

Personnel

COVID-19 Staff Vaccination

The Board of Education's highest priority is ensuring the health and safety of the District's students and their families, the District's employees and their families, and our greater community. Pursuant to this obligation and Connecticut Governor Ned Lamont's September 10, 2021 Executive Order # 13G, the Board mandates that all District employees who perform work within the District's schools be vaccinated against COVID-19 unless otherwise exempt as set forth in this policy.

Definitions

For the purposes of this policy, the following definitions 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.

"District employee" refers to all New Milford Public Schools' employees, both full and part-time, including substitutes and student teachers. This definition applies to all District staff regardless of the amount of student contact time a particular staff member may have. This definition does not apply to District volunteers.

Mandatory COVID-19 Vaccination

1. Prospective District Employees Hired On or After September 27, 2021

On or after September 27, 2021, the District shall offer employment only to individuals who are fully vaccinated. The exceptions to this rule are as follows:

- (1) The candidate has received the first dose of the vaccine and has either received the second dose (and less than 14 days have elapsed) or has an appointment for the second dose and he/she undergoes weekly COVID-19 testing and submits such results to the District until such time as the he/she is fully vaccinated; or
- (2) The candidate is exempt from the vaccination requirement because the vaccine is likely to be detrimental to the individual's health or the person is exempt due to a sincerely held religious belief and he/she undergoes weekly COVID-19 testing and submits such results to the District and he/she is able to perform the essential functions of his/her job with a reasonable accommodation that is not an undue burden to the Board.

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It shall be the responsibility of the candidate to provide proof of vaccination or to obtain and provide documents in support of his or her entitlement to any exemption. Decisions regarding exemptions shall be determined on a case-by-case basis.

The failure to meet any of these conditions will result in the candidate not being offered a position of employment.

The New Milford Public Schools shall not pay for the costs associated with weekly COVID-19 testing.

2. Existing District Employees and Those Hired Prior to September 27, 2021

On or after September 27, 2021, all non-exempt employees must be fully vaccinated against COVID-19 in order to maintain employment with the New Milford Public Schools unless:

- (1) The employee has received the first dose of the vaccine and has either received the second dose or has an appointment scheduled to obtain the second dose and undergoes weekly COVID-19 testing and submits such results to the District; or
- (2) The employee is exempt from the vaccination requirement because the vaccine is likely to be detrimental to the individual's health or the person is exempt due to a sincerely held religious belief and the employee undergoes weekly COVID-19 testing and submits such results to the District and the employee is able to perform the essential functions of his/her job with a reasonable accommodation that is not an undue burden to the Board; or
- (3) The employee undergoes weekly COVID-19 testing and submits such results to the District.

It shall be each employee's responsibility to provide proof of vaccination or to obtain and present documents in support of his or her entitlement to any exemption. Decisions regarding exemptions shall be determined on a case-by-case basis.

Employees who fail to comply with the above provisions will not be permitted to report to work or to enter into any school building or District facility. In addition, failure to produce proof of vaccination or weekly testing results will render employees ineligible for continued employment.

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The New Milford Public Schools shall not pay for the costs associated with weekly COVID-19 testing.

Acceptable Proof of Vaccination

Employees may demonstrate proof of vaccination by providing one of the following:

1. A 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 Connecticut Commissioner of Public Health.

Personal attestation will not be accepted as an acceptable form of proof of a COVID vaccination.

Exemptions to COVID-19 Vaccination Requirement

1. Medical/Disability

District employees seeking to be excused from receiving the COVID-19 vaccination due to medical restrictions and/or a disability must submit a request in writing to the Superintendent or his or her designee, along with any supporting documentation as may be requested by the Administration. Such supporting documentation shall include a statement from a physician, physician's assistant or advanced practice registered nurse indicating that the administration of the COVID-19 vaccination is likely to be detrimental to the District employee's health.

The Superintendent or his or her designee shall engage in discussion with the employee and make an individualized assessment as to whether the employee (if unvaccinated) will expose others to the virus or otherwise pose a direct threat to safety and health of the school community, based upon the following considerations:

- the duration of the exposure to others;
- the nature and severity of the potential harm from exposure;
- the likelihood that this potential harm will occur; and
- the imminence of this potential harm.

