

Warren County Board of Supervisors

RESOLUTION NO. 439 OF 2025

RESOLUTION INTRODUCED BY SUPERVISORS WILD, DRISCOLL, ETU, MADAY, BEAN, PATCHETT AND MERLINO

ADOPTING THE WARREN COUNTY POLICY FOR AMERICANS WITH DISABILITIES ACT TITLE II SERVICE DOGS WITHIN THE WORKPLACE

WHEREAS, the County Attorney requested, and the Personnel, Administration & Higher Education Committee agreed, to adopt the Warren County Policy for Americans with Disabilities Act Title II Service Dogs Within the Workplace, as approved by the Warren County Risk and Safety Committee, and recommended that the same be advanced to the Board of Supervisors for consideration and approval, now, therefore, be it

RESOLVED, that the Warren County Policy for Americans with Disabilities Act Title II Service Dogs Within the Workplace, annexed hereto as Schedule "A," be and the same is hereby adopted as the official policy for Warren County, and be it further

RESOLVED, that any and all prior Warren County Policy for American with Disabilities Act Title II Service Dogs Within the Workplace Policies, Resolutions or parts thereof inconsistent with the annexed Warren County Policy for Americans with Disabilities Act Title II Service Dogs Within the Workplace are hereby repealed effective November 21, 2025.

SCHEDULE “A”

**WARREN COUNTY POLICY FOR AMERICANS WITH DISABILITIES ACT TITLE II
SERVICE DOGS WITHIN THE WORKPLACE**

I. PURPOSE

The purpose of this policy is to provide guidance and outline the circumstances and conditions under which dogs utilized as service animals as defined by the American with Disabilities Act (“ADA”) Title II are allowed within County facilities. This policy replaces Resolution No. 365 of 2014 and serves as a supplement to Resolution No. 486 of 2024 providing clarification of the County’s responsibilities under the American Disabilities Act (ADA) and ADA Title II as they pertain to County employees and members of the public and their use of service dogs as defined by this policy.

The ADA Title II Program and its accommodations specifically limit service animals to dogs within government. No other animals including mammals, reptiles, amphibians, and/or birds shall be allowed within County workplaces.

II. DEFINITIONS

Dog: A domesticated canine often kept as a pet for companionship.

Department Head: County officers or employees given the supervisory title of Department Head.

Department Head Designee: A County employee with statutory authority or designated by the Department Head to act on their behalf.

Employee: A person employed by the County of Warren on a full-time, part-time, less than part-time, per diem, or seasonal - temporary basis, includes volunteers and interns, whether paid or unpaid.

Employer: The County of Warren (“County”).

Outdoor Duties: Work performed outside of County facility by an employee conducted in a public or open-air setting.

Service Dog: Dogs that are individually trained to do work or perform tasks for people with disabilities as defined by the American with Disabilities Act. The work or task a service dog has been trained to provide must be directly related to the person’s disability. Dogs whose sole function is to provide comfort or emotional support do not qualify as service dogs under the ADA.

Workplace: Any location where an employee performs any work-related duty in the course of their employment.

III. PROCEDURE

A. Use of Service Dogs by Community Members

1. The County shall allow service dogs to accompany community members with disabilities in all areas of County facilities where the public is permitted in accordance with American with Disabilities Title II and III regulations.
2. A service dog must be under the control of its handler and be harnessed, leashed or tethered, unless the individual's disability prevents using these devices or these devices interfere with the service dog's safe, effective performance of tasks. In this case, the individual must maintain control of the dog through voice, signal or other effective controls.
3. Allergies and fear of dogs shall not be valid reasons for denying access or refusing service to people using service dogs. Accommodations shall be made for parties involved in providing and accessing services involving service dogs should an allergy complaint be made.
4. A person with a disability cannot be asked to remove their service dog from the premises unless (1) the dog is disruptive and the handler does not take effective action to control it, or (2) the dog in question is not housebroken. Where there is a legitimate reason to ask that a service dog be removed, staff must offer the person with the disability the opportunity to obtain services without the dogs' presence.
5. People with disabilities who use service dogs cannot be isolated from other patrons, treated less favorably than other patrons, or charged fees that are not charged to other patrons without dogs.
6. Staff shall not be required to provide care for or supervision of a service dog.

