

TITLE V

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

Sponsored by

**SOUTHEAST ALABAMA REGIONAL PLANNING
AND DEVELOPMENT COMMISSION**



CENTER FOR WORKFORCE INCLUSION.

STATE OF ALABAMA
DEPARTMENT OF SENIOR SERVICES

HOST AGENCY MANUAL

462 North Oates Street
Dothan, Alabama 36303

(334) 794-4093
Extension 1421

Mailing Address:
Post Office Box 1406
Dothan, Alabama 36302-1406

FAX: (334) 794-3288

www.searfdc.org

Rev. (04/17/2023)

Table of Contents

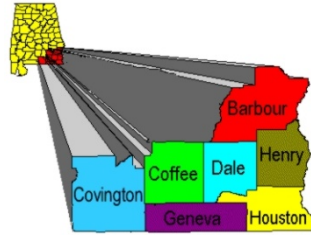
| | |
|---|-------|
| Assignment Description (Blank Form) | 36-37 |
| Changing a Community Service Assignment | 14 |
| Consideration for Regular Employment | 10 |
| Disciplinary/Termination Procedures | 16 |
| Discrimination Prohibited | 6 |
| Drug and Alcohol Screening Consent Form | 21-22 |
| Durational Limits of Host Agency Assignments | 10 |
| Employee Injury Procedure | 20 |
| Exiting SCSEP | 16 |
| Hatch Act | 19 |
| Health and Safety in the Working Environment | 8 |
| Helping Skills | 17 |
| Host Agency Assignments | 8 |
| Host Agency Information Form | 35 |
| Host Agency Orientation and Safety Consultation | 9 |
| Host Agency Orientation Form | 38 |
| Host Agency Responsibilities | 7 |
| Host Agency Safety Consultation Checklist | 38-39 |
| Host Agency Safety Meeting Logs | 30-31 |
| Host Agency Safety Meetings | 9 |
| Host Agency's Maintenance of Effort | 9 |
| Hours of Community Service | 11 |
| How the Senior Employment Program Works | 7 |
| Initial Treatment Locations for Accidents at Community Service Assignment | 29 |
| Injury on Community Service Assignment (Worker's Compensation) | 18 |
| Joint Partnership | 3 |
| Leave Time | 11 |
| Listening | 17 |
| Nepotism Prohibited at Host Agencies | 10 |
| Non-Safety Sensitive Jobs Testing Policy | 23-26 |
| Participant Performance Evaluations | 15 |
| Performance Evaluation Form | 32-34 |
| Problem Solving | 18 |
| Recording of Host Agency Supervisory In-Kind Hours | 10 |
| Representation at the Host Agency Supervisor's Meeting | 9 |
| Required Items Needed in your Host Agency File | 5 |
| Senior Employment Program's Goals | 7 |
| Senior Employment Program's History | 6 |
| Senior Employment Program's Mission | 6 |
| Senior Employment Program's Objectives | 7 |
| Standards | 18 |
| Supervising Older Adults | 16-17 |
| Supportive Services | 15 |
| Timesheet Requirements | 11 |
| Training | 15 |
| Types of Supportive Services | 15 |
| Volunteering Prohibited at Host Agencies | 10 |
| What is Expected of the Supervisor? | 17 |
| Written Assignment Description Required | 13 |

JOINT PARTNERSHIP



Enrollee

55 years of age and older who would benefit from this program while providing services to their communities.



Senior Employment Program - 51 authorized positions which serve seven counties in the Southeast Alabama Region. They include-Barbour, Coffee, Covington, Dale, Geneva, Henry, and Houston Counties-We are funded by two federal grants sponsored by the Alabama Department of Senior Services and Center for Workforce Inclusion. These Participants provide over 56,485 hours of community service annually.

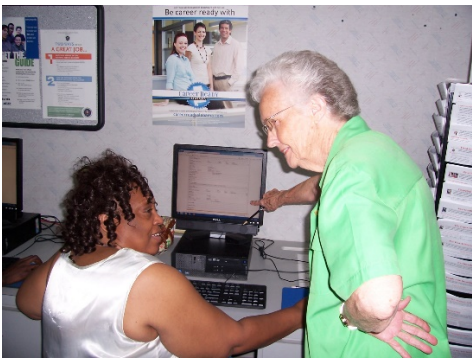
Host Agencies

Libraries
Senior Centers
Societies
Department of Human Resources

Adult Daycare Centers
Community Colleges
Career Centers
And Many Others

Head start Programs
Adult Education Programs
Historical State Parks
Habitat for Humanity





Employers

Health Care
Clerical

Libraries
Administration

Housekeeping
Bookkeeping
City/County/State Government

Food Service
Van/Bus Drivers

Transportation
Security Services





Items required - needed in your Host Agency File

- Copy of 501(c) (3) Designation (if applicable)
- Copy of Host Agency Agreement (Current Project Year and Past three years)
- Copy of Assignment Description for each of your currently assigned Participant(s) by position.
 - **Note:** You should also keep the Assignment Descriptions of each participant assigned to your agency for three years from date of their departure from your agency.
- Copy of Health and Safety Meetings (Current Project Year and past three years)
- Copy of Participants Timesheets (Current Project Year and must be retained for 3 years)
- Current copy of Driver's License and Proof of Automobile Insurance {if applicable}
- Copy of each Participant's Performance Evaluation (Current Project Year and past three years)



Southeast Alabama Regional Planning and Development Commission

Senior Community Service Employment Program

INTRODUCTION

The Senior Community Service Employment Program (SCSEP) is locally sponsored by the Southeast Alabama Regional Planning and Development Commission (SEARP&DC). Funding comes from Center for Workforce Inclusion, headquartered in Silver Spring, Maryland and Alabama Department of Senior Services (ADSS) located in Montgomery, Alabama. Both agencies administer the SCSEP on behalf of the U.S. Department of Labor.

The Project office is located at 462 North Oates Street, Dothan, Alabama, telephone number (334) 794-4093

MISSION AND PURPOSE OF THE SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)

Our purpose is to foster individual economic self-sufficiency and promote useful opportunities in community service assignments for unemployed low-income persons who are 55 years of age or older, and to increase the number of older persons who may enjoy the benefits of unsubsidized employment in the private and public sectors.

The Senior Community Service Employment Program (SCSEP) serves low-income unemployed persons who are 55 years of age and older, by training them in part-time community service assignments and assisting them in developing skills and experience to facilitate their transition to unsubsidized employment.

The purpose of this manual is to inform supervisors of the requirements and training conditions within SCSEP.

Discrimination Prohibited

SEARP&DC will not subject any person to discrimination in employment, services or activities on the grounds of race, color, religion, gender, national origin, political affiliations or beliefs, disability, or age, or participation in other government programs, except where age is a consideration for eligibility or where participation in other programs may affect income eligibility.

SEARP&DC is an Equal Opportunity Employer, and shall use its best efforts to ensure a safe and healthful working environment, free of substance abuse (drugs and alcohol), harassment and hazardous conditions. The SEARP&DC Drug-Free Workplace Policy is attached.

History of the Participant Program

The Senior Community Service Employment Program (SCSEP) began in 1965 as part of the Older Americans Act. SEARP&DC has administered the SCSEP since 1968.

Objectives

The program was originally established as a community service employment program providing senior citizens with part-time employment to supplement their income. Since 1982, the program has evolved into a skills training program for older workers. The focus is to assist enrollees upgrade job skills, which enables them to secure employment outside the program.

Participants are placed in positions where they may utilize and upgrade existing skills, and learn new skills which enable them to become more competitive, and motivated to re-enter the job market.

Goals

It is the goal of the U.S. Department of Labor and the Senior Employment Program to assist Participants in locating unsubsidized employment as soon as they are ready to re-enter the labor force.

How the Senior Employment Program Works

Each participant must be 55 years of age or above, and receive income which does not exceed 125% of the Federal poverty level. Participants work 19.75 hours per week and earn wages at the Federal minimum hourly wage rate of \$7.25 per hour. Participants are paid by direct deposit only every other Friday. Participants receive assistance with an annual physical paid for by Center for Workforce Inclusion / Alabama Department of Senior Services.

