

**GROTON BOARD OF EDUCATION
REGULAR MEETING
DECEMBER 13, 2021 @ 6:00 P.M.
CENTRAL OFFICE, ROOM 11**

NOTE: This meeting is being held in-person. For those attending via Zoom, please click on the meeting under District Calendar for the Zoom link.

Mission Statement: Our mission is teaching and learning.

Board Goals: In a richness of cultures and with a respect for all, (1) Provide Dynamic Rigorous Curriculum, (2) Ensure Effective and Engaging Instruction, and (3) Embrace Excellent Learning Environment.

AGENDA

I. CALL TO ORDER

A. Pledge of Allegiance

- Election of Board Officers

II. RECOGNITION AND PARTICIPATION OF VISITORS AND DELEGATIONS

III. COMMENTS FROM CITIZENS RE: AGENDA ITEMS AND OTHER SUBJECTS OF CONCERN THAT LIE WITHIN THE JURISDICTION OF THE BOARD OF EDUCATION - This is the portion of the agenda where the Board welcomes comments from citizens. Each presentation should be limited to five minutes or less, and citizens should, if possible, submit written comments. Presentations should be related to matters pertinent to Groton. Board members will only ask questions in order to clarify the speaker's presentation and cannot respond during the Comments of Citizens' portion of the Board meeting. Citizens should make their presentations from the podium and state their names and addresses for the record.

IV. RESPONSE TO COMMENTS FROM CITIZENS

V. STUDENT REPRESENTATIVE REPORT

VI. SUPERINTENDENT AND ADMINISTRATION REPORTS

A. Superintendent Report

1. School News
2. DEI Committee Work
3. 2022-23 School Calendar

B. Reports and Information from the Staff

1. Assistant Superintendent Report
 - Curriculum & Instruction Council Update

VI. SUPERINTENDENT AND ADMINISTRATION REPORTS (Cont'd)

- B. Reports and Information from the Staff (Cont'd)
 - 2. Business Manager Report
 - Object Code Summary FY22 (Attachment #1)
 - Health Insurance Report (Attachment #2)
 - 3. Director of Buildings and Grounds
 - Update re: Facilities
 - Solar Panels on Schools
 - Update re: Transportation

VII. COMMITTEE REPORTS

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| <ul style="list-style-type: none">A. PolicyB. CurriculumC. Finance/Facilities | <ul style="list-style-type: none">D. Other<ul style="list-style-type: none">- Negotiations- LEARN- TCC/RTM/BOE Liaison- AGSA/GEA/BOE Liaison- Groton Scholarship- Athletic Fields- State Council on Educational Opportunities for Military Children (meets twice a year) |
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VIII. ACTION ITEMS

- A. Consent Agenda – all matters listed under the Consent Agenda are considered to be routine and will be enacted by one motion. Points of clarification will be allowed.
 - 1. Approval of the regular meeting minutes of November 22, 2021 (Attachment #3)
- B. Old Business
 - 1. Discussion and possible action re: a second reading of policy P4118.239 COVID-19 Vaccinations (Attachment #4)

MOTION: To approve policy P4118.239 COVID-19 Vaccinations as a second reading.
- C. New Business
 - 1. Discussion and possible action re: the 2022-23 school calendar. (Attachment #5)

MOTION: To approve 2022-23 school calendar.
 - 2. Discussion and possible action regarding recognition of January 18, 2022 as National Maintenance Day.

MOTION: To recognize January 18, 2022 as National Maintenance Day, and to direct the Superintendent of Schools to send a letter of appreciation to the maintenance staff.

IX. INFORMATION AND PROPOSALS (Non-Action Items)

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

X. ADVANCE PLANNING

- A. Future Meeting Dates and Calendar Items for Board Attention

Date	Meeting	Location	Time
Jan. 3	Policy	CO, Room 11	5:00 p.m.
Jan. 3	Finance/Facilities	CO, Room 11	6:00 p.m.
Jan. 10	COW (Budget Work Session)	CO, Room 11	6:00 p.m.
Jan. 18	Curriculum	CO, Room 11	5:00 p.m.
Jan. 18	COW - CANCELLED		
Jan. 18	Special Meeting (Public Hearing)	CO, Room 11	6:00 p.m.
Jan. 18	Special Meeting (Budget Work Session)	CO, Room 11	7:00 p.m.
Jan. 24	Regular Meeting	CO, Room 11	6:00 p.m.
Jan. 26	AGSA/GEA/BOE Liaison	CO, Room 11	4:15 p.m.
Jan. 31	Special Meeting (Budget Work Session)	CO, Room 11	6:00 p.m.

Meetings w/Town Bodies:

Jan. 5	Town & City Councils/RTM/BOE	CO, Room 11	5:30 p.m.
Jan. 6	PSBC	THA, CR 2	6:00 p.m.
Jan. 20	PSBC	THA, CR 2	6:00 p.m.

