Executive Committee Agenda

Per Governor’s Executive Order N-29-20, Meeting to be held via Tele-Conference. Members of the public may join the tele-conference or listen to the call from the CAPK office at 5005 Business Park North, Bakersfield, CA 93309

1. Call to Order

2. Roll Call

   Curtis Floyd (Chair)       Nila Hogan       Guadalupe Perez
   Janea Benton              Jonathan Mullings  Fred Plane

3. Public Comments

   The public may address the Board of Directors on items not on the agenda. Speakers are limited to 3 minutes. If more than one person wishes to address the same topic, the total group time for the topic will be 10 minutes. Please state your name before making your presentation.

4. New Business

   a. New COVID-19 Vaccine Mandate Policy – Action Item (p. 2-12) Lisa McGranahan, Director of HR

5. Closed Session

   a. Conference with Real Property Negotiators pursuant to Section 54956.8:

      Property Address: 1300 18th Street, Bakersfield, CA 93301
      Agency Negotiator: Jeremy Tobias, Tracy Webster, Traco Matthews, Emilio Wagner, and Jeff Andrew
      Negotiating Parties: Lee Development Group c/o Bynum & Associates
      Under Negotiation: Concerning price and terms

   b. Reconvene into Open Session

6. Closed Session Report

7. Next Scheduled Meeting

   Executive Committee
   12:00 pm
   Wednesday, December 15, 2021
   5005 Business Park North
   Bakersfield, CA 93309

8. Adjournment

   This is to certify that this Agenda Notice was posted in the lobby of the CAPK Administrative Office at 5005 Business Park North, Bakersfield, CA and online at www.capk.org by 10:00 am, October 12, 2021. Paula Daoutis, Administrative Coordinator.
MEMORANDUM

To: Executive Committee

From: Lisa McGranahan, Director of Human Resources

Date: October 15, 2021

Subject: Agenda Item 4a: New COVID-19 Vaccine Mandate Policy – Action Item

On September 9, 2021, President Biden announced his Path Out of the Pandemic: COVID-19 Action Plan. One of the main goals of this science-based plan is to get more people vaccinated. As part of the plan, the President announced a plan requiring Head Start agencies and all employers of 100 or more employees to require all employees to be vaccinated no later than January 1, 2022.

To help ensure the safety of students, families, and their communities, the President’s plan includes requirements that teachers and staff at Head Start and Early Head Start programs, teachers and child and youth program personnel at the Department of Defense (DOD), and teachers and staff at Bureau of Indian Education-operated schools get vaccinated. The Department of Health and Human Services (HHS) will initiate rulemaking to implement this policy for Head Start and Early Head Start programs, which provide comprehensive education and child development services to ensure that children are well prepared for kindergarten.

Consistent with the President’s Order and the desire of Community Action Partnership of Kern to provide and maintain a workplace that is safe and free of recognized hazards, CAPK has adopted a mandatory COVID-19 vaccination policy to safeguard the health and well-being of employees and their families; our clients and visitors; others who spend time in our facilities; and the community from infectious conditions that may be mitigated through an effective vaccination program.

Recommendation

Staff requests that the Executive Committee approve the new COVID-19 Vaccine Mandate policy.

Attachments:
COVID-19 Mandatory Vaccination Policy
Medical Exemption Form
Religious Exemption Form
TITLE: COVID-19 Mandatory Vaccination Policy
APPROVED: 
APPLIES TO: Community Action Partnership of Kern Employees

POLICY:
On September 9, 2021, President Biden announced his Path Out of the Pandemic: COVID-19 Action Plan. One of the main goals of this science-based plan is to get more people vaccinated. As part of the plan, the President announced a plan requiring Head Start agencies and all employers of 100 or more employees to require all employees to be vaccinated no later than January 1, 2022.

Consistent with the President’s Order and the desire of Community Action Partnership of Kern to provide and maintain a workplace that is safe and free of recognized hazards, CAPK has adopted a mandatory COVID-19 vaccination policy to safeguard the health and well-being of employees and their families; our clients and visitors; others who spend time in our facilities; and the community from infectious conditions that may be mitigated through an effective vaccination program.

AFFECTED EMPLOYEES:
This policy applies to all current and new CAPK employees.