When the participant is enrolled, they are interviewed to determine prior job skills and qualifications, employment interests, capabilities, employment barriers, and training needs so they can be assigned to an appropriate host agency in the county in which they reside. Each assignment is determined by their Individual Employment Plan/Re-assessment at least two times per year.

Host Agency Responsibilities

Host Agency responsibilities include, but are not limited to, providing a healthy and safe working environment; orientation, instruction, supervision, and training to enable each individual perform as a productive and effective worker.

Our contract with you, the Host Agency, is for an eligible participant, not a specific individual. **We reserve the right to move trainees from one host agency to another when it suits the needs of the program, in the best interests of the trainee, will assist the trainee receive increased training opportunities, or if it is determined the transfer will increase the participant's opportunities of being hired into unsubsidized employment off this program.**

Remember, the vision and purpose of this program is to enable older persons to achieve gainful employment and personal development through their training and each assignment. The maximum length of time for any participant is 48 months.

Your cooperation and understanding is a vital element in the success of the Senior Employment Program. This includes not only adhering to the guidelines of the program, but also achieving the ultimate goal which is assisting and working with older workers to gain the skills and confidence necessary to find jobs **OFF THE PROGRAM**. This allows them to remain active, independent, and contributing members of their communities.

Health and Safety in the Working Environment

In order for the health and safety program to be effective, we must demand that all employees of the Southeast Alabama Regional Planning and Development Commission become fully involved in reducing health and safety issues in the workplace. Each employee has a personal responsibility in accident prevention. He/she has the responsibility to his/her family, fellow employees, and to his/her employer in the performance of his/her duties and responsibilities. Therefore, employees must follow and is expected to observe safe practice rules, instructions relating to handling of his/her work. In addition, employees should always remember that their action may affect fellow workers or members of the general public. Exercising safe practices are essential to the overall safety and security of any business environment.

The above paragraph also refers to the Host Agency working environment. *If the Participant is injured in any way, whether slightly or seriously, the Participant must report the workplace injury to you as soon as possible, but within the 24 hour period. You, the supervisor, must ensure all appropriate statements, Workers Compensation Form 2, and other required information is submitted to the project director's office within the first 48 hours after the injury occurs.* Regardless of whether or not the injury is serious or very slight, the participant is required to follow the Medical Protocol and report for drug testing per our safety program policies found in the Senior Employees policy and procedure manual.

Host Agency Assignments

Because the Senior Employment Program has a dual purpose, both community service and transition into unsubsidized employment, it must be understood the Host Agency assignment should maximize the participant's chance for unsubsidized employment and make use of the participant's skills, employment interests, and aptitudes. Host agencies have the responsibility to provide adequate training, supervision, and instruction for participants to achieve both personal and employment goals.

It is imperative that skill acquisition or enhancement be delivered under the supervision of the host agency in order for community assignments to contribute to the welfare of the community and improve the potential of the participant for unsubsidized employment.

Specifically, host agency assignments should lead to unsubsidized employment by:

- Emphasizing host agency assignments where participants develop transferable skills in demand by local employers.
- Combining community service assignments with other training especially for participants that need to overcome extraordinary barriers to unsubsidized employment and would benefit from additional training. These assignments cover a broad spectrum of services from literacy and libraries to services targeted to the elderly or recreational services.

Host Agency's Maintenance of Effort

The Host Agency understands at no time should SCSEP assignments result in the displacement of currently employed workers; or a reduction in non-overtime hours of work, wages, or benefits; will not impair any existing contract or service or result in the substitution of the wages of the participant for other funds in connection with work which otherwise would be performed; will not be a substitute for any federally assisted job; and will not be a position which is the same as or substantially the same as that occupied by any other person who is on lay-off or absent due to lay-off or absent due to labor disputes.

Representation at Host Agency Supervisor's Meeting

The host agency agrees to send a representative to a host agency supervisor's meeting held annually to acquaint them with the SCSEP objectives.

Host Agency Orientation and Safety Consultation

The Host Agency orientation and Safety Consultation gives you, the supervisor, the opportunity to discuss the Assignment Objective, Assignment Requirements, Duties and Responsibilities, Training Tasks, Dress Code, Mission, Personal Conduct, Agency Policies and the Health and Safety requirements of your host agency. It also allows you to observe, evaluate, and consider the abilities of the Participant.

Eligibility must be completed before a senior worker begins any assignment. Interviews may be conducted, but the senior worker **will not begin at the assignment until the approval process has been completed with the project director.**

The Host Agency Supervisor must have a completed assignment description describing the requirements, duties, and weekly schedule before the interview can occur. The assignment description must be developed and approved by the project director before the senior worker can begin his/her assignment at the host agency.

The project director must approve the assignment and determine when the assignment will begin. This will be determined through receipt of the employment acceptance letter acknowledging that the participant has been accepted for training. When the acceptance letter is returned, project staff will notify the host agency of the date when the participant may begin their assignment at the host agency. The start date may be at the beginning of a normal pay period or as directed in the interview/acceptance letter. The participant cannot work more than 19.75 hours per week as scheduled in the assignment description submitted to the project director. Changes to any participant's schedule must be approved by the project director before it can begin. This also includes makeup hours during each specific pay period. **Email requests to the project director's office will be accepted and evaluated for approval by the project director, but the hours cannot be made up without a confirmation by the project director at any time. The exception to this is makeup time for federal holidays.**

Host Agency Safety Meetings:

Host agency supervisors are required to conduct two safety meetings each month and document the information on the Host Agency Safety Meeting Forms. These forms are to be placed in your Host Agency File and may be reviewed each project year by the project director or staff members when

they come to your host agency. You may use the safety information in the policy and procedure manual or other information received from your local fire protection or other safety programs. The form is located as an attachment to this information or you can locate it in the Supervisors Webpage at <http://www.searfdc.org>.

Nepotism Prohibited at Host Agencies

No participant shall be assigned to a host agency where a member of the immediate family of the participant is in a supervisory or administrative capacity involving oversight of the participant.

Volunteering Prohibited at Host Agencies

Participants may not volunteer at the Host Agency to which they are assigned.

Per Wage and Hour Law under section 785.11_GENERAL, states, *“Work not requested but suffered or permitted is work time....The reason is immaterial. The employer knows or has reason to believe that he/she is continuing to work and the time is working time.”*

Per Wage and Hour Law under Section 785.13_DUTY OF MANAGEMENT states that, *“In all such cases it is the duty of management to exercise its control and see that the work is not performed if it [management] does not want it to be performed. It cannot sit back and accept the benefits without compensating for them. The mere promulgation of a rule against such work is not enough. Management has the power to enforce the rule and must make every effort to do so.”*

Recording of Host Agency Supervisory In-Kind Hours

Host Agency supervisors whose salaries are **not** supported by federal dollars are asked to record on the Participant timesheet hours spent supervising SCSEP Participants. This information is used to demonstrate local support for the SCSEP Program. Current regulations restrict supervisory hours to 20 percent or less of total hours reported for the Participant. (See attached information regarding this item.)

Consideration for Regular Employment

The Host Agency agrees to consider each Participant for regular employment, either full-time or part-time, when vacancies occur in the Host Agency staff or when new positions are created. The Host Agency may also recommend suitable training for unsubsidized placement of the Participant.

Durational Limits of Host Agency Assignments

The length of time that participants may remain in a community service assignment is determined by each participant’s Individual Employment Plan (IEP). The project director may choose to move a participant to a new community service assignment when the participant has mastered existing opportunities and a change in assignment would provide the participant with additional experiences to further progress towards his or her IEP goals.

Hours of Community Service

SCSEP participant training assignments are a maximum of 19.75 hours per week, as scheduled in the assignment description unless limited funding requires SEARP&DC to offer less than 19.75 hours per week. **Once the schedule is set, any changes must be approved in advance by the Project Director.**

Participants are paid at the hourly federal minimum wage rate. *Participants cannot be in community service more than or less than 19.75 hours unless approved by the project director after receiving authorization from both federal grants.*

Timesheet Requirements

TIME SHEETS

- Time sheets are the basis for payroll calculations. It is extremely important that time sheets are completed accurately and submitted on the date they are due to the SEARP&DC Project office by fax or in person. If timesheets are faxed, the **original must be mailed** to the project office in a timely manner, **must** be received within three (3) to five (5) business days after the end of each pay period. **Timesheets are legal documents and should be completed/signed in blue ink (pencil is not acceptable).** Timesheets are due in the SEARP&DC office as specified on the annual payroll calendar provided to the participant and the supervisor or may be downloaded from the <http://www.searpcdc.org> Senior Employment Program Forms webpage. SCSEP participants and supervisors are responsible for submitting a corrected timesheet if adjustments are necessary. You may email timesheets to sep.timesheets@searpcdc.org if you elect not to use (334)794-3288 to fax them to the project director's office.

