PA 11-177

SB0982

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parent to be there. So it could be a domestic relations officer or something like that. We'll probably have to look at the language.

REP. CANDELARIA: And in the case where you have a child that does decide, wants to live with one of the parents and later on changes their mind. Is there any recourse for that at all?

REP. CARTER: No. There's not.

REP. CANDELARIA: All right. Thank you.

REP. URBAN: Do we have any other questions or comments? If not, seeing none, thank you very much for your testimony, Representative Carter.

REP. CARTER: Thank you very much, and thank you to the Committee. Have a good day.

REP. URBAN: You, too. And moving down our list, I don't see, is Senator Hartley here? I don't see Senator Hartley here, so next on our list is Judge Christine Kelleher. Am I saying that right?

A VOICE: (Inaudible).

REP. URBAN: Then next on our list is Judge Paul Kavera, and I hope I said that right, Judge. You can correct me. Welcome.

THE HON. PAUL J. KNIERIM: Good morning, Representative Urban and members of the Committee. My name is Paul Knierim, and I am the Probate Court Administrator and with me this morning is Judge Tom Brunnock, who is the judge at the Waterbury Probate Court and in the interest of brevity, we thought we'd come up together and cover the same topic.

SB982

We're both here in support of Bill Number 982 concerning a pilot truancy program in Waterbury.

Judge Brunnock, working with the Waterbury Board of Education initiated this program back in January of 2008 and the proposed legislation would codify the key elements of the program as it stands and provide some further detail for its operation.

Another key aspect of the legislation is that it would set up some benchmarks and reporting requirements so that we can evaluate over time the success of the program, but I can say that for the period that it has been in operation so far, it appears to be a great success.

You have in your materials a report that Judge Brunnock and the staff he works with have prepared about the success of this program, and the results really are quite remarkable.

We see a 60 to 65 percent reduction in truancy among the students whose families are participating in the clinic.

Now, Judge Brunnock will give a little more detail on the program itself, and probably do a better job than I could of answering questions that you might have.

But I'd leave with one comment, which is to note that the truancy clinic came about under the auspices of the Waterbury Regional Children's Probate Court, and I think it's especially fitting that that's the case.

As you know, we have now five regional children's Courts in the probate system. They are community based, real innovators and

provide specialized services that have been very well received and I think very successful.

And, as I say, I think it's very fitting that this program would have come about from one of those children's Courts because it's the collaboration with the community, in this case, the Waterbury Board of Ed in particular that brings together the people who can make a difference with a program like this.

So with that, Judge, would you like to comment?

THE HON. THOMAS P. BRUNNOCK: Yes. Thank you very much. Thank you for this opportunity to address the Committee here this morning. As Judge Knierim has alluded to, this is a collaborative effort between the Regional Children's Court working as a clinic in this case.

It's a voluntary program. We work with the schools. We work on four school sites. I visit each school site once a week, the same day each week, and we work with families. Once we summon them in, it's on a voluntary basis. There's no judicial decrees ordered, issued, rather. There are no penalties involved.

There's over an 80 percent participation by the families in this voluntary program, and the statistics that are presented in your reading material, I think illustrate that through this collaborative effort and a systemic approach to the issues behind truancy and absenteeism in the K through five level at schools, shows that we have certainly a significant level of success.

And so what we're looking for in this statute, I notice that the bill in its proposed form did delete one important aspect.

We are a statutory Court system, so unless we get specific statutory authority, we really don't have that authority, and introduced into our system, I think as of last year was a magistrate, magistrates.

And so, what we'd like put into the statute, proposed legislation, is the ability to add magistrates as well as probate attorney referees sit in on these clinics. Again, there's no judicial decrees that are issued but it would allow us to pull in more human resources than just relying upon participation by individual judges.

I'd be happy to answer any questions. I get a little passionate about this, so I better cut my testimony off now. But I'd be happy to answer any questions that you might have.

REP. URBAN: Thank you for your testimony. This is very impressive, some of the numbers that you have here, the absentee rate of participating students has declined by 60 to 65 percent.

THE HON. THOMAS P. BRUNNOCK: Yes.

REP. URBAN: Were there some other statistics that you would like to share with us?

THE HON. THOMAS P. BRUNNOCK: Well, one of the other important aspects is that we work with the Family Therapy Center down at Southern Connecticut State University and we have a truancy clinic officer who supervises four interns from the Southern program, and where families ask for assistance.

We intervene with families and try and either link them up with services in the community, whatever the particular social services might

be needed, or it might be a one-on-one mentoring program with the students in the schools, and there's been a significant level of success just on that aspect of the program as well.

REP. URBAN: Thank you. And I want to be sure that our LCO heard the additional information, which was the magistrates as well as, thank you.

Are there other questions or, Representative Wood.

REP. WOOD: Thank you, Madam Chair. A couple of questions, and thank you for your testimony.

The truancy clinic shall operate for da, da, da, da, da using non-punitive procedures.

THE HON. THOMAS P. BRUNNOCK: Yes.

REP. WOOD: Because I know so many of the students who are truants are treated like criminals rather than treated in a proactive way.

Can you outline some of the non-punitive procedures and how the people working at these clinics would treat these kids with humanity?

THE HON. THOMAS P. BRUNNOCK: Yes. The parents engage in this program. At the K through five level, you're really dealing with parents, not students, because although we have state definition of truancy, I refer the students that miss a large amount of time from school as being absent, not truant, because I find it hard to believe that an eight-year-old child can be truant.

So we deal at the parent level and the parents will come in if not on a weekly basis, on a periodic basis to have reviewed with myself and

staff members, the attendance record of the child.

We have an academic reporting system where the teachers give us an academic report on each student every week. And so at any given time between the four schools we have between 100 to 130 students that are involved.

So on a weekly basis, even when I do not meet with an individual parent at that school, I get a report on every student academically as well as attendance. We try to intervene and to identify what the issues are.

The first year we did this, we found out that asthma was a major cause of absenteeism, and I met with folks at the Yale-New Haven Children's Hospital and we instituted a program the second year where they came up and gave educational seminars to parents.

And come to find out, that through studies, that asthma is the single most significant medical reason for absenteeism on the elementary grade level.

So in intervening with the parents and dealing with the specific issue, and the parents identify these issues, by the way. And parents who identified the issue as asthma, we intervened in such a fashion and we met with the level of success statistically as presented in the documents before you here this morning.

REP. WOOD: Thank you. I'm not sure you've answered the question, though, on the non-punitive procedures for the kids who are health impaired.