- B. Suggested Agenda Items

XI. ADJOURNMENT

Groton Public Schools

Date prep:		FY22 Budget Summary Review							
12/8/21 2:56 PM									
Account	Object #s	FY22 Budget 2021-2022	Expenditures	Encumbered	FY22 Actual Total	Remaining Balance	%	FY22 Estimate 12/09/2021	Under/(Over)
Salaries									
1 Administrators	105-109	4,776,668	2,218,150	2,581,654	4,799,804	(23,136)	(0.5%)	4,785,905	(9,237)
2 Teachers	101-104,123-127,151-152	35,191,226	10,865,611	23,539,440	34,405,051	786,175	2.2%	35,233,938	(42,712)
3 Non-Cert Aides	110-111,130-131,136,139	3,618,042	596,609	0	596,609	3,021,433	83.5%	3,612,729	5,313
4 Substitute - Cert & Non-Cert	120-121	996,774	271,377	0	271,377	725,397	72.8%	959,287	37,487
5 Clerical	112-114,132-134,144	1,893,198	864,555	38,548	923,104	970,094	51.2%	1,950,075	(56,877)
6 Custodial/Maintenance/Techs	117-118,129,137-138,147-148	3,549,251	1,413,113	167,544	1,580,657	1,968,594	55.5%	3,437,209	112,042
7 Campus Security/Supervision	126	149,542	142,819	0	142,819	6,723	4.5%	149,542	0
8 Total Salaries	100	50,174,701	16,392,236	26,327,187	42,719,423	7,455,278	14.9%	50,128,686	46,015
Benefits									
9 Health Insurance	201-202	7,059,237	2,752,914	0	2,752,914	4,306,323	61.0%	7,059,237	0
10 Workers Comp & Town Pension	211,213	952,114	0	0	0	952,114	100.0%	952,114	0
11 Social Security & Medicare	212,214	1,456,229	554,127	0	554,127	902,102	61.8%	1,453,641	2,588
12 Other Benefits	222-227	152,500	109,641	0	109,641	42,859	28.1%	181,695	(29,195)
13 Total Benefits	200	9,620,080	3,416,682	0	3,416,682	6,203,398	64.5%	9,646,687	(26,607)
Purchased Services									
14 Instructional Services	321-324	162,099	75,601	4,890	80,491	81,608	50.3%	167,852	(5,753)
15 Professional Services	331	254,739	217,598	49,824	267,422	(12,683)	(5.0%)	335,505	(80,766)
16 Other Prof Services	332	608,971	114,348	249,190	363,538	245,433	40.3%	576,937	32,034
17 OT & PT Services	333	671,345	24,339	546,010	570,349	100,996	15.0%	671,345	0
18 Legal	334	70,350	34,665	0	34,665	35,685	50.7%	62,819	7,531
19 Athletic Officials & Other Athletic Serv	341-342	75,350	27,407	0	27,407	47,943	63.6%	76,633	(1,283)
20 Computer Network Services	343	148,773	157,499	3,579	161,078	(12,305)	(8.3%)	161,078	(12,305)
21 Total Purchased Services	300	1,991,627	651,458	853,493	1,504,951	486,676	24.4%	2,052,170	(60,543)
Property Services									
22 Water & Sewer	410-411	99,801	33,332	0	33,332	66,469	66.6%	99,801	0
23 Trash & Snow Removal	421-422	136,600	32,401	62,500	94,902	41,698	30.5%	144,902	(8,302)
24 Repair/Maintenance	430-435,490-491,499	479,183	229,515	10,365	239,880	239,303	49.9%	453,741	25,442
25 Rental	441	132,605	36,244	54,721	90,965	41,640	31.4%	130,095	2,510
26 Total Property Services	400	848,189	331,493	127,586	459,079	389,110	45.9%	828,539	19,650
Transportation, Insurance, Communications, Tuition									
27 Transportation: Schools	510-513	5,211,674	1,292,592	102	1,292,693	3,918,981	75.2%	5,196,710	14,964
28 Transportation: Student Activities	587-596	194,418	11,088	25,789	36,878	157,540	81.0%	198,023	(3,605)
29 Transportation: Staff	580-584	116,920	14,695	0	14,695	102,225	87.4%	110,871	6,049
30 Insurance	522,525	340,321	312,534	0	312,534	27,787	8.2%	342,534	(2,213)
31 Communications	530-552	134,317	102,907	1,993	104,900	29,417	21.9%	135,373	(1,056)
32 Tuition: Special Education	561-563,568	4,481,290	1,467,833	1,874,410	3,342,243	1,139,047	25.4%	4,402,975	78,315
33 Tuition: Other	564-567	1,250,859	441,925	696,812	1,138,737	112,122	9.0%	1,234,259	16,600
34 Total Trans, Ins, Comm, Tuition	500	11,729,799	3,643,573	2,599,107	6,242,680	5,487,119	46.8%	11,620,744	109,055
Supplies									
35 Instructional Supplies	601-609,613-619,622-623,628	459,950	111,098	36,282	147,380	312,570	68.0%	450,465	9,485
36 Computer Supplies	610-612	288,106	435,716	8,466	444,182	(156,076)	(54.2%)	290,518	(2,412)
37 Electricity & Heating	631-633	1,461,070	579,086	17,891	596,977	864,093	59.1%	1,461,070	0
38 Transportation Supplies	634,656	170,435	112,971	0	112,971	57,464	33.7%	178,089	(7,654)
39 Textbooks & Library Books	640-642,645,647	106,175	15,157	15,077	30,234	75,941	71.5%	110,456	(4,281)
40 Facility/Maintenance Supplies	650,652-655,657,659	336,810	132,214	10,448	142,662	194,148	57.6%	336,010	800
41 Other Supplies (staff dev, PPE, etc)	621,624-627,690	85,112	64,373	5,742	70,115	14,997	17.6%	82,407	2,705
42 Total Supplies	600	2,907,658	1,450,615	93,906	1,544,521	1,363,137	46.9%	2,909,015	(1,357)
Equipment									
43 Instructional Equipment	730,735	67,201	6,826	2,105	8,931	58,270	86.7%	44,879	22,322
44 Non-Instructional Equip	731,736	10,000	27,360	4,830	32,190	(22,190)	(221.9%)	32,170	(22,170)
45 Total Equipment	700	77,201	34,187	6,935	41,122	36,079	46.7%	77,050	151
46 Total Dues & Fees	800	88,835	60,380	1,484	61,864	26,971	30.4%	92,276	(3,441)
47 GRAND TOTAL		77,438,090	25,980,623	30,009,698	55,990,321	21,447,769	27.7%	77,355,167	82,923

Groton Public Schools

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12/8/21 2:56 PM									
Account	Object #s	FY22 Budget 2021-2022	Expenditures	Encumbered	FY22 Actual Total	Remaining Balance	%	FY22 Estimate 12/09/2021	Under/(Over)
Salaries									
Administrators									
48 Administrators	105	1,143,399	555,553	665,568	1,221,122	(77,723)	(6.8%)	1,142,402	997
49 Principals	106	1,127,065	516,491	605,254	1,121,745	5,320	0.5%	1,127,065	-
50 Asst. Principals/Sp.Ed. Supv	107	2,206,784	1,012,993	1,134,498	2,147,492	59,292	2.7%	2,206,992	(208)
51 6-12 Curriculum Coordinators	108	171,203	79,017	92,186	171,203	(0)	(0.0%)	171,203	(0)
52 Athletic Director	109	128,217	54,095	84,148	138,243	(10,026)	(7.8%)	138,243	(10,026)
53		4,776,668	2,218,150	2,581,654	4,799,804	(23,136)	(0.5%)	4,785,905	(9,237)
Teachers									
54 Classroom Teachers	101 & 151	24,778,163	7,638,504	17,116,544	24,755,048	23,115	0.1%	24,895,487	(117,324)
55 Sp.Ed Certified	102	7,704,186	2,363,668	5,176,668	7,540,336	163,850	2.1%	7,645,836	58,350
56 Media Specialist	103	689,386	206,880	465,480	672,360	17,026	2.5%	672,360	17,026
57 Guidance	104	1,128,246	348,262	780,747	1,129,009	(763)	(0.1%)	1,129,009	(763)
58 Adult Ed	124	40,903	10,945	0	10,945	29,958	73.2%	40,903	-
59 Tutors	125 & 152	423,247	192,099	0	192,099	231,148	54.6%	423,247	-
60 Coach Stipends	126	347,709	101,120	0	101,120	246,589	70.9%	347,709	-
61 Other Student Activities	127	79,386	4,134	0	4,134	75,252	94.8%	79,386	-
62		35,191,226	10,865,611	23,539,440	34,405,051	786,175	2.2%	35,233,938	(42,712)
Non-Cert Aides									
63 Reg.Ed Aides - Kindergarten	110 & 130	412,952	115,120	0	115,120	297,832	72.1%	412,952	-
64 Sp.Ed Aides - Para I & Para II	111 & 131	2,782,766	316,064	0	316,064	2,466,702	88.6%	2,782,766	-
65 School Bus Aides	136	410,004	158,418	0	158,418	251,586	61.4%	410,004	-
66 Other Aides	139	12,320	7,007	0	7,007	5,313	43.1%	7,007	5,313
67		3,618,042	596,609	0	596,609	3,021,433	83.5%	3,612,729	5,313
Substitute									
68 Substitute Sp.Ed Certified	121	84,011	105	0	105	83,906	99.9%	57,039	26,972
69 Substitute Reg.Ed Certified	120	912,763	271,272	0	271,272	641,491	70.3%	902,249	10,514
70		996,774	271,377	0	271,377	725,397	72.8%	959,287	37,487
Clerical									
71 Clerical	112*113*114*132*133*134*143*144	1,893,198	884,555	38,548	923,104	970,094	51.2%	1,950,075	(56,877)
Custodial/Maintenance/Techs									
72 Custodial	117 & 137	1,887,198	710,788	40,336	751,124	1,136,074	60.2%	1,852,593	34,605
73 Maintenance	118 & 138	835,584	331,166	40,799	371,965	463,619	55.5%	794,152	41,432
74 Custodial/Maintenance Overtime	147 & 148	106,500	43,173	0	43,173	63,327	59.5%	105,179	1,321
75 Technicians	129 & 149	719,969	327,986	86,409	414,395	305,574	42.4%	685,286	34,683
76		3,549,251	1,413,113	167,544	1,580,657	1,968,594	55.5%	3,437,209	112,042
Security									
77 Security/Supervision	128	149,542	142,819	0	142,819	6,723	4.5%	149,542	-
78 Total Salaries		50,174,701	16,392,236	26,327,187	42,719,423	7,455,278	14.9%	50,128,686	46,015
Benefits									
Health Insurance									
79 Group Ins. Prof	201	5,649,546	2,428,569	0	2,428,569	3,220,977	57.0%	5,645,542	4,004
80 Group Ins. Other	202	1,409,691	324,344	0	324,344	1,085,347	77.0%	1,413,695	(4,004)
81		7,059,237	2,752,914	0	2,752,914	4,306,323	61.0%	7,059,237	0
Workers Comp & Town Pension									
82 Worker's Compensation	211	431,614	0	0	0	431,614	100.0%	431,614	-
83 Town Pension	213	520,500	0	0	0	520,500	100.0%	520,500	-
84		952,114	0	0	0	952,114	100.0%	952,114	0
Social Security & Medicare									
85 Social Security	212	727,779	248,697	0	248,697	479,082	65.8%	726,293	1,486
86 Medicare	214	728,450	305,430	0	305,430	423,020	58.1%	727,347	1,103
87		1,456,229	554,127	0	554,127	902,102	61.9%	1,453,641	2,588
Other Employee Benefits									
88 Retirement Awards	222	0	46,713	0	46,713	(46,713)		46,713	(46,713)
89 Unemployment	223	50,000	2,478	0	2,478	47,522	95.0%	32,483	17,517
90 Tuition Reimb Certified	224	101,000	60,451	0	60,451	40,549	40.1%	101,000	-
92 Mentor Stipend	227	1,500	0	0	0	1,500	100.0%	1,500	-
93		152,500	109,641	0	109,641	42,859	28.1%	181,695	(29,195)
94 Total Benefits		9,620,080	3,416,682	0	3,416,682	6,203,398	64.5%	9,646,687	(26,607)