PAY SCHEDULE

- SCSEP participants will be paid on a bi-weekly basis. Deposits are made on the date indicated on the annual payroll calendar.

Leave Time

Certain "lost" time (such as snow closings, etc.) may be made up providing, the time can be made up in the same or subsequent pay period, does not exceed the maximum hours for the pay period in question, and is approved in advance by the Project Director. Participants are required to notify the Project Director and host agency supervisor in all instances when they will not be reporting to their community service training assignment as scheduled.

- **Federal Holidays**
- SCSEP participants can only be paid for hours worked/spent in training. Participants will make-up hours if they are scheduled to work on a day their host agency is closed for a federal holiday. The approved Federal Holidays are: New Year's Day; Birthday of Dr. Martin Luther King, Jr.; Washington's Birthday; Memorial Day; Independence Day; Labor Day; Columbus Day; Veterans Day; Thanksgiving Day; and Christmas Day. **Sick leave – Participants absent due to illness may make-up hours missed in the same or subsequent pay period with prior approval of the project director.** Participants absent for health reasons and under

- **Inclement Weather and Disaster closings** – If the Host Agency is closed due to snow, weather, power, or other factors, these are not paid days. With prior approval of the project director and if the Host Agency can accommodate, a participant can make up the time in the same period or subsequent pay period with project director approval

- **Leave Without Pay** - Participants may submit a leave of absence request to take up to thirty (30) calendar days leave without pay from work for medical, family health, or personal reasons. Any Participant on leave without pay for more than 30 days will be subject to termination from the Title V SCSEP Program but may apply for re-enrollment at a later date.

- Participants may apply to the Project Director for leave without pay for leave exceeding three (3) consecutive days. The participant must mutually agree on the extent or time frame of leave with the Project Director and host agency supervisor. Participants absent for more than three (3) days must notify the project office and submit a request for authorized absence request form. Submission of requests for approved break will prevent requested days from being deducted from the maximum durational limit for the SCSEP program. When an Authorized Absence Request Form is used the participant cannot make up those hours missed from their host agency for that period of time.

- **Jury duty** – Consistent with SEARP&DC policy, Participants will not be paid while serving on jury duty but may make up hours in the same or subsequent pay period subject to approval by the project director.

- **Alternative Assignment** – Participants may request an alternate community service assignment if the Host Agency is to be closed for an extended period of time.

- **Military Leave** - Eligible participants with a spouse, son, daughter, or parent on active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings. Participants may contact the project director for more information.

- **No Call/No Show** - Not reporting to work and not calling to report the absence is a no call/no show and is a serious matter. Participants who do not report to their assignment, and do not notify their Host Agency Supervisor will be subject to discipline, up to and including termination, in accordance with the disciplinary/termination procedures outlined on page 15-16. **Host Agency Supervisors should notify the project office whenever a participant fails to report to his/her assignment as scheduled and does not call.**

Initial Assessment and Individual Employment Plan (IEP)

The purpose of the Initial Assessment and Individual Employment Plan serve as tools to accomplish the following:

- Help the project director make an effective assignment to a host agency.

- Identify appropriate training for the trainee.
- Identify unsubsidized employment opportunities and/or prospects.
- Pinpoint any personal, social or other barriers to employment.
- Identify supportive services that will enhance the participation in SCSEP.
- Establish a plan of action, including goals and deadlines to enhance unsubsidized employment.
- Involve you, the supervisor, in this process and throughout the trainee's assignment to your host agency.

A complete assessment for each participant is required at the time of enrollment and prior to placement in a community service assignment. The IEP reflects the trainee's needs and interests and helps to outline his/her employment goals. An initial IEP must be prepared within 90 days after enrollment and updated as necessary, but no less than a total of two times per year, to ensure the trainees is making progress towards his or her unsubsidized goal. The IEP describes any other actions required to achieve the stated employment goal. The plan includes detailed actions and deadlines agreed upon by the trainee and project director or designated project staff member.

You, the supervisor, must be directly involved in discussions concerning job readiness and other training progress while the trainee is assigned to your host agency. Your continued support and involvement is one of the main keys to successful completion of the job readiness process towards unsubsidized employment of the trainee at your assignment.

Written Assignment Description Required

Participants will be given a written Community Service Assignment Description with pertinent information on assignment title, duties, number of hours, host agency, location, supervision, etc., and a copy will be made for the personnel files. The participant and the host agency staff will adhere to the written assignment description in all aspects. Any changes in hours, duties or other factors must be approved by the Project Director. The written community service assignment description will be used in revising and updating the participant's Assessment and IEP. Participants are not permitted, nor will they be required to perform an assignment in buildings or surroundings under conditions that are unsanitary or potentially hazardous. **Sample assignment descriptions may be downloaded from the SEARP&DC website at <http://www.searpc.org> on the supervisor's webpage.**

Copies of the assignment description should be given to the participant at the initial interview before beginning the assignment with a host agency. The host agency supervisor must ensure the assignment description reflects the following areas as indicated. Each specific item must meet the requirements as directed below.

1. **Senior Trainee Name:** Name of participant
2. **Assignment Date:** Date the assignment is scheduled to begin.
3. **Host Agency:** Official name of the Host Agency.
4. **Position Title:** Reflects the duties and responsibilities of the community service assignment, i.e., Kitchen Assistant, Van Driver, Adult Care Worker, Senior Center Aide, Office Worker, and Teacher's Aide. etc.
5. **Assignment Objective:** Training objective reflecting public or private sector goal.
6. **Assignment Location:** Name and address of the Host Agency.
7. **Phone Number:** Telephone number of host agency.
8. **Work Days/Hours:** Reflects the specific hours per day of the week the Participant is scheduled at the host agency.
9. **Wage Rate:** Hourly wage rate paid to the Participant during the assignment.

10. **Supervision:** Name and title of the supervisor.
11. **Requirements:** Clear, specific, and concise skills, particular training, or experience required for the assignment. These must include, but not be limited to, goals; performance based on-the-job training requirements, and safety programs.
12. **Assignment Duties:** Each specific duty the participant will perform while assigned to the Host Agency must be clear, specific, and concise to ensure full understanding by both the supervisor and participant. Any other duties must be clearly noted and written as part of the duties and responsibilities for each position.
13. **Health and Safety Orientation and safety Consultation:** Date signifying participant has received orientation in host agency health and safety procedures.
14. **ADA Statement:** To be initialed and signed by participant prior to beginning assignment noting whether or not accommodations are required in order to perform essential duties of position.
15. **Signature and Date:** Date the community service assignment description was signed by Participant and supervisor.

Changing a Community Service Assignment

Project directors control the assignment and placement of a program trainee while enrolled in the Senior Employment Program.

Changing community service assignments is intended to:

- Increase the chances of obtaining unsubsidized employment;
- Provide opportunities to increase responsibilities and learn or improve skills in new assignments;
- Prevent a host agency from using any participant to perform tasks which otherwise would be performed by regular staff members; and
- Encourage the development of new host agency training assignments.

To that end, the length of time that Participants may remain in a community service assignment is determined by each participant's IEP. Sponsors must document in each participant's IEP the appropriate assignment length. However, a project director may choose to move a participant to a new community service assignment, either within the existing host agency or to a new host agency, when the participant has mastered existing opportunities and or when the project director determines that a change in assignment would be in the best interest of the participant in progressing towards his/her IEP goals.

Host agency supervisors may request the transfer of a participant from a host agency. The request must be in writing with valid documentation indicating the reasons for transfer of the Participant.

NOTE: *It is important to note that no supervisor or host agency can terminate a Participant from participation in this Program.* However, it is important that the host agency supervisor documents and report documented events which may lead to a participant's dismissal.

