GROTON BOARD OF EDUCATION
REGULAR MEETING MINUTES
NOVEMBER 22, 2021 @ 6:00 P.M.
CENTRAL OFFICE, ROOM 11

MEMBERS PRESENT: Kim Shepardson Watson, Andrea Ackerman, Dean Antipas, Liz Porter, Rosemary Robertson, Rita Volkmann, Jay Weitlauf, Lee White

MEMBERS ABSENT: Jane Giulini

ALSO PRESENT: Susan Austin, Philip Piazza, Sam Kilpatrick, Ken Knight, Laurie LePine, Isaiah Anderson

I. CALL TO ORDER – Mrs. Watson called the meeting to order at 6:00 p.m.

A. Pledge of Allegiance

The first order of business was the Pledge of Allegiance to the flag led by Jamie Giordano.

II. RECOGNITION AND PARTICIPATION OF VISITORS AND DELEGATIONS

Mrs. Watson presented plagues to Lee White, Rosemary Robertson, and Jane Giulini for their service on the Board of Education.

III. COMMENTS FROM CITIZENS - NONE

IV. RESPONSE TO COMMENTS FROM CITIZENS - NONE

V. STUDENT REPRESENTATIVE REPORT

The Student Representative reported:

- Homecoming Dance sold over 500 tickets;
- Spirit Week – Neon Day was today, Pep Rally was on Tuesday, Throwback was Thursday, Country Day was Friday;
- Soccer Championship occurred - however, we did not win.

A referral was made to the Policy Committee and the Finance/Facilities Committee to look into the use of aps like PayPal, etc. by the Student Council for activities.

VI. SUPERINTENDENT AND ADMINISTRATION REPORTS

A. Superintendent Report

1. Blue Ribbon Acknowledgement – Ms. Austin introduced Kathy Miner, retired Mary Morrison Principal, Ada Allen, former Mary Morrison Assistant Principal, current AP at Thames River, and Jaime Giordano, Principal of Thames River. They addressed how Mary Morrisson was selected a Blue Ribbon School. Mrs. Giordano read a citation from the Attorney General in acknowledgement of Thames River Magnet as a Blue Ribbon School. Mrs. Miner and Ms. Allen outlined the application process for Mary Morrisson, and how the award followed the school community to the new Thames River Magnet.
2. Attendance Matters Report – Ms. Austin noted the next COVID vaccination clinic for students would be held at FHS on December 3, 2021. Ms. Austin shared the Attendance Matters link found on the Groton Public Schools website.

3. CT State Department of Education Alliance Visit – Ms. Austin noted that Groton will receive $200,000 each year for 2021-2022 and 2022- 2023 and gave an overview of the services to be provided in the grant. Ms. Austin stated that CT State Department of Education representatives came to visit the team in Groton to review the Alliance goals and budget. (ATTACHMENT #1)

B. Assistant Superintendent Report
   1. Information re: School Counseling – Dr. Piazza introduced Ms. Erin McGuire, Director of Guidance at the High School, who compiled the data of the responsibilities of Guidance Counselors at the high school and middle school. Ms. McGuire gave an overview of the counselor's responsibilities. (ATTACHMENT #2)

C. Business Manager
   1. Minimum Wage Proposal - **(ATTACHMENT #3)** - Mrs. LePine gave an overview of the Minimum Wage proposal. Mrs. LePine stated that upon the approval of the Minimum Wage proposal she will open negotiations with the Paraprofessionals.
   2. FY23 Initial Budget Forecast based on Staffing/Contracts - **(ATTACHMENT #4)** - Mr. Knight gave an overview of the FY23 initial budget forecast based on staffing/contracts

D. Director of Buildings and Grounds
   1. Update re: Facilities – Mr. Kilpatrick noted:
      - His staff is cleaning out the school that are closed;
      - He will ask Principals to come through the school to see if there is anything they need; then the Town administration will be coming in for anything they need; and then whatever is left will go to the Town auction site; anything left over after the auction will be disposed of.
   2. Solar Panels Report for MRM and GMS – Mr. Norris noted that he has received a final cost for the GMS project - $81,036,056; he will submit the final document to the State. Mr. Norris stated that the elementary project is still continuing and everything should be complete by the end of December. Mr. Norris noted that the tile at Thames River Magnet will be completed after the Thanksgiving weekend. Mr. Norris noted that the Town cost will be 79 million. Mr. Norris stated that MRM and TRM may be turned over to the Board by their next COW meeting. Mr. Norris noted that the power purchase agreement for MR and TR Magnet Schools should be complete by the end of December and ready to be reviewed with the Board. Green Banks is looking to having the PPA complete by the end of January. Mr. Norris noted that he was tasked to ask if the Board would consider owning the panels at TRM. He noted that there may be grants to cover the cost of panels available.

      Jay Weitlauf and Sam Kilpatrick thanked Mr. Norris for all his efforts with the Groton 2020 project.

VII. <u>COMMITTEE REPORTS</u>

A. Policy – Mrs. White noted that the Policy Committee met and that there are policies on the agenda for a second and first reading.
B. Curriculum – Dr. Ackerman noted that the Curriculum Committee met on November 18, 2021 and discussed the accepting of the State direction regarding the curriculum regarding the new Black and Latino students and the first year Latin, and the Curriculum Handbook.

C. Finance/Facilities – Mr. Weitlauf noted that the Finance/Facilities Committee met on November 1, 2021 and discussed the minimum wage proposal, the end user device proposal, and the update on Food Services finances and the potential discontinuation of no cost for lunches in 2022.
D. Negotiations – Mrs. Watson noted that the Board just signed on the Custodian/Secretaries and GEA negotiations. Mrs. Watson noted that Negotiations Committee will be going back into negotiations on a new bargaining agreement and she would like the full Board to be the Negotiations Committee.
E. LEARN – Mrs. Volkmann noted that the LEARN Board met last week and heard from the Gilford Public School Superintendent, Dr. Paul Friedman, who presented on their equity and social justice initiative and the confusion and conception on race theory and how it is not being taught in local districts. He shared his district outreach journey; the New London Planning and Zoning Committee did not approve the Learning Center's request to have 100 students for the addition – there will only be 85 student slots, and the Teacher Residency Program (TRP) - this is an alternative route to elementary certification. Presently there are 45 residents this year and for next year.
F. TCC/RTM/BoE Liaison – There was no report.
G. AGSA/GEA/BoE Liaison – There was no report.
H. Groton Scholarship – There was no report.
I. Athletic Fields – Mr. Weitlauf reported that the Athletic Fields committee is on hold until the new Town Council decides what they want to do.
J. State Council on Education Opportunities for Military Children – There was no report. Dr. Ackerman stated that this committee meets only twice a year. There next meeting will be in April.

VIII. ACTION ITEMS

A. Consent Agenda

MOTION: White, Porter: To approve the Consent Agenda will corrections under Letter, Communications, and Comments by Board members, second item by Dr. Ackerman should read, "She noted the teacher inductees at the GPS Hall of Fame ceremony...; under Committee Reports – LEARN, remove Executive; and correct the spelling of Jemal Davis's name under Mrs. Volkmann's communications.
PASSED – UNANIMOUSLY

B. Old Business

1. Discussion and possible action regarding a second reading of policy P 5141.3 Health Assessments and Immunizations **(ATTACHMENT #5)**

MOTION: White, Porter To approve policy P 4118.24 Conduct as a second reading.
YES – Watson, Ackerman, Porter, Robertson, Volkmann, White, Weitlauf
NO - Antipas
PASSED

C. New Business

1. Discussion and possible action regarding a first reading of policy P 4118.23-9 COVID 19 Vaccinations **(ATTACHMENT #6)**

MOTION: Antipas, Robertson: To approve policy P 4118.239 COVID 19 Vaccinations as a first reading.

YES – Watson, Ackerman, Robertson, Volkmann, Weitlauf, White
NO – Antipas
ABSTAINED - Porter
PASSED

2. Discussion and possible action regarding the approval of the preferred class size guidelines **(ATTACHMENT #7)**

MOTION: Porter, White: To approve the preferred class size guidelines.

YES – Watson, Ackerman, Antipas, Robertson, Volkmann, Weitlauf, White
NO – Porter
PASSED

3. Discussion and possible action regarding the minimum wage proposal.

MOTION: Porter, White: To approve the minimum wage proposal.

PASSED – UNANIMOUSLY

MOTION: Watson, Porter: To approve the total Board to go into negotiations with the Paraprofessionals.

PASSED – UNANIMOUSLY

IX. INFORMATION AND PROPOSALS

A. Letters, communications, and comments by Board members on meeting items and any other items in their jurisdiction.

- Mrs. Robertson noted she attended the GASP and the Sound Community Services Committee meetings.
- Mrs. Volkmann noted:
  - ✓ She gave congratulations to all the Fall teams at FHS;
  - ✓ A special call out to the Field Hockey Team and the boys Soccer Team;
  - ✓ Seal of Bi-literacy – she requested Board discussion on this item.
- Mr. Weitlauf noted:
  - ✓ He thanked the outgoing Board members for their service to the Groton Public Schools;
  - ✓ He received an email from the State in response to his question regarding why Groton students were not listed as being able to qualify for the $20,000 Voice for Change grant under the ARP ESSR Grant.
- Mrs. White noted information regarding Baseball Coaches asking students to ask friends and family members for funds for pay for play.

- Mr. Antipas noted that his daughter takes or try to take bus and that this situation has not been ironed out.
- Mrs. Porter noted that her first experience with the CABE Conference was very good.
- Dr. Ackerman noted:
    - Guidance Counselors versus School Counselors
    - She attended the CABE Conference and was delighted to see Ms. Austin and Dr. Graner as a team again regarding More Than Words;
    - Julie Parker had put her in touch with Bobby Willard who was a student at Fitch Junior High. Mr. Willard visited with Dr. Ackerman for a time.
- Mystic Seaport welcomed the MLK Scholars and their parents to a reception.
- Mrs. Watson noted that she attended the CABE Conference and that she was able to share with people what she learned regarding busing.

X. ADVANCE PLANNING

A. Future Meeting Dates and Calendar Items for Board Attention

As noted in the agenda.

B. Suggested Agenda Items

- Seal of Bi-Literacy
- Referral was made of Isaiah Anderson's question regarding the use of the app PayPal, etc. to the Finance/Facilities and Policy Committees

XI. ADJOURNMENT

MOTION: Ackerman, White: To adjourn at 8:11 p.m.
PASSED UNANIMOUSLY

Attachment #1

Talent, Academics, Climate, and Operations (TACO) Goals

Under Talent, our goals include:

1.1 Professional Learning for instructional leaders: For continued sustainability, Literacy and Math Specialists provide embedded Coaching for teachers, tutors, as well as intervention for students through SRBI process.

1.2 Recruitment and Human Capital: At the heart of what we do in GPS is recruitment of highly qualified staff; increase staff of color hires from our current 8.6% to 10%: Groton Public Schools will expand strategies to recruit a diversified staff, including "grow your own" program and scholarship for paraprofessionals to become certified teachers.