DEFINITION:

*Fully vaccinated* – An employee is considered fully vaccinated if it has been at least 14 days since the employee received the last dose, as recommended by the manufacturer, of a vaccine that has been authorized by the FDA for use in the United State, including vaccinations that have been approved pursuant to an Emergency Use Authorization. For employees fully vaccinated outside of the United States, the vaccination must be listed for emergency use by the World Health Organization (WHO).

*Medical Exemption* – This is an allowable exemption from the COVID-19 vaccination based on medical necessity and documented by a healthcare provider.

*Religious Exemption* – This is an allowable exemption from the COVID-19 vaccination based upon sincerely held religious beliefs and practices.

POLICY:
By January 1, 2022, CAPK will require all employees to either (a) establish that they have been fully vaccinated; or (b) obtained an approved exemption as an accommodation. Employees who do not fulfill one of these two requirements and are not subject to accommodation and cannot perform essential job functions as a result, may be placed on unpaid leave and their employment subject to termination. Employees who qualify for a medical or religious exemption will be subject to weekly diagnostic testing.
To facilitate employees’ ability to receive the vaccination, CAPK will consider timely requests for appropriate schedule changes.

To the extent feasible, CAPK will assist employees by providing on-site access to immunizations or identifying sites where employees may receive the vaccinations at no cost. If on-site vaccination is not feasible, CAPK will provide information for the vaccinations that may be available through the counties in which it operates.

**AVAILABILITY OF VACCINE APPOINTMENT:**

There are three different vaccines available in the State of California, Pfizer, Moderna and Johnson and Johnson. The [CDC website](https://www.cdc.gov) has information regarding the different vaccines to include age limitations and time to full vaccination. All Californians ages 12 and up are eligible to get a vaccine. The links to the county websites are provided on the COVID-19 Resource Page. You can also visit the State of California COVID 19 site to sign up for the [My Turn system](https://myturn.ca.gov) or use the vaccine finder. Vaccinations may also be available from your local pharmacy or healthcare provider.

All employees may schedule vaccine appointments during work hours as operations and schedule permits. Hourly employees will be compensated their hourly rate for any time needed to complete the vaccination including time to travel to the closest available vaccination site in their county of residence during their normally scheduled hours. No compensation is given for vaccines outside of the employee’s normally scheduled shift. Exempt employees are paid their normal rate of pay for the time.

When scheduling a vaccination appointment, employees and supervisors must be aware that some of the side effects listed by the [CDC](https://www.cdc.gov) that occur with the vaccination overlap with COVID-19 symptoms. The protocols for COVID-19 entry into CAPK buildings remain in effect. CAPK is exercising caution in maintaining protocols due to the inability to distinguish between a side effect of a vaccination or COVID-19 infection. Should an employee have a side effect symptom that is also a COVID-19 symptom, the employee shall follow the COVID-19 Prevention Plan for return to work.

After they are fully vaccinated and established their vaccination status, employees will still be required to follow all COVID-19 policies, procedures, protocols and guidelines for vaccinated employees. Unless otherwise stated in a specific protocol that there is a difference for vaccinated employees, all policies, procedures, protocols, and guidelines apply to all employees regardless of vaccination status.

The [CDC Vaccine Website](https://www.cdc.gov) contains information regarding authorized vaccines to include when an individual is considered fully vaccinated. For state specific information regarding vaccines, [COVID 19 CA Vaccine site](https://www.cdc.gov) provides questions and answers.

**Timeline for Last Possible Vaccination:**

- **Pfizer:**
  - November 26 First Shot
  - December 17 Second Shot
  - December 31 Fully Vaccinated
Moderna:  
November 19 First Shot  
December 17 Second Shot  
December 31 Fully Vaccinated

J&J:  
December 17 First and Only Shot  
December 31 Fully Vaccinated

AFTER VACCINATION:

To establish that they are fully vaccinated, employees must present written evidence of immunization from an authorized healthcare provider or pharmacy. Employees are required to follow any COVID protocols for unvaccinated individuals until their vaccination status is verified. Vaccination documentation must be submitted to Human Resources.

REQUESTS FOR EXEMPTIONS AS ACCOMMODATIONS:

CAPK cannot accommodate an issue that we are unaware of. It is incumbent on the employee to notify CAPK immediately and with clarity of any issue to request accommodation. To request an accommodation, please notify the Human Resources Department in writing at covid-19@capk.org. Once CAPK is aware of the need for an accommodation, CAPK will engage in an interactive process to identify possible accommodations.