NOTE: *Participants that return to the program after obtaining unsubsidized employment may not return to a previously held host agency assignment.*

Supportive Services

Supportive services are necessary components and are designed to assist trainees with barriers to employment and personal-assignment problems. The project director and host agency supervisor should be available to provide trainees with necessary assistance, counseling, and referrals to other resources when appropriate.

Types of Supportive Services

Supportive services that should be provided as needed include, but is not limited to:

- Counseling or instruction for successful performance of the community service assignment or to obtain unsubsidized employment.
- Specialized counseling or personal counseling.
- Assistance through other agencies or funding sources, such as area agencies on aging, vocational rehabilitation, or employment services.
- Supportive services can include:
 - Items incidental to work, such as reading glasses.
 - Periodic meetings.
 - Reasonable training related transportation.
 - Other supportive services as needed.

Participants are to consult with the Project Director if they need these types of services. The Project Director will assess the project's ability to assist.

Training

- Related skill training to the trainees Individual Employment Plan.
- Make training specific to the trainee's assignment.
- Use training tasks to acquire or improve skills applicable to unsubsidized employment.
- Training must be realistic and consistent with the trainee's Individual Employment Plan.

Participant Performance Evaluations

Host agency supervisors may make an evaluation of the participant's performance at least once a year. Evaluations may be conducted due to change of assignment or as requested by the project director. The evaluation lets the participant know how their performance is regarded. It identifies areas of accomplishment, areas where improvement may be needed, and areas in which additional training or experience may improve the likelihood of unsubsidized employment. The supervisor completing the evaluation must discuss its content with the participant. **Performance feedback is critical to the overall success of each participant enrolled on SCSEP.** The evaluation will be used in continuing the IEP. Participants will have the opportunity to sign it and receive a copy of the evaluation as well as have an opportunity to comment upon or respond to the evaluation in writing. (See Appendix E for sample of Performance Evaluation)

Exiting SCSEP

VOLUNTARY EXITS

If a participant decides to voluntarily exit the SCSEP program, one week's notice should be given with the reason for exit stated. If the participant has obtained an unsubsidized job, they may be released the next day if that is in the best interest to secure the job. Project staff will ask the participant to submit copies of acceptable documentation to verify their reason for exiting SCSEP.

Disciplinary/Termination Procedures

The termination procedure will typically include the following disciplinary steps. SEARP&DC staff or the Project Director may skip Steps One and Two and go straight to Step Three (outlined below) and terminate a participant immediately for serious violations such as fraud, theft, destruction of property, violence, insubordination, failure to follow specific guidelines at host agency or cooperate with project director/staff members, or threats to health and safety of the participant or others. **However, it is important that the host agency supervisor documents and report documented events which may lead to a participant's dismissal.**

Step One: Documented Verbal Warning

SEARP&DC staff or the Project Director will verbally warn a participant and follow up with written documentation of the warning. This documentation will be placed in the personnel file.

Step Two: Written Warning

SEARP&DC staff or the Project Director will prepare a written warning to a participant and discuss with them via telephone or in person. A copy of the written warning will be sent to the participant and placed in their personnel file.

During both Steps One and Two – the participant will be informed of the correction action needed and the time frame for which the corrective action must be taken.

Step Three: Termination

Participants may not be terminated until 30 calendar days after they have been provided a written notice. Written notices of termination including the reason for the action and appeal procedures must be given to the participant if we expect to terminate him/her from SCSEP. Participants have the right to appeal any decision.

Supervising Older Adults

Some older people find it difficult to be supervised by younger people. Sometimes young supervisors may expect seniors to keep up with the frantic pace of young people. This must be balanced with a reasonable expectation of job performance. Some problems could be due to supervisors with little or no experience with older workers. Supervisors should be aware of signs of aging which could affect job performance of older workers such as vision problems, dulling of senses, loss of hearing, failing eye sight, etc.

Dulling of senses-Colors fade: notice how some seniors seem to prefer bright colors and may choose mismatched clothing. This may seriously affect filing, computer skills, etc.

Hearing may diminish especially lower tones. Notice when the trainee appears to be confused with verbal instructions. Written instructions, combined with verbal explanations may help. Notice whether the trainee responds to people with louder or higher pitched voices. Enunciate clearly-asking the trainee to make eye contact with you, maybe lip reading will help.

Hygiene may suffer with diminished sense of smell. Failing eyesight may explain soiled clothing. Excessive problems with paranoia or hygiene may indicate serious problems-dementia or Alzheimer's. People with Alzheimer's also develop a fear or avoidance of water.

Frank discussions are tough, but sometimes necessary. A frank discussion about problems with job performance and acknowledgement that a problem is surmountable may be helpful. Tell the trainee that you are willing to work with him/her.

Take the time to find out about the background of the trainee. Understand that trainees may have held important jobs or may be revered in social or church activities. This can be in contrast to an entry level job. Trainees need to feel respected and appreciated at any level of accomplishment.

Be realistic in expectations. The trainee should be placed in a position which fits ability and potential, but trainees should be expected to do a reasonable amount of work.

Trainees are to be treated like any other employee as much as possible. They are **not** volunteers. Attendance and punctuality are **not** negotiable.

What is expected of the supervisor?

You are the key to a successful training experience for the Participant by anticipating changes and making transition as seamless as possible through planning. You can help the Participant set goals by being a partner during the interview, orientation, and assignment description development process. You can assist Participants by including them in staff meetings, training, and making them part of your work group. This keeps Participants up to date and allows them to have complete sense of belonging. Giving Participants responsibilities learned through training tasks developed encourages them to speak up and request assistance to resolve issues that may arise during their assignment. Most of all, listen to the Participant and assist them with concerns as they arise in order to reach a workable solution.

Listening

Give undivided attention to what the person is saying. Look directly at the person and nod or comment appropriately. Give trainees time to think and collect thoughts. Listen to words and feelings - read between the lines.

Helping Skills

Helping skills are behaviors a person can use to assist another individual find solutions to problems of everyday living. Helping skills are caring, listening, understanding, and responding helpfully.

As a supervisor, you need helping skills because trainees will come to you for help now and then. They will seek information about their assignments, training tasks, as well as problems encountered in everyday living. When possible, listen and be helpful. You are doing both yourself and the

Participants a favor. You will be demonstrating you are a person they can trust. The Participant will be more likely to come to you with difficulties in the work setting before the difficulties become catastrophes.

Standards

Set established standards. *What are standards?* A standard is the reasonable expectation of anyone performing a particular job. If a Participant has the basic ability to do the work, they have the capability to meet the required standards. There will be times when discussions will become necessary with Participants regarding assignment performance. Remember, although Participants are considered employees of the Southeast Alabama Regional Planning and Development Commission Senior Employment Program they are to be treated as much as possible as other staff members of your host agency. However, you must keep in mind the “reasonable expectations” of the older worker.

Problem Solving

Participants are encouraged to discuss any problems with their supervisor. By the same token, supervisors should discuss any problems with the Participant. Supervisors should take steps to document those issues regarding problem areas that occur at the host agency and provide written documentation to the project director. Be sure to document discussions or conferences with the Participant.

Examples of assignment related issues may be, not reporting to the assignment on time, not completing assigned duties or training tasks. Failure to notify the host agency of injuries occurring at the host agency to ensure the project director is notified or other minor infractions the Participant has been made aware of by you, the supervisor.

Examples of personal problems may be lack of transportation, dependent care, physical limitations, and many other areas affecting their life. Please document the conferences and notify the project director when submitting the information. **However, it is important that the host agency supervisor documents and report documented events which may lead to a participant's dismissal.**

Injury on Community Service Assignment (Worker's Compensation)

- Senior Participants are covered for Worker's Compensation injuries by the sponsor, SEARP&DC.
- In case of injury on the community service assignment, a participant in cooperation with the Host Agency Supervisor must immediately file a First Report of Injury (FROI), with a copy to the Project Director. The Participant must file an Employee Report of Accident/Injury (EROA), with a copy to the Project Director. Even if a minor accident occurs, reporting protects the participant's Worker's compensation rights. Copies of the FROI and EROA may be printed from the SEARP&DC website at www.searpc.org.

