# SUMMER YOUTH EMPLOYMENT PROGRAM

## Worksite Application

### Description

Worksite Application is designed to determine the prospective Worksite's ability to accommodate SYEP Participants during the school year and abide by the rules set forth by DYCD. It allows the Worksite representative to give the specific details of the job(s) to be offered to Participants, including typical tasks for each job title, and if applicable, special experience requirements.

Department of Youth & Community Development (DYCD)
www.nyc.gov/dycd

# Worksite Application 2022

| General Information | | | | |
|---|---|---|---|---|
| SYEP Provider: | | | | |
| Worksite Name: | Luv Michael | | | |
| Site Address: | All work will be virtual but site address is 42 Walker Street, New York, NY 10013 | | Manhattan | 10013 |
| | Number & Street Address | | Borough | Zip Code |
| Between Streets/ Cross Streets: | Lafayette/ Broadway | Travel Directions (List closest Train or Bus) | Q Train to Canal Street | |

**If there is more than one location for this worksite, additional applications must be completed for each site address. **

| Employment and Industry Sector | ☐ Non-Profit | ☐Large Non-Profit (e.g., Universities or Hospitals) | ☐Private/ For-Profit | ☐Government |
|---|---|---|---|---|
| | ☐Arts & Recreation Camp (Out of City) | ☐Educational Services | ☐Hospitality/Tourism | ☐Media/Entertainment |
| | X☐Community/Social Service | ☐Financial Services | ☐Legal Services | ☐Real Estate/Property |
| | ☐Day Care | ☐Government Agency | ☐Manufacturing | ☐Retail |
| | ☐Information & Technology | ☐Healthcare/Medical | ☐Marketing/Public Relation | ☐Transportation |
| | ☐Other: *(indicate on the line)* | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| Summer Youth Employment Program participants will be expected to work (*complete Section V below*): | ☐ | In-Person | ☐ X | Virtually | ☐ | A Hybrid Model (Both) |
| Is this a Childcare related Worksite? | ☐ X | No | ☐ | Yes; If "Yes" see statement below. | | |
| Is this a Nature/Environment related Worksite? *(Outdoor Work Assignments)* | ☐ X | No | ☐ | Yes; If "Yes" see statement below. | | |
| Will SYEP Participants attend trips or outings? *See Worksite Handbook* | ☐ X | No | ☐ | Yes; If "Yes" see statement below. | | |

*These worksites may need Special Planning and/or require a Trip Schedule form; Please complete additional information as requested in Section V. Part II. and Section VI.*

*Please provide a brief description detailing the nature of your business. Include interesting projects and/or accomplishments of your business.*

We are a non profit bakery that provides employment opportunities and classes to autistic adults. We have a virtual internship program in which teens promote autism acceptance and fundraise for our cause.



Department of Youth & Community Development | WORKFORCE CONNECT

***Please submit SYEP Worksite Application to the Provider.***

*Does your business have a website?* List it here: WWW.LUVMICHAEL.COM

**Management**

How many Full-Time employees do you have in your establishment?

How many staff will be responsible for supervising youth? (See Section III below for required supervision ratios.) 2

Please complete all the information for each listed staffer responsible for supervising youth at this worksite.

| Worksite Representative | Supervisor | Key Management Personnel | Last Name: | First Name: | Title: | Area of Supervision: | Phone: | Email: | Check Box if Authorized to Sign Participants' Timesheets |
|---|---|---|---|---|---|---|---|---|---|
| X | ☐ | ☐ | BIONDI | MARK | DEVELOPMENT | INTERN PROGRAM | | MBIONDI@LUVMICHAEL.COM | X |
| ☐ | X | ☐ | CHUDLEY | DIANE | DEVELOPMENT | INTERN PROGRAM | | DCHUDLEY@LUVMICHAEL.COM | X |
| ☐ | X | ☐ | DAVIS | CLARE | DEVELOPMENT | INTERN PROGRAM | | CLARE@LUVMICHAEL.COM | X |
| ☐ | ☐ | ☐ | | | | | | | ☐ |
| ☐ | ☐ | ☐ | | | | | | | ☐ |
| ☐ | ☐ | ☐ | | | | | | | ☐ |

***Please add additional pages to include all staff working with youth. Be sure to review ratio requirements in "Jobs & Schedule" section of application.***

**Ratios**

What is the total number of Participants requested from this DYCD Provider for this Worksite?