B. Use of Service Dogs by Employees

1. An employee's service dog shall be considered a reasonable accommodation under the Title II Americans with Disabilities Act. For the purposes of this policy, the County shall adopt the community provisions of Title II of the Americans with Disabilities Act for public spaces limiting the definition of service animal to service dogs.
2. It shall be the employee's responsibility to notify Human Resources that they require a service dog as an accommodation for their personal disability. The request should be in writing and detail the employee's ADA request on the County's Appendix A Accommodation Request Form attached to this policy. The law requires that a dog shall only qualify as a service animal if its function is directly related to the employee's disability. An employee's ADA Title II accommodation must be held in the strictest confidence. Questions and/or concerns relating to an employee's ADA Service Dog Request shall be submitted to the Human Resources Department.
3. The Human Resources Department shall be responsible for requesting additional confidential information from the employee's healthcare professional which documents the disability. The Human Resources Department shall be responsible for obtaining the required service dog NYS license including but not limited to proof that the dog has been trained as a service dog, what health issue the service dog responds to as an ADA accommodation, and veterinary certification that the service dog is up to date with vaccinations and is in good health with no behavioral issues.

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4. The Human Resources Department shall provide the ADA Service Dog Request for Accommodation to the County Administrator who shall determine whether to approve the requested accommodation. The Employee's ADA Service Dog Accommodation Request approval or denial shall be made in writing to the employee applicant with a copy of the decision sent to the employee's Department Head, the Director of Human Resources, and the County Attorney.
5. In the event, the employee is issued a denial for their ADA Service Animal Accommodation Request by the County Administrator, the employee may file an appeal with the County Attorney - the County's ADA Compliance Officer, which shall be determined, in writing, within ten (10) business days.

The County reserves the right to deny an ADA Service Dog Employee Accommodation if the presence of the employee's service dog within an employee's workplace would cause undue hardship, which shall mean it would create a significant difficulty or expense, or is a direct threat, which shall mean it would create a significant risk to the health or safety of others within the workplace.

C. Exceptions to this Policy

1. The Warren County District Attorney's Office Use of Certified Therapy Dogs for Victim and Witness Support shall govern the use of service animals used as Certified Therapy Dogs under their jurisdiction per Warren County Board of Supervisors Resolution No. 330 of 2025.
2. Countryside Adult Home's use of service animals shall be governed by the regulatory requirements of the Department of Social Services.

APPENDIX A

ACCOMMODATION REQUEST FORM



Name:	Date:
Signature:	Department:

1. What specific accommodation are you requesting?

2. If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore? Yes No

3. If yes, please explain.

4. Is your accommodation request time sensitive? Yes No

5. If yes, please explain.

6. What, if any, job function are you having difficulty performing?

7. What, if any, employment benefit are you having difficulty accessing?

8. What limitation is interfering with your ability to perform your job or access an employment benefit?

9. If you are requesting a specific accommodation, how will that accommodation assist you?

Please provide/attach any additional information that might be useful in processing your accommodation.

RETURN THIS COMPLETED FORM TO HUMAN RESOURCES
1340 State Route 9, Lake George, NY 12845 – Fax 518-761-6509

APPENDIX A

ACCOMMODATION REQUEST FORM

I, _____, understand that I am giving permission to the Warren County Human Resources and/or Self-Insurance Departments to contact the following individual(s) for purposes of requesting documentation/information regarding my disability including the diagnosis and limitations associated with that diagnosis.

I understand that this permission will remain in effect from the day I sign this document until I revoke permission in writing or am no longer affiliated with Warren County.

Provider Name:	
Address:	
Phone:	Fax:

Provider Name:	
Address:	
Phone:	Fax:

Provider Name:	
Address:	
Phone:	Fax:

I understand that communication with the above names individual(s) will not include personal disclosures that so not pertain to my disability(ies). I understand that all medical information related to my request for accommodation is confidential and will be maintained in a secured location within the Human Resources Department separate and apart from my personnel file. I further understand that I will be required to provide appropriate documentation of my disability, including the impact of functional limitations on my ability to perform the essential functions of my job.

Signature

Date

RETURN THIS COMPLETED FORM TO HUMAN RESOURCES
1340 State Route 9, Lake George , NY 12845 – Fax 518-761-6509