NOTICE

POLITICAL ACTIVITIES UNDER THE SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)

SCSEP participants may participate freely in the political process with the following exceptions:

- No program participant or staff person may engage in partisan or nonpartisan political activities while he or she is on the job.
- No program participant or staff person, at any time, may represent himself or herself as a spokesperson of the SCSEP and engage in partisan or non-partisan political activities.
- No program participant may be employed or out-stationed in the office of a member of Congress, in the office of a state or local legislator, or on the staff of a legislative committee.
- Some participants who are employed by federal, state, and local governments on federally–aided projects may have additional restrictions as a result of the Hatch Act.

For additional information contact:

- ✓ **Your Project Director**
- ✓ **The Inspector General of the Department of Labor at (202) 693-5100**
- ✓ **Hatch Act Information at (800) 854-2824**

SENIOR EMPLOYMENT - EMPLOYEE INJURY PROCEDURE

EMERGENCIES:

Supervisor should:

- Call employees emergency contact and/or call 911 and request Emergency Medical Services (EMS).
 - a. Under no circumstances should a staff member transport injured employee to the medical facility.
 - b. If injury is life threatening, supervisor should follow employee to medical facility.
- Contact the Senior Employment Director; if unavailable, contact the Senior Employment office.
- Request drug test (only within 32 hours of accident and not in accidents where it is obvious that drug use was not the cause of the accident, such as a bee sting) and/or alcohol test (only within 8 hours of the accident and only where alcohol is believed to be a factor in the accident or injury).
- Secure the area where the accident occurred.
- Document the accident scene (pictures, video, etc.).
- Request employee fill out Employee's Report of Accident (EROA) when they are able.
- Supervisor fills out First Report of Injury (FROI).
- Witnesses should be interviewed and statements taken; witnesses should sign their statements.
- Employee's Report of Accident (EROA), First Report of Injury (FROI) and supporting documents emailed to Senior Employment Director.

NON-EMERGENCIES:

Employee reports injury to Supervisor.

Contact the Senior Employment Director; if unavailable, contact the Senior Employment office.

Medical Record Only

1. Incident requires first aid or no treatment, but following policy, employee reports it to supervisor.
2. Injured employee fills out the Employee's Report of Accident (EROA).
3. First Report of Injury (FROI) is filled out by the Supervisor.
4. Employee's Report of Accident (EROA), First Report of Injury (FROI) and supporting documents sent to Senior Employment Director.

Medical Treatment

1. If the injury requires off site medical treatment, the supervisor should contact the Senior Employment Director; if unavailable, contact the Senior Employment office.
2. The accident scene should be secured and documented (pictures, video, etc.).
3. Injured employee should fill out Employee's Report of Accident (EROA).
4. Request drug test (only within 32 hours of accident and not in accidents where it is obvious that drug use was not the cause of the accident, such as a bee sting) and/or alcohol test (only within 8 hours of the accident and only where alcohol is believed to be a factor in the accident or injury).
5. Employee goes to the designated medical facility.
6. Witnesses should be interviewed and statements taken; witnesses should sign their statements.
7. First Report of Injury (FROI) is filled out by the Supervisor.
8. Employee's Report of Accident (EROA), First Report of Injury (FROI) and supporting documents sent to Senior Employment Director.

DRUG AND ALCOHOL SCREENING CONSENT FORM

NON-DOT TESTING

Southeast Alabama Regional Planning and Development Commission (“Commission”) has a policy against substance abuse in the work place and therefore reserves the right to test employees under this policy.

1. By signing below, I agree to submit a personal specimen of urine, blood, breath, hair or other matter as requested by the employer or testing lab to determine whether there are prohibited drugs or alcohol in my system.
2. I authorize the collection facility or testing lab, designated by the Commission, to obtain, process, and test the specimen and to also release and discuss the results of the tests with the Commission, its agents and insurers.
3. I understand that if I violate the substance abuse policy, I will be subject to disciplinary action up to and including termination of employment.
4. If I am involved in an on-the-job accident, I hereby authorize the medical facility or laboratory to treat any injuries I may have sustained and to also obtain a specimen which may be analyzed to determine whether there are prohibited drugs or alcohol in my system.
5. I hereby authorize the testing facility or lab to disclose and discuss the results of my test(s) with the Commission, its agents and insurers. This authorization may be revoked in writing at any time and I understand that it is not necessary to give this authorization as a condition of treatment, payment, enrollment or eligibility for benefits. Revocation of authority to release the test results to the employer, however, will be treated the same as a refusal to submit to testing and may be grounds for termination. I understand that the information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal law.
6. I intend for this authorization to be valid for a period of ten (10) years from the date below.
7. I hereby release, forever discharge, and hold the company, its agents, officers, employees and insurers harmless from any and all claims of whatever nature arising out of or in connection with any act or omission relating to any examination, test, collection, procedure, chain of custody, disclosure, analysis, diagnosis, inaccuracy, report or action performed with regard to any drug or alcohol testing.
8. I understand that this form does not alter the employment-at-will relationship with the Commission.
9. I understand and agree that if any part of this consent form is invalid under any law or regulation, then the invalid portion shall be considered severed and shall not affect the validity of the remainder of the form.

(Continued on Next Page)

(Continued from Previous Page)

A copy of this authorization and release shall have the same force and effect as the original.

Signed this _____ day of _____, 20____.

Employee Signature

Witness Signature

Printed name of Employee

Printed Witness Name

Southeast Alabama Regional Planning and Development Commission Substance Abuse Testing Policy – Non-Safety Sensitive Jobs

1. **Purpose and Applicability:** We believe that drug and alcohol abuse presents a serious safety and health risk to all employees and it can also cause a detrimental effect on work performance and the reputation of our agency in the community. For these reasons, we adopt this testing program to identify and deter prohibited substance abuse.

This policy will apply to employees in the following job categories:

- a. Central Office Staff
- b. Head Start Staff
- c. SCSEP Participants
- d. Non-DOT Wiregrass Transit Staff

2. **Definitions:**

- a. **“Drug(s)”** means a substance whose use or possession is controlled by federal law but is not being used or possessed under the supervision of a licensed health care professional. (Controlled substances are listed in Schedules I-V of 21 C.F.R. Part 1308.)
- b. **“Alcohol”** means the intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohols including methyl and isopropyl alcohol.

3. **Prohibited Conduct:**

- a. **General:** The manufacture, distribution, consumption, possession, use or being under the influence of a Drug or Alcohol while on duty, on Agency Premises, in Agency-owned vehicles, while using Agency equipment or while performing Agency business is prohibited.
- b. **Reporting:** All employees must report any reasonable suspicions of Drug or Alcohol impairment which they witness to the Human Resources Director and/or the Executive Director.

4. **Circumstances for Testing:** Employees will be tested in the following situations:

- a. **Reasonable Suspicion of Current Impairment:** An individual may be sent for testing if a supervisor has a reasonable suspicion that the employee currently has Drugs or Alcohol in his or her system in violation of this policy.
 - i. **Observation:** The supervisor must prepare written documentation of the specific facts leading to the suspicion such as direct observation of slurred speech, the smell of alcohol, inability to walk a straight line, an accident, physical or verbal altercation, unusual behavior that warrants summoning a supervisor, or possession of alcohol or drugs. Observations may include indications of chronic use or withdrawal effects of controlled substances. Reasonable suspicion may also include evidence that the individual has used, possessed, sold, solicited or transferred Drugs or Alcohol while on Agency premises or engaged in Agency business within the past 8 hours for Alcohol or 32 hours for Drugs.
 - ii. **Prompt Testing:** If reasonable suspicion exists, the employee should be promptly taken to the testing facility by the supervisor.
 - iii. **Reasonable Suspicion Alcohol testing** should be done right away. If the alcohol test is not administered within two hours of the behavior, the supervisor should document the reason for the delay. No alcohol test may be conducted more than 8 hours after the suspicious behavior.

iv. **Reasonable Suspicion Drug testing** should also be done promptly following the observed behavior. If the drug test is not administered within eight hours of the behavior, the supervisor should document the reason for the delay. No drug test may be conducted more than 32 hours after the suspicious behavior.