THE HON. THOMAS P. BRUNNOCK: Whether it might be asthma or whatever the issue might be, where

it's identified that there's a medical issue or a social issue, that issue is identified and then the appropriate response as far as services, we try to intervene with those services to address the issue.

So it's non-punitive. So a student isn't declared truant, we only use the definition of truancy under our state statutes to introduce them into the program, but no student is found to be truant.

REP. WOOD: Thank you. That clarifies it. Thank you very much.

THE HON. THOMAS P. BRUNNOCK: Okay.

REP. WOOD: Any idea what the fiscal impact of this would be, and why is this not being delivered right now in the school system?

THE HON. THOMAS P. BRUNNOCK: We're not asking for any appropriated monies. In addition, where funds have been available to the school system since '08, we've also introduce, or the school department has introduced, an after school truancy tutorial program to identify those specific children.

There's busing involved. There's additional teaching time involved, and so that has been the contribution, if you will, from the local school board's perspective.

THE HON. PAUL J. KNIERIM: I would just add on the appropriations front that there is a relatively modest amount of funding for the program that comes through our appropriation to operate the Regional Children's Probate Courts. That's a $2.5 million annual grant that we use for the five Courts and fortunately that funding is

used to share the expense of the truancy Court officer.

THE HON. THOMAS P. BRUNNOCK: As any good supervisor, my supervisor reminds me there is a contribution for probate administration, so part of that salary is paid. But all the other services of the Regional Children's Court, myself, and my staff, are included in our present funding. So no one gets paid extra for doing this. It's within our, the confines of our present budgetary level.

REP. WOOD: Great. Thank you. Well, teamwork makes us all better.

THE HON. THOMAS P. BRUNNOCK: Yes.

REP. WOOD: And I appreciate the effort behind this. I think it makes a lot of sense.

THE HON. THOMAS P. BRUNNOCK: Thank you.

REP. WOOD: Thank you very much. Thank you, Madam Chair.

SENATOR MUSTO: Thank you. Thank you for coming down. I did speak with Senator Hartley about this program. She was very impressed and sounded very impressive, and hopefully we can help you out.

THE HON. THOMAS P. BRUNNOCK: Thank you, Senator.

SENATOR MUSTO: It really sounded like a great idea, and obviously you guys have been doing some good work.

THE HON. THOMAS P. BRUNNOCK: Thank you.

SENATOR MUSTO: So, I just wanted to say that real quick before I let you off the hot seat.

THE HON. THOMAS P. BRUNNOCK: Thank you.

REP. URBAN: And I particularly like the results oriented perspective of what you're doing.

Are there any other? Representative Candelaria.

REP. CANDELARIA: Thank you, Madam Chair. Just one quick question. At what time is the referral made?

THE HON. THOMAS P. BRUNNOCK: That's up to each school. But we do use the definition of truancy, so four or more in a month or ten or more in the school year. But there might be some students that are referred right at the four days and some at the ten, okay?

And so, one other thing I'd just like to add. Mr. Mizelan is here from DCF and the school and DCF have put together a pilot program dealing with educational neglect, and when we had the good fortune of having Mr. Mizelan in the Waterbury office, he helped put this together where the work on educational neglect at the absentee level and tried to again, make them all part of this collaborative effort.

But that's the schools working with DCF. That just got off the ground this year and that's been so far fairly successful.

REP. CANDELARIA: And it seems that the Department has been very successful and parents actually opt to go to the clinic.

THE HON. THOMAS P. BRUNNOCK: Yes.

REP. CANDELARIA: In the case where parents decide not to go to the clinic, what's the next

procedure? Do you make a referral as a family with service needs, or?

THE HON. THOMAS P. BRUNNOCK: No. Again, we try and make this clinic entirely voluntary. The school still has the right where they feel that a case rises to the level of educational neglect to make the referral to DCF.

But at this point in time, the clinic itself has made no referrals. (Inaudible) wanted to see, and I think the proof is in the pudding, that on a voluntary basis you can make a significant impact. But there are those, Representative, there are those cases that you're alluding to now, of folks that do need a more stern approach.

REP. CANDELARIA: And I'm assuming that prior to the referral the school has a procedure where I guess they will send letters to the parents' home, they will visit a parents' home and try to assess what the situation is?

THE HON. THOMAS P. BRUNNOCK: When we get the referral from, on the clinic, they will give us the history or the interventions, which include letters, conferences at the school, home visits and whatever the response of the particular parent is to the particular case. So all those interventions are spelled down in the referral that we get so we can see the history.

REP. CANDELARIA: Thank you so much.

REP. URBAN: Are there any other comments or questions? Seeing none, thank you for your testimony.

THE HON. THOMAS P. BRUNNOCK: Thank you very much for the opportunity.

The children that Alison Loop spoke about are two such children that would benefit by a longer stay in an emergency setting with professional caregivers who can assess their needs and determine, and help determine what might lead to a more successful placement.

Yes, many can be in and out in two weeks to 30 days, but a review process should be instituted. No hard date. No two children are alike. No two children are coming out of a, you know, the same situation.

So putting a hard date of, or a time limit I think is detrimental. Let's have a review process with DCF and maybe the Courts, but any sort of hard date, any sort of hard time limit I think is detrimental to the many children that may require longer care. I think as anyone would know, anyone who has a child, anyone who's a grandparent would want their children to get the professional services that they need before they move on.

SENATOR MUSTO: Okay, thank you. Are there other questions? Thank you.

MICHAEL FERGUSON: Thank you.

SENATOR MUSTO: Next up is Senator Hartley.

SENATOR HARTLEY: Good afternoon.

SENATOR MUSTO: Good afternoon.

SENATOR HARTLEY: Senator Musto and Co-Chair Urban and Representative Fawcett, thank you very much for putting me in here. I know it's probably been a long day for you. SB982 SB983

I'm just here before you in support of two bills on your agenda today. The first is S.B.

982, which is AN ACT ESTABLISHING A PILOT TRUANCY CLINIC IN WATERBURY. Actually, it basically calls for the codification of that program. I think perhaps you've heard from Probate Judge Brunnock and the Probate Court Administrator as well.

This is a program that was put together as a no-cost initiative in the Probate Court in the Waterbury District, which has resulted in exponential reduction of truancy in our school districts, really to the extent of like 66 percent. It was the outgrowth of the mayor's blue ribbon commission on trying to deal with, like every urban center, a growing and very exponentially increased truancy rate.

It has in fact done this. What the experience has been is that we have found that parents have welcomed it because it gives them a tool that they were looking for so many times they were unable themselves to get this situation under hand.