👉 ***Application submission to multiple SYEP Providers can multiply the number of youth requested. Confer with your prospective Provider for guidance.***

👉 ***Supervisor to Participant ratio must at minimum be one (1) adult supervisor to twelve (12) Participant***

| What will be the ratio of Supervisors to Participants at this Worksite? | 1 | : | 12 |
|---|---|---|---|
| | **# of Supervisor** | | **# of Participant** |

How many hours of work can you provide/commit to for youth? (*Please note the full program is 150 Hours*)

☐ 150 Total Hours of work ☐ 75 Total Hours of work ☐ Other (Please include number)

**Schedules**

**Group A: Scheduled hours youth will be working at the Worksite, whether remote, virtual, or hybrid (use the earliest and latest time that youth are working):**

| Sunday | | Monday | | Tuesday | | Wednesday | | Thursday | | Friday | | Saturday | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| From: | | From: | | From: | | From: | | From: | | From: | | From: | |
| To: | | To: | | To: | | To: | | To: | | To: | | To: | |

□ *Check if youth will have alternate/staggered work schedules.*

Group B: Scheduled hours youth will be working at the Worksite, whether remote, virtual, or hybrid (use the earliest and latest time that youth are working):

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|---|---|---|---|---|---|



Department of Youth & Community Development | WORKFORCE CONNECT DYCD Youth Employment Programs

***Please submit SYEP Worksite Application to the Provider.***

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | From: | | From: | | From: | | From: | | From: | | From: | | From: | |
| | To: | | To: | | To: | | To: | | To: | | To: | | To: | |
| | □ *Check if youth will have alternate/staggered work schedules.* | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

*Please complete and submit Job Duties and Responsibilities worksheet, Section IIIA, to ensure your application can be considered for participation in Summer Youth Employment Program. *

## Certifications

Has this establishment been the subject of any federal, state, or city investigation, criminal or, civil action in the last five years?

X No ☐Yes; [*If yes, provide all details, dates and outcomes on a separate sheet that must be attached to this application.]*

**Please be sure to complete all required attachments, as applicable, before submitting this SYEP Worksite Application**

| ☐ Section IIIA. – Job Duties and Responsibilities | ☐ Section V. – SYEP Special Plan | ☐ Section VA. – Child Care Screening Requirements |
|---|---|---|

I understand by submitting this Worksite Application I am not guaranteed participation in SYEP as a Worksite. I understand that the SYEP Provider may contact me for further documentation and agree to cooperate with such requests to receive final approval as a SYEP Worksite.

*I hereby certify that all information provided in this application is accurate and complete to the best of my knowledge.*

| Signature of Worksite Supervisor | **Title** | **Date** |
|---|---|---|

DYCD and all SYEP Contractors reserve the right to decline a Worksite's application for participation in the SYEP program. All businesses must be in compliance with all Federal, New York City, and New York State and Department of Labor regulations. Information provided in this application may be used by the City of New York to improve City services or to access additional funding

## Section IIIA. – Job Duties and Responsibilities

***Jobs Duties & Responsibilities (Section IIIA.)***

**Please complete the information below to describe the type of work the participant will be doing while working in your business. *Note: This information must be completed to be considered for the Summer Youth Employment Program.***

**Complete one section for <u>each</u> type of work assignment you propose, whether in-person, remote, or hybrid (see Section V below). The descriptions and requirements must be specific, nonexclusive and pertinent to the work activity. All job descriptions must demonstrate that a genuine work experience will be provided for the duration of the internship assignment. *VAGUE, INCOMPLETE OR INACCURATE INFORMATION MAY RESULT IN THE DISQUALIFICATION OF YOUR ORGANIZATION AS A WORKSITE.* The total number of Participants in all job titles must correspond to the total number of participants requested for the site.**
**NOTE: The number of youth assigned is subject to the availability of sufficient job slots, DYCD approval and other pertinent factors relative to program safety. THIS PAGE is <u>REQUIRED</u> FOR SUBMISSION**

**Please see below for sample participant job categories.**

| | | | |
|---|---|---|---|
| *Beautification* | ***Counselor/Recreation Aide*** | ***Customer Service*** | ***Hospital / Health Aid*** |
| *Community Aide* | ***Cultural Aide*** | ***Dietary Aide*** | ***Maintenance*** |

| *Total # of Participants requested for these job duties:* | | Please check here if youth must be 18+ to complete these duties. ☐ | |
|---|---|---|---|
| Job Category: | UNLIMITED | **Job Title:** | FUNDRAISING INTERN |
| Duties(Give Details/Specifics): | LEARN ABOUT AUTISM AND HOW OT BE AN ADVOCATE FOR THE AUTISM COMMUNITY. USE THE INFORNATION LEARNED TO EMAIL, TEXT, DM ADULTS AND ASKS THEM TO SUPPORT OUR CAUSE. | | |
| Special Requirements (i.e. age, experience, etc.): | MUST HAVE CELL PHONE | | |

| *Total # of Participants requested for these job duties:* | | Please check here if youth must be 18+ to complete these duties. ☐ | |
|---|---|---|---|
| Job Category: | | **Job Title:** | |
| Duties(Give Details/Specifics): | | | |
| Special Requirements (i.e. age, experience, etc.): | | | |

| *Total # of Participants requested for these job duties:* | | Please check here if youth must be 18+ to complete these duties. ☐ | |
|---|---|---|---|
| Job Category: | | **Job Title:** | |
| Duties(Give Details/Specifics): | | | |
| Special Requirements (i.e. age, experience, etc.): | | | |