Groton Public Schools

Date prep:		FY22 Budget Summary Review							
12/8/21 2:56 PM									
Account	Object #s	FY22 Budget 2021-2022	Expenditures	Encumbered	FY22 Actual Total	Remaining Balance	%	FY22 Estimate 12/09/2021	Under/(Over)
Purchased Services									
Instructional Services									
95 Instructional Services	321 & 323	117,599	61,652	4,260	65,912	51,687	44.0%	123,168	(5,569)
96 Instruct Improvement Services	322 & 324	44,500	13,949	630	14,579	29,921	67.2%	44,684	(184)
97		162,099	75,601	4,890	80,491	81,608	50.3%	167,852	(5,753)
Professional Services									
98 Professional Services	331	254,739	217,598	49,824	267,422	(12,683)	(5.0%)	335,505	(80,766)
99 Other Professional Services	332	608,971	114,348	249,190	363,538	245,433	40.3%	576,937	32,034
100 OT & PT Services	333	671,345	24,339	546,010	570,349	100,996	15.0%	671,345	-
101 Legal Services	334	70,350	34,665	0	34,665	35,685	50.7%	62,819	7,531
102		1,605,405	390,950	845,024	1,235,974	369,431	23.0%	1,646,606	(41,201)
Athletic Officials & Other Athletic Services									
103 Athletic Officials	341	61,850	26,007	0	26,007	35,843	58.0%	63,133	(1,283)
104 Other Athletic Services	342	13,500	1,400	0	1,400	12,100	89.6%	13,500	-
105		75,350	27,407	0	27,407	47,943	63.6%	76,633	(1,283)
Computer Network Services									
106 Computer Network Services	343	148,773	157,499	3,579	161,078	(12,305)	(8.3%)	161,078	(12,305)
107 Total Purchased Services		1,991,627	651,458	853,493	1,504,951	486,676	24.4%	2,052,170	(60,543)
Property Services									
Water/Sewer									
108 Water	410	65,527	19,253	0	19,253	46,274	70.6%	65,527	-
109 Sewer	411	34,274	14,079	0	14,079	20,195	58.9%	34,274	-
110		99,801	33,332	0	33,332	66,469	66.6%	99,801	0
Trash & Snow Removal									
111 Trash Removal	421	86,600	32,401	62,500	94,902	(8,302)	(9.6%)	94,902	(8,302)
112 Snow Removal	422	50,000	0	0	0	50,000	100.0%	50,000	-
113		136,600	32,401	62,500	94,902	41,698	30.5%	144,902	(8,302)
Repair/Maintenance									
114 Equipment Repairs	430	116,791	34,344	3,056	37,400	79,391	68.0%	111,758	5,033
115 Grounds Repairs	431	184,989	125,213	3,690	128,903	56,086	30.3%	170,589	14,400
116 General Bldg Repairs	432	30,066	245	0	245	29,821	99.2%	19,588	10,478
117 Painting	433	5,045	9,515	0	9,515	(4,470)	(88.6%)	9,515	(4,470)
118 Heat & Plumbing	434	50,947	11,154	0	11,154	39,793	78.1%	50,947	-
119 Electrical	435	9,479	1,387	0	1,387	8,092	85.4%	9,479	-
120 Extermination Services	490	11,363	5,865	1,775	7,640	3,723	32.8%	11,363	-
121 Bldg Fire Protection	491	46,357	36,227	1,844	38,071	8,286	17.9%	46,357	-
123 Other Purch Services	499	24,146	5,566	0	5,566	18,580	76.9%	24,146	-
124		479,183	229,515	10,365	239,880	239,303	49.9%	453,741	25,442
Rental									
125 Rental	441	132,605	36,244	54,721	90,965	41,640	31.4%	130,095	2,510
126 Total Property Services		848,189	331,493	127,586	459,079	389,110	45.9%	828,539	19,650
Transportation, Insurance, Communications, Tuition									
Transportation: Schools									
127 Reg.Ed Pupil Transportation	510 & 516	3,118,189	673,022	0	673,022	2,445,167	78.4%	3,106,966	11,223
128 Sp.Ed - Trans - STA	511	1,160,504	320,691	0	320,691	839,813	72.4%	1,156,763	3,741
129 Sp.Ed - Trans - Curtin	512	920,731	298,879	102	298,981	621,750	67.5%	920,731	-
130 Pupil Transp Reimbursement	513	12,250	0	0	0	12,250	100.0%	12,250	-
131		5,211,674	1,292,592	102	1,292,693	3,918,981	75.2%	5,196,710	14,964
Transportation: Other									
132 Transportation - Athletics	587	117,350	5,322	17,936	23,258	94,092	80.2%	117,613	(263)
133 Transportation - Field Trips	588	58,898	4,381	7,853	12,234	46,664	79.2%	62,100	(3,202)
134 Entry Fees - Athletics	591 & 592	12,100	1,385	0	1,385	10,715	88.6%	12,240	(140)
135 Admission Fees	595	6,070	0	0	0	6,070	100.0%	6,070	-
137		194,418	11,088	25,789	36,878	157,540	81.0%	198,023	(3,605)
Transportation: Staff									
138 Travel - Education	580 & 581	8,700	708	0	708	7,992	91.9%	8,700	-
139 Travel - Admin	582 & 583	29,100	10,914	0	10,914	18,186	62.5%	26,151	2,949
140 Travel - Conferences	584	79,120	3,073	0	3,073	76,047	96.1%	76,020	3,100
141		116,920	14,695	0	14,695	102,225	87.4%	110,871	6,049
Liability & Accident Insurance									
142 Liability Insurance	522	325,149	298,124	0	298,124	27,025	8.3%	328,124	(2,975)
143 Accident Insurance	525	15,172	14,410	0	14,410	762	5.0%	14,410	762
144		340,321	312,534	0	312,534	27,787	8.2%	342,534	(2,213)

Groton Public Schools

Date prep:		FY22 Budget Summary Review							
12/8/21 2:58 PM									
Account	Object #s	FY22 Budget 2021-2022	Expenditures	Encumbered	FY22 Actual Total	Remaining Balance	%	FY22 Estimate 12/09/2021	Under/(Over)