The other interesting thing that we found out about this pilot was that truancy, well it was very much demonstrated in this situation, begins very young in the academic life of a child and becomes very embedded as they go along, and also with the family members.

And so when you address a truancy early on as this is being done in the elementary school arena, it has a very great residual result.

So that is the first bill that I wanted to first of all thank the Committee for raising, and going through, putting on the public hearing agenda for today, and also I am here to speak before you in support of S.B. 983, which is AN ACT CONCERNING CHILDREN AFFECTED BY DISASTER AND TERRORISM.

And as you perhaps well know that this is an update from our 2002 legislation, and it was taken and replicated in D.C. by Senator Dodd so it is now on a national level, and this is essentially the next iteration.

When I spoke with the Commission on Children on this, you know, it's kind of like yes, of course, what don't we get about this. But I did ask them to please craft this in a way that it was a no-cost fiscal, no fiscal note item, and I believe that they have done that.

So the only other comment I have, Madam Chair and Mr. Chair is that Section 3, I would just suggest be deleted, and other than that, I would ask for your support and thank you for your indulgence in bringing this forward today.

And if there are any questions?

REP. URBAN: Senator Hartley, first of all thank you for being here, and we were very impressed with the data on the truancy program. 3B982

SENATOR HARTLEY: It's pretty stunning.

REP. URBAN: Right. Quite thrilled that it was results oriented.

SENATOR HARTLEY: (Inaudible) RBA model, Madam Chair. We're learning.

REP. URBAN: Right. We're going. The Section 3 on the disaster bill, could you remind the Committee what section that is? 3B983

SENATOR HARTLEY: Yes, sure. That was actually the naming of the bill for the tragic events that happened in Arizona, the Christine Taylor Green, so it's called the Christine Taylor

Green bill and we were thinking that we perhaps should keep it more generic.

REP. URBAN: This is 983?

SENATOR HARTLEY: Yes, this (inaudible). On the draft I have in front of you it's labeled as Section 3, but perhaps maybe, I mean, I may not have the most current LCO.

REP. URBAN: We're checking, quickly. It doesn't seem to be there so that makes it much easier.

SENATOR HARTLEY: Do you have two sections there? You only have one?

SENATOR MUSTO: The one I'm looking at is Raised Bill 983, right?

SENATOR HARTLEY: Yes. Actually, I think this is a very early iteration that I talked about with the Commission on Children, so you have the most current information in front of you and thank you for being so far ahead of me.

SENATOR MUSTO: Well, no, feel free if you look at 983 again, because I think what they did is they just took out that Section 3 and maybe consolidated another one. But if you have further comments, just let us know on that, but it seems like a good idea. We've been getting some positive feedback.

SENATOR HARTLEY: Yeah. Yeah. You know, Mr. Chair, also on 982, you know, I just wouldn't want this bill to be pigeonholed by virtue of the title. AN ACT ESTABLISHING A CLINIC may connote that, you know, it's a new item, new program, i.e., new fiscal note, so I'm not sure if there's a way to explain that or neutralize it.

SENATOR MUSTO: Any ideas?

SENATOR HARTLEY: Oh, I would just say AN ACT CONCERNING A PILOT ON TRUANCY.

SENATOR MUSTO: AN ACT CONCERNING A TRUANCY CLINIC IN WATERBURY? Okay. We'll keep that one in mind.

SENATOR HARTLEY: Because I just wouldn't want it to be flagged for the wrong reason.

SENATOR MUSTO: If Madam Clerk would please make sure that --
Thank you. Thank you, Senator.

SENATOR HARTLEY: Thank you, and thanks for all the good work that you all do in this Committee, amongst all the other ones. Thank you all.

REP. URBAN: Thank you, Senator.

SENATOR MUSTO: Next on the list is Allison Petit, who is followed by Bruce Lockwood and Jessy Burton.

REP. URBAN: Welcome back, Allison.

ALLISON PETIT: Thank you.

REP. URBAN: It's good to see you.

ALLISON PETIT: You, too. My name is Allison Petit and I'm currently a junior at Central Connecticut State University and I was an intern here last session and I'm here to speak in favor of Bill 5530 AN ACT CONCERNING DISSECTION CHOICE.

When I was in high school my sophomore year, they required dissection in the biology class, and I went to my teacher and told her I was not

**JOINT**
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**PART 3**
**622 - 943**

**2011**

P.2, line 5

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**To:** House Co-Chair Diana S. Urban
Senate Ranking Member Joseph Markley
House Ranking Member Terrie Wood
Honorable Members of the Children's Committee

**From:** Paul J. Knierim
Probate Court Administrator

**Re:** RB 982, An Act Establishing a Pilot Truancy Clinic in Waterbury

**Date:** February 22, 2011

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The Office of the Probate Court Administrator supports adoption of this bill.

Since 2008, the Waterbury Regional Children's Probate Court and the Waterbury school system have jointly operated truancy clinics to help at-risk students and their families resolve the challenges that contribute to frequent school absences. Waterbury Probate Court Judge Thomas Brunnock conducts the clinics on-site at city schools.

The clinics are a team effort that connects families with the resources of the regional children's court, school staff, police, social services agencies and other community resources. Families can receive assistance from a Truancy Clinic Officer trained in social work and from student interns from Southern Connecticut State University's family therapy graduate program. The clinics attempt to look at each student's individual situation to identify and address the underlying causes of truancy.

Participation in a truancy clinic is voluntary. A student is referred to a clinic only if a school is not successful in efforts to reduce truancy, at which time the truant student's parents are sent a summons to appear at the clinic. At the first session, the judge advises parents that they are not obligated to participate and provides

information about the services available. Most families opt to take part in the clinic.

In 2010, truancy clinics operated at four elementary schools (grades K through 5). The families of approximately 125 students attend the clinics at any given time. Since the program began, the absenteeism rate of participating students has declined by 60 to 65 percent. In May, the Connecticut Association of Schools honored Judge Brunnock for his leadership in making the truancy clinics successful.

The program is operated within the available resources of the regional children's probate court. The Waterbury Department of Education is currently seeking a federal grant to extend truancy clinic services to all elementary schools and two middle schools in the city for three years. This proposed legislation would provide a detailed framework under which the expanded program would operate. It would also authorize probate magistrates, who are retired judges appointed by the Chief Justice, to conduct truancy clinics.

The truancy clinic is an innovative community-based program that is achieving measurable results. We urge the committee's approval.