b. Post-Accident Testing:

i. **Post-accident Drug Testing** may be done immediately following an accident in which there is an injury requiring first aid, off-site medical attention, or significant property damage greater than \$500 except those accidents in which it is obvious that Drugs were not a factor (such as a bee sting).

ii. **Post-accident Alcohol Testing** may be done immediately following accidents in which there is an injury requiring first aid, off-site medical attention, or significant property damage greater than \$500, but only if alcohol is believed to be a factor in the accident or injury.

iii. **Timing:** If the alcohol test is not administered within two hours of the accident, the supervisor should document the reason. No alcohol test may be conducted more than 8 hours after the time of the occurrence. If the drug test is not administered within two hours of the accident, the supervisor should document the reason. No post-accident drug test may be conducted more than 32 hours after the time of the occurrence.

iv. **The Alabama Workers' Compensation Code states,** "A positive drug test conducted and evaluated pursuant to standards adopted for drug testing by the U.S. Department of Transportation in 49 C.F.R. Part 40 shall be a conclusive presumption of impairment resulting from the use of illegal drugs. No compensation shall be allowed if the employee refuses to submit to or cooperate with a blood or urine test as set forth above after the accident after being warned in writing by the employer that such refusal would forfeit the employee's right to recover benefits under this chapter." Ala. Code § 25-5-51 (1975). You have been warned.

c. Follow up Testing

i. After a positive test, unannounced follow up testing by the employer may be conducted as recommended by a qualified Substance Abuse Professional but for no more than six months.

5. Test Procedures

a. **Testing Agents:** All testing will be done by a DOT certified lab. Breath alcohol testing will be done by a certified Breath Alcohol Technician.

b. **Review and Verification:** All employees with a non-negative test may discuss the results with the Medical Review Officer ("MRO"). If the employee does not respond to attempts by the MRO to contact the employee, then the MRO may proceed with the verification process.

c. **Challenges:** Any challenges regarding the validity of the test must first go through the MRO. The Agency will typically abide by the decision of the MRO as to the validity of the test unless presented with credible evidence of error affecting the outcome of the test.

6. Testing Positive: The following conduct will be deemed a positive test:

- a. Any detectable quantity of illegal Drugs;
 - b. A blood alcohol level of 0.04 or greater;
 - c. Failing a sobriety test administered by law enforcement during work hours or while on duty;
 - d. A refusal to test or an unexcused delay in reporting for testing;
 - e. Failing to provide a specimen or sufficient quantity of urine;
 - f. Tampering with or otherwise submitting an adulterated or substitute test specimen;
 - g. Possessing or wearing a prosthetic device to carry a specimen substitute;
 - h. Failing to cooperate with the testing process such as failing to empty pockets when directed, failing to wash hands, being confrontational, or disrupting the testing process.
7. Consequences

a. **Suspension:** Once the MRO has verified that a test is positive, the employee will be suspended without pay until a meeting can be arranged between the employee and management regarding the violation. At the time of the suspension or as soon as feasible, the employee will be given a copy of the positive test report and a list of local Substance Abuse Professionals and programs.

b. **Meeting to determine discipline:** At the meeting, the employee will be given a chance to contest or explain the test results.

c. **Discipline:** Violations of this policy will usually result in termination of employment. Depending on the circumstances, law enforcement may also be notified.

8. Admission of Alcohol or Drug use: Employees will not be disciplined for misuse of drugs or alcohol under the following conditions:

a. **Employee Makes Timely Admission:** The employee admits to the Human Resources Director and/or Executive Director that he or she has a drug or alcohol problem. To avoid discipline, the employee must make the admission before reporting for duty and before being selected for testing. The employee may not self-identify to avoid being tested. Once selected for testing, the employee must submit to testing even though he or she admits that the test will likely be positive.

b. **Seeks Treatment:** If the admission is timely, the employee must follow the return to work procedures set out below.

9. Return to Work:

a. **Evaluation:** If the employee is allowed to return to work after an admission or a positive test, the Agency will require the employee to have an individual assessment by a qualified Substance Abuse Professional. The employee will provide the Substance Abuse Professional with a copy of the employee's job description so that the Substance Abuse Professional will be familiar with the employee's job duties.

b. **Follow up testing:** Follow up testing will only be done by the Agency if the Substance Abuse Professional recommends that the employer conduct such testing and the employee consents as part of a "last chance" agreement with the Agency. Follow up testing by the agency will be limited to six months or less.

c. **Return to Duty Negative Test:** Before returning to duty, the employee must submit a negative test report for drugs or alcohol depending on the nature of the violation.

d. **Expense:** All evaluations, rehabilitation, treatment, programs, and follow up testing will be at the employee's expense.

e. **Repeat violations:** If the employee is unable to remain free of drug or alcohol impairment, then termination is likely.

10. Record Keeping and Confidentiality: All records pertaining to this policy must be kept in a separate medical file, in a secure location, and available for review only on a need to know basis. These records must be retained while the individual is employed and for three years thereafter. Records on applicants should also be maintained for three years even if the person is not hired.

11. Additional Requirements for Federal Grantees

a. All testing under this policy shall comply with the regulations at 49 CFR Part 40.

b. Authority for testing is based on 41 USC§ 8101- 8102, and 41 USC §8103, 8104 (Federal Grantees).

c. The Agency will establish a drug-free awareness program to inform employees about the dangers of drugs in the workplace, the Agency's policy on substance abuse, and the availability of drug counseling and rehabilitation programs in the local area.

d. Every employee engaged in working on a federal contract or grant must receive a copy of this policy.

e. Employees are hereby informed that their continued work on the federal contract or grant is conditioned on adherence to this policy.

f. Employees who are convicted of a criminal drug violation occurring in the workplace must notify the Agency within 5 days of the conviction or nolo contendere plea. The employee must also notify the contracting agency within 10 days of the conviction or nolo contendere plea.

g. Within 30 days after receiving notice of such a conviction or plea, the Agency must terminate the employee or otherwise require the employee to satisfactorily participate in a drug abuse assistance or rehabilitation program approved by an appropriate federal, state or local agency.

Approved by SEARP&DC Board of Directors 3-8-18

Approved by Head Start Policy Council 4-6-18

SENIOR EMPLOYMENT - EMPLOYEE INJURY PROCEDURE

1-855-660-5200

Immediately following a workplace injury, the Injured Worker should notify their Supervisor of the incident.

The Supervisor and Injured Worker should immediately call the Triage Hotline which will connect them directly with a Registered Nurse.

The Nurse will gather details from the Injured Worker regarding the injury to provide appropriate medical triage according to established protocols. This may include instructions for self-care/first aid (per protocols), a referral to a preferred provider clinic, or a referral to the Emergency Room.

In the event of life or limb threatening injuries, please call 911 or go directly to the nearest Emergency Room. Do not call the Triage Hotline.

SEARP&DC SCSEP Participant Handbook

Revised May 7, 2019



Medical Protocol

MEDICAL PROTOCOL FOR WORKERS COMPENSATION INJURIES

I. CONTACT INFORMATION

A. Name of Workers Comp Coordinator : Kenneth S. Farmer (sfarmer@searpc.org)
Name of Municipality or Entity: Southeast Alabama Regional Planning & Development Commission
Address: P. O. Box 1406, Dothan, AL 36302
Telephone Number: (334) 794-4093, Ext. 1417

B. Millennium Risk Managers
Claims Department
(205) 824-0210 or (888) 736-0210

II. OCCUPATIONAL TRIAGE *(If you are not set up with Occupational Triage go to INITIAL TREATING PHYSICIAN)*

A. 24/7 Workplace Injury Triage Hotline
1-855-660-5200

III. INITIAL TREATING PHYSICIAN

A. Physician Name: See Attached
Address: _____
Telephone Number: _____
Fax Number: _____
Email: _____

IV. EMERGENCY ROOM

ALL LIFE-THREATENING INJURIES SHOULD GO IMMEDIATELY TO THE EMERGENCY ROOM

- A. If injury is not life-threatening, you may go to the Emergency Room if recommended by Occupational Triage.
B. If you are not set up with Occupational Triage: All non-emergency injuries occurring on the weekends or at night should go to the Emergency Room.