Communications

145 Telephone, Telephone Repairs	530	67,925	79,705	0	79,705	(11,780)	(17.3%)	75,425	(7,500)
146 Postage	531	41,350	8,446	330	8,776	32,574	78.8%	33,906	7,445
147 Advertisement	540	5,000	4,980	1,663	6,643	(1,643)	(32.9%)	6,643	(1,643)
148 Minority Recruitment	541	5,000	6,000	0	6,000	(1,000)	(20.0%)	6,000	(1,000)
149 Printing Admin	550	11,542	3,376	0	3,376	8,166	70.8%	9,899	1,643
150 School Publications	551 & 552	3,500	400	0	400	3,100	88.6%	3,500	-
151		134,317	102,907	1,993	104,900	29,417	21.9%	135,373	(1,056)

Tuition: Special Education

152 Sp.Ed Vocational	561	461,250	81,458	187,450	268,908	192,342	41.7%	428,814	32,436
153 Sp.Ed BoE Placements	562	2,557,392	760,546	1,354,263	2,114,809	442,583	17.3%	2,557,392	-
154 Sp.Ed State Placements	563	600,000	156,782	140,126	296,908	303,092	50.5%	600,000	-
155 Sp.Ed Magnet Choice	568	862,648	469,047	192,571	661,618	201,030	23.3%	816,769	45,879
156		4,481,290	1,467,833	1,874,410	3,342,243	1,139,047	25.4%	4,402,975	78,315

Tuition: Other

157 Adult Ed	564	210,000	207,000	0	207,000	3,000	1.4%	207,000	3,000
158 Magnet Tuition	566	945,337	234,925	696,812	931,737	13,600	1.4%	931,737	13,600
159 Vo Ag Reg.Ed Tuition	567	95,522	0	0	0	95,522	100.0%	95,522	-
160		1,250,859	441,925	696,812	1,138,737	112,122	9.0%	1,234,259	16,600
161 Total Transportation, Insurance, Communication, Tuition		11,729,799	3,643,573	2,599,107	6,242,680	5,487,119	46.8%	11,620,744	109,055

Supplies

Instructional Supplies

162 General Classroom	601	117,527	16,296	5,848	22,145	95,382	81.2%	103,564	13,963
163 Science	602	26,320	3,994	2,469	6,463	19,857	75.4%	26,320	-
164 Arts & Crafts	603	23,577	13,091	2,639	15,729	7,848	33.3%	24,868	(1,291)
165 Phys. Ed	604	13,540	940	760	1,700	11,840	87.4%	13,273	267
166 Music	605	22,700	3,842	3,058	6,900	15,800	69.6%	22,700	-
167 Kindergarten	606	5,600	442	0	442	5,158	92.1%	5,600	-
168 Pupil Tests	607	70,700	30,599	3,298	33,896	36,804	52.1%	70,966	(266)
169 Tech. Ed	609	7,500	0	0	0	7,500	100.0%	7,500	-
170 Home Ec Supplies	613	12,700	4,091	186	4,277	8,423	66.3%	12,700	-
171 Sp.Ed Supplies	615	56,000	17,543	3,977	21,520	34,480	61.6%	56,000	-
172 Athletic Supplies	616	52,554	7,606	11,898	19,503	33,051	62.9%	53,324	(770)
173 Math Supplies	617	11,082	633	1,255	1,889	9,193	83.0%	11,273	(191)
174 Health Supplies	618	2,400	0	0	0	2,400	100.0%	2,400	-
175 Other Supplies	619	3,000	0	0	0	3,000	100.0%	3,000	-
176 Health Serv Pathogen	622	6,500	508	0	508	5,992	92.2%	6,500	-
177 School Library Supplies	623	5,250	1,220	0	1,220	4,030	76.8%	5,250	-
178 Food, Drink, Snacks	628	23,000	10,293	895	11,188	11,812	51.4%	25,227	(2,227)
180		459,950	111,098	36,282	147,380	312,570	68.0%	450,465	9,485

Computer Supplies

181 Computer Supplies	610 & 611	92,700	13,847	5,226	19,073	73,627	79.4%	94,455	(1,755)
182 Software	612	195,406	421,869	3,240	425,109	(229,703)	(117.6%)	196,063	(657)
183		288,106	435,716	8,466	444,182	(156,076)	(54.2%)	290,518	(2,412)

Electricity & Heating

184 Electricity	631	972,729	474,770	17,891	492,661	480,068	49.4%	972,729	-
185 Propane/Natural Gas	632	294,355	58,114	0	58,114	236,241	80.3%	294,355	-
186 Heating Oil	633	193,986	46,203	0	46,203	147,783	76.2%	193,986	-
187		1,461,070	579,086	17,891	596,977	864,093	59.1%	1,461,070	0

Transportation Supplies

188 Diesel for School Buses	634	128,439	107,693	0	107,693	20,746	16.2%	136,093	(7,654)
189 Gas for Maintenance	656	41,996	5,278	0	5,278	36,718	87.4%	41,996	-
190		170,435	112,971	0	112,971	57,464	33.7%	178,089	(7,654)

Textbooks & Library Books

191 Textbooks	640	61,415	9,545	8,768	18,313	43,102	70.2%	65,696	(4,281)
192 Workbooks	641	19,410	5,256	0	5,256	14,154	72.9%	19,410	-
193 Textbook Rebind	642	950	0	0	0	950	100.0%	950	-
194 Library Books	645	21,700	152	5,131	5,283	16,417	75.7%	21,700	-
195 Periodicals	647	2,700	205	1,178	1,382	1,318	48.8%	2,700	-
196		106,175	15,157	15,077	30,234	75,941	71.5%	110,456	(4,281)

Groton Public Schools

Date prep:		FY22 Budget Summary Review							
12/8/21 2:56 PM									
Account	Object #s	FY22 Budget 2021-2022	Expenditures	Encumbered	FY22 Actual Total	Remaining Balance	%	FY22 Estimate 12/09/2021	Under/(Over)
Facility/Maintenance Supplies									
197 Equipment Repair	650	28,503	4,372	403	4,775	23,728	83.2%	28,503	-
198 Grounds Supplies	651	18,862	8,330	0	8,330	10,532	55.8%	18,862	-
199 General Bldg Repair	652	65,101	20,068	5,705	25,772	39,329	60.4%	62,526	2,575
200 Painting	653	2,500	5,075	0	5,075	(2,575)	(103.0%)	5,075	(2,575)
201 Heat & Plumbing	654	34,057	24,400	356	24,756	9,301	27.3%	34,057	-
202 Electrical	655	30,250	15,397	261	15,658	14,592	48.2%	30,250	-
203 Safety Supplies	657 & 659	13,555	6,198	0	6,198	7,357	54.3%	12,755	800
204 Custodial Supplies	656	143,982	48,374	3,724	52,098	91,884	63.8%	143,982	-
205		336,810	132,214	10,448	142,662	194,148	57.6%	336,010	800
Other Supplies									
206 Sup Serv Guid Imp Ins	621	24,400	9,300	1,781	11,081	13,319	54.6%	25,326	(926)
207 Audio Visual	624 & 625	7,502	5,552	577	6,129	1,373	18.3%	7,502	-
208 General Admin Supplies	626	13,110	5,907	366	6,273	6,837	52.2%	10,919	2,191
209 School Admin Supplies	627	15,800	9,253	2,122	11,375	4,425	28.0%	19,239	(3,439)
210 Professional Materials	690	24,300	7,795	396	8,191	16,109	66.3%	18,840	5,460
212		85,112	64,373	5,742	70,115	14,997	17.6%	82,407	2,705
213 Total Supplies		2,907,658	1,450,615	93,906	1,544,521	1,363,137	46.9%	2,909,015	(1,357)
Equipment									
Instructional Equipment									
214 Replace Instr Equip	730	12,730	2,690	0	2,690	10,040	78.9%	11,070	1,660
215 Add Instr Equipment	735	54,471	4,136	2,105	6,241	48,230	88.5%	33,809	20,662
216		67,201	6,826	2,105	8,931	58,270	86.7%	44,879	22,322
Non-Instructional Equipment									
217 Replace Non-Instr Equipment	731	10,000	2,081	2,221	4,301	5,699	57.0%	4,301	5,699
218 Add Non-Instr Equipment	736	0	25,280	2,610	27,889	(27,889)		27,869	(27,869)
219		10,000	27,360	4,830	32,190	(22,190)	(221.9%)	32,170	(22,170)
220 Total Equipment		77,201	34,187	6,935	41,122	36,079	46.7%	77,050	151
Dues - Fees									
Dues/Fees									
221 Dues BoE	810	25,541	21,088	0	21,088	4,453	17.4%	25,541	-
222 General Admin Dues	811	15,650	13,526	1,484	15,010	640	4.1%	16,960	(1,310)
223 School Admin Dues	812	43,669	22,860	0	22,860	20,809	47.7%	45,694	(2,025)
224 Other Dues	819	3,975	2,906	0	2,906	1,069	26.9%	4,081	(106)
225 Total Dues/Fees		88,835	60,380	1,484	61,864	26,971	30.4%	92,276	(3,441)
226 Grand Total		77,438,090	25,980,623	30,009,698	55,990,321	21,447,769	27.7%	77,355,167	82,923