To assist any employee who applies for a medical or religious exemption, CAPK will engage in an interactive process to determine if a reasonable accommodation can be provided, so long as it does not create an undue hardship for CAPK and/or does not pose a direct threat to the health or safety of others in the workplace and/or to the employee.

If you believe that you have been treated in a manner not in accordance with this policy, please notify CAPK immediately by speaking to the Director of HR and/or HR Administrator. You may request an accommodation without fear of retaliation.

DIAGNOSTIC SCREENING TESTING REQUIREMENTS:

Due to the high risk to health and safety that COVID-19 poses to the workforce and clients, starting January 1, 2022, CAPK will require weekly diagnostic screening testing for employees who are not fully vaccinated.

Previous history of COVID-19 from which the individual recovered more than 90 days earlier, or a previous positive antibody test for COVID-19, do not waive this requirement for testing.

Medical contraindication or Religious exempt employees are still subject to the testing requirement, since they are still potentially able to spread the illness. Given the challenges that COVID-19 has presented with respect to appointment availability, it is strongly recommended to employees that are expecting to participate in either the religious or medical exemption process, to begin doing so as soon as possible so as not to miss the January 1st mandated deadline.
Screening Test Requirements:

1. Asymptomatic unvaccinated or incompletely vaccinated employees are required to undergo weekly diagnostic screening testing.

2. Employees may choose either antigen or molecular tests to satisfy this requirement, but unvaccinated or incompletely vaccinated employees **must be tested at least once weekly** with either PCR testing or antigen testing. Any PCR (molecular) or antigen test used must either have Emergency Use Authorization by the U.S. Food and Drug Administration or be operating per the Laboratory Developed Test requirements by the U.S. Centers for Medicare and Medicaid Services.

3. All employees will be required to, prior to entering the work area, self-administer a rapid test which will be provided by CAPK. Falsification or other manipulation of either the testing process or reporting of results will be subject to disciplinary action; up to and including termination.

4. After each test, employees who are required to complete the screening test, will submit COVID Testing Form within Power App according to the log within the COVID Prevention Plan.

5. Employees who do not test in the 7 days, will not be permitted into any CAPK facility. Any absence where work on premise is required will be considered unexcused and subject to the HR Policy Manual section on Absenteeism and Tardiness.

6. CAPK will report employee COVID positive test results to local public health departments in accordance with the COVID Prevention Plan.
**Request for Accommodation: Medical Exemption from Covid-19 Vaccination**

To request an exemption from required vaccinations, please complete Section 1 below and then submit this form (and a copy of your job description) to your health care provider and ask your provider to complete Section 2. Then, return this completed form to the CAPK human resources department. Please note, the completed form and any supporting materials or information are confidential.

**Section 1**

<table>
<thead>
<tr>
<th>Name (print):</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dept.:</td>
<td>Position:</td>
</tr>
<tr>
<td>Manager:</td>
<td>Work and Cell Phone Numbers:</td>
</tr>
</tbody>
</table>

I am requesting a medical exemption from Community Action Partnership of Kern’s Mandatory Covid-19 Vaccination Policy.

I verify that the information I am submitting to substantiate my request for exemption from Community Action Partnership of Kern’s vaccination policy is true and accurate to the best of my knowledge. I understand that any falsified information can lead to disciplinary action, up to and including termination.

I further understand that Community Action Partnership of Kern is not required to provide this exemption accommodation if doing so would pose a direct threat to myself or others in the workplace or would create an undue hardship for Community Action Partnership of Kern.

| Employee Signature: | Date: |
Section 2
Medical Certification for Vaccination Exemption

Employee Name: _________________________________________________

Dear Medical Provider,

Community Action Partnership of Kern requires vaccination against COVID-19 as a condition of employment related to the nature of our business—childcare and education. The individual named above is seeking an exemption to this policy due to a bona fide medical condition that contraindicates administration of the COVID-19 vaccine.

Please complete this form to assist Community Action Partnership of Kern in the reasonable accommodation process.