1.3 District and school leadership, hire and retain highly qualified teachers: Attract, retain and bolster the performance of staff with additional mentors and paper reviewers trained in the district.

Under Academics, our goals include:

2.1 Ongoing review and implementation of Scientifically Researched Based Interventions and special supports for high needs students; catalyzing change and closing the gap PK-12; with equity for all.

2.3 Pre-K-3 Literacy; CCS Alignment, Assessment systems: All PK-12 ELA classrooms deliver a CCS aligned core curriculum utilizing the balanced literacy model. GPS continues its partnership with Columbia University's Teachers' College (TCRWP).

Under Climate, our goals include:

3.1 Family Engagement/wraparound services, attendance and on-track: Expand the work under Safe School Climate committee and School & District data teams to identify students at risk of dropping out with chronic attendance problems. Provide positive interventions and services to support students and families. Implement tiered SRBI interventions that work.

3.2 Family Engagement/wraparound services, prevention of chronic absenteeism: Social workers, School Psychologists, and counselors will continue to promote social emotional competencies of all students. Pupil Personnel Support staff will continue to assist families, students, staff and community partners to identify and develop interventions to address and overcome barriers to learning.

3.3 Family Engagement: Community Forums and conversations around topics of interest to parents. Provide survey to parents on issues of interest (i.e. how to motivate students, dealing with students who don't want to go to school, mental wellness, prevention of substance abuse, etc.)

Under Operations, our goals include:

4.1 Technology Integration: Technology Integration PK-12 with consistent renewal of equipment, software, and WI-FI.

4.2 Extended Learning Time: Supported by GPS operational funds, after school literacy and math tutoring and clubs for students Grades K-12.

4.3 Data analysis and tracking: data collection, management, and analysis is needed to support the District.

Attachment #2

Fitch High School School Counseling
Caseloads: 177 students per

PD Wishlists:
Counseling strategies
LGBTQ+
Increased mental health concerns
Counselor College Visits/Tours

PPT: # 199
504 #95
ABC Referrals: #

Daily/Monthly Task	Description	Length of Task (minutes)
504 Prep/planning/pre and post meeting paperwork	Creating invitations, zoom links, processing 504 documentation, sending paperwork to families and CO	1 hour per 504 meeting
504 meeting	Actual meeting	45 min-1 hour
Student Check-In's	Check in with reg-ed. And 504 plan students	15-30 min each
PPT meeting	Actual meeting - reporting student progress, grades, credits etc	1 hour
9th grade Commitment To Learning (advisory) Introductions	Introduce ourselves to 9th grade caseload during CTL	45 min
Senior Meetings	Meet with seniors to review graduation requirements, post-secondary plans, review Naviance/Common App etc.	15-30 min each
Letter of Rec writing	Writing letters for seniors who request for post-secondary plans	1+ hour per letter
Crisis	Emergency meetings for students in crisis; contacting parent and/or 211	1+ hours
Responding to parent email/phone calls	Returning calls/emails, reaching out to families re: concerns/issues	Varies per phone call/email - 15+ min

Consulting with/supporting teachers	Helping teachers with student concerns - academic/behavioral/emotion al	15-20+ min
Early College Experience Registration	Collaborating with ECE teachers to have students register with Uconn	On-going throughout Spring and Fall
Three Rivers College Credit dual enrollment paperwork	Ongoing	45+ min
Senior Graduation Requirements	Review student course history to determine remaining graduation requirements	30 minutes per senior, typically done multiple times during 11th and 12th grade years for accuracy
AP Exam Registrations	Collaborating with AP teachers to have students register with College Board	Multiple hours a week through September
AP Exam Payments	Coordinating with students, parents, teachers, and district staff to collect payment for AP exams	Multiple hours a week, mid-September through mid-November
AP Exam Testing	Secure testing sites, test proctors, manage student rosters, organize testing materials, carry out testing, organize and return testing materials to College Board	Multiple hours a week, mid-March through mid-May; most significant time needed in early May during test administration
Course Selection	Work with students to select classes for next year based on graduation requirements and	15-30 minutes per student, for each student grades 9-11
8th grade Course Selection	Travel to middle school to help 8th graders	1 week
Peer Mediation	Meetings with students	1+ hours
Conflict Resolution	Meetings with students	1+ hours
De-escalation	Meeting with student	15-30 minutes
Consultation with outside organizations	Ongoing	30+ Min
PSAT Administration	Preparing for, carrying out,	2 weeks

	and shipping back exams	
FAFSA Night	Preparing and hosting	Weeks
Senior Prep Day	Preparing and hosting	All day, one day per summer
9th Grade Orientation	Preparing and hosting	All day, one day per summer
CTL College Visits	College reps meeting with seniors	Multiple CTLs
College Fair	100 Colleges, Universities, Military Branches	Weeks of prep and event night
Scholarships	Compiling scholarships for seniors and updating materials weekly	Ongoing
Junior Meetings	Individual meetings with the juniors and their parents to prepare for senior year	45 minute per meeting
SEL Advisory Lessons	September link	Every Wednesday
Career Clusters Presentations	Go to FAS or CTL classes to present to freshman on Career Clusters	In December, 1 hour per presentation (2 presentations per class, multiple classes)
Career Cluster Senior Review	Review senior transcripts against Career Cluster requirements.	10+ minutes per student transcript
Honor Cord Review	Review senior transcripts for awarding of honor cords in multiple different categories	15+ minutes per student transcript, usually do once and then double check a second time
SAT & ACT Administration	Secure testing sites, test proctors, manage student rosters, organize testing materials, carry out testing, organize and return testing materials	Saturdays throughout the year
Level Change Emails/Meetings	Emailing teachers, parents and department chairs when a student wants to change the level of their class. Meeting with teachers, parents and students when a student wants to change the	30 minutes per

	level of their class	
Senior in Danger Meetings	Meeting with every senior and their parents and admin when they have a failing grade at the semester mark	30 minutes per meeting (minimum of 60 seniors in danger each year)
NCAA	Helping student athletes add their information to the NCAA website and schedule follow-up meetings with the AD	1+ Hours
Home visits	Attendance issues	1-2 hour per week
Freshmen CTL meetings	Visiting 9th Grade CTLs to introduce the counseling team	30 minutes per
Consulting with/supporting teachers	Helping teachers with student concerns - academic/behavioral/emotional	15-20+ min
Transcript Imports	Convert the grades and classes from the previous district for every new student onto our transcript and grading system.	9th & 10th: ~1 hour per 11th & 12th: ~2 hours per
Individual Counseling/Check-Ins		
Conflict Resolution/Restorative Meetings		

Middle School School Counseling
Caseloads: 151 students per

PD Wishlists:
LGBTQIA+
DEI
Increased Anxiety and Depression (Students)

PPT: #151
504 #54
SRBI Referrals: #

Daily/Monthly Task	Description	Length of Task (minutes)
Lunch Duty	Lunch supervision in the cafeteria.	30 minutes a day
AM Supervision	Hallway supervision, parent drop off	15-20 minutes
PM Supervision	Parent pick up	15-20 minutes
504 Prep/planning/pre and post meeting paperwork	Creating invitations, zoom links, processing 504 documentation, sending paperwork to families and CO	1 hour per 504 meeting (10-15 students per school counselor)
504 meeting	Actual meeting	45 min-1 hour each
504 and IEP Student Check-Ins, Point Sheets	Check in with 504 and IEP students, as needed	15-30 min each
Regular Ed Student Check-ins	Check in with regular ed students to monitor grades or address needs	10-45 minutes each
PPT meeting	Actual meeting	1 hour
Crisis intervention	Emergency meetings for students in crisis; contacting parent and/or 211	Usually not less than 1 hour

Responding to parent email/phone calls	Returning calls/emails, reaching out to families re: concerns/issues	Varies per phone call/email - 15+ min
Consulting with/supporting teachers	Helping teachers with student concerns - academic/behavioral/emotional	15-20+ min
Transition to MS	Elementary PPT's, 504's, scheduling consultation	45+ min
8th Grade Transition to HS	Scheduling consultation, high school transition PPTs, organizing presentations, presenting information to students	30+ min
Advisory	Support teacher for delivering Advisory curriculum	25 minutes weekly
Scheduling	Making schedule changes as needed. Beginning of the year, June and semester	2-4 hours a day during busy season
3 Weekly Team Meetings	Discussing teacher concerns, consultation	40 minutes each
Weekly Admin Meetings	Consultation	40 minutes
Cover classes	Supervise classes when needed	15-45 minutes
SBHC Meetings	Update on students	40 minutes/monthly
New Student Intake	Staff Emails, Scheduling, Prep, Meetings, Tours	2 hours per student
Parent/Teacher Conferences	2 times per year	7 hours (6 hours of conferences plus prep time)
Consultation with outside organizations	Ongoing	30+ Min
Implementation of student-focused initiatives	Ex. Career Day, Bullying Prevention Awareness, etc.	30+ Min
Meeting with Students transitioning to 7th and 8th grade	Talking about the next grade. Discussing team expectations, added homework and all around	30 Minutes

	academic expectations	
Naviance Activities	Secondary & Post-Secondary Planning	About 8-10 hours per year
Developmental Guidance Lessons-in classes	Various Academic, Transition and Personal/Social Activities, Needs Assessments	8 Hours per topic (12 classrooms per topic)
New Student Orientation	Transition Activities, Prep for Orientation	3 Days before school starts
Weekly counselor meeting	Update from other grade levels/admin, time to consult	45 minute/week
Parent Meetings	Per parent or teacher request various times throughout the year	45 minutes each, about 10 per year per counselor
CST meetings	Meet with team and parent about academic or behavioral concerns, plan next steps	2 hours per student
Manage CST paperwork	Write up CST support plan, help monitor implementation of supports, plan next steps	45+ Min
Initial IEP Case Manager	Case manager of referred students for special education (paperwork, meetings)	3 hours per student
504 Counseling	Weekly counseling per student 504 plan	20-30 minutes per student per week
Home visits	Attendance issues	1-2 hours/yr
Provide in classroom support	Act as additional staff to support students in classroom, as needed	30 min