Groton Public Schools
FY22 Budget Summary Review
Summary at Program Level III

Function No. Description		FY22 Budget			FY22 Total	Remaining		12/09/2021 FY22	Under/ (Over)
		2021-2022	Expended 2021-2022	Encumbered 2021-2022	2021-2022	Balance		Estimated 2021-2022	
Regular Instruction									
1101	FUNCTION-1101 ELEMENTARY	13,269,421	4,102,400	7,410,895	11,513,295	1,756,126	13.2%	13,362,242	(92,821)
1102	FUNCTION-1102 ART	670,468	213,085	390,412	603,498	66,970	10.0%	670,390	78
1104	FUNCTION-1104 LANGUAGE ARTS	2,310,517	713,152	1,362,380	2,075,532	234,985	10.2%	2,370,861	(60,344)
1105	FUNCTION-1105 WORLD LANGUAGES	1,378,697	431,994	847,734	1,279,728	98,969	7.2%	1,455,460	(76,763)
1106	FUNCTION-1106 CONSUMER SCIENCE	149,479	44,487	78,561	123,047	26,432	17.7%	149,479	-
1107	FUNCTION-1107 TECHNOLOGY EDUCATION	636,478	192,060	357,402	549,462	87,016	13.7%	644,493	(8,015)
1108	FUNCTION-1108 MATHEMATICS	2,151,284	630,012	1,222,380	1,852,392	298,892	13.9%	2,100,324	50,960
1109	FUNCTION-1109 MUSIC	731,431	183,650	417,811	601,461	129,970	17.8%	766,346	(34,915)
1110	FUNCTION-1110 PHYSICAL EDUCATION	1,174,615	311,467	585,004	896,471	278,144	23.7%	1,166,143	8,472
1111	FUNCTION-1111 SCIENCE	2,249,495	706,622	1,220,639	1,927,260	322,235	14.3%	2,218,941	30,554
1112	FUNCTION-1112 SOCIAL STUDIES	1,821,305	549,536	1,079,710	1,629,247	192,058	10.5%	1,810,766	10,539
1114	FUNCTION-1114 HEALTH EDUCATION	220,609	103,470	228,718	332,187	(111,578)	(50.6%)	222,419	(1,810)
1117	FUNCTION-1117 INTERN. BACCALAUREATE	67,250	37,491	4,260	41,751	25,499	37.9%	73,160	(5,910)
1118	FUNCTION-1118 IB - CAREERS-RELATED PROGRAM	18,179	0	0	0	18,179	100.0%	18,179	-
1119	FUNCTION-1119 UNCLASSIFIED	1,371,266	662,472	259	662,731	708,535	51.7%	1,401,526	(30,260)
1121	FUNCTION-1121 BUSINESS EDUCATION	332,696	97,438	179,628	277,065	55,631	16.7%	321,568	11,128
1124	FUNCTION-1124 HEALTH OCCUPATIONS	71,898	1,667	0	1,667	70,231	97.7%	19,911	51,987
1260	FUNCTION-1260 ENRICHMENT	38,724	0	0	0	38,724	100.0%	38,724	(0)
1270	FUNCTION-1270 REMEDIAL INSTRUCTION	2,914,729	864,079	1,774,453	2,638,532	276,197	9.5%	2,874,890	39,839
2220	FUNCTION-2220 EDUCATIONAL MEDIA SERVICE	1,097,479	352,420	471,789	824,209	273,270	24.9%	1,080,206	17,273
Total Regular Instruction		32,699,370	10,238,695	17,632,034	27,870,730	4,828,640	14.8%	32,822,433	(123,063)
Special Instruction									
1205	FUNCTION-1205 PRESCHOOL 3-5	1,235,951	336,021	485,875	821,897	414,054	33.5%	1,236,879	(928)
1210	FUNCTION-1210 SPED Summer School	20,290	0	0	0	20,290	100.0%	-	20,290
1220	FUNCTION-1220 OTHER SPECIAL INSTRUCTION	792,073	267,642	123,600	391,242	400,831	50.6%	785,740	6,333
1230	FUNCTION-1230 SPECIAL EDUCATION	8,176,457	1,920,918	3,093,800	5,014,718	3,161,739	38.7%	8,119,584	56,873
1250	FUNCTION-1250 BLIND	26,599	0	0	0	26,599	100.0%	7,524	19,075
1280	FUNCTION-1280 HEARING IMPAIRED	107,224	36,226	69,456	105,682	1,542	1.4%	107,281	(57)
Total Special Instruction		10,358,594	2,560,807	3,772,732	6,333,539	4,025,055	38.9%	10,257,007	101,587
Continuing Education									
1310	FUNCTION-1310 HIGH SCHOOL COMPLETION	84,133	18,536	8,425	26,961	57,172	68.0%	84,288	(155)
1320	FUNCTION-1320 ADULT EDUCATION	210,000	207,000	0	207,000	3,000	1.4%	207,000	3,000
Total Continuing Education		294,133	225,536	8,425	233,961	60,172	20.5%	291,288	2,845
Other Instructional Programs									
15**	STUDENT ACTIVITIES 6-12	938,606	241,945	114,366	356,311	582,295	62.0%	952,771	(14,165)
TOTAL INSTRUCTION		44,290,703	13,266,983	21,527,558	34,794,541	9,496,162	21.4%	44,323,500	(32,797)
Support Services - Pupils									
2101	FUNCTION-2101 SUPPORT SERVICES - SPED CO	878,367	399,075	337,748	736,823	141,544	16.1%	883,362	(4,995)
2110	FUNCTION-2110 SOCIAL WORK SERVICES	355,751	113,867	193,674	307,541	48,210	13.6%	356,316	(565)
2120	FUNCTION-2120 GUIDANCE SERVICES	1,595,294	492,462	781,259	1,273,721	321,573	20.2%	1,594,405	889
2130	FUNCTION-2130 HEALTH SERVICES	1,237,137	133,576	794,815	928,391	308,746	25.0%	1,205,019	32,118
2140	FUNCTION-2140 PSYCHOLOGICAL SERVICES	1,241,410	371,165	718,072	1,089,236	152,174	12.3%	1,218,611	22,799
2150	FUNCTION-2150 SPEECH & HEARING SERVICES	1,162,998	373,102	687,864	1,060,966	102,032	8.8%	1,174,973	(11,975)
Total Support Services - Pupils		6,470,957	1,883,248	3,513,431	5,396,679	1,074,278	16.6%	6,432,686	38,271
Support Services - Staff									
2201	FUNCTION-2201 SUPPORTING SERVICES - T&L	369,442	194,179	156,425	350,604	18,838	5.1%	346,756	22,686
2202	FUNCTION-2202 SUPPORTING SERVICES - DEI	15,761	0	0	0	15,761	100.0%	15,218	543
2210	FUNCTION-2210 IMPROVEMENT OF INSTRUCTION	235,564	123,690	1,925	125,615	109,949	46.7%	236,795	(1,231)
Total Support Services - Staff		620,767	317,870	158,350	476,219	144,548	23.3%	598,769	21,998
General Support Services									
2311	FUNCTION-2311 BOARD OF EDUCATION SERVICE	30,241	21,524	2,920	24,443	5,798	19.2%	30,241	-
2312	FUNCTION-2312 SUPERINTENDENT OFFICE SER	1,565,287	593,580	289,322	882,902	682,385	43.6%	1,568,798	(3,511)
2313	FUNCTION-2313 BUSINESS OFFICE	976,596	305,692	71,338	377,030	599,566	61.4%	984,890	(8,294)
2410	FUNCTION-2410 SCHOOL ADMINISTRATION	4,150,463	1,978,869	1,481,379	3,460,248	690,215	16.6%	4,177,050	(26,587)
Total General Support Services		6,722,587	2,899,664	1,844,958	4,744,623	1,977,964	29.4%	6,760,979	(38,392)
Operational Services									
2510	FUNCTION-2510 OPERATIONS AND MAINTENANCE	6,830,961	2,784,392	250,339	3,034,731	3,796,230	55.6%	6,749,084	81,877
2520	FUNCTION-2520 PUPIL TRANSPORTATION	5,837,953	1,651,717	38,650	1,690,367	4,147,586	71.0%	5,864,074	(26,121)
2540	FUNCTION-2540 COMPUTER SUPPORT SERVICES	1,504,213	1,087,014	292,639	1,379,653	124,560	8.3%	1,525,606	(21,393)
2560	FUNCTION-2560 HEALTH SERVICES STAFF	2,500	253	0	253	2,247	89.9%	2,500	-
Total Operational Services		14,175,627	5,991,558	581,628	6,573,187	7,602,440	53.6%	14,141,264	34,363
TOTAL SUPPORT SERVICES		27,989,938	11,092,340	6,098,368	17,190,708	10,799,230	38.6%	27,933,697	56,241
Community Services									
3710	FUNCTION 3710-NONPUBLIC SCHOOL	96,550	0	0	0	96,550	100.0%	96,550	0
Non-Programmed Charges									
4100	TUITION PAYMENTS	5,060,899	1,621,300	2,383,772	4,005,072	1,055,827	20.9%	5,001,420	59,479
GRAND TOTAL		77,438,090	25,980,623	30,009,698	55,990,321	21,447,769	27.7%	77,355,167	82,923
									0.11%