C. Emergency Room Facility: See Attached
Address: _____
Telephone Number: _____

V. PRESCRIPTIONS

A. Local Pharmacy: _____
Address: _____
Telephone Number: _____

B. Discount Program with Corporate Pharmacy Services
(866) 429-1116

C. After Hours Program (must be enrolled in this program; contact MRM to get this set up)

SEARP&DC SCSEP Participant Handbook

Revised May 7, 2019

Dothan

Initial Treating Physician – PrimeCare of Dothan, 4126 West Main Street, Dothan, AL36305

Phone (334) 793-2120

Emergency Room – Southeast Alabama Medical Center / Flowers Hospital, 1108 Ross Clark Cir, Dothan, AL 36301

Phone (334) 793-8111

Andalusia

Initial Treating Physician – MainStreet Family Urgent Care, 508 3 Notch Street, Andalusia, AL 36420

Phone (334) 362-2015

Emergency Room – Andalusia Health, 849 S 3 Notch Street, Andalusia, AL 36420

Phone (334) 222-8466

Eufaula

Initial Treating Physician – MainStreet Family Urgent Care, 1026 South Eufaula Avenue, Eufaula, AL 36027

Phone (334) 689-4025

Emergency Room – Medical Center Barbour, 820 W Washington St, Eufaula, AL 36027

Phone (334) 688-7000

Floral

Initial Treating Physician – PrimeCare of Dothan, 508 East 3 Notch Street, Andalusia, AL 36420

Phone (334) 362-2015

Emergency Room – Mizell Memorial Hospital, 702 N Main St, Opp, AL 36467

Phone (334) 493-3541

Geneva

Initial Treating Physician – PrimeCare of Dothan, 4126 West Main Street, Dothan, AL36305

Phone (334) 793-2120

Emergency Room – Wiregrass Medical Center, 1200 W Maple Ave, Geneva, AL 36340

Phone (334) 684-3655

Headland

Initial Treating Physician – PrimeCare of Dothan, 4126 West Main Street, Dothan, AL36305

Phone (334) 793-2120

Emergency Room – Southeast Alabama Medical Center / Flowers Hospital, 1108 Ross Clark Cir, Dothan, AL 36301

Phone (334) 793-8111

Opp

Initial Treating Physician – MainStreet Family Urgent Care, 508 3 Notch Street, Andalusia, AL 36420

Phone (334) 362-2015

Emergency Room – Mizell Memorial Hospital, 702 N Main St, Opp, AL 36467

Phone (334) 493-3541

Host Agency Safety Meeting(s) Log

| Month/Year | Meeting Date | Safety Topics Discussed | Attendees |
|------------|--------------|-------------------------|-----------|
| | Date | | |
| | Date | | |
| January | Date | | |
| | Date | | |
| | Date | | |
| February | Date | | |
| | Date | | |
| | Date | | |
| March | Date | | |
| | Date | | |
| | Date | | |
| April | Date | | |
| | Date | | |
| | Date | | |
| May | Date | | |
| | Date | | |
| | Date | | |
| June | Date | | |

| | | | |
|-----------|------|--|--|
| July | Date | | |
| | Date | | |
| August | Date | | |
| | Date | | |
| September | Date | | |
| | Date | | |
| October | Date | | |
| | Date | | |
| November | Date | | |
| | Date | | |
| December | Date | | |
| | Date | | |

Senior Community Service Employment Program Performance Evaluation Form

| | | | |
|--|---|---|--|
| Section I: | Name: _____ | | |
| Months in Assignment: | Reason for Evaluation: <input type="checkbox"/> Annual <input type="checkbox"/> Follow-up <input type="checkbox"/> Change of Assignment <input type="checkbox"/> Directed by Program Director | | |
| II: Assignment Description Information | | | |
| 1. Assignment Title: | _____ | | |
| 2. Training Skills required for this Assignment: | Mastered Training Skills: | | |
| a.) _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| b.) _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| c.) _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| d.) _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| e.) _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| f.) _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| III. Evaluation of Performance | | | |
| 1.) Does the senior trainee comply with individual assignment description objective, duties and responsibilities of the Host Agency Assignment Description requirements? (Consider increased responsibilities, leadership, supervisory skills, and demonstrated initiative towards Job Readiness and Unsubsidized placement [employment].) | | | |
| <input type="checkbox"/> Does not comply with minimum Assignment Description training requirements. Enter Appropriate Comments | <input type="checkbox"/> Complies with most Assignment Description duties and responsibilities. Enter Appropriate Comments | <input type="checkbox"/> Complies with each Assignment Description duty and responsibility. Enter Appropriate Comments | |
| The following corrective actions or goals were established to assist the senior trainee meet the requirements of this area of evaluation. | | | |
| <u>Target Date:</u> | | | |
| (1.) _____ | _____ | _____ | |
| (2.) _____ | _____ | _____ | |
| (3.) _____ | _____ | _____ | |
| 2.) How well does the senior trainee comply with Host Agency assignment standards? (Consider dress, appearance, conduct, courtesy, working relations with supervisors, co-workers, clients, and the public.) | | | |
| <input type="checkbox"/> Senior Trainee fails to meet minimum requirements. Enter Appropriate Comments | <input type="checkbox"/> Senior Trainee meets minimum standards. Enter Appropriate Comments | <input type="checkbox"/> Senior Trainee sets the example for others to follow. Enter Appropriate Comments | |
| The following corrective actions or goals were established to assist the senior trainee meet the requirements of this area of evaluation. | | | |
| <u>Target Date</u> | | | |
| (1.) _____ | _____ | _____ | |
| (2.) _____ | _____ | _____ | |
| (3.) _____ | _____ | _____ | |
| (4.) _____ | _____ | _____ | |
| (5.) _____ | _____ | _____ | |

Senior Community Service Employment Program Performance Evaluation Form

3.) How well does this Senior Trainee accept suggestions or recommendations for improvement? (Consider how well the senior trainee meets, emulates, and sets standards, displays initiative and self-confidence, fosters teamwork, and receives guidance or responds to feedback.)

| | | |
|--|--|---|
| <input type="checkbox"/> Senior Trainee is ineffective does not emulate Senior Employment Program Standards. Enter Appropriate Comments | <input type="checkbox"/> Senior Trainee is effective and obtains satisfactory results. Enter Appropriate Comments | <input type="checkbox"/> Senior Trainee emulates Senior Employment Program standards. Enter Appropriate Comments |
|--|--|---|

The following corrective actions or goals were established to assist the senior trainee meet the requirements of this area of evaluation.

Target Date

- | | |
|------------|-------|
| (1.) _____ | _____ |
| (2.) _____ | _____ |
| (3.) _____ | _____ |
| (4.) _____ | _____ |
| (5.) _____ | _____ |

4.) Does this senior trainee communicate well with others? (Consider verbal and written skills.)

| | | |
|--|---|---|
| <input type="checkbox"/> Lacks organization. Unable to express thoughts clearly. Enter Appropriate Comments | <input type="checkbox"/> Organizes and expresses thoughts satisfactorily. Enter Appropriate Comments | <input type="checkbox"/> Consistently able to organize and express thoughts or ideas clearly and concisely. Enter Appropriate Comments |
|--|---|---|

The following corrective actions or goals were established to assist the senior trainee meet the requirements of this area of evaluation.