9/9/2021 updated 11/1/21

Min Wage Classification Analysis and Proposal 2021

Attachment #3

CONFIDENTIAL

	21-22 (7/1/21)	Proposal 21-22 (Jan 1, 2022)	Min Wage 7/1/22	Min Wage 6/1/23	Future Budget impact Est at 2% 22-23 (7/1/22)
Sub Teacher **	$94.50 (13.50 * 7)	$105 (15.00 * 7)	$14.00	$15.00	$15.30
Building Sub Teacher	$105.00 (15.00 * 7)	$125.00 (17.85 * 7)	$14.00	$15.00	$18.21
Tutor PT	$26.50	$26.50	$14.00	$15.00	$27.03
ISS Supervision	$26.50	$26.50	$14.00	$15.00	$27.03
Security Guards	$22.95	$22.95	$14.00	$15.00	$23.41
Custodian PT	$16.83	$17.17	$14.00	$15.00	$17.51
Sub School Secretary	$15.15	$16.00	$14.00	$15.00	$16.32
Summer School Secretary	$15.15	$16.00	$14.00	$15.00	$16.32
Adult Ed Secretary	$15.15	$16.00	$14.00	$15.00	$16.32
Lunch Program entry rate	$15.55	$16.00	$14.00	$15.00	$16.32
Summer School Aide	$13.50	$15.00	$14.00	$15.00	$15.30
Part time Aide	$13.50	$15.00	$14.00	$15.00	$15.30
Bus Aide/Attendant	$14.31	$15.00	$14.00	$15.00	$15.30
Tree House Aide	$14.31	$15.00	$14.00	$15.00	$15.30
Summer Tree House Aide	$13.00	$15.00	$14.00	$15.00	$15.30
Tree House Leader	$15.15	$17.00	$14.00	$15.00	$17.34
Tree House Site Coord	$16.93	$19.00	$14.00	$15.00	$19.38
Sub Para	$13.50	$15.00	$14.00	$15.00	$15.30
Community Coordinator	$13.00	$15.00	$14.00	$15.00	$15.30
Sub Lunch Program	$13.00	$15.00	$14.00	$15.00	$15.30
Sub Custodian PT entry	$13.50	$15.00	$14.00	$15.00	$15.30
Sub Custodian PT other	$15.00	$15.00	$14.00	$15.00	$15.30
IT summer interns	$13.00	$15.00	$14.00	$15.00	$15.30

Union Hourly:

Paraprofessionals entry rate	$14.31				to be negotiated
RBT (Registered Behavior Technician Proposal	$25.00				
Secretary entry rate	$20.81				$21.22
Custodian entry rate	$19.58				$19.97
Maintenance entry rate	$25.35				$25.85
IT entry rate	$26.53				$27.06

**need to match sub para rate

Attachment #4

Groton Public Schools
FY2022/2023
Major Assumptions

			Anticipated increase	Anticipated increase less grant funding		
		FY22 Total Budget	77,438,090.00	77,438,090.00		
Salaries						
Administrators	based on contract % increase	2.1%	76,000.00	76,000.00		
Add Elem Asst Princ - 1.0 FTE			127,031.40	127,031.40		TR/MR
Teachers - step & GWI	based on contract % increase	3.1%	1,063,500.00	1,063,500.00		
Teacher Retirees	estimated 6 retirements		(90,000.00)	(90,000.00)		
Add BCBA			85,000.00		ARP IDEA	Districtwide
Add Pre-K/K Social Worker			61,000.00		ARP IDEA	TR/MR
Add Special Education			61,000.00		IDEA Recovery	FHS
Add Teachers paid through MSAP in FY22			206,000.00		ARP ESSER	GMS
Paraprofessionals II - step	based on current contract	2.0%	41,700.00	41,700.00		
Paraprofessionals I - GWI	no contract - placeholder	2.0%	13,900.00	13,900.00		
Tutors - GWI	no contract - placeholder	2.0%	8,500.00	8,500.00		
School Clerical	based on contract	2.0%	13,000.00	13,000.00		
Add Elem Secretary - 1.0 FTE			38,000.00	38,000.00		TR/MR
Custodian/Maint/Tech	based on contract	2.0%	71,000.00	71,000.00		
Non-Union - CO (admin & clerical)	placeholder	2.0%	47,800.00	47,800.00		
Non-Union - other (bus aides, etc)	placeholder	2.0%	39,400.00	39,400.00		
Minmum Wage Impact			253,000.00	253,000.00		
			2,115,831.40	1,702,831.40		
Employee Benefits						
Health Ins	estimated	5.0%	353,000.00	353,000.00		
Social Sec/Medicare	based on increase	1.45%/7.65%	63,300.00	57,300.00		
			416,300.00	410,300.00		
Transportation						
STA	based on contract	3.0%	125,700.00	125,700.00		
Curtin	estimated	2.0%	18,400.00	18,400.00		
			144,100.00	144,100.00		
Out of District Tuition						
LEARN	estimated	2.0%	26,800.00	26,800.00		
New London	estimated	2.0%	10,800.00	10,800.00		
			37,600.00	37,600.00		
Expenses						
Inflation Rate		4.6%		-		
Site Budgets	at FY22 level plus	2.0%	17,800.00	17,800.00		
		Total Increase	2,731,631.40	2,312,631.40		
		FY23 Preliminary Budget	80,169,721.40	79,750,721.40		
		% Increase	3.5%	3.0%		

Attachment #5

P 5141.3

Students

Health Assessments and Immunizations

The Board of Education (Board) recognizes the importance of periodic health assessments, including oral health assessments, according to state health regulations.

The Board of Education adheres to those state laws and regulations that pertain to school immunizations and health assessments, including oral health assessments. It is the policy of the Board of Education to ensure that all enrolled students are adequately immunized against communicable diseases. The Board may deny continued attendance in school to any student who fails to obtain the health assessments required under C.G.S. 10-206, as may be periodically amended.

To determine health status of students and to find whether some special adaptation of the school program may be necessary, the Board of Education requires that students have health assessments when they start school.

There is no grace period to provide health and immunization; however, per the Interstate Commission on Educational Opportunity for Military Children and the McKinney-Vento Homeless Assistance Act for homeless students, there will be a 30 school day grace period for those students, from the first day the student attends school, to provide proof of the required health assessments and immunizations.

The Superintendent shall designate the school nurse to receive reports of health assessments and immunizations from health care providers.

Parents/guardians wishing their children exempted or excused from health assessments on religious grounds must present such exemption to the Superintendent of Schools, or his/her designee in writing. This request must be signed by the parent/guardian.

~~Parents/guardians wanting their children excused from immunizations on religious grounds (prior to kindergarten entry and grade 7 entry) must present a request for such exemption in writing to the Superintendent of Schools if such immunization is contrary to the religious beliefs of the child or of the parent/guardian of the child. The request must be officially acknowledged by a notary public or a judge; a clerk or deputy clerk of a court having a seal; a town clerk, a justice of the peace, a Connecticut-licensed attorney, or a school nurse.~~

Parents/guardians may present a medical exemption form developed by the Department of Public Health (DPH), posted on the DPH website, that their medical provider believes a required vaccination is medically contraindicated for their child based on the child's medical condition. The DPH form is to be signed by a physician, physician assistant or advanced practice registered nurse.

Any child enrolled in kindergarten through twelfth grade on or before April 28, 2021, and whose parents/guardians had presented a religious exemption written request before April 28, 2021, will be permitted continued use of the exemption even if such child transfers to another school in Connecticut.

Any child enrolled in pre-school or pre-kindergarten on or before April 28, 2021, whose parents/guardians submitted the statement necessary for the religious exemption, will have until September 1, 2022 to comply with Connecticut's required immunizations, or within fourteen days after transferring to a different public or private school program, whichever is later. The deadline for such pre-school or pre-kindergarten student to comply with the immunization requirements can be altered if the school/district is provided with a written declaration from the child's physician, physician assistant or advanced practice registered nurse recommending a different immunization schedule for the child.

According to State statutes (Connecticut General Statutes Sections 19a-7f and 10-204a), no child may be admitted to a licensed child care program or school without proof of immunization or a statement of exemption. Parents/guardians claiming a medical exemption on the bases that a given immunization is medically contraindicated should complete the

Connecticut Department of Public Health Medical Exemption Certificate Statement and attach a letter signed by a physician licensed to practice medicine stating that, in the physician's opinion, such immunization is medically contraindicated and return it to the school. The letter must include the child's name, birth date, the vaccine(s) for which exemption is being file, the condition that contraindicates vaccination, and the physician's signature and contact information.

It is the responsibility of the principal to ensure that each student enrolled has been adequately immunized and has fulfilled the required health assessments. The school nurse shall check and document immunizations and health assessments on all students enrolling in school and report the status to the school principal. The school nurse shall also contact parents or guardians to make them aware if immunizations and/or health assessments are insufficient or not up-to-date. The school nurse will maintain in good order the immunization and health assessment records of each student enrolled.

The school nurse who is required to verify the immunization status for children enrolled in district schools, pre-kindergarten to grade 12, inclusive, pursuant to C.G.S. 10-204a, shall be provided with sufficient information on the children living within his/her jurisdiction and is listed on the Department of Public Health's registry of immunization status. The school nurse is authorized to determine which children in their jurisdiction are overdue for scheduled immunizations and provide outreach to help get them vaccinated.

Students born in high risk countries and entering school in Connecticut for the first time, should receive either TST (tuberculin skin test) or IGRA (interferon-gamma release assay). Any individual found to be positive shall have an appropriate medical management plan developed that includes a chest radiograph.

Students not already known to have a positive test for tuberculosis should be tested if they meet any of the risk factors for TB infection, as described in the administrative regulations accompanying this policy.

No record of any student's medical assessment may be open to the public.

As required, the district will report, ~~beginning in October 2017~~, on a triennial basis, to the Department of Public Health and to the local Health Director the asthma data, pertaining to the total number of students per school and for the district, obtained through the required asthma assessments, including student demographics. Such required asthma diagnosis shall occur at the time of mandated health assessment at the time of enrollment, in either grade six or seven, and in grade ten or eleven. Such asthma diagnosis shall be reported whether or not it is recorded on the health assessment form at the aforementioned intervals. The district, as required, will also participate in annual school surveys conducted by the Department of Public Health pertaining to asthma.

As required, the district will annually report to the Department of Public Health information required on the School Immunization Entry Survey.

The Superintendent of Schools shall give written notice to the parent/guardian of each student who is found to have any defect of vision or disease of the eyes, with a brief statement describing such defect or disease and a recommendation that the student be examined by an appropriately licensed optometrist or ophthalmologist.

Note: PA 18-168 requires boards of education to request that students have an oral health assessment prior to public school enrollment, in grade 6 or 7, and in grade 9 or 10. The legislation establishes related requirements on providers authorized to perform the assessments, parental consent assessment forms, and records access. The specifics are detailed in the administrative regulation pertaining to this policy.