P. 2, line 6

# Waterbury Truancy Program
## SB 982

Submitted by

The Honorable Thomas Brunnock
Probate Judge - Waterbury Probate District

## I. Introduction.

In 2006, after identifying a need to address truancy issues, the Mayor's Office and the Waterbury Board of Education ("Board") developed a Blue Ribbon Commission on Truancy ("Commission"). Members from the local police department, judiciary and social service providers joined in this Commission. The Hon. Thomas P. Brunnock, Waterbury Probate Court Judge, participated as a representative of the judiciary and was immediately compelled to assist in the development of a solution. At the request of Anne Marie Cullinan, Assistant Superintendent of Schools, Judge Brunnock and his then chief clerk, Attorney Rebecca Iannantuoni, began to put together a model for a truancy clinic.

Judge Brunnock researched what efforts were being made in other states to resolve truancy concerns. In November 2007, he and Attorney Iannantuoni began their quest. They met with officials in other state courts and other educators in New England. After a good deal of brainstorming and debate, the Waterbury Truancy Clinic model emerged.

## II. The Model and The Mission.

Before us lies the skeleton of this simple collaborative and systemic approach to addressing Waterbury's truancy problem.

Judge Brunnock and Attorney Iannantuoni were in search of a proactive solution and they quickly came to believe that students should be given the tools to support their educational success as early as possible. Thus, the Truancy Clinic was installed at the elementary school level.

Because the Truancy Clinic fixed itself to the elementary school population, the Truancy Clinic proceeding is initiated against the parent(s)/guardian(s) (hereinafter referred to as "Parent") of the students (and not the students themselves). The average elementary school student is 5 to 12 years of age and as a result of their minority, they cannot bear the responsibility of answering for their truancy. Rather, their absences are a consequence of their parents' actions, inaction and/or some larger systemic family issue.

A fundamental difference between the Waterbury Truancy Clinic and the Truancy Courts in other jurisdictions rests within the nature of the proceeding. The Truancy Courts are a judicial proceeding (i.e., arraignment, drug testing, punishments). The Truancy Clinic, however, is non-judicial. A Judge oversees the process but the Truancy Clinic is voluntary, non-punitive and designed to identify and resolve the causes of absences.

Currently, the Truancy Clinic operates as a by-product of the Waterbury Regional Children's Probate Court ("WRCPC").[1] The overall mission of the WRCPC is to more efficiently serve those children under the age of 18 and their families involved in matters of guardianship, termination of parental rights, adoptions, claims for paternity and voluntary admissions to the Department of Children and Families. Through a systemic and collaborative approach of mental health, community and educational service providers, the WRCPC works to maintain and support family preservation, to deter the Court's children from future involvement with other Court systems, to mitigate their mental health issues and to encourage their educational success.

Dovetailing the WRCPC mission, the Truancy Clinic also engages the collaborative efforts of the local Board of Education, teachers, social workers, truant

[1] The WRCPC has the distinction of being one of the five regional children's courts in Connecticut.

officers, community resources/services, and most importantly, students and parents in a non-judicial process that addresses the systemic cause of the student's truancy. Ultimately, the Truancy Clinic returns a once truant child to a positive academic environment armed with self-esteem and personal growth. The outcome of the Truancy Clinic is not only a student, but also the student's entire family system, completely vested with and invested in educational success.

**III. The Procedure.**

The Truancy Clinic procedure is simple. School officials regularly review their attendance records. Students with a demonstrated history of unexcused absences are identified as potential Truancy Clinic participants and may be the subject of a referral to the Truancy Clinic.[2] Once a referral is deemed necessary and ultimately made by the school, the Clerk of the Truancy Clinic will process the referral by first assigning and preparing the Citation and Summons for the Presentment Part I ("P1") date. The Clerk will attach the school's referral form to the Citation and Summons and the Parents are then summoned to appear for the initial P1 proceeding before the Truancy Clinic Judge ("Judge") at the school of their truant student.

During the P1 proceeding, the Judge addresses the Parents in a group setting; he explains the reason for the Summons along with the nature and requirements of participation in the Truancy Clinic. Participation in the Truancy Clinic requires that the Parents agree to insure that their child will (1) attend school everyday; (2) be on time; (3) behave; and (4) complete all assigned classroom work and homework. Further, the Parents are instructed that by participating in the Truancy Clinic they are also agreeing to

[2] "State Statutes define truancy as four (4) unexcused absences from school in any one month or ten (10) unexcused absences from school in any school year.

comply with the school-required protocol regarding sick days. Currently, the School Department regulations require the parent to get a doctor's note for any illness in order to obtain an excused absence. Because of the difficulty of availability of physicians, the parent participating in the clinic agrees that any children not brought to a physician be brought to the school nurse. If she sends the student home sick, the student receives an excused absence.

After the Judge has reviewed the requirements of the clinic, the Parents are then excused and instructed to return the following week; same day, time and place for the Presentment Part II ("P2") proceeding.[3] As the Parents leave, they are given the Participation Agreement (which details the requirements of participation in the program) and a Release of Confidential Information (which provides for the mutual sharing of student related information).[4]

During the P2, each Parent meets individually with the Judge and states whether they intend to participate. If they agree to participate they are excused and given a date and time for the following week to appear for the next stage of the proceeding, the Review. (A parent who agrees to participate does so for a twelve (12) month period of time; e.g., if the participation commenced in January, 2008, then the termination occurs in January, 2009).

At the time of each Review, the Parents meet with the Judge individually. This Review process is the real life of the Truancy Clinic. During these Review meetings, the

[3] Every week, on the same day of the week, at the same time and in the same place, the Truancy Clinic operates. This consistent stable scheduling has been a key to the success of the Truancy Clinic.

[4] There are Spanish and Albanian translations of the forms available for those who require a language other than English. Spanish and Albanian translators are also available at all proceedings.

Parents and Judge engage in a dialogue about what they understand to be the cause of the unexcused absences. This process is designed to be non-adversarial, provide an assessment of the dynamics of the truancy and to develop, in collaboration with school officials, an understanding of and a pragmatic resolution to the unexcused absences. The services of a Truancy Clinic Officer Intern, a master's level marriage and family therapist student, are also sometimes engaged to assist with assessing and evaluating the family system and recommending appropriate interventions. Once a plan is established, the Parents return to weekly, or as needed, Reviews.

### IV. Linkage and Coordination

In an effort to provide appropriate linkages to related programs, the Truancy Clinic utilizes all school department professionals including teachers, social workers, guidance counselors and administrators. Because truancy is such a dynamic issue, there is a need to have a diverse array of program services to meet the needs of the students and their families.

### V. STATISTICAL ANALYSIS

With this skeleton presentation of the clinic's procedures as a background, we will now look at some of the statistical data of the four (4) schools at which the Clinic operates.