Cost vs Budget Dashboard - data through September 2021

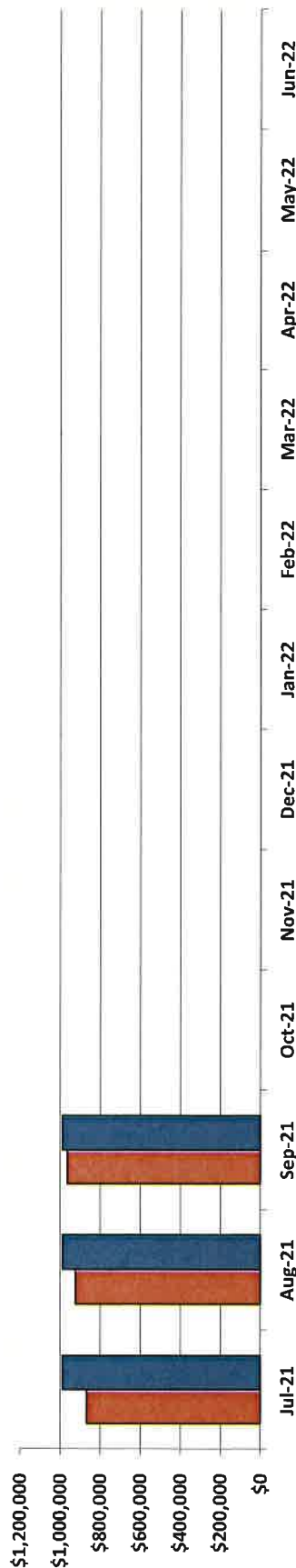
BOE Groups Active & Retired

Self Insured - All Coverages All Enrollees										
Claim/Admin. Cost										
Date	Lives	Net Medical Paid Claims	Rx Paid Claims	Dental Paid Claims	Total Net Paid Claims	Total Fixed Costs	Total Cost	BOE Monthly Budget*	Variance - Total Cost vs BOE Budget	Actual/Estimated BOE Budget
Jul-21	570	\$658,635	\$96,759	\$25,333	\$780,727	\$87,755	\$868,482	\$990,851	(\$122,369)	87.7%
Aug-21	569	\$608,837	\$193,342	\$33,974	\$836,153	\$87,629	\$923,782	\$990,851	(\$67,069)	93.2%
Sep-21	570	\$720,317	\$138,421	\$19,916	\$878,653	\$87,755	\$966,409	\$990,851	(\$24,443)	97.5%
Oct-21										
Nov-21										
Dec-21										
Jan-22										
Feb-22										
Mar-22										
Apr-22										
May-22										
Jun-22										
YTD	1709	\$1,987,789	\$428,522	\$79,223	\$2,495,533	\$263,140	\$2,758,673	\$2,972,554	(\$213,881)	92.8%

Budget vs. Actual Cost

Actual vs Budget

Actual Cost Budgeted Cost



Total fixed costs is taken from segmented Anthem Report 4 dated 3/9/21 plus Network Access Fees of \$190,427

*BOE monthly budget based on non-weighted Anthem proposal dated 3/9/21

**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 plaques 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 apps 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. COMMITTEE REPORTS

- 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,
Volkman, 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, Volkman, 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. Volkman 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

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.

Fitch High School School Counseling**Caseloads: 177 students per****PD Wshlists:**

Counseling strategies

LGBTQ+

Increased mental health concerns

Counselor College Visits/Tours

PPT: # 199

504 #95

ABC Referrals: #

<u>Daily/Monthly Task</u>	<u>Description</u>	<u>Length of Task (minutes)</u>
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/emotional	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: #

<u>Daily/Monthly Task</u>	<u>Description</u>	<u>Length of Task (minutes)</u>
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

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)
	\$94.50 (13.50 * 7)	\$105.00 (15.00 * 7)	\$105 (15.00 * 7)	\$125.00 (17.85 * 7)	\$14.00	\$14.00	\$15.00	\$15.00	
Sub Teacher **									\$15.30
Building Sub Teacher									\$18.21
Tutor PT	\$26.50	\$26.50	\$26.50	\$26.50	\$14.00	\$14.00	\$15.00	\$15.00	\$27.03
ISS Supervision	\$26.50	\$26.50	\$26.50	\$26.50	\$14.00	\$14.00	\$15.00	\$15.00	\$27.03
Security Guards	\$22.95	\$22.95	\$22.95	\$22.95	\$14.00	\$14.00	\$15.00	\$15.00	\$23.41
Custodian PT	\$16.83	\$16.83	\$16.83	\$16.83	\$14.00	\$14.00	\$15.00	\$15.00	\$17.51
Sub School Secretary	\$15.15	\$15.15	\$15.15	\$15.15	\$14.00	\$14.00	\$15.00	\$15.00	\$16.32
Summer School Secretary	\$15.15	\$15.15	\$15.15	\$15.15	\$14.00	\$14.00	\$15.00	\$15.00	\$16.32
Adult Ed Secretary	\$15.15	\$15.15	\$15.15	\$15.15	\$14.00	\$14.00	\$15.00	\$15.00	\$16.32
Lunch Program entry rate	\$15.55	\$15.55	\$15.55	\$15.55	\$14.00	\$14.00	\$15.00	\$15.00	\$16.32
Summer School Aide	\$13.50	\$13.50	\$13.50	\$13.50	\$14.00	\$14.00	\$15.00	\$15.00	\$15.30
Part time Aide	\$13.50	\$13.50	\$13.50	\$13.50	\$14.00	\$14.00	\$15.00	\$15.00	\$15.30
Bus Aide/Attendant	\$14.31	\$14.31	\$14.31	\$14.31	\$14.00	\$14.00	\$15.00	\$15.00	\$15.30
Tree House Aide	\$14.31	\$14.31	\$14.31	\$14.31	\$14.00	\$14.00	\$15.00	\$15.00	\$15.30
Summer Tree House Aide	\$13.00	\$13.00	\$13.00	\$13.00	\$14.00	\$14.00	\$15.00	\$15.00	\$15.30
Tree House Leader	\$15.15	\$15.15	\$15.15	\$15.15	\$14.00	\$14.00	\$15.00	\$15.00	\$17.34
Tree House Site Coord	\$16.93	\$16.93	\$16.93	\$16.93	\$14.00	\$14.00	\$15.00	\$15.00	\$19.38
Sub Para	\$13.50	\$13.50	\$13.50	\$13.50	\$14.00	\$14.00	\$15.00	\$15.00	\$15.30
Community Coordinator	\$13.00	\$13.00	\$13.00	\$13.00	\$14.00	\$14.00	\$15.00	\$15.00	\$15.30
Sub Lunch Program	\$13.00	\$13.00	\$13.00	\$13.00	\$14.00	\$14.00	\$15.00	\$15.00	\$15.30
Sub Custodian PT entry	\$13.50	\$13.50	\$13.50	\$13.50	\$14.00	\$14.00	\$15.00	\$15.00	\$15.30
Sub Custodian PT other	\$15.00	\$15.00	\$15.00	\$15.00	\$14.00	\$14.00	\$15.00	\$15.00	\$15.30
IT summer interns	\$13.00	\$13.00	\$13.00	\$13.00	\$14.00	\$14.00	\$15.00	\$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