Legal Reference: Connecticut General Statutes
10- 204a Required immunizations (as amended by P.A. 15-174, ~~and~~ P.A. 15-242, and P.A. 21-6)
10-204c Immunity from liability
10-205 Appointment of school medical adviser
10-206 Health assessments (as amended by PA 17-146 and PA 18-168)
10-206a Free health assessments
10-207 Duties of medical advisors

10-208 Exemption from examination or treatment
10-208a Physical activity of student restricted; board to honor notice
10-209 Records not to be public. Provision of reports to school.
10-212 School nurses and nurse practitioners
10-214 Vision, audiometric and postural screenings. When required. Notification of parents re defects; record of results. (as amended by PA 17-~~173~~ 146)
Department of Public Health, Public Health Code, 10-204a-2a, 10-204a-3a, 10-204a-4
~~Section 4 of PA 14-231~~
Federal Family Educational Rights and Privacy Act of 1974 (section 438 of the General Education Provisions Act, as amended, added by section 513 of P.L. 93-568, codified at 20 U.S.C. 1232g)
~~P.L. 93-568; codified as 20 U.S.C. 1232g~~
42 U.S.C. 1320d-1320d-8 P.L. 104-191, Health Insurance Portability and Accountability Act of 1996 (HIPAA)
PA 17-146 "An Act Concerning the Department of Public Health's Various Revisions to the Public Health Statutes," Section 5, effective 10/1/17
PA 18-168 An Act Concerning the Department of Public Health's Recommendations Regarding Various Revisions to the Public Health Statutes, Sections 7-9, 539 & 540

Policy Adopted: July, 1979
Revised: May 9, 1994
November 23, 2015
June 24, 2019

GROTON PUBLIC SCHOOLS
Groton, Connecticut

Student Medical Exemption Certificate for Required Immunizations

Name of Primary Care Provider granting exemption: _____

Please check one (practitioner granting exemption must be licensed as one of the following):

☐ Physician (MD or DO) ☐ Physician Assistant ☐ APRN

CT License number: _____

NPI: _____

Phone number: _____ Email: _____

Directions:

Part 1. Please complete the demographics section on the patient/student.

Part 2. Please mark the contraindications/precautions that apply to this patient/student (indicate all that apply).

Part 3. If no contraindications or precautions apply in part 2, write a brief explanation of the reason the patient/student requires the exemption.

Part 4. Sign the Statement of Clinical Opinion and date the form.

Attach a copy of the patient/student's most current immunization record.

Part 1. Patient/Student Information:

First name (in full) _____ Middle initial _____ Last name _____

Date of Birth _____

Mailing Address _____ City _____

State _____ Zip _____

Parent/Guardian: First Name _____ Last name _____

Primary phone number _____

School name _____

School address

_____

City _____

State _____ Zip _____

Current or Grade student is entering _____

Part 2. Please mark the vaccine(s), exemption duration, and all contraindications/precautions that apply to this patient/student for each vaccine.

Medical contraindications and precautions for immunizations are based upon the Advisory Committee on Immunization Practices (ACIP) Comprehensive General Recommendations and Guidelines, published by the Centers for Disease Control and Prevention.

A **contraindication** is a condition in a recipient that increases the risk for a serious vaccine adverse event (VAE) or compromises the ability of the vaccine to produce immunity.

A **precaution** is a condition in a recipient that might increase the risk for a serious VAE or that might compromise the ability of the vaccine to produce immunity. Under normal conditions, vaccinations are deferred when a precaution is self-limiting, but can be administered if the precaution condition improves.

CDC Recognized Contraindications and Precautions

Vaccine	Exemption Duration	ACIP Contraindications and Precautions (Check all that apply)
☐ **Diphtheria-Tetanus-and acellular Pertussis (DTaP)**	☐ **Temporary through:** ____/_____ **mm/ yyyy** ☐ **Permanent**	**Contraindications** ☐ Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component ☐ Encephalopathy within seven days after receipt of previous dose of DTP or DTaP **Precautions** ☐ Progressive neurologic disorder, including infantile spasms, uncontrolled epilepsy, progressive encephalopathy: defer DTaP until neurologic status clarified and stabilized ☐ GBS <6 weeks after previous dose of tetanus-toxoid–containing vaccine ☐ Fever greater than 40.5°C (104.9°F) <48 hours after vaccination of previous dose of DTP or DTaP ☐ History of Arthus-type hypersensitivity reactions after a previous dose of diphtheria-toxoid–containing or tetanus-toxoid–containing vaccine; defer vaccination until at least 10 years have elapsed since the last tetanus-toxoid–containing vaccine ☐ Moderate or acute illness with or without fever
☐ **Hepatitis A**	☐ **Temporary through:** ____/_____ **mm/ yyyy** ☐ **Permanent**	**Contraindications** ☐ Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component **Precautions** ☐ Moderate or severe acute illness with or without fever

☐ **Hepatitis B**	☐ **Temporary through:** ____/_____ **mm/ yyyy** ☐ **Permanent**	**Contraindications** ☐ Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component ☐ Hypersensitivity to yeast **Precautions** ☐ Moderate or severe acute illness with or without fever
☐ ***Haemophilus influenzae* type b (HiB)**	☐ **Temporary through:** ____/_____ **mm/ yyyy** ☐ **Permanent**	**Contraindications** ☐ Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component ☐ Age <6 weeks **Precautions** ☐ Moderate or severe acute illness with or without fever
☐ **Inactivated Influenza Virus (IIV)**	☐ **Temporary through:** ____/_____ **mm/ yyyy** ☐ **Permanent**	**Contraindications** ☐ Severe allergic reaction (e.g., anaphylaxis) after previous dose of influenza vaccine or to vaccine component **Precautions** ☐ GBS <6 weeks after a previous dose of influenza vaccine ☐ Moderate or severe acute illness with or without fever ☐ Egg allergy other than hives, e.g., angioedema, respiratory distress, lightheadedness, recurrent emesis; or required epinephrine or another emergency medical intervention (IIV may be administered in an inpatient or outpatient medical setting and under the supervision of a health care provider who is able to recognize and manage severe allergic conditions).
☐ **Inactivated Polio Vaccine (IPV)**	☐ **Temporary through:** ____/_____ **mm/ yyyy** ☐ **Permanent**	**Contraindications** ☐ Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component **Precautions** ☐ Pregnancy ☐ Moderate or acute illness with or without fever

☐ **Live Attenuated Influenza Virus (LAIV)**	☐ **Temporary through:** ____/_____ **mm/ yyyy** ☐ **Permanent**	**Contraindications** ☐ Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component ☐ Concomitant use of aspirin or aspirin-containing medication in children and adolescents ☐ LAIV4 should not be administered to persons who have taken oseltamivir or zanamivir within the previous 48 hours, peramivir within the previous 5 days, or baloxavir within the previous 17 days.(e) ☐ Pregnancy ☐ Children aged 2 through 4 years who have received a diagnosis of asthma or whose parents or caregivers report that a health care provider has told them during the preceding 12 months that their child had wheezing or asthma or whose medical record indicates a wheezing episode has occurred during the preceding 12 months. ☐ Persons with active cerebrospinal fluid/oropharyngeal communications/leaks. ☐ Close contacts and caregivers of severely immunosuppressed persons who require a protected environment. ☐ Persons with cochlear implants (due to the potential for CSF leak, which might exist for some period of time after implantation. Providers might consider consultation with a specialist concerning risk of persistent CSF leak if an age-appropriate inactivated or recombinant vaccine cannot be used). ☐ Altered Immunocompetence ☐ Anatomic or functional asplenia (e.g. sickle cell disease) **Precautions** ☐ GBS <6 weeks after a previous dose of influenza vaccine ☐ Asthma in persons aged 5 years old or older ☐ Medical conditions which might predispose to higher risk of complications attributable to influenza(d) ☐ Moderate or severe acute illness with or without fever
☐ **Meningo-coccal conjugate vaccines (MenACWY)**	☐ **Temporary through:** ____/_____ **mm/ yyyy** ☐ **Permanent**	**Contraindications** ☐ Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component, including yeast **Precautions** ☐ Moderate or severe acute illness with or without fever

☐ **Measles-Mumps-Rubella (MMR)**	☐ **Temporary through:** ____/_____ **mm/ yyyy** ☐ **Permanent**	**Contraindications** ☐ Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component ☐ Pregnancy ☐ Known severe immunodeficiency (e.g., from hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, long-term immunosuppressive therapy (j) or patients with HIV infection who are severely immunocompromised) ☐ Family history of altered immunocompetence (j) **Precautions** ☐ Recent (≤11 months) receipt of antibody-containing blood product (specific interval depends on product) ☐ History of thrombocytopenia or thrombocytopenic purpura ☐ Need for tuberculin skin testing or interferon-gamma release assay (IGRA) testing (k) ☐ Moderate or severe acute illness with or without fever
☐ **Pneumo-coccal (PCV13)**	☐ **Temporary through:** ____/_____ **mm/ yyyy** ☐ **Permanent**	**Contraindications** ☐ Severe allergic reaction (e.g., anaphylaxis) after a previous dose of PCV13 or any diphtheria-toxoid–containing vaccine or to a component of a vaccine (PCV13 or any diphtheria-toxoid–containing vaccine), including yeast **Precautions** ☐ Moderate or acute illness with or without fever
☐ **Tdap**	☐ **Temporary through:** ____/_____ **mm/ yyyy** ☐ **Permanent**	**Contraindications** ☐ Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component ☐ Encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures), not attributable to another identifiable cause, within 7 days of administration of previous dose of DTP, DTaP, or Tdap **Precautions** ☐ GBS <6 weeks after a previous dose of tetanus-toxoid–containing vaccine ☐ Progressive or unstable neurological disorder, uncontrolled seizures, or progressive encephalopathy until a treatment regimen has been established and the condition has stabilized ☐ History of Arthus-type hypersensitivity reactions after a previous

		dose of diphtheria-toxoid—containing or tetanus-toxoid–containing vaccine; defer vaccination until at least 10 years have elapsed since the last tetanus-toxoid–containing vaccine ☐ Moderate or severe acute illness with or without fever
☐ **Varicella**	☐ **Temporary through:** ____/_____ **mm/ yyyy** ☐ **Permanent**	**Contraindications** ☐ Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component ☐ Known severe immunodeficiency (e.g., from hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, long-term immunosuppressive therapy (l) or patients with HIV infection who are severely immunocompromised) (g) ☐ Pregnancy ☐ Family history of altered immunocompetence (l) **Precautions** ☐ Recent (≤11 months) receipt of antibody-containing blood product (specific interval depends on product) ☐ Moderate or acute illness with or without fever

Part 3. Other Allergic Reactions/ Other Type of Medical Condition

Complete this section if claiming a medical exemption for a vaccine based on a condition that does meet any of the ACIP criteria for a contraindication or precaution listed in part 2.

Vaccine(s), list all that apply: _____

_____

For each vaccine listed above, select the allergic or other reaction for which medical exemption is being submitted. Please check off any of the following that apply:

☐ This patient has an autoimmune disorder

☐ This patient has a family history of an autoimmune disorder

☐ This patient has a family history of a reaction to a vaccination

☐ This patient has a genetic predisposition to a reaction to a vaccination as determined through genetic testing

☐ This patient has a previous documented reaction that is correlated to a vaccination

☐ Other condition/reaction not listed above (must specify): _____

Please provide an explanation of the reaction/condition listed above:

_____

Part 4. Statement of Clinical Opinion

In accord with the legal requirements of Public Act 21-6, the vaccine(s) indicated above is/are in my clinical opinion medically contraindicated for this patient/student due to the physical condition as explained above.

Clinician's Signature_____

Date _____

A person may be placed into quarantine or isolation when there are "reasonable grounds to believe to be infected with, or exposed to, a communicable disease or to be contaminated or exposed to contamination or at reasonable risk of having a communicable disease or being contaminated or passing such communicable disease or contamination to other persons if the commissioner determines that such individual or individuals pose a significant threat to the public health and that quarantine or isolation is necessary and the least restrictive alternative to protect or preserve the public health." Conn. Gen. Stat. § 19a-131b(a).

