



NEW HAVEN PUBLIC SCHOOLS

## AGREEMENT COVER SHEET

**Cover Sheet is an Internal Document for Business Office Use**

**Please Type**

Contractor full name: Tiffany Beech

Doing Business As, if applicable: Speech Pathologist

Business Address: 3 Hollis Drive, Brookfield, CT 06804

Business Phone: 203-671-0751

Business email:

SS# OR Tax ID #:

Funding Source & Acct # including location code:  
General Funds, Other Contractual Services, 190-490-56694

Principal or Supervisor: Glynis King Harrell

Agreement Effective Dates: From 07/01/2022 To 06/30/2023.

Hourly rate or per session rate or per day rate. \$85.00 Per Hourly Rate  
Total amount: \$108,290.00

Description of Service: Please provide a one or two sentence description of the service. *Please do not write "see attached."*

The general services to be performed by the Contractor shall consist of: speech-language remediation, evaluation, consultation, statistics, PPT attendance, medical reimbursement billing, IEP planning, report writing, goal writing, team collaboration, staff meetings, supervision of graduate students, and/or speech-language assistants and other related services as requested by the Board. Provision of diagnostic and therapeutic tools necessary for services.

Submitted by: Stacie Ormond Phone: 475-220-1664



NEW HAVEN PUBLIC SCHOOLS

## Memorandum

**To:** New Haven Board of Education Finance and Operations Committee  
**From:** Glynis King Harrell  
**Date:**  
**Re:** Tiffany Beech

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Please answer all questions and attach any required documentation as indicated below. Please have someone **ready to discuss** the details of each question during the Finance & Operations meeting or this proposal might not be advanced for consideration by the full Board of Education.

1. **Contractor Name:**  
Tiffany Beech

2. **Description of Service:**

The general services to be performed by the Contractor shall consist of: speech-language remediation, evaluation, consultation, statistics, PPT attendance, medical reimbursement billing, IEP planning, report writing, goal writing, team collaboration, staff meetings, supervision of graduate students, and/or speech-language assistants and other related services as requested by the Board. Provision of diagnostic and therapeutic tools necessary for services.

3. **Amount of Agreement and hourly or session cost:**  
\$108,290.00, Agreement Amount      \$85.00, Hourly Rate

4. **Funding Source and account number:**  
General Funds, Other Contractual Services, 190-490-56694

5. **Continuation/renewal or new Agreement?**

**Answer all questions:**

- a. If continuation/renewal, has the cost increased? If yes, by how much?
- b. What would an alternative contractor cost: \$Ranges up to \$110.00 per hour
- c. If this is a continuation, when was the last time alternative quotes were requested?
- d. For new or continuation: is this a service existing staff could provide. If no, why not? No Contractual services are required due to inadequate speech and language pathology positions within the district. Speech/language pathologists are a national critical shortage area.

6. **Type of Service:**

**Answer all questions:**

- a. Professional Development? No
  - i. If this is a professional development program, can the service be provided by existing staff? If no, why not? N/A
- b. After School or Extended Hours Program? No

- c. School Readiness or Head Start Programs? No
- d. Other: (Please describe)  
N/A

**7. Contractor Classification:**

**Answer all questions:**

- a. Is the Contractor a Minority or Women Owned Business?
- b. Is the Contractor Local?
- c. Is the Contractor a Not-for-Profit Organization? If yes, is it local or national?
- d. Is the Contractor a public corporation? No
- e. Is this a renewal/continuation Agreement or a new service?  
This is a renewal/continuation Agreement.
- f. If it is a renewal/continuation has cost increased? If yes, by how much? .
- g. Will the output of this Agreement contribute to building internal capabilities? If yes, please explain: Yes  
Specialized skill of speech and language therapy that will address speech/language and therapeutic services for qualified sped students.

