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.

G	SYEP	Provider:												
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r	Site A	Address:	NY 10013	WILL BE VINTUAL BUT SITE ADDRES) IS H	·	ALKEK	JINEE	I, INE	VV I	UNK,	ıv	IANTAI IAN	10013
a			Number & Street A	ddress								orough		Zip Code
	Betw Stree	een Street	s/ Cross	LAGAVETTE / PROADWA	,			Travel Directions (List closest Train or E						rain to Canal
n .	Stree		there is more thar	LAFAYETTE/ BROADWAY one location for this worksite,		onal	applic						STREET n site address	*
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E				□Large Non-Profit (e.	g.,									
m	-	Non-Profit		Universities or Hospita	ıls)]Privat	te/ Fo	or-Pr	rofit	i	□Governm	nent
pl oy		Arts & Recre		☐ Educational Services	5]Hospi	italitv	//To:	urism		□Media/Ei	ntertainment
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or		Other: (indi	cate on the line)											
Sumn	ner Vou	th Employme	ant Drogram nartic	ipants will be expected to										
work	(comple	ete Section V	below):	ipants will be expected to		In-F	Persor	n	Х	Щ,	Virtually			Model (Both)
Is this	a Child	dcare related	Worksite?				X	No			Yes; If "Yes	s" see s	statement bel	low.
Is this	a Natu	ıre/Environm	ent related Works	ite? (Outdoor Work Assignmen	ts)			No			Yes; If "Yes	s" see s	statement bel	low.
Will S	Will SYEP Participants attend trips or outings? See Worksite Handbook							No			Yes; If "Yes	s" see s	statement bel	low.
	Ese worksites may need Special Planning and/or require a Trip Schedule form; Please complete additional information as requested in <u>Section V. Part II.</u> and													
These Section		ites may need	d Special Planning	and/or require a Trip Schedule	form;	Pleas	e con	nplete (additi	onal	l informatio	n as re	quested in <u>Se</u>	ction V. Part II. and
Pleas				he nature of your business. In										
PROGI				PROVIDES EMPLOYMENT OPPOR ACCEPTANCE AND FUNDRAISE				ASSES '	TO AU	J11ST	IC ADULTS.	WEHA	AVE A VIRTUA	L INTERNSHIP

Does	vour	husina	occ have	a website?	List it har	Ά.	14.0	\A/\A/ \/\ /\ /	ICHAEL COM						
Docs	your	busine	.33 Have	u website:	LISC IC IICI	С.	VV	WW.LUVIVI	ICHAEL.COM						
М	How many Full-Time employees do you have in your establishment?														
a	How	many	staff wi	ll be respon	sible for s	supervis	ing youth	ı? (See	Section III	below	for requi	red super	visior	n ratios.)	2
n a	Please complete all the information for each listed staffer responsible for supervising youth at this worksite.														
a g e m e n t	W o r k si t e R e p r t a ti v	S u p e r v i s s o r	Key Ma nag em ent Per son nel	Last Name:	First Name:		Title:		rea of Supervi		rhone:	Email:			Check Box Authorized to Sign Participant , Timesheet
	е			Biondi	Mark		DEVELOPME	ENT IN	TERN PROGR			MBIONDI@L			X
	X	X		CHUDLEY	DIANE		DEVELOPME		tern Progr tern Progr			DCHUDLEY@			X
		X		Davis	CLARE		DEVELOPME	_	TERN PROGR			CLARE@LUV			X
			Please aaa (additional pages t	o inciuae aii si	tajj working	with youth. E	se sure to r	eview ratio req	uirements	in "Jobs & Scn	eaule" section	ој аррн	cation.	
R				umber of Pa											
a +	_)												ive Pro	ovider for guida	nce.
t i				ticipant ratio i						elve (12)	Participan	<u>t</u> 1		12	
0	Wha	t will t	e the ra	tio of Super	visors to	Particip	ants at th	nis Wor	ksite?		"		:		
S											# of St	upervisor		# of Partici	pant
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	Grou	ıp B: Se	cheduled	hours youth					<i>ite/stagger</i> ther remote				earlie	st and latest ti	me that
		-	orking):					, , , , , , ,							
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Summer Youth Employment Program