P 4118.239

Personnel - Certified/Non-Certified

Required COVID-19 Vaccinations

The Board of Education (Board) recognizes the importance of protecting the health and safety of students, staff and the community during the COVID-19 pandemic. Therefore, in accordance with the Governor's Executive Order 13D, the Board requires that all staff within District schools, as defined by this policy, are required to receive at least one dose of a COVID-19 vaccine by September 27, 2021. Those not vaccinated by such date due to certain exemptions are required to be tested for COVID-19 on a weekly basis.

Definitions

For purposes of this policy, the following definitions shall apply:

"**Fully vaccinated**" means at least 14 days have elapsed since a person has received the final dose of a vaccine approved for use against COVID-19 by the U.S. Food and Drug Administration, or as otherwise defined by the Centers for Disease Control.

"**Board**" refers to the operator of any public or non-public preK through grade 12 school.

"**Contract Worker**" means any person who provides service to the Board, but is not employed by the Board and is not a volunteer.

"**Covered Worker**" refers to all employees, both full and part-time, contractors, providers, assistants, substitutes, and other individuals working in a public or non-public pre-K to grade 12 school including individuals providing operational or custodial services or administrative support or any person whose job duties require them to make regular or frequent visits to any such schools.

Covered Worker does not include a contractor or employee of an outside vendor who visits a public or non-public pre-K through grade 12 school only to provide one-time or limited-duration repairs, services, or construction, or a volunteer.

"**Contractor**" refers to any person or business entity, including a vendor of support services or subcontractor that provides the personnel who function as contract workers, state employees, state hospital employees, or covered workers to a covered state agency, Board, or child care facility.

COVID-19 Vaccination Requirements

Vaccines shall be required as provided below.

COVID-19 Vaccination Requirements (continued)

On and after September 27, 2021, the Board shall, prior to extending an offer of employment to, or entering into a contract for the in-person services of, a covered worker or an entity that employs a covered worker, require that any covered worker:

1. is fully vaccinated against COVID-19,
2. has received the first dose and has either received a second dose or has an appointment for the second dose in a two-dose series vaccination, such as Pfizer or Moderna vaccines, or has received a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine,
3. is exempt from this requirement because a physician, physician's assistant, or advanced practice registered nurse determined that the administration of COVID-19 vaccine is likely to be detrimental to the covered worker's health, or the covered worker objects to vaccination on the basis of a sincerely held religious or spiritual belief, and the covered worker is able to perform their essential job functions with a reasonable accommodation that is not an undue burden on the Board or child care facility; provided that any covered worker claiming such exemption shall apply for an exemption on the basis of medical conditions or sincerely held religious or spiritual beliefs.

   Each request for an exemption will be considered on an individualized, case by case basis. Employees who have applied for an exemption must provide appropriate supporting documentation upon request.
4. A covered worker who is hired before September 27, 2021 may, as an alternative to vaccination, and regardless of whether such worker has a medical or religious exemption, comply with the testing requirements contained within this policy.

On and after September 27, 2021, the Board shall not employ, or maintain a contract for the provision of in-person services of, any covered worker or an entity that employs a covered worker, unless such covered worker:

1. is fully vaccinated against COVID-19,
2. has received the first dose and has either received a second dose or has an appointment for the second dose in a two-dose series vaccination, such as Pfizer or Moderna vaccines, or has received a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine, or

COVID-19 Vaccination Requirements (continued)

3. is exempt from this requirement because a physician, physician's assistant, or advanced practice registered nurse determined that the administration of COVID-19 vaccine is likely to be detrimental to the covered worker's health, or the individual objects to vaccination on the basis of a sincerely held religious or spiritual belief, and the covered worker is able to perform their essential job functions with a reasonable accommodation that is not an undue burden on the Board or child care facility; provided that any Board or childcare facility employee claiming such exemption shall apply for an exemption due to medical conditions or sincerely held religious or spiritual beliefs.

   Each request for an exemption will be considered on an individualized, case by case basis. Employees who have applied for an exemption must provide appropriate supporting documentation upon request.

4. A covered worker who is hired before September 27, 2021 may, as an alternative to vaccination, and regardless of whether such worker has a medical or religious exemption, comply with the testing requirements contained within this policy.

On and after September 27, 2021, the Board will not employ, or contract for the provision of services from, any covered worker or entity that employs a covered worker subject to the conditions above and is not exempt who has received the first dose of a two-dose series vaccination but fails to receive the second dose on the appropriate date as recommended by CDC or at the scheduled appointment without good cause.

Vaccination Verification and Testing for Covered Workers

The Board shall authenticate, or where applicable require that the contractor providing the services of a covered worker authenticate, the vaccination status of covered workers, maintain documentation of vaccination or exemption of such covered workers and report compliance with this order, in a form and manner directed by the Department of Public Health.

Through this policy, or where applicable the Board direction to a contractor of a covered worker to implement a policy, covered workers who have not demonstrated proof of either full vaccination are required to submit to COVID-19 testing one time per week on an ongoing basis until fully vaccinated. Adequate proof of the test results on a weekly basis shall be presented to the Board. This requirement shall take effect on September 27, 2021.

COVID-19 Vaccination Requirements (continued)

Acceptable Proof of Vaccination

Covered workers may demonstrate proof of vaccination by providing one of the following:

1. CDC COVID-19 Vaccination Record Card or photo of the Vaccination Record Card;
2. Documentation from a health care provider or electronic health care records;
3. State Immunization Information record; or
4. Other documentation prescribed by the Commissioner of Public Health.

Personal attestation will not be accepted as an acceptable form of proof of a COVID-19 vaccination. (The Commissioner of Public Health may promulgate binding standards for authentication of a Vaccination Record Card.)

Violations and Enforcement

Any covered worker who fails to comply with this policy shall not be allowed on the premises of the Board until the individual provides adequate proof of compliance or without prior written authorization of the Board.

The Board recognizes that it will be in violation of this policy, based on the Governor's Executive Order, when it permits a covered worker who has not complied with this policy to be in a pre-K through grade 12 school, to make regular or frequent visits to any such school facility, or to have regular or frequent contact with children in child care, students, or staff.

The Board also commits a violation if it fails to authenticate the vaccination status of a covered worker or contract worker, maintain documentation of vaccination, testing, or allowable exemptions as required.

The Board recognizes that if the State Department of Education (SDE) determines that the Board is not in compliance with the requirements of this policy, the SDE may require Board to forfeit a portion of the total sum which is paid to the Board from the State Treasury in an amount to be determined by the Commissioner of Education, which amount shall be not less than one thousand dollars nor more than ten thousand dollars.

Any forfeited amount shall be withheld from a grant payment, as determined by the Commissioner, during the fiscal year following the fiscal year in which noncompliance is determined. (The Commissioner of Education may waive such forfeiture if the Commissioner determines that the failure of a Board to comply with such a provision was due to circumstances beyond its control.)

COVID-19 Vaccination Requirements (continued)

Policy Duration

This policy shall remain in effect through February 15, 2022 unless earlier modified or terminated by the Board of Education based upon a subsequent executive order of the Governor or by the expiration of its enabling executive order.

Legal Reference Connecticut General Statutes

10-145 Certificate necessary to employment. Forfeiture for noncompliance. Substitute teachers.

Governor's Executive Order No. 13D, August 19, 2021

Governor's Executive Order No. 13G, September 10, 2021

Governor's Executive Order No. 14, September 28, 2021

Governor's Executive Order No. 14a, September 30, 2021

Policy adopted:

GROTON PUBLIC SCHOOLS
Groton, Connecticut

Personnel - Certified/Non-Certified

Required COVID-19 Vaccinations

(Implementation Guidance for Executive Order 13G: Vaccination Mandate for Individuals Working for State Facilities, State Hospitals, Public and Non-Public Pre K–12 Schools, and Child Care Facilities Updated September 17, 2021)

This administrative regulation sets forth the form and manner in which individuals subject to the Executive Order 13D &13G must prove and authenticate their vaccination status or request an exemption from the mandate and includes the requirements for proving compliance with the related testing mandate if the individual is working under an approved exemption. It is based upon the Connecticut Department of Public Health's "Implementation guidance for Executive Order 13G," and is subject to any future modification made to such document.

I. Proving and Authenticating Vaccination Status for Individuals Subject to the Order

A. Proof of Vaccination

Individuals may prove their COVID-19 vaccination status by providing to Board, or other designee a copy of any one of the following categories of documentation plus a signed declaration of authenticity:

1. A valid CDC Vaccination Card.

   The CDC Vaccination Card must contain the name and date of birth of the individual, the manufacturer of the COVID-19 vaccine that was administered, and the date(s) on which the vaccine was administered; or

2. A record from the individual's vaccine provider indicating the name and date of birth of the individual, the manufacturer of the COVID-19 vaccine that was administered, and the date(s) on which the vaccine was administered ("Provider Vaccination Record"): or

3. A certificate from the Vaccine Administration Management System ("VAMS"), if the individual received vaccination through the VAMS system ("VAMS Certificate"). The VAMS Certificate must contain the name and date of birth of the individual, the manufacturer of the COVID-19 vaccine that was administered, and the date(s) on which the vaccine was administered; or

4. A copy of the individual's official immunization record from the Connecticut Immunization Information System, CT WiZ. Valid CT WiZ immunization records contain the name and date of birth of the individual, the manufacturer of the COVID-19 vaccine that was administered, and the date(s) on which the vaccine was administered. Individuals may download a copy of their record by visiting https://portal.ct.gov/DPH/Immunizations/CT-WiZ-Access-My-ImmunizationRecord

I. Proving and Authenticating Vaccination Status for Individuals Subject to the Order (continued)

B. Declaration of Authenticity of Vaccination Record

Individuals shall complete and sign a declaration as to the authenticity of their proof of vaccination. Proof of vaccination will not be deemed valid unless accompanied by the individual's signed declaration.

A sample declaration form is included in Appendix A.

II. Exemptions and Testing Requirements

A. Medical Exemptions

Individuals who cannot receive COVID-19 vaccination because the administration of COVID-19 vaccine is likely to be detrimental to the individual's health must request an exemption from the Executive Order. Medical exemption forms must be signed by the individual's physician (MD or DO), physician's assistant (PA), or advance practice nurse practitioner (APRN). Covered Workers may use the medical exemption request form, Appendix B, provided by their school.

B. Religious or Spiritual Exemptions

Individuals who object to vaccination on the basis of a sincerely held religious or spiritual belief may request an exemption from the Executive Order.

Covered Workers may use the religious or spiritual exemption request form provided by the Board (Appendix C).

C. Testing Requirements

Covered workers in PreK-12 schools and child care facilities who are not "fully vaccinated" (as defined by the Executive Order) by September 27, 2021 must test for SARS-CoV-2 (the virus that causes COVID-19) at least weekly (i.e., at least one test every 7 days) unless they can provide documented proof that they have tested positive for, or been diagnosed with, COVID-19 infection in the prior 90 days (Appendix D).