**8. Contractor Selection:**

**Answer all questions**

- a. What specific skill set does this contractor bring to the project? If a new contractor, please attach a copy of the contractor's resume.  
A specialized skill of speech and language therapy, which includes a master's degree and ASHA certification. Resume is attached.
- b. How was the Contractor selected? Quotes, RFP/RFQ, Sealed Bid or Sole Source?  
**Quotes**
- c. Please describe the selection process including other sources considered and the rationale for selecting this Contractor:  
Professional networking, competitive pricing, and positive history with district performance.

**9. Evidence of Effectiveness & Evaluation**

**Answer all questions**

- a. What specific need will this contractor address and how will the contractor's performance be measured and monitored to ensure that the need is met?  
The contractor will address speech / language and therapeutic services for qualified sped students.
- b. If this is a renewal/continuation service attach a copy of the evaluation or archival data that demonstrates effectiveness.
- c. How is this service aligned to the District Continuous Improvement Plan?  
Speech-language pathologists (SLP) are needed in the district to meet the communicative needs of our "at risk" and disabled students from Pre-K thru 12th grade. Success in academic, college and career all require effective communication.

**10. Why do you believe this Agreement is fiscally sound?**

Contractual services are required due to inadequate speech and language pathology positions within the district. Speech/language pathologists are a national critical shortage area. Because the expertise is in demand the fees can range from \$130.00 to \$150.00 per hour. Fees can vary based on logistics and experience. Providers can also charge for assessments separately, \$200.00 - \$250.00 (Connec-to-talk, Invo Health, EBS). To simplify the provision of service for our district I have asked providers to charge hourly regardless of the activity (therapy, assessment, IEP

meetings, etc.) Companies often solicit with attractive rates, but often want a "finder's fee" and frequently don't have candidates readily available. They ask for a district commitment while they search for a candidate.

11. What are the implications of not approving this Agreement?

Disabled students will not receive appropriate intervention, hence failure to comply with IEP mandates can lead to state and federal complications.

**Rev: 8/10/2020**

# TIFFANY C. BEECH

3 HOLLIS DRIVE, BROOKFIELD, CT 06804  
PHONE: (203) 671-0751 • E-MAIL: TIFFANY\_CHERISE@YAHOO.COM

## EDUCATION

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**New York University**, New York, NY  
Steinhardt School of Culture, Education and Human Development  
*Master of Science in Speech-Language Pathology*

*September 2005 - August 2008*

**Boston College**, Chestnut Hill, MA  
*Bachelor of Arts in Communications*

*September 2000 - May 2004*

## RELEVANT WORK EXPERIENCE

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**New Haven Board of Education**, New Haven, CT

*Independently Contracted Speech-Language Pathologist*

*April 2014- Present*

- Dr. Reginald Mayo Early Childhood School, Helene Grant Headstart School and Riverside Education Academy
  - Evaluate and treat pre-school and school-aged children with various disorders and needs.
  - Provide clinical services to students with speech and language related disorders including, but not limited to, phonological disorders, articulation disorders, fluency disorders, pragmatic deficits, developmental delays, intellectual disabilities and autism spectrum disorders.
  - Participate in Planning and Placement Team (PPT) meetings and implement Individual Education Plan (IEP) programs.
  - Collaborate with special education team to discuss, strategize, and implement care delivery strategies.
  - Carry out individual and group lessons targeting fundamental speech and language skills in varied age groups and classroom settings on a weekly basis.