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If the Superintendent determines that the unvaccinated employee poses such a direct threat to the school community, the Superintendent will consider whether there are reasonable accommodations or mitigation efforts (absent undue hardship) that would eliminate or reduce the risk such that the unvaccinated employee will not pose a direct threat to others. Such measures may include but not be limited to greater isolation/social distancing and the use of enhanced personnel protective equipment, (for example, face shields worn in addition to masks), provided that they do not constitute an undue hardship to the District.

If the unvaccinated employee poses a direct threat that cannot be reduced to an acceptable level, the Superintendent may exclude the employee from physically entering any District schools or facilities. Such an employee may take, or be required to take, available leave pursuant to the terms of: 1. Any applicable collective bargaining agreement or individual contract of employment; 2. Any applicable Board policies, or; 3. Any applicable state or federal statutory provision such as the Americans with Disabilities Act (“ADA”) or the Family and Medical Leave Act (“FMLA”).

In making the above-described determinations, the Superintendent shall consult with local health authorities, and may consider the following factors, amongst others: 1. The general community (and workplace) spread of the virus; 2. The nature of the employee’s worksite, including the risk of exposing students, fellow District employees or other school community members to the virus;

3. The prevalence in the workplace of District employees who have already received a COVID-19 vaccination and the amount of contact with third parties, whose vaccination status may be unknown, and; 4. The availability and likely effectiveness of preventative measures.

2. Religious Practice or Belief

District employees who assert that they are unable to receive a COVID-19 vaccination because of a sincerely held religious practice or belief, must submit a request in writing to the Superintendent, along with any supporting documentation as may be requested by the Administration.

The Superintendent or his or her designee shall engage in discussion with the employee and make an individualized assessment as to whether the employee (if unvaccinated) will expose others to the virus and thus pose a direct to the safety and health of the school community, based upon the factors described above.

If the Superintendent determines that the unvaccinated employee poses a direct threat to the school community, the Superintendent will consider whether there are reasonable accommodations or mitigation efforts (absent undue hardship, i.e., more than a *de minimis* cost or burden on the District) that would eliminate or reduce this risk so that the unvaccinated employee does not pose a direct threat to others. Such measures may include but are not limited to include greater

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isolation/social distancing and use of enhanced personnel protective equipment (for example, face shields in addition to masks), provided they do not impose an undue hardship on the District.

If the unvaccinated employee poses a direct threat that cannot be reduced to an acceptable level, the Superintendent may exclude the employee from physically entering the worksite. Such an employee may take, or be required to take, available leave pursuant to the terms of: 1. Any applicable collective bargaining agreement or individual contract of employment; 2. Any applicable Board policies, or; 3. Any applicable state or federal statutory provisions.

In making the above-described determinations, the Superintendent shall consult with local health authorities, and may consider the following factors, amongst others: 1. The general community (and workplace) spread of the virus; 2. The nature of the employee's worksite, including the risk of exposing students, fellow District employees or other school community members to the virus; 3. The prevalence in the workplace of District employees who have already received a COVID-19 vaccination and the amount of contact with third parties, whose vaccination status may be unknown, and; 4. The availability and likely effectiveness of preventative measures.

3. Weekly Testing

District employees who are not fully vaccinated by September 27, 2021, must obtain weekly testing for COVID-19 and present the results of such tests to the District. This requirement applies to District employees who are exempt from vaccination pursuant to the disability and religious practice or belief exemptions described above as well as any other District employees who were hired prior to September 27, 2021 and who are not fully vaccinated by September 27, 2021. Pursuant to Executive Order 13G, employees hired on or after September 27, 2021 do not have a COVID-19 testing option unless they apply for and are approved for an exemption or have received the first dose of the vaccine but are not yet fully vaccinated.

The procedures for submission of testing results shall be determined by the Superintendent or his or her designee. It shall be the responsibility of the District employee to obtain such testing at his or her cost. Employees are expected to obtain such testing outside of regular working hours. The New Milford Public Schools shall not pay for the costs associated with weekly COVID-19 testing.

Compliance and Discipline

District employees who fail to comply with the above provisions will not be permitted to report to work or to enter into any school building or District facility. In addition, failure to produce proof of vaccination or weekly testing results will render New Milford Public School employees ineligible for continued employment with the District. Accordingly, such employees may be subject to discipline, up to and including termination of employment. Any District employee who

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knowingly provides false or misleading information to the District regarding his or her vaccination status, eligibility or qualification to receive the vaccine, and/or in connection with a request for a reasonable accommodation, will be subject to discipline, up to and including termination of employment.