## SYEP Special Plan Attachment *(Section V)*

**Worksite Name:** _____

**Address:** _____

| Bus | Please complete the corresponding section based upon the type of site you would like to operate for SYEP. | |
|---|---|---|
| | **In – Person** | |
| | 1. Please confirm that you have completed the NY Forward Safety Plan. | ☐ Confirmed ☐Not Confirmed |

**In-person Planning Practices**

| | | |
|---|---|---|
| 2. Please indicate the name and contact information of your Safety Plan Site Safety Monitor. | Site Safety Monitor | Diane Chudley |
| | Phone | 6465738573 |
| | Email | dchudley@luvmichael.com |
| 3. Please confirm youth and all staff will remain a safe and adequate distance when performing work related duties. | ☐ Confirmed ☐Not Confirmed | |
| 4. Please confirm all staff and SYEP participants in your establishment will be required to wear PPE, including but not limited to masks. | ☐ Confirmed ☐Not Confirmed | |

**Hybrid – In -Person /Virtual**

| | | |
|---|---|---|
| 1. Please confirm that you have completed the NY Forward Safety Plan. | **X** Confirmed ☐Not Confirmed | |
| 2. Please indicate the name and contact information of your Safety Plan Site Safety Monitor. | Site Safety Monitor | |
| | Phone | |
| | Email | |
| 3. Please confirm youth and all staff will remain 6 ft. apart to adhere to all social distancing requirements. | ☐ Confirmed ☐Not Confirmed | |
| 4. Please confirm all staff and SYEP participants in your establishment will be required to wear PPE, including but not limited to masks. | ☐ Confirmed ☐Not Confirmed | |
| 5. When will participants be required to report in -person? | ☐ Daily ☐ Weekly ☐ Other | |

| 6. What is the schedule for youth when reporting for in-person activities? | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Sat** | **Sun** |
|---|---|---|---|---|---|---|---|
| | am | am | am | am | am | am | am |
| | pm | pm | pm | pm | pm | pm | pm |

| | | | | |
|---|---|---|---|---|
| 7. What is the ratio of staff to participant at the Worksite during in-person time? | **Staff** | | **Participants** | |
| 8. Please confirm all youth will be supervised during virtual assignments. | **X** Confirmed ☐Not Confirmed | | | |
| 9. Please list the platforms required to complete virtual assignments. | Cell phone | | | |
| | | | | |

**Virtual**

| | | | |
|---|---|---|---|
| 1. Please confirm all youth will complete all assignments virtually and virtual assignments will be supervised. | **X** Confirmed ☐Not Confirmed | | |
| 2. Please list the platforms required to complete daily assignments. | Cell phone | | |
| | | | |

***Comments: Please include any additional details to be considered in your application.***

## SYEP Special Plan Attachment *(Section V) Part II*

Please check all the corresponding boxes for your worksite: ☐ **Licensed Childcare Site** ☐ **Environmental/Nature Site**

**Licensed Childcare-Related Worksites**

| | | | |
|---|---|---|---|
| What type of facility do you operate according to DOH classification? | ☐Group Day Care | | ☐Other: *(Please describe)* |
| | ☐Family Day Care Max of 2 Youth Allowed | | ☐Homebase Max of 2 Youth Allowed |
| What are the start and end dates of the program? | | to | |
| How many younger children do you expect to service in your establishment this year? | | | |

Please select the type of license your program has and complete the required information:
(It is the responsibility of the Childcare site to ensure all DOH requirements are met to participate in the program and receive SYEP Participants.) An attachment must be included to verify eligibility to participate in the SYEP.

| | | | |
|---|---|---|---|
| ☐ Camp Permit Number: | | Expiration Date: | |
| ☐SACC License Number: | | Expiration Date: | |
| ☐DOH License Number: | | Expiration Date: | |
| ☐BEDS Code: | | | |

In accordance with all New York City, State and Governmental regulations as it pertains to Child Care program's staff/interns/volunteers; it is required to complete sub section "*Child Care Screening Requirements" (Section VA.)*
All ventures requiring youth to accompany children off the site must complete the *Trips & Field Work Request Form (Section VI).*

## Child Care Screening Requirements *(Section VA)*

Please select all required screening assessments to be completed by youth prior to starting work with your business.

| | | | |
|---|---|---|---|
| Fingerprints/Criminal Convictions | ☐ | **Medical Clearance (include a current TB Test)** | ☐ |
| Statewide Central Register (SCR) | ☐ | **On-line Certification Training Class** | ☐ |
| Staff Exclusion List (SEL) | ☐ | | |

Note: Youth will be assigned to your site location prior to the start of the program. By selecting the above, you acknowledge you/your staff will provide the program participant(s) with all necessary documentation/directives to satisfy the Child Care Screening Requirements in accordance with accepting youth from the program.