Groton Public Schools
FY2022/2023
Major Assumptions

Salaries				FY22 Total Budget	Anticipated increase	Anticipated increase less grant funding
Administrators		based on contract % increase	2.1%	77,438,090.00	76,000.00	76,000.00
Add Elem Asst Princ - 1.0 FTE				127,031.40	127,031.40	127,031.40
Teachers - step & GWI		based on contract % increase	3.1%	1,063,500.00	1,063,500.00	1,063,500.00
Teacher Retirees		estimated 6 retirements		(90,000.00)	(90,000.00)	(90,000.00)
Add BCBA				85,000.00	85,000.00	85,000.00
Add Pre-K/K Social Worker				61,000.00	61,000.00	61,000.00
Add Special Education				61,000.00	61,000.00	61,000.00
Add Teachers paid through MSAP in FY22				206,000.00	206,000.00	206,000.00
Paraprofessionals II - step		based on current contract	2.0%	41,700.00	41,700.00	41,700.00
Paraprofessionals I - GWI		no contract - placeholder	2.0%	13,900.00	13,900.00	13,900.00
Tutors - GWI		no contract - placeholder	2.0%	8,500.00	8,500.00	8,500.00
School Clerical		based on contract	2.0%	13,000.00	13,000.00	13,000.00
Add Elem Secretary - 1.0 FTE				33,000.00	33,000.00	33,000.00
Custodian/Maint/Tech		based on contract	2.0%	71,000.00	71,000.00	71,000.00
Non-Union - CO (admin & clerical)		placeholder	2.0%	47,800.00	47,800.00	47,800.00
Non-Union - other (bus aides, etc)		placeholder	2.0%	39,400.00	39,400.00	39,400.00
Minimum Wage Impact				253,000.00	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%	

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 filed, 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 14-234~~
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)
<input type="checkbox"/> Diphtheria-Tetanus-and acellular Pertussis (DTaP)	<input type="checkbox"/> Temporary through: ____/____ mm/ yyyy <input type="checkbox"/> Permanent	Contraindications <input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component <input type="checkbox"/> Encephalopathy within seven days after receipt of previous dose of DTP or DTaP Precautions <input type="checkbox"/> Progressive neurologic disorder, including infantile spasms, uncontrolled epilepsy, progressive encephalopathy: defer DTaP until neurologic status clarified and stabilized <input type="checkbox"/> GBS <6 weeks after previous dose of tetanus-toxoid-containing vaccine <input type="checkbox"/> Fever greater than 40.5°C (104.9°F) <48 hours after vaccination of previous dose of DTP or DTaP <input type="checkbox"/> 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 <input type="checkbox"/> Moderate or acute illness with or without fever
<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Temporary through: ____/____ mm/ yyyy <input type="checkbox"/> Permanent	Contraindications <input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component Precautions <input type="checkbox"/> Moderate or severe acute illness with or without fever

<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Temporary through: ____/____ mm/ yyyy <input type="checkbox"/> Permanent	Contraindications <input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component <input type="checkbox"/> Hypersensitivity to yeast Precautions <input type="checkbox"/> Moderate or severe acute illness with or without fever
<input type="checkbox"/> <i>Haemophilus influenzae</i> type b (HiB)	<input type="checkbox"/> Temporary through: ____/____ mm/ yyyy <input type="checkbox"/> Permanent	Contraindications <input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component <input type="checkbox"/> Age <6 weeks Precautions <input type="checkbox"/> Moderate or severe acute illness with or without fever
<input type="checkbox"/> Inactivated Influenza Virus (IIV)	<input type="checkbox"/> Temporary through: ____/____ mm/ yyyy <input type="checkbox"/> Permanent	Contraindications <input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after previous dose of influenza vaccine or to vaccine component Precautions <input type="checkbox"/> GBS <6 weeks after a previous dose of influenza vaccine <input type="checkbox"/> Moderate or severe acute illness with or without fever <input type="checkbox"/> 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).
<input type="checkbox"/> Inactivated Polio Vaccine (IPV)	<input type="checkbox"/> Temporary through: ____/____ mm/ yyyy <input type="checkbox"/> Permanent	Contraindications <input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component Precautions <input type="checkbox"/> Pregnancy <input type="checkbox"/> Moderate or acute illness with or without fever

<input type="checkbox"/> Live Attenuated Influenza Virus (LAIV)	<input type="checkbox"/> Temporary through: <div style="border-bottom: 1px solid black; width: 100px; margin: 5px 0;"></div> <div style="border-bottom: 1px solid black; width: 100px; margin: 5px 0;"></div> mm/ yyyy <input type="checkbox"/> Permanent	<p>Contraindications</p> <ul style="list-style-type: none"> <input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component <input type="checkbox"/> Concomitant use of aspirin or aspirin-containing medication in children and adolescents <input type="checkbox"/> 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) <input type="checkbox"/> Pregnancy <input type="checkbox"/> 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. <input type="checkbox"/> Persons with active cerebrospinal fluid/oropharyngeal communications/leaks. <input type="checkbox"/> Close contacts and caregivers of severely immunosuppressed persons who require a protected environment. <input type="checkbox"/> 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). <input type="checkbox"/> Altered Immunocompetence <input type="checkbox"/> Anatomic or functional asplenia (e.g. sickle cell disease) <p>Precautions</p> <ul style="list-style-type: none"> <input type="checkbox"/> GBS <6 weeks after a previous dose of influenza vaccine <input type="checkbox"/> Asthma in persons aged 5 years old or older <input type="checkbox"/> Medical conditions which might predispose to higher risk of complications attributable to influenza(d) <input type="checkbox"/> Moderate or severe acute illness with or without fever
<input type="checkbox"/> Meningococcal conjugate vaccines (MenACWY)	<input type="checkbox"/> Temporary through: <div style="border-bottom: 1px solid black; width: 100px; margin: 5px 0;"></div> <div style="border-bottom: 1px solid black; width: 100px; margin: 5px 0;"></div> mm/ yyyy <input type="checkbox"/> Permanent	<p>Contraindications</p> <ul style="list-style-type: none"> <input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component, including yeast <p>Precautions</p> <ul style="list-style-type: none"> <input type="checkbox"/> Moderate or severe acute illness with or without fever