Confidentiality of Medical Information

District employee vaccination information, weekly testing results and other medical information will be kept confidential as required by law. The District will maintain the confidentiality of such information to the most reasonable extent possible, in compliance with applicable laws and regulations, including but not limited to the Americans with Disabilities Act and Title VII of the Civil Rights Act, as may be applicable. If necessary, medical information may be shared in limited circumstances and subject to appropriate controls to those persons who have a legitimate need to know including but not limited to District administration, first aid and safety personnel, and government officials, as required by law or other relevant guidance.

LEGAL REFERENCES

Governor Lamont's Executive Order # 13G, dated September 10, 2021

Frequently Asked Questions Regarding Vaccinations for Covered Workers in Schools, Connecticut State Department of Education Guidance dated August 25, 2021

Jacobson v. Massachusetts, 197 U.S. 11 (1905)

What You Should Know About COVID-19 and the ADA, the Rehabilitation Act, and Other EEO Laws, Equal Employment Opportunity Commission (December 16, 2020)

42 U.S.C. 2000ff, Genetic Information Nondiscrimination Act of 2008

42 U.S.C. 2000e, *et seq.*, Title VII of the Civil Rights Act of 1964, as amended

42 U.S.C. 12101, *et seq.*, Americans with Disabilities Act of 1990, as amended

Cf. Connecticut General Statutes §10-210

Cf. Connecticut General Statutes §10-204a

Policy adopted: September 21, 2021

NEW MILFORD PUBLIC SCHOOLS
New Milford, Connecticut

**NEW MILFORD PUBLIC SCHOOLS
BOE POLICY 4300
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: _____

Email: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

You can submit your information to **hr@newmilfordps.org**. Include proof of vaccination if you have not already done so. Even if you are only partially vaccinated, 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, school board, child care facility, 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. 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. 1017;

Employee Signature _____ Date _____

**NEW MILFORD PUBLIC SCHOOLS
BOE POLICY 4300
APPENDIX B
RELIGIOUS OR SPIRITUAL BELIEF
VACCINATION EXEMPTION FORM**

To request a sincerely held religious or spiritual belief-based exemption to the Board’s COVID-19 mandatory vaccination policy, please provide the information requested and return this fully completed form (Parts 1, 2 and 3) to **Human Resources Office, attention Catherine Gabianelli**, so that the District may evaluate your request for an exemption. If you refuse to provide such information, your refusal may impact the District’s ability to adequately respond to your request or to effectively identify possible accommodations, which could lead to suspension or termination of employment in the event that you refuse to be vaccinated.

Please note, submitting this request does not guarantee approval of the exemption. You will be notified in writing if the exemption has been granted. If the information provided does not support that an exemption should be granted then you will need to be vaccinated against COVID-19 or obtain COVID-19 testing and provide the results of such testing to the District on a weekly basis.

Part 1 – Employee Acknowledgements

Initial next to all of the statements below indicating that you have read and understand each statement:

	I am aware that COVID-19 is a highly contagious respiratory virus that can cause long-term medical issues up to and including death. I am aware of the risks and benefits of the COVID-19 vaccine. I understand the risks of non-immunization and I accept full responsibility for my health, thus removing liability from the District for workplace exposure to COVID-19.
	I understand and agree that if my request for exemption from the COVID-19 vaccination requirement is granted that I will be required to obtain and submit to the District weekly COVID-19 testing results in accordance with Board Policy # 4300 and any other applicable District protocols. Such testing shall be at my own cost unless the testing must be undertaken as part of a reasonable accommodation.
	I understand and agree to comply with and abide by all Board and/or District COVID-19 workplace policies, procedures, and protocols as they may be amended from time to time, including additional precautions that may be required as a result of my exemption.
	I understand that the District is not required to provide workplace accommodations if doing so would pose a direct threat to myself or others in the workplace or would impose an undue hardship on the District.

	Should I be exposed to or contract COVID-19, I will immediately report it to the District and comply with the isolation and quarantine procedures as directed.
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Part 2 – Religious or Spiritual Beliefs

For consideration of exemption from the Board’s COVID-19 immunization policy please fully answer the following questions. At any time, the District reserves the right to request additional supporting documentation or other information as it deems necessary in its sole discretion.