<table>
<thead>
<tr>
<th>I have reviewed the medical records and job description of the person named above. That person is, in my professional opinion, medically disqualified from receiving the COVID-19 vaccine due to:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>This exemption should be:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Temporary, expiring on: <strong>/</strong>/____, or when _________________________________</td>
</tr>
<tr>
<td>□ Permanent</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Medical Provider Name (print):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Provide Signature:</td>
</tr>
<tr>
<td>Practice Name &amp; Address:</td>
</tr>
</tbody>
</table>
Date of initial request: __/__/____  Date certification received: __/__/____

Interactive Discussion Dates (if applicable):

________________________________________________________________
________________________________________________________________
________________________________________________________________

Evaluation of Impact (if any):

________________________________________________________________
________________________________________________________________
________________________________________________________________

Accommodation request:

☐ Approved __/__/____
Describe specific accommodation details:
________________________________________________________________

☐ Denied __/__/____
Describe why accommodation is denied:
________________________________________________________________

If the exemption is granted, list required alternative safety precautions required:

1. _________________________________________________________________

2. _________________________________________________________________

3. _________________________________________________________________

Date discussed with employee: _______________________________________

HR Signature: ________________________________  Date: ___________________
Request for Exemption from COVID-19 Vaccine: Sincerely Held Religious Belief

To request a religious exemption from the Community Action Partnership of Kern (CAPK) COVID-19 required vaccinations, please complete Section 1 below and then submit this form (and a copy of your job description) to your religious leader and ask your religious leader to complete Section 2. Then, return this completed form to the human resources department. Please note, the completed form and any supporting materials or information are confidential.

Section 1 – Completed by Employee

<table>
<thead>
<tr>
<th>Name (print):</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dept.:</td>
<td>Position:</td>
</tr>
<tr>
<td>Supervisor/Manager:</td>
<td>Work and Cell Phone Numbers:</td>
</tr>
</tbody>
</table>

I am requesting a religious exemption from the CAPK Covid-19 Vaccination requirement.

I verify that the information I am submitting to substantiate my request for exemption from CAPK’s vaccination requirement is true and accurate to the best of my knowledge. I verify that request for exemption is due to a sincerely held religious belief. I understand that any falsified information can lead to disciplinary action, up to and including termination.

I further understand that the Company is not required to provide this exemption accommodation if doing so would pose a direct threat to myself or others in the workplace or would create an undue hardship (more than de minimis cost) for CAPK.

<table>
<thead>
<tr>
<th>Employee Signature:</th>
<th>Date:</th>
</tr>
</thead>
</table>
Section 2: To be completed by Religious Leader

Length of time the accommodation of vaccine exemption is needed:
______________________________________________________________

Describe the religious belief or practice that necessitates this request for exemption from the CDPH mandated COVID Vaccine:

________________________________________________________________
________________________________________________________________
________________________________________________________________

Describe any accommodations that might address the needs identified by the sincerely held religious belief:

________________________________________________________________
________________________________________________________________
________________________________________________________________

In some cases, the Company will need to obtain additional information and/or documentation about your religious practice(s) or belief(s). We may need to discuss the nature of your religious belief(s), practice(s) and accommodation with your religion’s spiritual leader (if applicable) or religious scholars to address your request for an exception.

As such, your religious leader must provide contact information and sign this request for a religious accommodation.

Religious leader's Name: __________________________ Phone #: __________________
Religious Institution Name: __________________________
Religious Institution Address: __________________________

Religious Leader’s Signature: __________________________
Date: __________________________
Section 3: To be completed by Human Resources

Date of initial request: __/__/____
Date certification received: __/__/____

Interactive Discussion Dates (if applicable):

_____________________________________________________________________

Evaluation of impact (if any): __________________________________________
_____________________________________________________________________
_____________________________________________________________________

Describe specific accommodation details:

_____________________________________________________________________

Approved: ______________ Denied: ______________

If the exemption accommodation is granted, list required alternative safety precautions required:

1. _________________________________________________________________
2. _________________________________________________________________
3. _________________________________________________________________

Date discussed with employee: _______________________________________________________________________

If exemption accommodation not granted, explain why:

_____________________________________________________________________
_____________________________________________________________________

Immediate supervisor: __________________________________________________________________________
Date: ______________

Manager: ____________________________________________ Date: ______________

Human resources: __________________________ Date: ______________