<input type="checkbox"/> Measles-Mumps-Rubella (MMR)	<input type="checkbox"/> Temporary through: ____/____ mm/ yyyy <input type="checkbox"/> Permanent	<p>Contraindications</p> <ul style="list-style-type: none"> <input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component <input type="checkbox"/> Pregnancy <input type="checkbox"/> 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) <input type="checkbox"/> Family history of altered immunocompetence (l) <p>Precautions</p> <ul style="list-style-type: none"> <input type="checkbox"/> Recent (≤ 11 months) receipt of antibody-containing blood product (specific interval depends on product) <input type="checkbox"/> History of thrombocytopenia or thrombocytopenic purpura <input type="checkbox"/> Need for tuberculin skin testing or interferon-gamma release assay (IGRA) testing (k) <input type="checkbox"/> Moderate or severe acute illness with or without fever
<input type="checkbox"/> Pneumococcal (PCV13)	<input type="checkbox"/> Temporary through: ____/____ mm/ yyyy <input type="checkbox"/> Permanent	<p>Contraindications</p> <ul style="list-style-type: none"> <input type="checkbox"/> 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 <p>Precautions</p> <ul style="list-style-type: none"> <input type="checkbox"/> Moderate or acute illness with or without fever
<input type="checkbox"/> Tdap	<input type="checkbox"/> Temporary through: ____/____ mm/ yyyy <input type="checkbox"/> Permanent	<p>Contraindications</p> <ul style="list-style-type: none"> <input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component <input type="checkbox"/> 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 <p>Precautions</p> <ul style="list-style-type: none"> <input type="checkbox"/> GBS <6 weeks after a previous dose of tetanus-toxoid-containing vaccine <input type="checkbox"/> Progressive or unstable neurological disorder, uncontrolled seizures, or progressive encephalopathy until a treatment regimen has been established and the condition has stabilized <input type="checkbox"/> 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 <input type="checkbox"/> Moderate or severe acute illness with or without fever
<input type="checkbox"/> Varicella	<input type="checkbox"/> Temporary through: ____/____ mm/ yyyy <input type="checkbox"/> Permanent	Contraindications <input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component <input type="checkbox"/> Known severe immunodeficiency (e.g., from hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, long-term immunosuppressive therapy (1) or patients with HIV infection who are severely immunocompromised) (g) <input type="checkbox"/> Pregnancy <input type="checkbox"/> Family history of altered immunocompetence (1) Precautions <input type="checkbox"/> Recent (≤ 11 months) receipt of antibody-containing blood product (specific interval depends on product) <input type="checkbox"/> 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\(a\)](#).

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>

Required COVID-19 Vaccinations

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.

Required COVID-19 Vaccinations**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.

Required COVID-19 Vaccinations**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.

Required COVID-19 Vaccinations

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.

Required COVID-19 Vaccinations

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

Required COVID-19 Vaccinations**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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Required COVID-19 Vaccinations

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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Required COVID-19 Vaccinations

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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Required COVID-19 Vaccinations

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 _____

Required COVID-19 Vaccinations

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: _____

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Required COVID-19 Vaccinations

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.

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Required COVID-19 Vaccinations

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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Required COVID-19 Vaccinations

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:

PREFERRED MAXIMUM CLASS SIZE GUIDELINES

<u>ACADEMIC</u>	<u>PREFERRED MAXIMUM CLASS SIZE</u>
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)
 <u>SPECIAL AREAS</u>	
Technology Education (9-12)	20
Culinary Arts (9-12)	16
General Music (K-12)	25
Art (9-12)	20
Physical Education (6-12)	30
 <u>PUPIL – TEACHER RATIOS FOR SUPPORT PERSONNEL</u>	
Guidance Counselors	200:1
Library/Media Specialist	500:1
Special Education:	
Self-contained	12:1
Resource Room	20:1

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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>

Required COVID-19 Vaccinations

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.

Required COVID-19 Vaccinations**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.

Required COVID-19 Vaccinations**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:

- I. 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.

Required COVID-19 Vaccinations

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.

Required COVID-19 Vaccinations

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 SARS-CoV-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

Required COVID-19 Vaccinations**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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Required COVID-19 Vaccinations

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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Required COVID-19 Vaccinations

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.

R 4118.239

Required COVID-19 Vaccinations

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 _____

Required COVID-19 Vaccinations

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: _____

R 4118.239

Required COVID-19 Vaccinations

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.

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Required COVID-19 Vaccinations

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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Required COVID-19 Vaccinations

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:

Groton Public Schools Student Calendar 2022-2023 DRAFT

Early dismissal

No school

Start Date 8/30

JULY 2022					0/0
M	T	W	Th	F	
				1	
4	5	6	7	8	
11	12	13	14	15	
18	19	20	21	22	
25	26	27	28	29	

4, 5 July 4th Holiday
 x Sp. Ed. Summer School
 Summer School 9-12 at FHS - TBD

AUGUST 2022					2/2
M	T	W	Th	F	
1	2	3	4	5	
8	9	10	11	12	
15	16	17	18	19	
22	23	24	25	26	
29	30	31			

x Sp.Ed. Ext ABA Summer Session
 25 Convocation/School Meetings
 30 First Day of School (1-12)
 30, 31 Preschool, Kindergarten Screening

SEPTEMBER 2022					21/23
M	T	W	Th	F	
			1	2	
5	6	7	8	9	
12	13	14	15	16	
19	20	21	22	23	
26	27	28	29	30	

1, 2 Preschool, Kindergarten Screening
 5 Labor Day
 6 First Day of Kindergarten
 /PreK/Preschool
 27 TLI-Early Dismissal

OCTOBER 2022					20/43
M	T	W	Th	F	
3	4	5	6	7	
10	11	12	13	14	
17	18	19	20	21	
24	25	26	27	28	
31					

10 Columbus Day
 25 TLI-Early Dismissal

NOVEMBER 2022					17/60
M	T	W	Th	F	
	1	2	3	4	
7	8	9	10	11	
14	15	16	17	18	
21	22	23	24	25	
28	29	30			

8 All Day Regional
 Professional Development
 11 Veteran's Day
 23, 24, 25 Thanksgiving Recess

DECEMBER 2022					17/77
M	T	W	Th	F	
			1	2	
5	6	7	8	9	
12	13	14	15	16	
19	20	21	22	23	
26	27	28	29	30	

6 TLI-Early Dismissal
 23 Early Dismissal
 26-30 Winter Holiday Recess

JANUARY 2023					20/97
M	T	W	Th	F	
2	3	4	5	6	
9	10	11	12	13	
16	17	18	19	20	
23	24	25	26	27	
30	31				

2 New Year's Day
 16 Martin Luther King Day
 31 TLI-Early Dismissal

FEBRUARY 2023					18/115
M	T	W	Th	F	
		1	2	3	
6	7	8	9	10	
13	14	15	16	17	
20	21	22	23	24	
27	28				

20, 21 Presidents Day Recess
 28 TLI-Early Dismissal

MARCH 2023					22/137
M	T	W	Th	F	
		1	2	3	
6	7	8	9	10	
13	14	15	16	17	
20	21	22	23	24	
27	28	29	30	31	

10 Regional Professional Development
 28 TLI-Early Dismissal

APRIL 2023					14/151
M	T	W	Th	F	
3	4	5	6	7	
10	11	12	13	14	
17	18	19	20	21	
24	25	26	27	28	

7 Good Friday
 10-14 Spring Recess
 25 TLI-Early Dismissal

MAY 2023					22/173
M	T	W	Th	F	
1	2	3	4	5	
8	9	10	11	12	
15	16	17	18	19	
22	23	24	25	26	
29	30	31			

16 TLI-Early Dismissal
 29 Memorial Day

JUNE 2023					8/181
M	T	W	Th	F	
			1	2	
5	6	7	8	9	
12	13	14	15	16	
19	20	21	22	23	
26	27	28	29	30	

12 Last Day of School, Early Dismissal
 FHS Graduation - TBD*