1. Please describe the religious beliefs that are the basis for your request for religious accommodation from the COVID-19 vaccine:

2. Do your religious beliefs lead to you to object to:
 - a. All medical treatment yes no
 - b. All vaccinations yes no
 - c. Only the COVID-19 Vaccination yes no

3. Explain how your sincerely held religious belief, practice or observance conflicts with the COVID-19 vaccination requirement. If you are not opposed to all vaccinations, but only the COVID-19 vaccination, please explain how your religious beliefs prevent you from only receiving the COVID-19 vaccine.

Part 3 – Employee Acknowledgment

Please review the following acknowledgement and sign and date in the space provided below.

I hereby certify that the information I am submitting in support of my request for an accommodation is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action, up to and including termination.

I also understand that my request for an accommodation may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others in the workplace and/or to me, or if it creates an undue hardship on the District.

By completing this form, I am declaring that my sincerely held religious or spiritual belief prevents me from accepting the COVID-19 vaccine. I acknowledge that if an exemption is approved, I may be reassigned to a different work location or job duties at the discretion of management (please note that reassignment is not guaranteed, and District needs will be considered at all times).

Printed Name: _____

Signature: _____

Date: _____

**NEW MILFORD PUBLIC SCHOOLS
BOE POLICY 4300
APPENDIX C
EMPLOYEE REFUSAL OF COVID-19 VACCINATION**

I am informing the District that I am refusing to receive the COVID-19 vaccination. I understand that pursuant to Executive Order 13G that employees who have not demonstrated proof of full vaccination are required as of September 27, 2021 to submit to weekly COVID-19 testing and to provide the results of the COVID-19 test to the District.

In addition to undergoing weekly testing until such time as I provide proof that I am fully vaccinated, I understand that I will be required to adhere to the District's health and safety requirements including but not limited to: (1) wearing a mask covering my nose and mouth at all times while inside a building other than while eating or drinking regardless of whether there is a state or municipal imposed mask mandate; (2) remaining socially distanced from other staff and students; (3) participating in contact tracing as directed by administration; (4) quarantining as required by administration, and; (5) complying with other health and safety directives as may be directed by the administration. Please note that the health and safety requirements listed herein may be updated as necessary as the pandemic evolves.

Employee Acknowledgements

Initial next to all of the statements below indicating that you have read and understand each statement:

	I am aware that COVID-19 is a highly contagious respiratory virus that can cause long-term medical issues up to and including death. I am aware of the risks and benefits of the COVID-19 vaccine. I understand the risks of non-immunization and I accept full responsibility for my health, thus removing liability from the District for workplace exposure to COVID-19.
	I understand and agree that I will be required to obtain and submit to the District weekly COVID-19 testing results in accordance with Board Policy # 4300 and any other applicable District protocols. Such testing shall be at my own cost.
	I understand and agree to comply with and abide by all Board and/or District COVID-19 workplace policies, procedures, and protocols as they may be amended from time to time, including additional precautions that may be required as a result of my refusal to be vaccinated against COVID-19.
	Should I be exposed to or contract COVID-19, I will immediately report it to the administration and comply with the isolation and quarantine procedures as directed.

Printed Name: _____

Signature: _____

Date: _____

**NEW MILFORD PUBLIC SCHOOLS
BOE POLICY 4300
APPENDIX D
MEDICAL/DISABILITY VACCINATION EXEMPTION FORM**

To request a medical and/or disability-based exemption and/or accommodation related to the Board’s COVID-19 mandatory vaccination policy, please complete Part 1 and Part 2 of this form, have your physician, physician’s assistant or advanced practice registered nurse complete Part 3, and return this fully completed form to the Human Resources Office. This information will be used by the Board to determine whether you are eligible for a medical and/or disability-based exemption and/or accommodation, and if so, to determine the reasonable accommodation(s) which can be provided that would enable you to perform the essential functions of your position without posing a threat to the health and safety of others in the workplace. If you refuse to provide such information, your refusal may impact the Board’s ability to adequately respond to your request or to effectively identify possible accommodations, which could lead to suspension or termination of employment in the event that you refuse to be vaccinated.

Please note, submitting this request does not guarantee approval of the exemption. All exemption and/or accommodation requests shall be considered on a case-by-case basis. You will be notified in writing if your request for exemption and/or accommodation has been granted.