In this first part, we will look at Chase and Walsh Elementary Schools where the clinic has been in existence since January, 2008. We will present the statistics in terms of the initial participants to the Clinic and their results.

1) **Chase Elementary School**

It is the largest K-5 elementary school in Waterbury with approximately eight hundred fifty (850) students. About eighty (80%) per cent of the students are eligible for free or reduced price meals. The ethnicity of the student population is approximately thirty (30%) per cent white and seventy (70%) per cent minority with twenty four (24%) per cent black and forty three point five (43.5%) per cent Hispanic. Only fifty (50%) per cent of the kindergarten students have attended preschool, nursery school or head start. Over forty (40%) per cent of the students above entry grade level attended a different school the previous year.

In January, 2008, seventy eight (78) referrals were made to the clinic:

56 participated;
10 moved out of the school district prior to June, 2008;
11 problems with services-therefore, families were never given a chance to participate;
1 said no. The State of Connecticut Department of Children and Families (DCF) took custody of this child in April, 2008 regarding neglect charges unrelated to the clinic.

Of the 56 students who participated:

1) 29 students stayed at Chase for 12 months;
2) 14 students transferred to other elementary schools in the Waterbury School system;
3) 7 students graduated to Middle Schools;
4) 6 students transferred out of the district after June, 2008.

I.

| The statistics for the 29 students in the clinic for 12 months: | Twelve Months prior to clinic | Twelve Months participating in clinic |
|---|---|---|
| Total unexcused absences: | 443 | 152 – 65 % reduction |
| Total excused absences: | 52 | 22 – 58% reduction |
| Total Unexcused Tardies[5] | 116 | 79 – 32% reduction |

**NOTE 1.** The four (4) students who have the largest number of unexcused absences account for almost 33-1/3% of that total, i.e., 47 out of 152. Two students with the largest number of unexcused absences (from the same family) account for 15% of the total unexcused absences, i.e., 23 out of 152. (This family is back in the clinic for the 2009/2010 school year.)

**NOTE 2.** Relative to the unexcused tardies, one (1) student accounted for almost twenty-five (25%) percent of the total unexcused tardies, i.e., 21 out of 79. However, this same student had previously had 32 unexcused absences and 79 unexcused tardies prior to clinic and while in clinic, had four (4) unexcused absences and nineteen (19) unexcused tardies!!

[5] In the Waterbury school system, three (3) unexcused tardies equal one (1) unexcused absence

**NOTE 3.** The Waterbury School Board has a rule that if a student has more than eighteen (18) unexcused absences, that student must be retained. The parents are given an opportunity to appeal and argue that some of the absences should have been excused.

**NOTE 4.** Prior to the clinic, in June, 2007, Chase had sixty (60) such appeals. After 6 months of the clinic, in June, 2008, Chase had three (3) such appeals.

II.

| Statistics for the 14 students transferred after June, 2008 to schools in the district: | 12 months prior to clinic | Clinic 1/2008 to 6/2008 | Other elementary schools 9/2008 to 1/2009 |
|---|---|---|---|
| | | | |
| Total unexcused absences | 165 | 17 | 71 |
| Total excused absences | 13 | 0 | 19 |
| Total unexcused tardies | 54 | 13 | 16 |

When students transferred to other elementary schools in districts, the clinic did not have any further weekly review contact with parent, but did receive weekly attendance records from the new school. The purpose was to see if there was any

positive residual effect on these students. The statistics show there was a positive residual effect.

NOTE 1: Two (2) students have 30 out of the 71 unexcused absences in the "new school" i.e., 42%.

NOTE 2: One (1) student has 13 out of the 19 excused absences in the "new school" i.e., 68%.

III.

| Statistics for the 7 students who graduated in June, 2008 to middle school | One year prior to clinic | Chase School – 1/2008 to 6/2008 | Middle School – 9/2008 to 1/2009 |
|---|---|---|---|
| | | | |
| Total unexcused absences | 81 | 11 | 48 |
| Total excused absences | 4 | 5 | 42 |
| Total unexcused tardies | 25 | 7 | 19 |

When students graduated to Middle School, the clinic did not have any weekly review contact with parent(s), but did receive attendance records.

NOTE 1. One (1) student had had 29 of the 42 excused absences (most of which were suspensions).

NOTE 2. The Middle Schools present some of the most challenging and unique issues regarding truancy per school officials. It is the hope that with increased resources being made available to the clinic, that at least initially there could be established a follow-through review process in the middle schools with parents/students who graduate from a elementary school while participating in the clinic. However, the statistics do show a

positive residual effect on reduction of truancy in "clinic" students who graduate to the middle school.

## 2. WALSH ELEMENTARY SCHOOL

It is a K-5 elementary school with approximately five hundred fifty (550) students of whom almost ninety five (95%) per cent are eligible for free or reduced price meals. The ethnicity of the student population is approximately seven point five (7.5%) per cent White, thirty seven point five (37.5%) per cent Black and fifty four point five (54.5%) per cent Hispanic. Approximately sixty nine (69%) per cent of the kindergarten students attended preschool, nursery school or head start. Over forty (40%) per cent of the students above entry grade level attended a different school the previous year.

In January, 2008, fifty six (56) referrals were made to the clinic:

31 participated
6 moved out of State prior to clinic
12 Problems with service so families were never given a chance to participate
5 said no
2 were identified as inappropriate for the clinic due to complex/profound medical issues and special needs.

Of the thirty-one (31) students who participated:

1) 14 students stayed at Walsh School for twelve (12) months and participated in clinic;
2) 5 students transferred to other elementary schools in Waterbury after June, 2008;
3) 4 students were promoted to middle school;
4) 8 students moved out of district.

| Statistics for the 14 students in the clinic for twelve months are: | Twelve months prior to clinic | Twelve months participation in clinic |
|---|---|---|
| | | |
| Total unexcused absences | 274 | 132 |
| Total excused absences | 41 | 31 |
| Total unexcused Tardies | 60 | 70 |

NOTE 1. Three (3) out of the fourteen (14) students came from one family and they had 53 of the total 132 unexcused absences = 40% of total.

NOTE 2. The same family from Note 1 had 8 of the 31 excused absences = 26% of total.

NOTE 3. The same family had 33 of the 70 unexcused tardies = 47% of total.