**Theracare Birth to Three Services**, Norwalk, CT

*Independently Contracted Speech-Language Pathologist*

*August 2013- April 2014*

- Clients' home and daycare settings

**New York City Department of Education**, Bronx, NY

*Speech-Language Therapist in Elementary School Setting*

*August 2008- June 2012*

- P.S. 160- The Walt Disney School

**Theracare Early Intervention Services**, Bronx, NY

*Independently Contracted Speech-Language Pathologist*

*August 2009- July 2012*

- Clients' home and daycare settings

**New Haven Board of Education**, New Haven, CT

*Summer School Teacher, 2<sup>nd</sup> Grade*

*July 2006 - August 2006*

- Katherine Brennan Elementary School

*Reading Tutor*

- Jackie Robinson Middle School

*September 2004- August 2005*

## EXAMINATIONS AND TRAININGS

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Assessments of Teaching Skills - Written (ATS-W)

*February 2008*

Liberal Arts and Sciences Test (LAST)

*February 2008*

The Praxis Examination (Speech-Language Pathology)

*January 2008*

Drug & Alcohol Ed., Child Abuse ID/School Violence Prevention Training

*November 2007*

Occupational Safety & Health Administration Bloodborne Pathogen Training

*October 2007*

HIPAA Training

*September 2007*

## PROFESSIONAL MEMBERSHIPS AND AFFILIATIONS

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ASHA Certificate of Clinical Competence (CCC-SLP)

Licensed Speech-Language Pathologist - State of New York

Licensed Speech-Language Pathologist - State of Connecticut

## CONTRACTOR ASSESSMENT

Vendor Name Tiffany Beech

Project Description Speech and Language Pathologist

Evaluator Dr. Glynis King Harrell Date May 5, 2022

	Unacceptable			Excellent		Not applicable
	1	2	3	4	5	N/A
<b>Quality of contractor's Work</b>						
1. Attendance					X	
2. Effectiveness of instruction					X	
3. Ability to relate to parents and professionals during PPT's					X	
<b>Compliance with contract report writing &amp; Document Submission</b>						
4. Timely and accurate billing				X		
5. Medicaid completion				X		
6. Development and presentation of evaluations and IEP's				X		
<b>Working relationship of contractors with district</b>						
7. Timely submission of department data				X		
8. Accuracy of invoices				X		
9. Collegial, collaborative relations				X		
<b>Implementation of practice across the district</b>						
10. Flexibility in scheduling				X		
11. Coverage when needed (substitution)				X		
12. Team work with teacher and other professionals				X		



NEW HAVEN PUBLIC SCHOOLS

**AGREEMENT**  
**By And Between**  
**The New Haven Board of Education**  
**AND**

**Tiffany Beech**

**FOR DEPARTMENT/PROGRAM**

**Department of Student Services**

This agreement entered into on the 5<sup>th</sup> day of May, 2022, effective (*start date no sooner than the day after Board of Education Approval*), on the 1<sup>st</sup> day of July, 2023, by and between the New Haven Board of Education (herein referred to as the “Board”) and, **Tiffany Beech** located at **3 Hollis Drive, Brookfield, CT 06804** (herein referred to as the “Contractor”).

**COMPENSATION**

The Board shall pay the contractor for satisfactory performance of the services required the amount of **\$85.00** per day, hour or session, for a total of **1274** days, hours or sessions.

The maximum amount the contractor shall be paid under this agreement: **One Hundred and Eight Thousand Two Hundred and Ninety Dollars \$(108,290.00)**. Compensation will be made upon submission of an itemized invoice which includes a detailed description of the work performed and date of service.

**Fiscal support** for this Agreement shall be by **General Funds, Other Contractual Services Program** of the New Haven Board of Education, **Account Number 190-490-56694 Location Code: \_ \_ \_ \_ .**

This agreement shall remain in effect from July 1, 2022 to June 30, 2023.

**SCOPE OF SERVICES**

*Please describe service deliverables, including, locations and costs for service, including travel and supplies, if applicable. A detailed Scope of Service with pricing must be attached as Exhibit A).*

The general services to be performed by the Contractor shall consist of: speech-language remediation, evaluation, consultation, statistics, PPT attendance, medical reimbursement billing, IEP planning, report writing, goal writing, team collaboration, staff meetings, supervision of graduate students, and/or speech-language assistants and other related services as requested by the Board. Provision of diagnostic and therapeutic tools necessary for services.