Target Date

- | | |
|------------|-------|
| (1.) _____ | _____ |
| (2.) _____ | _____ |
| (3.) _____ | _____ |
| (4.) _____ | _____ |
| (5.) _____ | _____ |

Senior Community Service Employment Program Performance Evaluation Form

| | | |
|---|--|---|
| Job Readiness Recommendation (Compare this senior trainee with others of the same position.) | | |
| <input type="checkbox"/> Unsatisfactory Performer Enter Appropriate Comments | <input type="checkbox"/> Marginal Performer Enter Appropriate Comments | <input type="checkbox"/> Satisfactory Performer Enter Appropriate Comments |
| Supervisor Overall Recommendations: (Review each area you have rated in Section III Evaluation of Performance) | | |
| <input type="checkbox"/> Senior Trainee is not under consideration for placement (employment at this Host Agency) Enter Appropriate Comments | <input type="checkbox"/> Senior Trainee would possibly be under consideration for job placement (employment) at this Host Agency if corrective actions or goals were met in a timely manner. Enter Appropriate Comments | <input type="checkbox"/> Senior Trainee has been recommended for Job Placement (employment) and is under strong consideration with this Host Agency at this time. Enter Appropriate Comments |
| Supervisors overall evaluation comments: <hr/> <hr/> <hr/> <hr/> <hr/> | | |
| Supervisors Signature: _____ Date: _____ | | |
| Section IV. Senior Trainee's Comments: | | |
| I have read and discussed this performance evaluation with my host agency supervisor. I <input type="checkbox"/> agree <input type="checkbox"/> disagree with the comments, goals, and rating(s) shown on this evaluation. I offer the following comments regarding the overall recommendation regarding my performance while assigned to this Host Agency: <hr/> <hr/> <hr/> <hr/> <hr/> | | |
| Senior Trainee Signature: _____ | | Date: _____ |



Senior Employment Program Host Agency Information

Dear Host Agency Supervisor:

Please complete the following information below regarding your Host Agency. We are now required by our funding sources to have this information on file. If you have any questions, call 1-800-489-7606, extension 1421, or email me at gclark@searpdc.org with the following information in this format.

Host Agency Name: _____

Primary Contact: _____

Title (Position): _____

Alternate Contact: _____

Title: _____

Host Agency Physical Address: _____

Host Agency Mailing Address: _____

City: _____ State: AL Zip Code: _____

County: (Select your county listed below)

Barbour Coffee Covington Dale Geneva Henry Houston

Phone Number: () _____ - _____, Extension: _____

Fax: () _____ - _____

Email Address: _____

09/2017

Host Agency Health and Safety Consultation/Orientation (Completed By the Host Agency Supervisor during the Orientation) (Date)

Are you capable of performing the essential duties and requirements of this position - with or without- reasonable accommodations?

Initials (Senior Trainee) _____ (Date) _____

Use of cleaning chemicals Heavy lifting Severe/Inclement Weather Evacuation: Fire/ Emergency Van/Bus Driving Safety Office Safety

Inclement/Severe Weather Dress and Appearance (Example: Proper Shoes, Appropriate Clothing, Safety Equipment)

Use of Cell Phones while at my Assignment Reporting of workplace injuries at my assignment Increased responsibilities at my assignment.

I have participated and have discussed my duties and requirements for this position of Office Assistant at _____ on this date: _____.

(Senior Trainee Signature)

(Host Agency Supervisor's Signature)

Senior Employment Program Office Use Only:

Job Ready Performance Evaluation:

Evaluation Date _____ Senior Trainee's Initials _____ Host Agency Supervisor Initials _____



Host Agency Safety Consultation Checklist

This checklist should be completed on an annual basis at the host agency with the participant and host agency supervisor. Please base your responses to the actual walk through of the facility and the participant and host agency responses.

Note: This form must be completed by a SCSEP Project Staff.

| | |
|------------------------------|----------------------------|
| Participant Name: | Date Assessment Completed: |
| Host Agency Name/Address: | Date Participant Assigned: |
| Host Agency Supervisor Name: | |

| Potential Hazardous Conditions/Areas and Items to Survey (S=Satisfactory; U=Unsatisfactory; NA=Not Applicable) | S | U | NA |
|--|----------|----------|-----------|
| Has your supervisor here talked with you about safety and what to do in case of emergency? | | | |
| Do you know where the nearest exit is? | | | |
| Have you been assigned a "buddy" to assist you in case of an emergency? (only applicable for participants with special needs) | | | |
| Do you know where the fire extinguisher is? | | | |
| Do you know what the procedures are in case of a fire? | | | |
| Do you know how to report an injury on the worksite? | | | |
| Please explain how you should report an injury? 1. Supervisor 2. Project Director 3. Initial Treatment Location: 4. Phone Numbers: | | | |
| Walkways, Steps, Entrance way and Parking areas: | | | |
| Are the floors defective?(broken tile, loose carpeting) | | | |
| Are sidewalks or parking areas free of: (potholes, cracks and debris?) | | | |
| Are there defective stairs or handrails? | | | |
| Are wet mats used and in good condition during rain/snow season? | | | |
| Are wet floor signs used? | | | |
| Does the participant know where or how to use the wet floor signs? | | | |
| Is there an adequate snow/ice removal plan in place? | | | |
| If needed, does the participant have an alternate entrance way during raining/snow/ice conditions? | | | |
| Stairways, Hallways, and Common areas | | | |
| Is there emergency lighting? | | | |
| Are the stairways free of debris? (i.e. boxes, storage in walkway) | | | |
| Do the stairways have non-slip treads? | | | |
| Are the handrails sturdy? | | | |
| Are the emergency exit signs clearly marked and exit doors accessible? (not blocked) | | | |
| Are there any wet floors?(check near water coolers, coffee machines, break rooms, rest rooms- anywhere spills can occur) | | | |



Host Agency Safety Consultation Checklist

| | | | |
|---|--|--|--|
| Is there an emergency evacuation plan in uses and practiced (fire drills, etc.)? Note: <i>When was the last fire drill conducted?</i> | | | |
| Primary work area used by the participant | | | |
| Is the participant's station properly set up? Adjustable chairs, desks keyboards, mouse pads? | | | |
| Is the area free from potential slips, trips and falls(are desk drawers shut, electrical cords and telephone cords routed away from walking areas and secured under the desk out of the way of feet?) | | | |
| Are extension cords used (this can be a fire hazard?) | | | |
| Are the following acceptable for the participants work environment? (Space condition, noise level, air quality/temperature, general cleanliness and housekeeping.) | | | |
| Machinery, Tools and personal Protective equipment | | | |
| Selection of the right tools: Are tools in good working condition? | | | |
| Are the right tools provided to the participant to complete the task? (Examples: head phones for a lot of phone work, extension wands for dusting blinds and hard to reach places, cutting boards, sharp knives, oven mitts, gloves, safety glasses, long sleeves and long pants for outdoor work.) | | | |
| Has there been any new equipment/machinery introduced that the participant has not been trained to use? | | | |
| Proper footwear | | | |
| Does the participant know what type of footwear is proper for the host agency assignment? | | | |
| Are correct shoes worn for office and administrative environment? | | | |
| Are safety shoes worn for landscaping or construction type work? | | | |
| Are non-slip shoes worn in housekeeping and food service type work? | | | |
| Training and Lifting Requirements | | | |
| Have participants been training in their duties prior to beginning new tasks? | | | |
| Have participants been trained in emergency procedures? | | | |
| Are participant aware of the lifting requirement for the Host Agency? If so, the participant may not lift more than _____ lbs. | | | |
| Comments/Corrective Actions | | | |
| Include positive feedback as well as items for improvement with planned date for corrective action in this section of the form. | | | |
| | | | |
| Participant Signature: | | | |
| Host Agency supervisor Signature: | | | |
| SCSEP Project Staff Signature: | | | |



Host Agency Orientation Form

| Initials | Orientation Items |
|-----------------|---|
| | Mission and purpose of SCSEP |
| | History of SCSEP |
| | Objectives |
| | How the Senior Employment Works |
| | Record Retention |
| | Host Agency Responsibilities |
| | Health & Safety in the Workplace |
| | Host Agency Assignments |
| | Nepotism and Maintenance of effort |
| | Safety Meetings |
| | Volunteering is Prohibited |
| | Timesheets and In-Kind Hours |
| | Hours of Community Service |
| | Leave Time – Federal Holidays – Inclement Weather and Disaster Closings |
| | Leave Without Pay |
| | Durational Limits of Host Agency Assignments and Consideration for Regular Employment |
| | Written Assignment Description Required and Training |
| | Assignment Description Requirements |
| | Changing a Community Service Assignment |
| | Creating and Building a Community Service Assignment Description |
| | Supportive Services |
| | Participant Performance Evaluations |
| | Injury on Community Service Assignment (Worker's Compensation) |
| | Disciplinary/termination Procedures |
| | What is Expected of the Supervisor |
| | Political Activities (Hatch Act) |
| | DOL mandated Participant and Host Agency Customer Satisfaction surveys |

(Signature of Host Agency Staff)

(Title)

(Date)