This family is presently involved with the State of Connecticut Department of Children and Families.

| Statistics for the 5 students who transferred to other elementary schools in the district after June, 2008 | Twelve (12) months prior to clinic | Clinic – 1/2008 to 6/2008 | Other Elementary Schools – 9/2008 – 1/2009 |
|---|---|---|---|
| | | | |
| Total unexcused absences | 103 | 13 | 12 |
| Total excused absences | 17 | 12 | 28 |
| Total unexcused tardies | 8 | 3 | 14 |

NOTE 1. These students/parents were not seen at weekly review clinic sessions but attendance records were obtained. The positive residual effect of the clinic is evidenced by the continuous reduction in the unexcused absences.

| Statistics for the 4 students who graduated to Middle School | Twelve (12) months prior to clinic | Clinic – 1/2008 to 6/2008 | Middle School – 9/2008 – 1/2009 |
|---|---|---|---|
| | | | |
| Total unexcused absences | 81 | 7 | 57 |
| Total excused absences | 26 | 7 | 16 |
| Total unexcused tardies | 41 | 5 | 5 |

NOTE 1. When this group of students went on to middle school, the clinic did not have any weekly review sessions with the parent, but only obtained weekly attendance records.

NOTE 2. Out of the 57 unexcused absences, 1 student had 27 of that total – 47%. This student comes from the same family whose 3 other children account for 40% of the total unexcused absences in the group of 14 in the clinic for one (1) year.

NOTE 3. One (1) student accounts for 14 out of the 16 excused absences in the middle school = 87% of total.

NOTE 4. Once again, the statistical analysis shows a positive residual effect in the reduction of truancy in middle school.

As indicated earlier, a parent upon entering the clinic participates for twelve (12) calendar months. Since the basic reason for referral to the clinic is based upon truancy as defined in Connecticut General Statutes (i.e., 4 or more unexcused absences in one (1) month or ten (10) or more unexcused absences in one school year), any statistical analysis requires an analysis of several overlapping school years when attempting to use a twelve (12) month comparison.

Both Walsh and Chase elementary schools have continued to refer students as they become truant. The above analysis attempts to give a statistical analysis of the initial students referred to the clinic. Later on, a more qualitative presentation will be given describing the many services that have been established to help bring about some of these noted positive dramatic results.

## MARGARET M. GENERALI and SPRAGUE SCHOOLS

The next two (2) schools at which the clinic has been established are Sprague and Generali elementary schools. It began in February, 2009. Because the clinic has been involved for less than twelve (12) months at these schools, the statistical approach will be somewhat different than used earlier in this report.

## MARGARET M. GENERALI ELEMENTARY SCHOOL

It is a K-5 elementary school with approximately five hundred fifty (550) students of whom almost seventy three (73%) per cent are eligible for free or reduced price meals. The ethnicity of the student population is approximately thirty two (32%) per cent

White, twenty nine (29%) per cent Black and thirty eight (38%) per cent Hispanic. Approximately fifty five (55%) per cent of the kindergarten students attended preschool, nursery school or Head start. Over thirty (30%) per cent of the students above entry grade level attended a different school the previous year.

As of June, 2009, there were eighteen (18) students participating in the Clinic. Most students were referred to the clinic by the latter part of February, 2009; however, some students entered the clinic as late as May, 2009. The Clinic accepted referrals this late in the school year because these students were in the primary grades and it was felt that the Clinic would be a preventive solution for the next school year beginning in September, 2009.

Therefore, the six (6) students who entered the clinic late in the school year were not included in the following analysis:

| Twelve (12) students in clinic as of 3/1/2009 | Pre-clinic Sept. 2008 to 3/1/2009 | Clinic 3/1/2009 to 6/2009 |
|---|---|---|
| | | |
| Total Unexcused absences | 151 | 22 |
| Total Excused absences | 33 | 7 |
| Unexcused tardies | 82 | 18 |

## SPRAGUE ELEMENTARY SCHOOL

It is a K-5 elementary school with approximately five hundred (500) students of whom almost eighty-five (85%) per cent are eligible for free or reduced price meals. The ethnicity of the student population is approximately twelve (12%) per cent White, fifty nine (59%) per cent Hispanic, and twenty eight (28%) per cent Black. Approximately sixty eight point five (68.5%) per cent of the kindergarten students attended preschool,

nursery school, or head start. Over thirty five (35%) per cent of the students above the entry grade level attended a different school the previous year.

The same statistical analysis was used in the Sprague comparisons because of the short time the clinic has been in existence at the school.

A total of twenty five (25) students were referred to the clinic – Sixteen (16) were referred as of March, 2009. The remaining nine (9) students were referred as late as May, 2009. These students were in primary grades and it was felt that the clinic would be a preventive solution for the next school year beginning in September, 2009.

| Statistics for 16 students entering the clinic as of 3/1/2009 | Pre-Clinic Sept. 2008 to 3/1/2009 | Clinic 3/1/2009 to 6/2009 |
|---|---|---|
| | | |
| Total Unexcused absences | 181 | 13 |
| Total Excused absences | 57 | 41 |
| Unexcused tardies | 79 | 2 |

## VI. QUALITATIVE ANALYSIS

Now that the statistical data has been presented, it is appropriate to explain the "why" and "how" of the approaches the clinic took to achieve the reductions in truancy.

At the outset of the clinic's existence, Judge Brunnock and Attorney Iannantuoni did their own analysis as to what they found to be the major issues involved in truancy. Their analysis found the following as the major issues involved with truancy.

**1. Issues related to Truancy in the clinic**

1) About 12%-15% of the files are asthma related. This correlation between the truancy and asthma was usually established by the parent during the first weekly clinic review.

2) One time issues – for example, extended vacations, late sign-up in the beginning of the school year due to failure to have the required pre-school medical examination by a physician.

3) Transportation – out of district school bus problems, walkers to school who arrive late either because parents bring their children late or they are "slow walkers." In Waterbury, every three (3) unexcused tardies equal one unexcused absence, so the consequences to being tardy are significant. In addition, some students are late 20, 30 or 40 times out of 180 school days; this disrupts the educational process as well.

4) Mental/Behavioral health - these issues affect many students and their families.

5) Family Issues – e.g., parents work 3 p.m. to 11 p.m. caregivers cannot assist with school work, language impairments, etc.

6) Hard-Core Truant – as indicated in the footnotes to the statistical analysis given above, it is obvious that some students/families present a situation wherein the parent has refused all voluntary services offered by the school and clinic and their child(ren) continue on a down-hill spiral of truancy, ultimately leading to educational failure and school dropout.

**2. Approaches**

As indicated earlier, once the parent voluntarily enters the clinic and has signed the participation agreement and release of confidential information, Judge Brunnock then meets with each parent individually.