To comply with the testing requirement, testing must be either PCR or antigen SARS-CoV-2 tests and must be administered and reported by a state licensed clinical laboratory, pharmacy-based testing provider, or other healthcare provider facility with a current Clinical Laboratory Improvement Amendments (CLIA) waiver.

II. Exemptions and Testing Requirements (continued)

C. Testing Requirements (continued)

Only test results submitted to the Board can within 72 hours of the test administration date will be deemed compliant with the testing requirement. Test result reports should include the name and location of the testing laboratory or provider facility performing the test, the name of the person tested, the date the sample was collected, and the test result. Home-based testing and results obtained outside of a facility of the type indicated above are not considered adequate proof of a SARS-CoV-2 test for the purposes of complying with the Executive Order.

III. Document Submissions

A. Vaccine and Exemption Documents

Covered workers should follow the District's established process. The required documentation must be submitted in a timely and secure manner. These processes may be developed, implemented, and maintained either on-site through facility staff, or through an authorized third party.

B. Testing Documents

Covered workers should follow the District's established process to submit required documentation in a timely and secure manner. These processes may be developed, implemented, and maintained either on-site through facility staff, or through an authorized third party. Individuals in PreK-12 schools or childcare facilities should inquire with their employer about the appropriate process for submitting adequate proof of SARS-CoV-2 test results on a weekly basis. Processing delays with vaccine providers, VAMS, web-based applications, laboratories, medical providers, or state agencies will not excuse compliance with the Executive Order.

Covered workers who wish to request a temporary waiver from SARS-CoV-2 testing on the basis of having had COVID-19 within the prior 90 days must submit a copy of the Temporary Waiver request (Appendix D), completed and signed by their healthcare provider, using the submission format and process designated by their facility for submitting test results.

Any individual granted a temporary waiver from SARS-CoV-2 must return to regular weekly testing after the expiration date indicated on the waiver form if they are not fully vaccinated by that date.

III. Document Submissions (continued)

C. No Extensions

The Executive Order requires the submission of the appropriate vaccination documentation, requests for exemptions, and/or test results by the September 27, 2021 deadline. Individuals subject to this Executive Order are solely responsible for gathering and submitting all required documentation in advance of the established deadline in order to ensure that they are in compliance on and after September 27, 2021.

Processing delays with vaccine or healthcare providers, VAMS, web-based applications, or state agencies will not excuse compliance with the Executive Order.

IV. Maintaining Documentation to Demonstrate Compliance with the Order

A. Required Documents

The District will maintain either in paper or electronic format, the following information for all covered workers who are subject to the Executive Order. Such information shall be either physically on-site or maintained by an authorized third party, shall be kept current, and shall be made available to appropriate State regulatory agencies upon request. The District need not maintain similar documentation for contract workers, but must require contractors to positively affirm that contract workers and their Contractors are in compliance with the provisions of the Executive Order prior to granting those workers access to their facilities.

Contractors shall also maintain either in paper or electronic format, the following information for their contract workers.

Required documents include:

1. A master roster of all individuals subject to the Executive Order (including employees, contract workers, and others) and including each individual's status as:
    a. fully vaccinated, or
    b. having received their first dose of a two-dose COVID-19 vaccine prior to September 27, 2021 and the scheduled date of their second dose appointment that conforms to current Advisory Committee on Immunization Practices (ACIP) recommendations for COVID-19 vaccine dosing schedules, or
    c. granted an exemption from vaccination on the basis of a medical condition or firmly held religious or spiritual belief.
    d. having chosen to submit to weekly testing in lieu of being fully vaccinated for COVID-19.

IV. Maintaining Documentation to Demonstrate Compliance with the Order (continued)

A. Required Documents (continued)

2. A COVID-19 vaccination record for each fully or partially vaccinated individual, as well as a completed and signed declaration of authenticity of any vaccination record for individuals who have submitted a copy of a vaccination record as proof of vaccination.
3. A completed, signed, and approved medical exemption or religious/spiritual exemption form for each individual who has not been fully or partially vaccinated and has been granted an exemption.
4. Documented adequate proof of the results of a weekly test for SARS-CoV-2 for each individual who is not fully vaccinated and has not had a documented COVID-19 infection within the prior 90 days.
5. A completed and appropriately provider certified request for a temporary waiver from weekly SARS-CoV-2 testing for individuals with a documented COVID-19 infection within the prior 90 days.

B. Exemption Forms

Templates for medical and religious/spiritual exemption forms are included in Appendix B (medical) and Appendix C (religious/spiritual). Medical exemption forms must be signed by the physician (MD or DO), physician's assistant (PA), or nurse practitioner (APRN) from whom the individual is currently receiving care.

As outlined in the Executive Order covered workers may voluntarily opt for weekly testing for SARS-CoV-2 rather than receiving vaccination for COVID-19. Individuals opting for weekly testing in lieu of vaccination will be required to submit at least one negative SARS-CoV-2 test result every 7 days and comply with all other provisions of the Executive Order in order to retain access to on-site work.

C. Testing Documentation: Adequate Proof of Weekly Negative SARS-CoV-2 Test Results.

Covered workers who are not fully vaccinated by September 27, 2021, and who cannot provide documented proof that they have tested positive for, or been diagnosed with, COVID-19 infection in the prior 90 days, are required to test for SARS-CoV-2 weekly (i.e., at least once every 7 days) and submit "adequate proof of the results" of SARS-CoV-2 testing to the Board, using the process determined by their applicable facility.

IV. Maintaining Documentation to Demonstrate Compliance with the Order (continued)

C. Testing Documentation: Adequate Proof of Weekly Negative SARS-CoV-2 Test Results. (continued)

Individuals who are required to test for SARS-CoV-2 under the Executive Order shall be considered to have submitted adequate proof of a SARS-CoV-2 test result if they provide evidence of a PCR or antigen SARS-CoV-2 test administered within the prior 72 hours, and for which the test was performed by, and the result reported by, a state licensed clinical laboratory, pharmacy-based testing provider, or other healthcare provider facility with a current Clinical Laboratory Improvement Amendments (CLIA) waiver, that includes the name and location of the testing laboratory or provider facility performing the test, the name of the person tested, the date the sample was collected, and the test result. Home-based testing and results obtained outside of a facility of the type indicated above are not considered adequate proof of a SARS-CoV-2 test for the purposes of complying with the Executive Order.

Covered workers who have been granted an exemption from vaccination on the basis of a medical condition or firmly held religious or spiritual beliefs must comply with the foregoing testing requirements. In addition, covered workers without an exemption but who have chosen to submit weekly test results for SARSCoV-2 rather than be vaccinated for COVID-19 must also comply with the foregoing testing requirements.

Covered workers, and/or contract workers should not be provided access to any of the facilities covered under this Executive Order unless the most recent test result provided, as required by the Order, is "negative" or indicate that virus material is "not detected". Results provided as "inconclusive" are not considered negative results and as such require retesting. If an individual receives an inconclusive result and cannot be retested and provide a negative result within 7 days of their last negative test, then that individual should be excluded from on-site work until they can provide a negative test result.

V. Responsibility for Ensuring Continuous Compliance with the Order

The District must ensure compliance with the Order as of September 27, 2021, including ensuring that all covered workers (inclusive of employees and contract workers) have:

1. submitted proof of their status as fully vaccinated (as defined above); or
2. submitted proof of a single dose of a two-dose COVID-19 vaccine and provided the date of a scheduled second dose appointment; or
3. requested and been granted a medical or religious/spiritual exemption from COVID-19 vaccination; and

V. Responsibility for Ensuring Continuous Compliance with the Order (continued)

4. if not fully vaccinated, submitted adequate proof of a negative test for SARS-CoV-2 in the prior 7 days, unless the individual has been granted a temporary testing waiver based upon a documented COVID-19 infection within the prior 90 days.

After September 27, 2021, the District must restrict access to their facilities for those individuals who fall out of compliance at any time with the requirements of the Order, including but not limited to failure to submit adequate proof of a weekly COVID-19 test result and/or failure to receive a second dose of a two-dose vaccine when scheduled and in compliance with current Advisory Committee on Immunization Practices (ACIP) recommendations for COVID-19 vaccine dosing schedules.

The District is responsible to secure compliance reports from contractors regarding their contract workers' compliance with the Executive Order. At a minimum, periodic reporting of numbers of contract workers who are vaccinated, have been granted an exemption, and are subject to weekly testing should be reported to the Board at a frequency that the Board facility determines is sufficient to assure compliance.

VI. Enforcement and Inspection

The Board of Education is required to collect and maintain copies of the required documentation for employees and other covered workers, and to ensure compliance with the Executive Order, by the September 27th deadline. The Board must make available for inspection by the State Department of Education any documentation required to confirm compliance with the Order, upon request.

Required COVID-19 Vaccinations

Appendix A

Declaration Attesting to the Authenticity of an Individual's COVID-19 Vaccination Record

COVID-19 Vaccination Record Declaration

Pursuant to Executive Order No. 13G, State Employees, State Hospital Employees, all individuals working in a public or non-public PreK-12 school or Child Care Facility ("covered workers"), and any contract workers in these facilities must be fully vaccinated for COVID-19, partially vaccinated with one dose of a two-dose COVID-19 vaccine regimen and have a scheduled second dose appointment, prior to September 27, 2021; or be exempted from the vaccine requirement for reasons of medical contraindication or firmly held religious or spiritual belief. Individuals submitting a copy of an official CDC Vaccination Card or any other record as stipulated in Executive Order No. 13G to verify their vaccine status must also include a declaration attesting to the authenticity of that documentation.

If you are using an electronic or paper copy of a CDC Vaccination Card or other official record to verify your vaccine status, please complete this declaration form and submit it to the individual(s) designated by the facility to receive these forms.

Name: _____ Date of Birth: _____

Job Title: _____ Employee Number: _____

Agency/Department: _____

Manager/Supervisor: _____

Email: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

If you do not have access to a smart phone or computer, you can submit your information via email at Statecovid@wellsparkhealth.com or fax to 860-678-5207 or 860-678-5229. Please include proof of vaccination. Even if you are only partially vaccinated, please include that information as well. Please include proof of vaccination. Even if you are only partially vaccinated, please include that information as well.

Your signature below indicates agreement with the following statement:

I declare and attest that the attached official record is a copy of my personal vaccination record and that the information included in that document is true and accurate, to the best of my knowledge. I understand that the submission of false information to a covered state agency, Board, child care facility, the State of Connecticut or its agents or representatives is punishable pursuant to Section 53a157b of the Connecticut General Statutes by a fine of not more than $2,000 or imprisonment of not more than one year. I understand that it is a crime under federal law to use, buy, sell, or transfer a CDC vaccination card knowing that it is fraudulent. A violation of this federal law is punishable by a fine or imprisonment of up to five years. 18 U.S.C. SEC.017;

_____

Employee Signature Date

Required COVID-19 Vaccinations

Request for Medical Exemption for COVID-19 Vaccination

Pursuant to Executive Order No. 13G, Covered State Agencies, Boards, or Child Care Facilities may exempt an individual from the facility's COVID-19 vaccination requirement if the individual's physician (MD or DO), physician assistant (PA), or advanced practice registered nurse (APRN) determines that the administration of the COVID-19 vaccine is likely to be detrimental to the individual's health. In such cases, the facility may allow the individual to continue to access on-site facilities if the individual:

1. is able to perform their essential job functions with a reasonable accommodation that is not an undue burden on the facility,
2. does not pose a direct threat to the health or welfare of others, and
3. submits adequate proof of a negative test for SARS-CoV-2 on a weekly basis.