	From:		From:		From:		From:		From:		From:		From:	
	То:		To:		To:		To:		To:		To:		То:	
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*Ple	ease comple	te and su	bmit Job D	uties and	l Respon	sibilities	workshe	et. Secti	on IIIA. t	o ensure	vour app	lication	can be	
	sidered for p				•			-	· · · · · · · · · · · · · · · · · · ·		,			
	fications				•	•	J							
	nis establishme	ent been the	subject of a	ny federal,	state, or c	ity investig	ation, crin	ninal or, civ	il action in	the last fiv	ve years?			
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X No	□ res; [<i>if ye</i> s	s, proviae ai	ll details, dat	es ana outc	omes on c	i separate	sneet that	must be at	ласпеа то	тиѕ аррис	ation.j			
Pleas	se be sure to	o complet	te all requi	ired attac	hments	. as appli	cable, b	efore sub	mitting	this SYFI	P Worksi	te Applic	cation	
· icu		ection IIIA	-	irea attac	, memes,		ction V		е			ction VA.		
	Job Duties a						oecial Pla			Child C	Care Scre			nts
	erstand by su	•		e Applicati	on I am r	ot guarar	nteed par	ticipation	in SYEP a					
	der may cont													
I here	eby certify the	at all inforr	mation prov	ided in thi	s applica	tion is acc	curate an	d complet	e to the b	est of my	knowledg	e.		
Signa	ature of Wor	rksite Sup	ervisor		Title	•					Date			
New Y	and all SYEP Cont ork City, and Nev access additional	w York State a	_		-	-						-		
	ion IIIA. – Jo		and Respo	nsibilitie	s									
Jo			information			he type of	work the	e participa	nt will be	doing wh	ile workin	ıg in your	business.	Note:
bs	This infor	mation mus	st be complet	ed to be co	nsidered f	or the Sun	ımer Yout	h Employm	ent Progr	am.				
D			on for <u>each</u> t											
uti es			uirements n rk experien											
&			ORMATION											
Re			nts in all job										4 4 .	Ca adams
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comi	munity Aide		Cult	ural Aide			Dieta	ry Aide			Mainter	iance		



Total # of Particip	pants 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 Deta		Learn about autism AND ASKS THEM TO SUPPORT O		advocate for the autism community. Use the infornation learned to email, text, DM adults	
Daties(Give Deta	подорестность.	AND ASKS THEM TO SOTTOKE O	ON CAUSE.		
Special Requirem	ients (i.e. age, expe	rience, etc.):	MUST HAVE CEL	L PHONE	
Total # of Particip	oants requested for	these job duties:		Please check here if youth must be 18+ to complete these duties. \Box	
Job Category:			Job Title:		
	11 /0 10		Job Hite.		
Duties(Give Deta	ils/Specifics):				
Special Requirem	ients (i.e. age, expe	rience. etc.):			
Total # of Particin	pants requested for	these ich duties:		Please check here if youth must be 18+ to complete these duties. \Box	
	Julius requested joi	these Job duties.		riease check here if youth must be 10+ to complete these duties.	
Job Category:			Job Title:		
Duties(Give Deta	ils/Specifics):				
C					
Special Requirem	ients (i.e. age, expe	rience, etc.):			
SYFP Speci	al Plan Δttac	chment (Section V)			
Worksite	a. i idii Attut	Jection v)			
Name:					
Name: Addres	s:				
Addres	s:				
Addres B		sponding section base		pe of site you would like to operate for SYEP. In – Person	