The first step is to have the parent(s) describe what they think is the cause of truancy. Once the parent responds with the cause, such as "asthma," the engagement process begins and the parent becomes invested in the resolution of truancy. The response is never to the parent "Well, Mrs. X, you know that asthma is no excuse for being absent from school." The parent is then asked who the treating physician is, what medications have been prescribed, did the treating physician give the medically prescribed prescription to the school nurse who then can give the child medications in school (e.g., nebulizer, inhaler, etc.). Parents are urged to have current assessments of their child so that proper medications and evaluations are made.

As indicated, approximately 12%-15% of the truant students are identified as having asthma. Judge Brunnock has met with the medical staff at Yale-New Haven Children's Hospital. It has agreed to set up a bi-lingual educational presentation in the four (4) schools. Parents have been and will continue to receive updated medical advice and information as to how to help their child deal with the asthma and be in school healthy. In addition, parents are urged to provide the respective schools with updated medical information regarding their children and to also get updated assessments from the child's treating physician. In addition, as part of the Asthma program "Putting on Airs" - a state-funded program through Waterbury's Health Department, the Department will do home inspections at a parent's request. Medical experts state that asthma is exacerbated by unhealthy conditions, e.g., roach infested apartments. When funds allow and

parents request, the Health Department will do inspections and where necessary, order landlords to correct such conditions.

Anne Marie Cullinan obtained a $35,000.00 grant from the school department to enable the clinic to hire two (2) part-time interns who are working on their master's in family therapy at Southern Connecticut State University. Dr. Barbara Lynch, PHD, provides the supervision. Their primary goal is to work with families who have requested help. The interns will do home visits or meet with the students/parents in the school. Their services consist of helping to coordinate and set up services with community based service providers. As of this writing, the interns have dealt with over thirty five (35) students in a little over one year. While it is difficult to label any of their interventions "successful," they have helped make dramatic changes in the lives of several of our students.. In one case, they were able to convince Mom to engage the child in intensive therapy. This particular student's behavior in school last year was out of control. Engaged in therapy since June, 2009 and now in another elementary school in Waterbury, this same student has now been selected by the "new" school to participate as a role model in a peer group. While every intervention has not had these dramatic results, the number of parents who have thanked the Judge for the intense intervention is significant. The issues for which the interns have been asked to assist include abandonment issues, bereavement issues, abuse, coordinating community services, etc.

While no one response can be labeled the most successful, the clinic's after-school program has had the most profound effect on the clinic students.

Through the efforts of Anne Marie Cullinan, she was able to get monies from the School Department and a one-time grant from the Connecticut Community Foundation.

The after-school clinic program gives each student one and one half (1-1/2) hours of extra tutorial help three (3) afternoons a week. The students are fed a snack and are bused to their homes each day. The after-school program has provided some much needed educational assistance to students. Many of the bi-lingual students' parents are not fluent enough in English to give homework assistance to the students in spelling or reading. Many parents work the second shift (3 p.m. – 11 p.m.) and the child's caregiver does not provide help with homework. Some students need extra assistance with one or more subject matters. The after-school program provides the child the opportunity to achieve academic improvement and success. Almost 100% of the parents have their children participate in the after-school program.

The success of the after school program is also evidenced by the fact that at the beginning of each semester (September and January) the parents are asking when does the after-school program start. The added dimension of the after-school program is that at one school, there are two "clinic" students who, although they "love" the after-school program, are at times behavioral problems in their classrooms during the day. The teacher had successfully used the after school program as a behavioral modification tool by telling the student that "good behavior" is rewarded with attendance in the after school program.

This brief description of the issues and the collaborative approach to addressing these issues has led to some very dramatic results. What is needed now is to address the truancy issue on a city-wide basis for a period of time for three (3) years, which would include twenty (20) elementary schools and at least three (3) middle schools. By addressing truancy in this manner, the clinic model can be appropriately tested and based upon the first two (2) years of experiment. The possibilities of success are limitless.

# Waterbury Public Schools

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February 18, 2011

30982

To whom it may concern:

The Waterbury School District, like other large Connecticut urban school districts, struggles with high truancy and dropout rates among its largely poor, minority students. The District has worked very hard to reduce truancy and despite intensive efforts to educate parents on the importance of school attendance through letters, phone calls and home visits, students continue to be truant. In 2006, representatives from our schools, our community and the City worked together to find ways to improve student attendance, reduce truancy and increase student performance and graduation rates. Judge Brunnock, a member of the Blue Ribbon Commission on Truancy Prevention and the Judge for the Waterbury Children's Probate Court, suggested Truancy Clinic, a program existing in Rhode Island.

In collaboration with Judge Thomas Brunnock, I helped to establish a Waterbury Truancy Clinic in two of our elementary schools. The non-punitive program seeks to target and correct truancy problems early by involving the student and the student's family. Students with high numbers of absences in those schools are referred to Judge Brunnock's clinic. Their families overwhelmingly agree to participate in the voluntary program which seeks to find the reason for student's truancy and to correct it.

This unique and effective partnership between Judge Brunnock of the Children's Probate Court and the Waterbury school district is proven to be successful in improving student attendance in our schools. Our data shows that attendance markedly improved for the students involved in Truancy Clinic. As a result, the program is expanded into two more elementary schools for a total of four in Waterbury.

Children who attend school more do better academically, graduate more often and have more success in higher education and employment. Children who drop out of school are more likely to be unemployed, incarcerated or on welfare. Waterbury families and children and the State of Connecticut would greatly benefit from an expansion of the Truancy Clinic into all twenty (20) of our elementary schools and all three (3) of our middle schools. The Waterbury Truancy Clinic is a proven, effective program which significantly reduces truancy and I hope that funding can be found to expand it.

Sincerely,

Anne Marie Cullinan

**H – 1120**

# CONNECTICUT
# GENERAL ASSEMBLY
# HOUSE

## PROCEEDINGS
## 2011

**VOL.54**
**PART 29**
**9635 – 9973**

On page 27, Calendar 579, substitute for Senate Bill Number 982, AN ACT CONCERNING A PILOT TRUANCY CLINIC IN WATERBURY. Favorable report of the Committee on Education.

SPEAKER DONOVAN:

Representative Urban.

REP. URBAN (43rd):

I move the Joint Committee's Favorable Report and passage of the bill in concurrence with the Senate.

SPEAKER DONOVAN:

Question is on acceptance and passage. Will you remark?

REP. URBAN (43rd):

The Clerk has in his possession an amendment, LCO 5541. I ask he call it and I be allowed to summarize.

SPEAKER DONOVAN:

Clerk, please call LCO 5541.

