refers to the attendance record posted to the cumulative record; other attendance records should be maintained for six (6) years after the student leaves the school district.

⁸ Any reference to parent in this document includes legal guardian.

⁹ If a school district policy requires written consent of the eligible student or parent to release education records to an institution in which the student intends to enroll, written consent must be obtained. In the absence of such policy, however, the Family Educational Rights and Privacy Act (FERPA) stipulates that education records may be released to an institution in which the student intends to enroll *without* written consent of the eligible student or parent, provided there is a reasonable attempt to notify the parent or eligible student that the records were transferred. Upon request, the parent or eligible student must be given a copy of the records that were transferred.

¹⁰ This can be a copy of the student's immunization record.

¹¹ If student fails to pick up diploma, it must be retained six years after student leaves the school district.

¹² Do not destroy until student graduates from high school.

¹³ Copy remains with sending district; original accompanies student (according to CGS Sec. 10-206(d)).

¹⁴ For specific retention periods referring to Special Education, see L.

¹⁵ Includes teacher plan books.

¹⁶ No personal identifiers included.

¹⁷ Section 504 of the Rehabilitation Act of 1973.

¹⁸ If the tapes become evidence in any kind of disciplinary proceeding litigation, if notice of pending action has been filed with the town clerk (CGS Sec. 7-101a(d)), or otherwise take on a status that would require a longer retention period according to the schedule, the tape would be retained for the amount of time specified by the retention schedule, and until all actions have been resolved.