The Contractor agrees to:

1. Reassign Medicaid payment for School Based Child Health Services to the State Department of Education;
2. Not bill Medicaid directly for services provided under the agreement; the Contractor understands that to do so would constitute double billing.
3. Provide documentation in a form and manner acceptable to the Board and which is in Compliance with the Department of Social Services regulations; and
4. Comply with the pertinent requirements of the Department of Social Services Performing Provider Agreement signed by the Board.

**Exhibit A: Scope of Service:**

*Please attach contractor's detailed Scope of Service on contractor letterhead with all costs for services including travel and supplies, if applicable.*

**Exhibit B: Student Data and Privacy Agreement:**

*Attached*

**APPROVAL:**

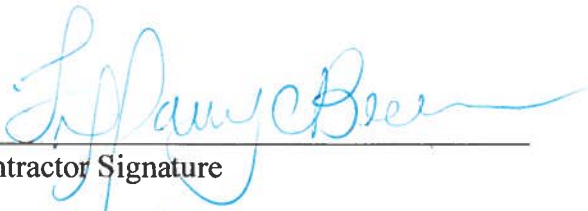
This Agreement must be approved by the New Haven Board of Education **prior to service start date**. Contractors may begin service no sooner than the day after Board of Education approval.

**HOLD HARMLESS:**

The Contractor shall insure and/or indemnify the Board and its members, employees and agents against all claims, suits, and expenses, including reasonable attorney's fees, in connection with loss of life, bodily injury or property damage arising from any neglect act or omission of the Contractor or its employees or agents. Further, the Contractor covenants and agrees that it shall hold the Board and its members, employees and agents harmless against any and all claims, suits judgments of any description whatsoever caused by the Contractor' breach of this agreement or based upon the conduct of the Contractor, or its agents or its employees or arising out of in connection with their activities under this agreement.

**TERMINATION:**

The Board may cancel this agreement for any reason upon thirty (30) days' written notice sent to the Contractor by certified U.S. mail, return receipt requested; provided however, that the Board shall be responsible to the Contractor for all services rendered by the Contractor through the last day of thirty (30) day notice period, as long as the Agreement was approved by the Board prior to the start date of service.



Contractor Signature

5/17/22

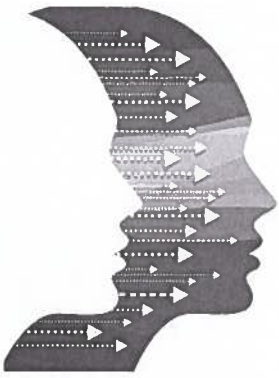
Date

\_\_\_\_\_  
President  
New Haven Board of Education

\_\_\_\_\_  
Date

Tiffany Beech, MS CCC-SLP  
Contractor Name Printed & Title





# Progressive Communication Services, LLC

Tiffany Beech, MS CCC-SLP  
tiff.cherise@gmail.com  
3 Hollis Drive  
Brookfield, CT 06804

## Exhibit A: Scope of Service

The following information will provide a detailed Scope of Service with all costs for services including travel and supplies.

*The general services to be performed by this contractor, Tiffany Beech, shall consist of:*

- Remediation of speech-language concerns
- Assessment of students' communication skills
- Evaluation of comprehensive assessment results
- Identification of students at risk for speech and language difficulties
- Development and implementation of Individualized Education Plans (IEP)
- Documentation of outcomes
- Consultation and collaboration with teachers and other professionals
- Supervision of graduate students, speech-language assistants or clinical fellows
- Conducting classroom based, small group or individual sessions
- Participation in Planning and Placement Team (PPT) meetings
- Submission of medical reimbursement billing
- Submission of quarterly progress reports via IEP
- Participation in SLP specific staff meetings
- Other related services as requested by the Board of Education
- Provision of diagnostic and therapeutic tools necessary for services

*The contractor agrees to:*


1. Reassign Medicaid payment for School Based Child Health Services to the State Department of Education
2. Not bill Medicaid directly for services provided under the agreement; the Contractor understands that to do so would constitute double billing.
3. Provide documentation in a form and manner acceptable to the Board and which is in Compliance with the Department of Social Services regulations
4. Comply with the pertinent requirements of the Department of Social Services Performing Provider Agreement signed by the Board.