THE CLERK:

LCO Number 5541, Senate "A", offered by Senator Williams, et al.

SPEAKER DONOVAN:

Representative, please proceed.

REP. URBAN (43rd):

Clarifying language. I urge adoption.

SPEAKER DONOVAN:

Question is on adoption. Remark further? Remark further? If not, try your minds, all those in favor please signify by saying Aye.

REPRESENTATIVES:

Aye.

SPEAKER DONOVAN:

Opposed, Nay? The Ayes have it. Amendment is adopted. Remark further on the bill as amended?

REP. URBAN (43rd):

It's (inaudible).

SPEAKER DONOVAN:

If not, staff and guests come to the Well of the House, members take your seats, the machine will be open.

THE CLERK:

The House of Representatives is voting by roll call. Members to the Chamber. Members to the Chamber. The House is voting by roll call.

SPEAKER DONOVAN:

Have all the members voted? If all the members have voted, please check the roll call, the machine

will be locked, Clerk will please take a tally. Clerk will announce the tally.

Representative Miller, do you wish to be recorded in the affirmative? Representative Miller in the affirmative. Phil Miller.

Clerk, please announce the tally.

THE CLERK:

Senate Bill Number 982, as amended by Senate "A", in concurrence with the Senate.

| | |
|---|---|
| Total Number voting | 146 |
| Necessary for passage | 74 |
| Those voting Yea | 146 |
| Those voting Nay | 0 |
| Those absent and not voting | 4 |

SPEAKER DONOVAN:

Bill is passed.

Representative Olson.

REP. OLSON (46th):

Mr. Speaker, I move for the suspension of our rules to take up Calendar Number 642.

SPEAKER DONOVAN:

Motion is suspension. Any objection? Please proceed -- rules are suspended.

**S – 624**

# CONNECTICUT
# GENERAL ASSEMBLY
# SENATE

## PROCEEDINGS
## 2011

**VOL. 54**
**PART 13**
**4045 – 4358**

Motion is on passage of Senate Bill 417, as amended by Senate Amendment Schedule "A."

| | |
|---|---|
| Total number voting | 35 |
| Those voting Yea | 32 |
| Those voting Nay | 3 |
| Those absent and not voting | 1 |

THE CHAIR:

The bill has been passed.

Mr. Clerk.

THE CLERK:

Calendar Number 351, on page 38, File Number 566, substitute for Senate Bill 982, AN ACT CONCERNING A PILOT TRUANCY CLINIC IN WATERBURY, AS AMENDED BY SENATE AMENDMENT SCHEDULE "A," LCO 5541. Total -- Favorable Report on the Committees on Children, Judiciary, and Education.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Thank you. Good evening, Madam President.

THE CHAIR:

Good evening.

SENATOR GERRATANA:

I move -- good evening. I move acceptance of the Joint Committee's Favorable Report and passage of the bill.

THE CHAIR:

Acting on approval of the bill, will you remark further, ma'am?

SENATOR GERRATANA:

Thank you, Madam President.

This bill was before us before and we adopted an amendment. It was sent to the Education Committee and it successfully passed there, and it's back here. It establishes a pilot truancy clinic in Waterbury. From my understanding and the testimony, this has been extremely successful, and this will codify and within available appropriations establish the clinic.

Thank you, Madam President.

THE CHAIR:

Will you remark further?

Senator Hartley.

SENATOR HARTLEY:

Thank you, once again, Madam President.

And, yes, indeed we have spoken about this previously in the Circle. I just would like to, once again, express our thanks to Senator Gerratana for her

shepherding this to codify a program that has had such incredible results.

Thank you, Madam President.

THE CHAIR:

Thank you.

Will you remark further? Will you remark further?

If not, Senator Gerratana.

SENATOR GERRATANA:

If there is no objection, Madam President, I ask that this item be placed on Consent.

THE CHAIR:

Seeing no objection, so ordered.

Mr. Clerk.

THE CLERK:

Calendar page 30, Calendar Number 143, File Number 155, substitute for Senate Bill 299, AN ACT CONCERNING THE ENFORCEMENT OF SECURITY [sic] CONTRACTS BY NURSING HOMES; Favorable Report of the Committee on Human Services, and Judiciary.

The Clerk is in possession of amendments.

THE CHAIR:

Oh, Senator Musto. Good evening --

SENATOR MUSTO:

Motion is on passage of Senate Bill 1151.

| | |
|---|---|
| Total number voting | 35 |
| Those voting Yea | 19 |
| Those voting Nay | 16 |
| Those absent and not voting | 1 |

THE CHAIR:

The bill has passed.

Senator Looney.

SENATOR LOONEY:

Thank you, Madam President.

Madam President, if you might have the Clerk ask to call the items on the Second Consent Calendar so that we might proceed to a vote on that Calendar.

THE CHAIR:

Mr. Clerk.

THE CLERK:

A roll call has been ordered in the Senate on the Second Consent Calendar. Will all Senators please return to the Chamber. Immediate roll call has been ordered in the Senate on the Consent Calendar. Will all Senators please return to the Chamber.

Madam President, the Consent Calendar Number 2 begins on Calendar page 30, Calendar Number 143, substitute for Senate Bill 299.

It's Calendar page 38, Calendar 350, Senate Bill 964, Calendar 351, substitute for Senate Bill 982.

That completes the items placed on the Second Consent Calendar.

THE CHAIR:

The machine will be opened. You will call for the vote, sir.

THE CLERK:

The Senate is now voting by roll call on the Second Consent Calendar. Will all Senators please return to the Chamber. The Senate is now voting by roll on the Second Consent Calendar. Will all Senators please return to the Chamber.

THE CHAIR:

Joan -- I mean Senator Hartley.

And if all members have voted, if all members have voted, the machine will be locked.

Mr. Clerk, will you call the tally.

THE CLERK:

The motion is on adoption of Consent Calendar Number 2.

| | |
|---|---|
| Total Number voting | 35 |
| Those voting Yea | 35 |
| Those voting Nay | 0 |

Those absent and not voting 1

THE CHAIR:

The Consent Calendar has been adopted.

Senator Looney.

SENATOR LOONEY:

Thank you, Madam President.

Madam President, I would yield the floor to members for purposes of announcements of committee meetings or points of personal privilege.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Thank you, Madam President, for purposes of a Journal notation.

THE CHAIR:

Please proceed, sir.

SENATOR RORABACK:

Thank you, Madam President.

If the Journal could please reflect that Senator McKinney may have missed some votes this evening, due to personal, family business.

THE CHAIR:

So noted.