*Participants must not be held responsible for any fees associated with the screening assessments.*

Ratio of adult counselors to children, 8 years of age and older, is 1:12. For children 6 to 8 years of age, the ratio is 1:9. For children <6 years of age, the ratio is 1:6.
**NOTE: Adult Counselors/Group Leaders must be at least 18 years of age with prior youth counseling experience.**

DOHMH OCFS – SACC Licensed
SYEP workers under SACC will be considered as Volunteers, who work regularly and substantially with children in the program.
As such:

- 18+ year old SYEP workers can count towards the staff / participant ratio, will be required to follow the required clearances for any staff working in a SACC licensed program and could be left alone with children once they are fully cleared.
- Under supervision of cleared staff, SYEP workers may remain with children while awaiting background check clearances. See OCFS Feb Dear Provider Letter for full guidance
- 17 and under year-old SYEP workers may not be counted in the supervision ratio or left unsupervised with children in care even if cleared and do not need CBC 6000 Form
- Clearances and should sign in as visitors.
- As these staff are considered volunteers, the $25 SCR fee will be waived. Input "COVID-19" in the appropriate category on the SCR submission to have the fee waived.
- Programs using SYEP workers must keep a list of all SYEP workers onsite.

- Youth Workers in School-Based Programs SYEP workers who are NYCDOE students do not need to be fingerprinted, regardless of setting. They should not be added to a PETS roster.
- SYEP workers who attend Charter or Private Schools need to be fingerprinted.
- No one that is qualified to be processed by PETS can provide services at an NYCDOE school site without full clearance and a status of "eligible".

Exceptions:
1) If an NYCDOE student graduates or drops out of school, they will need to be added to the program's PETS roster immediately.
2) If their role carries over into another job in a different DOE program, for example they stay on working for the program or the school in a different capacity in the summer and are no longer a NYCDOE student, they would need to be added to that PETS roster and fingerprinted as part of a security clearance check.

## SYEP Special Plan Attachment *(Section V) Part III*

| | |
|---|---|
| **SPECIAL PLAN FOR ENVIRONMENTAL/ NATURE WORK ASSIGNMENTS:** | **Please describe the planned outcome of the project include the timetable for this plan:**<br><br>**Exact boundaries of the area of the project (s):**<br><br>**Describe types of equipment to be used and projected plan of supervision while equipment is in use:** |

| ***Environ*** | **If work assignments involve outdoor activities, traveling clean-up, beautification *(SYEP Special Plan)* list alternate locations. Include plans for Participants' work location and activities during inclement weather:** | |
|---|---|---|
| | **Alternate Work Locations** | Planned Activities |
| | | |
| | | |
| | | |
| | | |





***Please submit SYEP Worksite Application to the Provider.***

| | | | | |
|---|---|---|---|---|
| *mentalOutingsLocations:* | | | | |
| | **Inclement Weather Plan:** | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | ***Number of Supervisors remaining at site:*** | | ***Number of Participants remaining at site:*** | |

## Trip Schedule Request Form

Only applicable when trips are being planned for the summer.

| | |
|---|---|
| Worksite Name: | |
| Worksite Address: | |

**I. Trip Schedule**

**Please note that the supervisor to participant ratio (1:12) must be maintained at all times.**

# Worksite Application 2022

| Date | Time | | Trip Location (Include Address) | # of Participants Attending Trip | Will this trip exceed the participant's regularly scheduled hours? | # of supervisors remaining at main location | # of participants remaining at main location |
|---|---|---|---|---|---|---|---|
| Date | From | To | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |

List the names of all supervisors taking the trips:

| Name | Title |
|---|---|
| | |
| | |
| | |
| | |

Inclement Weather Plan: In the event of inclement weather, please outline your plan below:

| Alternate Work Location (Must Include Address) | Planned Activities |
|---|---|
| | |
| | |
| | |
| | |
| | |
| Number of Supervisors remaining at main location: | Number of Participants remaining at main location: |
| Certification: | |
| By signing below, I hereby certify that all information provided in this form is accurate and complete to the best of my knowledge. | |
| | |

| Signature of Worksite Supervisor | **Print Name** | **Title** | Date |
|---|---|---|---|
| **DYCD and all SYEP providers reserve the right to decline participation with any organization. All participating worksites must be in compliance with all Federal, New York City, New York State, and Department of Labor regulations. Information provided may used by the City of New York to improve City services or access additional funding.** | | | |