

Appendix B: SCSEP Host Agency Re-Opening Guidance Sample Forms

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP) HOST AGENCY RE-OPENING ASSESSMENT FORM

Host Agency:

Host Agency Address:

Host Agency Phone:

Host Agency Email:

Host Agency Supervisor(s) Interviewed:

Current State or Local Ordinances Required for Re-opening

Host Agency Assessment Questions

(Note: Provide yes, no, and comment box for each question)

1. Are you willing to have SCSEP participants return to in-person assignments at this time?
If no, do you anticipate being able to accommodate SCSEP trainees with in-person assignments in the future?
If yes, please provide an approximate date.
2. Is your organization aware of the Federal, State, and or local requirements for re-opening?
3. Have furloughed or laid off employees returned to work?
If no, what date will they return?
If no, what were their job titles?
4. Have you completed a safety check of the building that would include a thorough cleaning?
5. Will start times, break, and lunch time schedules be staggered to reduce the number of people in breakrooms and common areas?
6. Will common areas be marked to enforce social distancing?
7. Are there proper building sanitation practices being enforced such as regular cleaning of all public areas, door handles, computer keyboards, phones, etc.?
8. Are you prepared to monitor occupancy limits based upon current requirements (if required by current ordinance)?
9. Will you require staff, customers, vendors, and SCSEP participants to wear Personal Protective Equipment?
10. Will you require staff and SCSEP participants to answer questions for a daily health check?

11. Will outside customer wait areas and entrances be marked to enforce social distancing?

12. Is public transportation currently available to the site?

13. Will you provide safety training to returning or new SCSEP participants?

Comment on any workplace safety, sanitation, and any potentially unsafe aspects of the Host Agency site:

SCSEP participant(s) previously assigned (pre-COVID-19):

Name of participant able to resume in-person training:

Name of participant not able to resume in-person training:

Signature of Supervisor _____ **Date:** _____

Signature of SCSEP Staff _____ **Date:** _____

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP) COVID-19 HOST AGENCY SAFETY PROTOCOL CHECKLIST

As we find our program approaching the time when SCSEP participants may return to or begin their in-person Community Service Assignments with our Host Agency partners, protecting their health and safety is a mutual priority. In an effort to minimize our participants' potential risk to COVID-19, we have implemented the verification checklist below based on Center for Disease Control (CDC) recommendations and guidelines.

Please review and verify that your agency is currently adhering to these recommendations and guidelines by having the Host Agency supervisor initial next to each item on the checklist below and sign the form at the bottom. Once this form is completed, the SCSEP project will allow assigned participants to resume in-person training.

_____ If screenings and temperature checks are not being conducted on-site, staff/volunteers/SCSEP participants will be instructed to self-screen prior to reporting for duty daily and have been directed not to attempt to enter the building if any of the following symptoms are present:

- Fever equal to or higher than 100.4°F or feeling feverish (chills, sweating)
- New cough
- Difficulty breathing
- Sore throat
- Muscle aches or body aches
- Vomiting or diarrhea
- New loss of taste or smell
- Are under evaluation for COVID-19 (for example, waiting for the results of a viral test to confirm infection)
- Have been diagnosed with COVID-19 and not yet cleared to discontinue isolation

_____ Upon entry to your building, signage/protocol is in place to ensure that staff/volunteers/members of the public are wearing face coverings.

_____ Signage/protocol is in place to ensure that social distancing is being practiced throughout the agency. If individuals must be within six feet of one another, face coverings will be worn by each party.

_____ Physical workspaces have been modified to maximize social distancing, wherever possible. Gatherings in common areas, like break rooms and meeting rooms, are prohibited unless social distancing is possible.

_____ Cleaning and disinfection of common, high traffic areas and commonly used and frequently touched objects, equipment, and surfaces is being conducted routinely, with proper supplies provided to staff/volunteers.

_____ Staff/volunteers are encouraged to wash their hands regularly, throughout the day, using soap and water for at least 20 seconds or hand sanitizer with at least 60% alcohol if soap and water are not available.

_____ If individuals who have confirmed COVID-19 have been in the Host Agency, enhanced cleaning and disinfection will be performed, according to CDC cleaning and disinfection guidelines.

_____ On the first day that in-person training resumes begins, the participant will be provided information on all safety measures, policies, and procedures that the Host Agency has put in place to minimize risk of COVID-19 exposure.

_____ The Host Agency adheres to the Maintenance of Effort clause in the Host Agency Agreement, in which a participant's training at the Host Agency WILL NOT result in one or more of the following:

- The partial or total displacement of currently employed workers.
- The participant replacing a position from which an employee has been laid off (or furloughed).
The impairment of existing contracts or the substitution of Federal funds for other funds in connection with work that would otherwise be done.

Will the host agency provide Personal Protective Equipment (PPE) for the participant while on-site? Yes No

Host Agency Name: _____

Host Agency Supervisor Signature: _____ Date: _____

SCSEP Staff Signature: _____ Date: _____

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP) PARTICIPANT RETURN TO IN-PERSON ASSIGNMENT FORM

SCSEP Participant Name:

PID #:

Host Agency:

Please review each section and sign below

SCSEP HOST AGENCY RE-OPENING

Explanation that the host agency is re-opening and is available to resume in-person training activities. Emergency Paid Sick Leave will no longer be paid to all active SCSEP participants.

COMMUNITY SERVICE ASSIGNMENT DESCRIPTION REVIEW

Discuss the hours of the assignment, duties, and other expectations. There may not be changes to the previous Training Assignment Description. If new duties are assigned and the participant agrees to these changes, a new Training Assignment Description must be documented, signed, and dated by all necessary parties.

PARTICIPANT TIMESHEETS AND WAGES

Discuss the schedule of when timesheets are due and how they are submitted. Review the importance of timely completion and submission.

MODES OF COMMUNICATION

Provide the participant with necessary contact information for all necessary points of contact and explain the importance of keeping the SCSEP team informed about his/her training. This must include immediate notification regarding any safety concerns or illness that affect the participant's training.

SAFETY PRECAUTIONS

Participants must be prepared for new safety measures that may be required at the Host Agency.

1. You may be required to participate in a daily health check.
 - a) Have you been in direct contact with a person known to have COVID-19 since you were last in training?
 - b) Have you had a fever in the last 24 hours?
 - c) Do you have a cough, shortness of breath, or other symptoms?
2. You may be required to wear a face covering, mask, or other forms of Personal Protective Equipment at all times.
3. You may be required to maintain recommended social distancing at all times.
4. Are you reliant upon public transportation to travel to the Host Agency?
 - a) If so, are you comfortable using public transportation?

PARTICIPANT REQUEST FOR AUTHORIZED BREAK IN PARTICIPATION (UNPAID)

A 60-day Authorized Break in Participation is available for participants who are not willing or able to resume in-person training at this time. An Authorized Break in Participation does not affect your Individual Durational Limit. This unpaid break in service can last for 60 days, with the possibility of an additional 30-day extension upon request. If you are not ready to return after the Authorized Break in Participation has ended, you may be terminated from SCSEP following the Participant Termination Policy. Participants who do not wish to return to SCSEP may elect to voluntarily exit the program at any time. You may seek to re-enroll in SCSEP at a later date if vacancies exist.

My signature below is acknowledgment that the sections outlined above have been explained to my satisfaction.

Participant Signature

Date

SCSEP Staff Signature

Date

SAMPLE