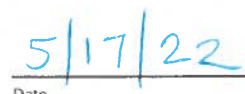
*Cost for Delivery of Services:*

General Service Delivery (as detailed above): \$85.00 per hour

Travel Costs: \$0.00

Supply Costs: \$0.00

  
Tiffany Beech

  
Date



NEW HAVEN PUBLIC SCHOOLS

## EXHIBIT B

### STUDENT DATA PRIVACY AGREEMENT SPECIAL TERMS AND CONDITIONS

For the purposes of this Exhibit B "directory information," "de-identified student information," "school purposes," "student information," "student records," "student-generated content," and "targeted advertising" shall be as defined by Conn. Gen. Stat. §10-234aa.

1. All student records, student information, and student-generated content (collectively, "student data") provided or accessed pursuant this Agreement or any other services agreement between the Parties are not the property of, or under the control of, the Contractor.
2. The Board shall have access to and the ability to delete student data in the possession of the Contractor except in instances where such data is (A) otherwise prohibited from deletion or required to be retained under state or federal law, or (B) stored as a copy as part of a disaster recovery storage system and that is (i) inaccessible to the public, and (ii) unable to be used in the normal course of business by the Contractor. The Board may request the deletion of any such student information, student records or student-generated content if such copy has been used by the operator to repopulate accessible data following a disaster recovery. The Board may request the deletion of student data by the contractor within two (2) business days of receiving such a request and provide to the Board confirmation via electronic mail that the student data has been deleted in accordance with the request, the date of its deletion, and the manner in which it has been deleted. The confirmation shall contain a written assurance from the Contractor that proper disposal of the data has occurred in order to prevent the unauthorized access or use of student data and that deletion has occurred in accordance with industry standards/practices/protocols.
3. The Contractor shall not use student data for any purposes other than those authorized pursuant to this Agreement.
4. A student, parent or legal guardian of a student may review personally identifiable information contained in student data and correct any erroneous information, if any, in such student data. If the Contractor receives a request to review student data in the Contractor's possession directly from a student, parent, or guardian, the Contractor agrees to refer that individual to the Board and to notify the Board within two (2) business days of receiving such a request. The Contractor agrees to work cooperatively with the Board to permit a student, parent, or guardian to review personally identifiable information in student data that has been shared with the Contractor, and correct any erroneous information therein.

5. The Contractor shall take actions designed to ensure the security and confidentiality of student data.
6. The Contractor will notify the Board, in accordance with Conn. Gen. Stat. § 10-234dd, when there has been an unauthorized release, disclosure or acquisition of student data. Such notification will include the following steps:

Upon discovery by the Contractor of a breach of student data, the Contractor shall conduct an investigation and restore the integrity of its data systems and, without unreasonable delay, but not more than thirty (30) days after such discovery, shall provide the Board with a more detailed notice of the breach, including but not limited to the date and time of the breach; name(s) of the student(s) whose student data was released, disclosed or acquired; nature of and extent of the breach; and measures taken to ensure that such a breach does not occur in the future.

7. Student data shall not be retained or available to the Contractor upon expiration of the contract between the Contractor and Board, except a student, parent or legal guardian of a student may choose independently to establish or maintain an electronic account with the Contractor after the expiration of such contract for the purpose of storing student-generated content.
8. The Contractor and Board shall each ensure their own compliance with the Family Educational Rights and Privacy Act of 1974, 20 U.S.C. § 1232g, as amended from time to time.
9. The Contractor acknowledges and agrees to comply with the above and all other applicable aspects of Connecticut's Student Data Privacy law according to Connecticut General Statutes §§ 10-234aa through 10-234dd.
10. The Parties agree that this Agreement controls over any inconsistent terms or conditions contained within any other agreement entered into by the Parties concerning student data.

# THE CITY OF NEW HAVEN

## BUREAU OF PURCHASES

200 Orange Street

New Haven, Connecticut 06510  
(203) 946-8201 - FAX (203) 946-8206

TONI N. HARP  
Mayor



Michael V. Fumiatti  
Purchasing Agent

### DISCLOSURE & CERTIFICATION AFFIDAVIT OF OUTSTANDING OBLIGATIONS TO THE CITY OF NEW HAVEN

VENDOR NAME	Tiffany Beech
VENDOR ADDRESS	3 Hollis Drive Brookfield, CT 06804
TELEPHONE /FAX	(203) 671-0751
CONTACT/E-MAIL ADDRESS	tiff.charise@gmail.com
SOLICITATION TITLE	
SOLICITATION NUMBER	

For the purposes of this Disclosure of Outstanding Financial Obligations, the following definitions apply:

- (a) "Contract" means any Public Contract as defined below.
- (b) "Person" means one (1) or more individuals, partnerships, corporations, associations, or joint ventures.
- (c) "Public Contract" means any agreement or formal commitment entered into by the city to expend funds in return for work, labor, services, supplies, equipment, materials or any combination of the foregoing, or any lease, lease by way of concession, concession agreement, permit, or per agreement whereby the city leases, grants or demises property belonging to the city, or otherwise grants a right of privilege to occupy or to use said property of the city.
- (d) "City" means any official agency, board, authority, department office, or other subdivision of the City of New Haven.

State of Connecticut County of Fairfield Ss.

Tiffany C. Beech  
(type or print your name above)

being first duly sworn, deposes and says that:

1. I am owner, partner, officer, representative, agent or \_\_\_\_\_ of: Progressive communication Services, LLC  
(circle one) Company Name (if individual type your name)
2. I am fully informed respecting the preparation and contents of the attached Agreement and of all pertinent circumstances respecting such Agreement;
3. That as a person desiring to contract with the City (check all that apply):
  - The Contractor and each owner, partner, officer, representative, agent or affiliate of the Contractor has filed a list of taxable personal property with the City of New Haven for the most recent grand list, as required by Conn. Gen. Stat. §12-42.
  - Neither the Contractor nor any owner, partner, officer, representative, agent or affiliate of the Contractor are required to file a list of taxable personal property with the City of New Haven for the most recent grand list, as required by Conn. Gen. Stat. §12-42.
  - Neither the Contractor nor any owner, partner, officer, representative, agent or affiliate of the Contractor either directly or through a lease agreement, owes back taxes to the City of New Haven
  - Neither the Contractor nor any owner, partner, officer, representative, agent or affiliate of the Contractor either directly or through a lease agreement, has any other outstanding obligations to the City of New Haven
  - The Contractor or an owner, partner, officer, representative, agent or affiliate of the Contractor owes back taxes and has executed an agreement, satisfactory to the tax collector, to pay said back taxes in installment payments and the payments under said agreement are not in default. The agreement shall be attached, and incorporated herein by reference.

4. The following list is a list of the names of all persons affiliated with the business of the Contractor, if none state none. Use additional sheet if necessary (Must be on company letterhead and notarized): This does not mean ALL employees - just officers, owners etc.

	Name	Title	Affiliated Company (if none state NONE)	Service or Material	DOB
1	Tiffany Beech	Speech-Language Path	Prog. Comm. Serv., LLC		5/1/82
2					
3					
4					

5. That as a person desiring to contract with the City:

(a) The Contractor or an owner, partner, officer, representative, agent or affiliate of the Contractor provides, or has provided, services or materials to the City within one (1) year prior to the date of this disclosure, if none, state none. Use additional sheet if necessary ( Must be on company letterhead and notarized ):

	Name	Title	Affiliated Company (if none state NONE)	Service or Material	DOB
1	n/a				
2					
3					
4					

(b) The Contractor possesses an ownership interest in the following business organizations, if none, state none. Use additional sheet if necessary ( Must be on company letterhead and notarized ) :

	Organization Name	Address	Type of Ownership		
1	n/a				
2					

(c) The following persons possess an ownership interest in the Contractor. If the Contractor is a corporation, list all of the officers of the corporation and the names of each stockholder whose shares exceed twenty-five (25) percent of the outstanding stock, if none, state none. Use additional sheet if necessary ( Must be on company letterhead and notarized ):

	Name	Title	DOB	Stock %	
1	n/a				
2					

(d) Of the following of the affiliates, individuals or business entities identified in this affidavit, list each that owns, owned, or within one (1) year prior to the date of this disclosure has owned, taxable property situated in the City of New Haven, if none state none. Use additional sheet if necessary ( Must be on company letterhead and notarized ):

	Name	Title	Affiliated Company (if none state NONE)	Address	DOB
1	n/a				
2					

(e) If the Contractor conducts business under a trade name, the following additional information is required: the place where such entity is incorporated or is registered to conduct such business; and the address of its principal place of business, if none, state none:

	TRADE NAME	PLACE OF INCORPORATION/REGISTRY	PRINCIPAL PLACE OF BUSINESS
1	n/a		
2			

I hereby certify that the statements set forth above are true and complete, and I understand that any incorrect information or omission of information from this affidavit may result in the immediate termination of the Contractor's agreement with the City of New Haven.

(Signed) Tiffany Beech SLP/owner  
 Title:

Subscribed and sworn to before me this 17<sup>th</sup> day of May, 2022.  
Thomas P Colville Notary  
 (Title)

My commission expires 01/31, 2022.

This Form Must be Notarized



**Security Agreement for Access to and Use of Confidential Data from the New Haven Public Schools**

I, Tiffany C. Beech, as a contracted vendor working with the New Haven Public Schools, will have access to secure student data as part of my working relationship with New Haven Public Schools. I understand that these data are deemed confidential, personal, and private and that access to this confidential data carries with it the responsibility to guard against unauthorized use and the possibility of unauthorized access or use. To treat information as confidential means not to divulge it to anyone outside New Haven Public Schools, or to cause it to be accessible to anyone outside New Haven Public Schools. Transfer of any information by means of any media, including email, websites, print, or any personal communication, outside the normal defined work of my Internship, is prohibited under this Security Agreement.

*I understand that disclosing confidential information directly or allowing non-authorized access to such information may subject me to criminal prosecution and/or civil recovery and may violate the federal Family Educational Rights and Privacy Act, 20 U.S.C. 1232g.*

I agree to fulfill my responsibilities in accordance with the following guidelines:

1. I agree that I will never give or allow anyone outside New Haven Public Schools to access or view confidential, sensitive data, through electronic or non-electronic communication.
2. I agree that I will never attempt to identify individuals in any data system, analyses or reports which are not directly required for any purpose outside my specific responsibilities.

**Vendor:**

Name: Tiffany C. Beech

Position Title: Speech - Language Pathologist

Assigned Site: Dr. Reginald Mayo School

Signature: Tiffany C. Beech Date: 5/17/22

Dates of Partnership: 7/1/22 to 6/30/23

**NHPS Supervisor:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Contractor / Vendor Name	Tiffany C. Beech
Contractor Address	3 Hollis Drive, Brookfield, CT 06804
PeopleSoft ID (for state contractors) or other information*	

\*If PeopleSoft ID does not apply, provide information directed by the covered state agency, school 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 1

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) 1

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

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 \_\_\_\_\_

n/a 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.

TCB 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:	<u>Tiffany C. Beech</u>	Date:	<u>5/17/22</u>
Authorized Person Submitting Report:			
Title:			
Email Address:		Phone:	