To request a medical exemption to the COVID-19 vaccination requirement, please complete the information below and have your physician, physician assistant, or advanced practice registered nurse complete the information on the pages that follow. Once the form is completed, please submit it to the individual designated by the facility.

EMPLOYEE REQUESTING EXEMPTION:

Name: _____ Date of Birth: _____

Job Title: _____ Employee Number: _____

Agency/Department: _____

Manager/Supervisor: _____

Email: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Required COVID-19 Vaccinations

Form 1

COVID-19 Vaccination Medical Exemption Request Form

HEALTHCARE PROVIDER CERTIFICATION

Patient Name: _____

Dear Healthcare Provider:

The above-named individual has requested a medical exemption from COVID-19 vaccination as required by their employer under the Governor's Executive Order No. 13G. This request for exemption will be evaluated based on the medical information you provide. A medical exemption is allowed only for currently recognized contraindications or other compelling medical reasons.

We encourage you to listen carefully to your patient's concerns regarding vaccination and provide information that will help them make a fully informed decision. The CDC also provides information that is helpful in overcoming vaccine hesitancy. For some patients, specialists in allergies and immunology may be able to provide additional care and advice. Please include any related medical information connected to your assessment.

Please complete this form if the person listed above seeking a medical exemption is your patient, you agree that this patient has medical contraindications to receiving all currently available COVID-19 vaccines, and you recommend that this patient should NOT be vaccinated for COVID-19 based on their individual medical condition(s). More information on clinical considerations for COVID-19 vaccination, including contraindications, can be found on the CDC website:

https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html

Directions:

Part 1. Please complete the Provider Information requested.

Part 2. Please mark the currently recognized contraindications/precautions that apply to this patient (indicate all that apply).

Part 3. If no contraindications or precautions apply in Part 2 but you are still indicating a need for medical exemption from COVID-19 vaccination for this patient, provide a brief explanation of your reasoning for this opinion.

Part 4. Read, sign, and date the Statement of Clinical Opinion.

Patient Name: _____

Part 1. Provider Information:

Physician (MD or DO)/Physician Assistant/Nurse Practitioner (APRN) Name (print):

_____

Name and Address of Practice:

_____

Contact Phone Number: _____ Email: _____

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Required COVID-19 Vaccinations

Form 1 – cont.

State License Number: _____

Part 2. Specific Contraindications

Medical contraindications and precautions for COVID-19 vaccine are based upon the Advisory Committee on Immunization Practices (ACIP) Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States, published by the Centers for Disease Control and Prevention.

A **contraindication** is a condition in a recipient that increases the risk for a serious vaccine adverse event (VAE) or compromises the ability of the vaccine to produce immunity.

A **precaution** is a condition in a recipient that might increase the risk for a serious VAE or that might compromise the ability of the vaccine to produce immunity. Under normal conditions, vaccinations are deferred when a precaution is self-limiting, but can be administered if the precaution condition improves.

Neither contraindications nor precautions to COVID-19 vaccination

Allergic reactions (including severe allergic reactions) not related to vaccines (COVID-19 or other vaccines) or injectable therapies, such as allergic reactions related to food, pet, venom, or environmental allergies, or allergies to oral medications (including the oral equivalents of injectable medications), are not a contraindication or precaution to COVID-19 vaccination. The vial stoppers of COVID-19 vaccines are not made with natural rubber latex, and there is no contraindication or precaution to vaccination for people with a latex allergy. In addition, because the COVID-19 vaccines do not contain eggs or gelatin, people with allergies to these substances do not have a contraindication or precaution to vaccination.

Delayed-onset local reactions have been reported after mRNA vaccination in some individuals beginning a few days through the second week after the first dose and are sometimes quite large. People with only a delayed-onset local reaction (e.g., erythema, induration, pruritus) around the injection site area after the first vaccine dose do not have a contraindication or precaution to the second dose. These individuals should receive the second dose using the same vaccine product as the first dose at the recommended interval, preferably in the opposite arm.

Please mark the vaccine(s), exemption duration, and all contraindications/precautions that apply to this patient for each vaccine.

CDC Recognized Contraindications and Precautions

COVID-19 Vaccines included in exemption

☐ Pfizer mRNA vaccine

☐ Moderna mRNA vaccine

☐ Janssen/ J&J viral vector vaccine

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Required COVID-19 Vaccinations

Exemption Duration ACIP Contraindications and Precautions (Check all that apply)

☐ Temporary through: ____/_____ (mm/yyyy)

☐ Permanent

Contraindications

☐ Severe allergic reaction* (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine

☐ Immediate allergic reaction* of any severity to a previous dose or known (diagnosed) allergy to a component of the COVID-19 vaccine

Precautions

☐ History of an immediate allergic reaction* to any vaccine other than COVID-19 vaccine

☐ History of an immediate allergic reaction* to any injectable therapy (i.e., intramuscular, intravenous, or subcutaneous vaccines or therapies [excluding subcutaneous immunotherapy for allergies, i.e., "allergy shots"])

☐ History of an immediate allergic reaction* to a vaccine or injectable therapy that contains multiple components, one or more of which is a component of a COVID-19 vaccine, have a precaution to vaccination with that COVID-19 vaccine, even if it is unknown which component elicited the allergic reaction

** Immediate allergic reaction to a vaccine or medication is defined as any hypersensitivity-related signs or symptoms consistent with urticaria, angioedema, respiratory distress (e.g., wheezing, stridor), or anaphylaxis that occur within four hours following administration.*

Part 3. Other Medical Condition Necessitating Exemption

If claiming the need for a medical exemption from COVID-19 vaccination for this patient based on a condition that does not meet any of the ACIP criteria for a contraindication or precaution listed in Part 2, provide an explanation of your reasoning for this opinion below.

Submit your information via email to: _____ or fax to: _____. If you have filed for a medical or religious exemption, you are not considered compliant until that exception is officially approved upon review. Please be reminded that you must submit weekly testing results.

PROVIDER CERTIFICATION: In accord with the legal requirements of Executive Order 13G, I certify that the above-named individual should be granted a medical exemption from COVID-19 vaccination because I have reviewed the clinical considerations for COVID-19 vaccination and accordingly have determined that the administration of a COVID-19 vaccine would be detrimental to the individual's health. I understand that it is a crime under Connecticut State law to provide false information in response to the provisions of this Executive Order, punishable pursuant to Section 53a-157b of the Connecticut General Statutes by a fine of not more than $2,000 or imprisonment of not more than one year.

Signature: _____ Date: _____

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Appendix C

Request for Religious or Spiritual Exemption from Mandatory COVID-19 Vaccination Order

Pursuant to Executive Order No. 13G, Covered State Agencies, Boards, or Child Care Facilities may exempt an individual from the facility's COVID-19 vaccination requirement if an individual objects to the vaccination based on sincerely held religious or spiritual beliefs and practices. In such cases, the facility may allow the individual to continue to perform their job functions if the individual:

1. is able to perform their essential job functions with a reasonable accommodation that is not an undue burden on the facility,
2. does not pose a direct threat to the health or welfare of others, and
3. submits adequate proof of a negative test for SARS-CoV-2 on a weekly basis

If you have a sincerely held religious belief that you believe prevents you from receiving the COVID-19 vaccine, you must sign and submit this form for consideration through the school office or via email or faxed copy. All requests and supporting documentation will be reviewed by the district by a designee of the superintendent. The district designated representative may contact you for additional information or for clarification, as deemed necessary.

A "sincerely held religious or spiritual belief":

- should be more than a social, economic, or political philosophy; and
- need not be tied to a specific religious organization, but should relate to a belief system that is comprehensive and addresses fundamental and/or ultimate questions.

The completed form together with any supporting documentation must be signed and uploaded/forwarded by no later than September 27, 2021. All requests are considered pending until the requestor receives notice of an approval or denial.

To request an individual exemption from required COVID-19 vaccination on the basis of a firmly held religious or spiritual belief, please complete this form and submit it to the individual(s) designated by your facility to receive these forms.

Name: _____ Date of Birth: _____

Job Title: _____ Employee Number: _____
Agency/Department: _____
Manager/Supervisor: _____

Email: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

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Appendix C (continued)

Request for Religious or Spiritual Exemption from Mandatory COVID-19 Vaccination Order

In the space below, please provide a personal statement detailing the religious or spiritual basis for your vaccination objection, explaining why you are requesting this religious or spiritual exemption, the religious or spiritual principle(s) that guide your objection to vaccination, and the religious or spiritual basis that prohibits you from receiving the COVID-19 vaccination. Please attach additional documentation, if necessary. A District representative may need to discuss the nature of your religious or spiritual belief(s), practice(s) and/or request for exemption with your witness or religious leader(s) (if applicable) and will contact you if that becomes necessary. The District-designated representative may also request additional supporting documentation if needed.

Have you received immunizations in the past? ☐ Yes or ☐ No (check one)

If yes to the previous question, please provide an explanation detailing any changes in your religion, belief, or observance that have occurred since your last immunization, or the reason(s) that you believe your religion, belief, or observance prevents you from receiving the COVID-19 vaccine:

Submit your information via email to: _____or fax to _____. If you have filed for a medical or religious exemption, you are not considered compliant until that exception is officially approved upon review. Please be reminded that you must submit weekly testing results.

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Appendix C (continued)

Request for Religious or Spiritual Exemption from Mandatory COVID-19 Vaccination Order

By signing this form, you certify that the information you have provided in connection with this request is accurate and complete as of the date of submission. You understand this exemption may be revoked and you may be subject to disciplinary action if any of the information you provided in support of this exemption is false. You further acknowledge that if your request is approved, you will receive a religious or spiritual exemption from receiving the COVID-19 vaccine and will be required to comply with the testing requirement set out in Executive Order No. 13G. You also acknowledge that you have read the CDC Covid-19 Vaccine Information, which can be found via the link provided here: https://www.cdc.gov/coronavirus/2019- ncov/vaccines/index.html

You also certify that you understand that it is a crime under Connecticut State law to provide false information in response to the provisions of this Executive Order, punishable pursuant to Section 53a-157b of the Connecticut General Statutes by a fine of not more than $2,000 or imprisonment of not more than one year.