Part 1 – To be Completed by Employee:

Initial next to all of the statements below indicating that you have read and understand each statement:

	I am aware that COVID-19 is a highly contagious respiratory virus that can cause long-term medical issues up to and including death. I am aware of the risks and benefits of the COVID-19 vaccine. I request exemption from immunization requirements for the reason(s) described by my healthcare provider in part 2 of this form. I understand the risks of non-immunization and I accept full responsibility for my health, thus removing liability from the District for workplace exposure to COVID-19.
	I understand and agree that if my request for exemption from the COVID-19 vaccination requirement is granted that I will be required to obtain and submit to the District weekly COVID-19 testing results in accordance with Board Policy # 4300 and any other applicable District protocols. Such testing shall be at my own cost unless the testing must be undertaken as part of a reasonable accommodation.
	I understand and agree to comply with and abide by all Board and/or District COVID-19 workplace policies, procedures, and protocols as they may be amended from time to time, including additional precautions that may be required as a result of my exemption.
	I understand that the District is not required to provide workplace accommodations if doing so would pose a direct threat to myself or others in the workplace or would impose an undue hardship on the District.
	Should I be exposed to or contract COVID-19, I will immediately report it to the administration and comply with the isolation and quarantine procedures as directed.

Please review the following acknowledgement and sign and date in the space provided below.

ACKNOWLEDGEMENT

I hereby certify that the information I am submitting in support of my request for an accommodation is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action, up to and including termination.

I also understand that my request for an accommodation may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others in the workplace and/or to me, or if it creates an undue hardship on the Board.

By completing this form, I am declaring that my medical provider has informed me that it is not medically advisable for me to receive the COVID-19 vaccine. I acknowledge that if an exemption is approved, I may be reassigned to a different work location or job duties at the discretion of management (please note that reassignment is not guaranteed, and District needs will be considered at all times).

Printed Name: _____

Signature: _____

Date: _____

Part 2 – To be Completed by Employee:

Name: _____

Job Title: _____

I hereby authorize my medical provider(s) _____ to release the below information from my patient file to the New Milford Public Schools [“the District”] for the purpose of permitting the District to determine whether I should be exempted from the District’s mandatory COVID-19 vaccination policy and/or to determine whether I should be provided with any reasonable accommodations that do not impose an undue hardship on the District. I further consent to District employees and/or representatives of the District communicating with the above-named medical provider(s) in connection with my request for a medical exemption from the District’s mandatory COVID-19 vaccination requirement. I understand that such medical provider(s) is authorized to exchange with the District health/medical information related to my request for a medical and/or disability-based exemption from the COVID-19 vaccination requirement. I understand that this authorization will expire on June 30, 2022, unless I revoke this authorization at an earlier time by submitting written notice of the withdrawal of consent.

Employee Signature

Date

Part 3 – To Be Completed by Employee’s Physician, Physician’s Assistant or Advanced Practice Registered Nurse

Attention Medical Provider:

The New Milford Public Schools requires a COVID-19 vaccination as a condition of employment. The above-named employee is requesting an exemption from this vaccination requirement. A medical exemption from the COVID-19 vaccination may be allowed for certain recognized contraindications.

Please complete the form below to enable the District to determine whether the above-named employee should be exempted from the COVID-19 vaccination requirements and/or if the above-named employee should be provided with any additional accommodations that do not impose an undue hardship on the Board. Should you have any questions, please contact the Human Resources Office at 860-210-2200. Thank you.

The employee named above is unable to receive the COVID-19 vaccine because the administration of the COVID-19 vaccine is likely to be detrimental to the employee’s health for the following reason(s):

This exemption should be:

- Temporary, expiring on: __/__/____, or when _____
- Permanent

The employee named above is able to implement the following measures as an accommodation: wearing a face mask regardless of whether there is a state- or municipal -imposed mask mandate, working at a social distance from co-workers and students, working a modified shift, accepting a reassignment, participating in contact tracing, quarantining, and/or abiding by restricted access to facilities.

- Yes to all
- No to all or the following measure(s): _____

If you checked “No to all or the following measure(s),” please (1) explain the medical basis for the objection to the proposed accommodation measure(s) and (2) propose alternative measures:

I certify the above information to be true and accurate, and request exemption from the COVID-19 vaccination requirement for the above-named employee.

Medical Provider Name (print):	
Medical Provider Signature:	Date:
Practice Name & Address:	Provider Phone: