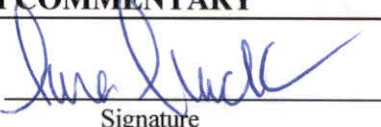


**COMMISSIONER'S AGENDA ITEM COMMENTARY**

<b><u>SUBMITTED BY</u></b>	<u>Human Resources</u> Department	 Signature
<b><u>AGENDA DATE</u></b>	July 16th, 2024	
<b><u>SUBJECT</u></b>	<u>Proposal for Service Animal Policy Approval</u>	
<b><u>ACTION REQUESTED</u></b>	<u>Adoption of Service Animal Policy</u>	

**SUMMARY/BACKGROUND**

The Service Animal Policy has been developed to ensure compliance with the Americans with Disabilities Act (ADA) and provide clear guidelines for the use of service animals on our premises. The policy aims to create an inclusive environment for individuals with disabilities who rely on service animals while maintaining the health and safety of all staff. This policy outlines the rights and responsibilities of service animal handlers, defines acceptable behavior for service animals, and provides protocols for staff to verify and accommodate service animals.

**FISCAL IMPACT**

No impact

**RECOMMENDATION**

We recommend that the board of commissioners approve the Service Animal Policy and rescind all previous service animal policies. By adopting this new policy, we will ensure compliance with the Americans with Disabilities Act (ADA) and provide a safe and inclusive environment for individuals with disabilities who rely on service animals. This policy establishes clear guidelines for service animal handlers, service animal behavior, and staff protocols.

**LIST ATTACHMENTS**

- Service Animal Policy
- ADA Service Animal Approval form
- MH-Provider form
- Animal Accommodation Acknowledgment and Waiver of Liability Form

## Service Animal Policy

In compliance with the Americans with Disabilities Act (ADA), Skamania County accommodates employees with disabilities who require the assistance of a service animal. To request accommodation, employees must contact the Human Resources (HR) department and complete the necessary documentation. All service animals must be registered with HR.

A service animal is defined as an animal individually trained to do work or perform tasks for the benefit of an employee with a disability. Service animals are not considered pets. The ADA requires that all service animals be licensed, vaccinated against rabies and other common diseases, and wear a tag displaying their vaccinated status.

Employees accompanied by service animals must be in complete control of their animals at all times. Employees are solely liable for any injuries or property damage caused by their service animals and will be responsible for any related repair or cleaning costs.

For safety reasons, service animals riding in county vehicles must be secured in a crate or other appropriate restraint system.

Service animals are generally permitted in all unrestricted areas of Skamania County premises and may attend meetings, classes, and other events. However, exceptions may apply in certain areas.

Employees with authorized service animals must ensure that their animals do not disrupt the workplace. Service animals may be removed from county premises if:

- The animal is out of control, behaves poorly, or disrupts others, and the employee fails to take effective action to control the animal.
- The animal is not housebroken.

To bring a service animal to work, employees must complete the approval process and sign a waiver of liability, promising to ensure that the animal is under their care and control for the entire period it is in a county building or on county premises. By signing the waiver, employees agree to abide by this policy and acknowledge that failure to do so may result in the revocation of their permission to bring the service animal to work.

A non-service animal is generally not permitted inside County Buildings or vehicles. If an exception is granted by an Elected Official or Department Head, allowing a non-service animal on County premises or in vehicles, the following steps must be taken:

1. The Elected Official or Department Head must provide a written exception notice, specifying the details and reasoning for the exception.
2. The employee responsible for the animal must sign an acknowledgment form, confirming their understanding of the Service Animal Policy and their responsibilities under it.
3. By granting this exception, the Elected Official or Department Head assumes sole liability and waives this liability from the County.

4. If the animal causes damage to the building or vehicle, the employee shall be responsible for the cost of the repairs.

Human Resources will maintain a record of these exceptions in a dedicated file to ensure proper documentation and policy adherence.

## SERVICE ANIMAL REQUEST FOR EXCEPTION

The employee must complete this form and provide documentation from their healthcare to be considered for an exception. The Department Head and the Human Resources Department must approve the request for the exception. Once approved, the exception is valid for one year. The employee will be required to renew the exception each year.

**To be completed by the Employee:**

Employee Name:	
Department:	
Position:	
Date of Request:	

Type of animal:	
Breed:	
Weight:	

**By signing this form:** Employee understands and agrees to abide by the Skamania County Service Animal Policy and all State laws. The employee understands the definition of a service animal. The employee has provided the Human Resources Department with their healthcare certification. The employee understands that misrepresentation of a service animal could lead to disciplinary action.

I hold harmless and release Skamania County, its elected & appointed officials, employees, agents & volunteers from all liability, claims, demands, causes of action, damages, and expenses (including attorneys' fees) arising out of or in connection with my animal's presence on Skamania County premises.

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

**To be completed by the Department Head and Human Resource Administrator:**

<input type="checkbox"/>	Department Head authorizes the request for a Service Animal to accompany the employee during working hours on County property.
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<input type="checkbox"/>	Human Resource Administrator authorizes the request for a Service Animal to accompany the employee during working hours on County property.
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Name: \_\_\_\_\_

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

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

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

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

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

# MEDICAL/MENTAL HEALTH PROFESSIONAL FORM

This form must be completed by a licensed health professional (psychiatrist, psychologist, licensed clinical social worker) including a medical doctor specifically treating the employees mental or emotional disability.

**To be completed by the Employee:**

Name:  Department:   
 Position:   
 Animal:  Animal Breed:

Animal weight and description:

**To be completed by the medical/health professional:**

Initials

<input type="checkbox"/>	I certify that the employee has a mental or emotional disability* listed in the Diagnostic and Statistical Manual of Disorders.
<input type="checkbox"/>	I am a licensed medical/mental health professional currently treating the employee's mental or emotional disability.
<input type="checkbox"/>	The employee is under my current and ongoing professional care.
<input type="checkbox"/>	I have prescribed treatment that requires the animal identified above to accompany the employee to work to accommodate his/her mental or emotional disability in the following manner:
<input type="checkbox"/>	Outside of a kennel or carrier
<input type="checkbox"/>	Inside of a kennel or carrier
<input type="checkbox"/>	Other: _____

**Medical/mental health professional's license information:**

Date and type of license: \_\_\_\_\_  
 License number: \_\_\_\_\_  
 State or Jurisdiction on which the license was issued: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_ Contact number: \_\_\_\_\_

\*A mental or emotional disability means a mental impairment that, on a permanent or temporary basis, substantially limits one or more life activities. Major life activities mean functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

## **Animal Accommodation Acknowledgment and Waiver of Liability Form**

I, \\\\\_ (Employee or Elected Official), acknowledge that I am bringing my animal, \\\\\_ to Skamania County premises.

In exchange for the privilege of bringing my animal to work, I agree to the following:

- I assume full responsibility and liability for my animal's actions and behavior while on Skamania County premises, including any injuries or damages caused by my animal.
- I hold harmless and release Skamania County, its elected & appointed officials, employees, agents & volunteers from all liability, claims, demands, causes of action, damages, and expenses (including attorneys' fees) arising out of or in connection with my animal's presence on Skamania County premises.
- I have read, understood, and agree to abide by Skamania County's Service Animal Policy, as applicable to my animal.
- Although my animal may not meet the definition of a service animal under the Americans with Disabilities Act (ADA), I have been granted permission to bring my animal to the workplace by an elected official or department head.
- I understand that my animal must be always under my control and must be well-behaved while on the premises.
- I acknowledge that any violation of this policy may result in disciplinary action, including the potential removal of my animal from the premises.

Signature

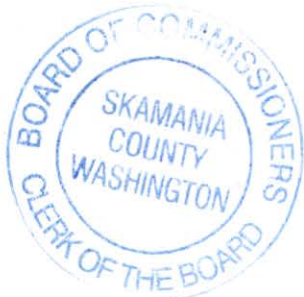
**Employee:** \\\\\_ **Date:** \\\\\_

**Elected Official or Department Head:** \\\\\_ **Date:** \\\\\_

\*Once completed and signed by all parties, please submit this form to Human Resources (HR) for review of signatures and record-keeping. Please note that HR's role is limited to reviewing the form for completeness and maintaining records and does not imply any responsibility for the animal or its behavior.

Dated this 16<sup>th</sup> day of July 2024.

ATTEST:



**BOARD OF COMMISSIONERS  
SKAMANIA COUNTY, WASHINGTON**

Handwritten signature of Asa Leckie in blue ink.

Asa Leckie, Chairman

Handwritten signature of Richard Mahar in blue ink.

Richard Mahar, Commissioner

Handwritten signature of Lisa Sackos in blue ink.

Lisa Sackos, Clerk of the Board

Handwritten signature of T.W. Lannen in blue ink, which reads "Absent".

T.W. Lannen, Commissioner

Approved as to form only:

Handwritten signature of Adam Kick in blue ink.

Adam Kick,  
Skamania County Prosecuting Attorney

Aye	<u>2</u>
Nay	<u>0</u>
Abstain	<u>0</u>
Absent	<u>1</u>