Printed/Typed name: _____

Signature _____ Date _____

Appendix D

Temporary Waiver from Weekly COVID-19 Testing on the Basis of Prior COVID-19 Infection

Pursuant to Executive Order No. 13G, Covered State Agencies, School Boards, or Child Care Facilities may allow individuals who are not fully vaccinated to continue to access on-site facilities only if the individual:

1. is able to perform their essential job functions with a reasonable accommodation that is not an undue burden on the facility,
2. does not pose a direct threat to the health or welfare of others, and
3. submits adequate proof of a negative test for SARS-CoV-2 on a weekly basis

CDC recommends that individuals who have **had documented COVID-19 within the prior 90 days** should not be included in screening testing programs for asymptomatic people. This is because some components of viral RNA may remain present in a COVID-19 recovered person's body for up to 90 days, and as a result cause a person to test positive for SARS-CoV-2 even when they are not actively infected (i.e., false positives). Individuals who are experiencing symptoms of COVID-19 who have been infected in the prior 90 days should consult with their healthcare provider regarding the utility of SARS-CoV-2 testing.

If you are a state employee or other covered worker subject to the provisions of Executive Order No. 13G, you may request a temporary waiver from the weekly SARS-CoV-2 testing portion of the Executive Order requirements for the 90 days after your COVID-19 diagnosis. To request this waiver, individuals must have their healthcare provider complete the information below and both you and your healthcare provider must attest to the accuracy of the information provided. Once the form is completed, please submit it to the individual designated by the facility to receive this request.

EMPLOYEE REQUESTING EXEMPTION:

Name: _____ Date of Birth: _____

Job Title: _____ Employee Number: _____

Agency/Department: _____

Manager/Supervisor: _____

Email: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Form 2

HEALTHCARE PROVIDER CERTIFICATION

Patient Name: _____

Dear Healthcare Provider:

The above-named individual has requested to be temporarily excused from SARS-CoV-2 testing, as required by their employer under the Governor's Executive Order No. 13G, on the basis of having had COVID-19 within the prior 90 days. This request for a temporary waiver will be evaluated based on the information you provide.

Please complete this form if the person listed above seeking a temporary waiver from SARS-CoV-2 testing is your patient and you can positively attest that this patient had COVID-19 at some point in the prior 90 days. More information on recommendations for SARS-CoV-2 testing, including under what conditions testing is or is not recommended, can be found on the CDC website: https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html.

Directions:

Part 1. Please complete the Provider Information requested.

Part 2. Please mark the applicable basis for your recommendation for a temporary waiver for this patient, and the date of diagnosis and applicable date of expiration of the waiver.

Part 3. Read, sign, and date the Statement of Clinical Opinion.

Part 1. Provider Information:

Physician (MD or DO)/Physician Assistant/Nurse Practitioner (APRN) Name (print):

_____

Name and Address of Practice:

_____

Contact Phone Number: _____ ***Email:*** _____

State License Number: _____

Part 2. Basis of Verification of Patient's Current or Prior COVID-19 Status

In this section, indicate the basis on which you can affirmatively verify that the individual requesting this temporary waiver has had an active SARS-CoV-2 infection within the prior 90 days.

Form 2 (continued)

Please check off any of the following that apply:

☐ I have verified that this individual had a positive test for SARS-CoV-2 performed by, and the result reported by, a state licensed clinical laboratory, pharmacy-based testing provider, or other appropriate healthcare provider facility within the prior 90 days

☐ I had diagnosed this individual with COVID-19 within the prior 90 days based on his or her symptom presentation and history of close contact with another COVID-19 case

Patient Name: _____

☐ I had diagnosed this individual with COVID-19 within the prior 90 days on some other clinical basis (must specify below):

Date of COVID-19 diagnosis: _____

Date of Waiver Expiration: _____ (*90 days after date listed above*)

Submit your information via email to: _____ or fax to: _____. If you have filed for a medical or religious exemption, you are not considered compliant until that exception is officially approved upon review. Please be reminded that you must submit weekly testing results.

Part 3: Statement of Clinical Opinion

Your signature below indicates agreement with the following statement:

PROVIDER CERTIFICATION: In accord with the legal requirements of Executive Order 13G, I certify that the above-named individual should be granted a temporary waiver from SARS-CoV-2 testing based on their having had COVID-19 within the prior 90 days. I understand that it is a crime under Connecticut State law to provide false information in response to the provisions of this Executive Order, punishable pursuant to Section 53a-157b of the Connecticut General Statutes by a fine of not more than $2,000 or imprisonment of not more than one year.

Signature: _____ Date: _____

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Appendix E

Declaration Attesting to the Authenticity of COVID-19 Test Results Submitted by Employees

COVID-19 Test Results Report Declaration

Pursuant to Executive Order No. 13G, State employees and Covered Workers (as defined in 13G(1)(b), (c), and (f)) who are not fully vaccinated (as defined in 13G(1)(a)) by September 27, 2021, and who cannot provide documented proof of COVID-19 infection in the prior 90 days, are required to submit "adequate proof of the results" of COVID-19 testing (13G(3)(a)(ii) and (b)(ii)) to their Covered State Agency, Board, or Child Care Facility at least weekly (i.e., at least once every 7 days). Individuals submitting a copy of a test result report must also include a declaration attesting to the authenticity of that documentation.

If you are submitting a test result report via email or fax copy, please complete this declaration form and submit it at the same time and in the same manner as you are submitting the test result.

Name: _____

Job Title: _____ Employee Number: _____

Agency/Department: _____

Email: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Test Date: _____

If you do not have access to a smartphone or computer, you can submit your information via email at Statecovid@wellsparkhealth.com or fax to 860-678-5207 or 860-678-5229. Please be sure to include a copy of your test results.

Your signature below indicates agreement with the following statement:

I declare and attest that the attached SARS-CoV-2 test results report was collected on the Test Date listed above and complies with all of the conditions required in Section III (Reporting Requirements) of the Implementation Guidance for Executive Order No. 13G. I attest that the information included in the test results report is true, to the best of my knowledge. I understand that the submission of false information to a covered state agency, the State of Connecticut or its agents or representatives is punishable pursuant to Section 53a-157b of the Connecticut General Statutes by a fine of not more than $2,000 or imprisonment of not more than one year.

_____ _____

Employee Signature Date:

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Required COVID-19 Vaccinations

NOTICE

Department of Public Health and Department of Education Temporary Deadline in Flexibility (9/22/21)

The Connecticut State Departments of Education and Public Health have learned that some school districts are concerned about their ability to gather declarations of authenticity of vaccination records from covered workers by the September 27 deadline set forth in the recent Implementation Guidance for Executive Order 13G. (https://portal.ct.gov/-/media/DAS/Statewide-HR/Vaccine-App-Docs-Forms/IMPLEMENTATION-GUIDANCE-FOR-EXECUTIVE-ORDER-13G_Revised_09162021.pdf.) Some school districts have also expressed concern that covered workers may be unable to submit initial negative COVID-19 testing results by the September 27 deadline.

The Departments reiterate that vaccinated covered workers must provide vaccination records in the manner stated in Executive Order No. 13G and the Guidance. Declarations of authenticity must also be provided. However, if covered workers have otherwise submitted their vaccination records, school Boards and contractors may allow such covered workers to provide their declarations of authenticity by October 12, 2021, and to report to work until such declarations are provided. Covered workers should nevertheless be encouraged to submit their declarations of authenticity as soon as possible.

Similarly, current covered workers who are not fully vaccinated must submit to weekly testing as set forth in the Executive Order and Guidance. While covered workers who are not fully vaccinated must take an initial test by end of day on Sunday, September 26, they may submit the results of the test any time between September 24 through October 1 for the week of September 27, and Boards and contractors may allow such covered workers to report to work during the week of September 27. For all weeks thereafter, only test results submitted to a Board or contractor within 72 hours of the test administration date will be deemed compliant with the testing requirement.

We hope this information is helpful in the implementation of Executive Order 13G.

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Required COVID-19 Vaccinations

Form 3

Contractor's Declaration Attesting to Compliance with Executive Order No. 13G

Contractor/Vendor Name	
Contract Address	
PeopleSoft ID (for state contractors) or other information*	

**If PeopleSoft ID does not apply, provide information directed by the covered state agency, Board, or childcare facility.*

As of this date, provide the number of contract workers subject to Executive Order No. 13G who:

a. Total number of contract workers as defined in Executive Order No. 13G provided under your contract _____

b. Are fully vaccinated against COVID-19 (at least 14 days have elapsed since a person has received a single-dose vaccine or the second dose of a two-dose COVID-19 vaccine) _____

c. Are required to submit to and provide results of COVID-19 testing because they are not fully vaccinated _____

1. Of those required to submit and provide the results of COVID-19 testing, are partially vaccinated (received first dose and have either received second dose or have an appointment for second dose in a two-dose series vaccination, such as Pfizer or Moderna vaccines, or received a single-dose vaccine, such as Johnson & Johnson vaccine, but 14 days has not elapsed since final dose) _____
2. Of those required to submit and provide the results of COVID-19 testing, have been granted a medical exemption to vaccination based upon documentation from a physician, physician's assistant, or advanced practice registered nurse stating that the administration of COVID-19 vaccine is likely to be detrimental to the person's health _____
3. Of those required to submit and provide the results of COVID-19 testing, have been granted an exemption to vaccination on the basis of a sincerely held religious or spiritual belief _____
4. Are temporarily excused from COVID-19 testing because they have provided documented proof of having a COVID-19 infection in the previous 90 days _____

☐ I affirm that all of the covered workers indicated in Section (a), except those who are fully vaccinated (a) or have had a documented case of COVID-19 in the past 90 days, will (1) have had a negative test for COVID-19 in the 7 days prior to initially accessing any work site related to this contract that is subject to Executive Order No. 13G. (2) continue to be tested once every 7 days for the duration of this contract, and (3) not be allowed to access any work site that is subject to Executive Order No. 13G if they either receive a positive test or fail to be tested at least once per week.

☐ I declare and attest that I am authorized by the Contractor to provide the information contained in this report and that the information included in this report is true and accurate, to the best of my knowledge. I understand that it is a crime under Connecticut law to provide false information in response to the provisions of this Executive Order, punishable pursuant to Section 53a-157b of the Connecticut General Statutes by a fine of not more than $2,000 or imprisonment of not more than one year.

Signature	**Date**	
Authorized Person Submitting Report:		
Title:	**Email Address:**	**Phone:**

Attachment #7

PREFERRED MAXIMUM CLASS SIZE GUIDELINES

ACADEMIC	PREFERRED MAXIMUM CLASS SIZE
Kindergarten – 1	20
Grades 2-3	23
Grades 4-12	25
Remedial Self-Contained 6-12	14
Remedial Individual/Small Group	40 (total teacher load)

SPECIAL AREAS	
Technology Education (9-12)	20
Culinary Arts (9-12)	16
General Music (K-12)	25
Art (9-12)	20
Physical Education (6-12)	30

PUPIL – TEACHER RATIOS FOR SUPPORT PERSONNEL	
Guidance Counselors	200:1
Library/Media Specialist	500:1
Special Education:	
Self-contained	12:1
Resource Room	20:1