า	2. Please indicate the name and contact information Safety Plan Site Safety Monitor.	of your	Site Safet Monitor	У	ſ	DIANE C	HUDLEY				
9			Phone	6465	57385	73					
5			Email				UVMICHAEL	COM			
5	3. Please confirm youth and all staff will remain a sa	fe and ade		nce wh							
	performing work related duties.					⊔ Co	ntirmed	□Not Co	ntirm	ned	
Э	4. Please confirm all staff and SYEP participants in your required to wear PPE, including but not limited to me		shment will	be		□ Co	nfirmed	□Not Co	nfirm	ned	
า			- In -Persor	/Virtu	ıal						
า	1. Please confirm that you have completed the NY Fo		ety Plan.			X Con	firmed [□Not Cor	nfirme	ed	
	Please indicate the name and contact information Safety Plan Site Safety Monitor.	n of your	Site Safet	y Mon	itor						
ገ ፣			Phone								
3 D			Email								
	3. Please confirm youth and all staff will remain 6 ft.	apart to a				Confirn	ned □No	ot Confirr	ned		
3	social distancing requirements. 4. Please confirm all staff and SYEP participants in your state of the state	our establis	shment will	ha		_					
2	required to wear PPE, including but not limited to m		Siliticite will	DC		Confirn	ned □No	ot Confirr	ned		
	5. When will participants be required to report in -p					Daily [□ Weekl	y 🗆 Oth	er		
	6. What is the schedule for youth when reporting	Mon	Tues		Wed		Thurs	Fri		Sat	Sun
2	for in-person activities?										
9		am	n a	n	ar	n	am	ā	am	am	am
5		pm	n p	n	pr	n	pm	ŗ	om	pm	pm
	7. What is the ratio of staff to participant at the Wor	rksite									
	during in-person time?		Staff				Partici				
	8. Please confirm all youth will be supervised during				X Co			t Confirm	ied		
	9. Please list the platforms required to complete virt	tuai assigni	ments.			CELL	PHONE				
			Virtual								
	Please confirm all youth will complete all assignm assignments will be supervised.	ents virtua		ual	X Co	onfirm	ed 🗆 No	t Confirm	ied		
	Please list the platforms required to complete dai	ly assignm	ents.		CEI	LL PHONE					
	Comments: Please include any additional details to	be consid	ered in vou	r annli	ication).					
	commission is a second and any additional actums to	30 0011510		. uppn	2001011						

SYEP Special Plan Attachment (Section V) Part II





Please	check all the corresponding boxe	s for y	our worksite:	Licensed Childcare	Site		Environmental/Nature Site				
1:	What type of facility do you one	rata a	coording to DOU	Croup Day Car	20		Other (None deside)				
<u>Li</u> <u>ce</u>	What type of facility do you ope classification?	rate a	ccording to DOH	☐ Group Day Cal ☐ Family Day Ca			☐ Homebase Max of 2 Youth Allowed				
<u>ns</u>	What are the start and end date	s of th	ne program?	WILL OF E TOUCH Allowed		to	THAN O' E TOUCH ANOWED				
<u>e</u>	How many younger children do			our establishment thi	s year?						
<u>d</u> <u>C</u>	Please select the type of license your p (It is the responsibility of the Childcare site to ensure all D SYEP.) An attachm	ent must b	e included to verify eligibility to participate in the				
<u>hil</u>	☐ Camp Permit Number:			Expiration Date:							
<u>d</u>	☐SACC License Number:			Expiration Date:							
<u>C</u>	□ DOH License Number:			Expiration Date:							
<u>ar</u>	□ BEDS Code:			<u> </u>							
e-Relate	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). at d W or										
<u>it</u> <u>es</u>											
Child (Care Screening Requirements (Section	VA)								
	select all required screening asse			by youth prior to sta	rting w	ork wi	th your business.				
Fingerpr	ints/Criminal Convictions		Medical Clearance (in	clude a current TB Test)							
Statewid	e Central Register (SCR)		On-line Certification T	raining Class							
Staff Exc	lusion List (SEL)										
program	uth will be assigned to your site location participant(s) with all necessary docum program.										
	, ,	<u>ot be h</u>	eld responsible for any fe	es associated with the sc	reening c	issessm	ents.				
Ratio of	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.										
SYEP wor with child As such:	NOTE: Adult Counselors/Group Leaders must be at least 18 years of age with prior youth counseling experience. OHMH OCFS – SACC Licensed YEP workers under SACC will be considered as Volunteers, who work regularly and substantially vith children in the program. Is 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										
•	have the fee waived. Programs using SYFP workers must kee						- ,				





Summer Youth Employment Program

SYEP Special Plan Attachment (Section V) Part III

Worksite Application 2022

- 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.

Please describe the planned outcome of the project include the timetable for this plan:

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.

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<u>AN</u>	<u> </u>	
<u>FO</u>	Exact boundaries of the area of the project (s):	
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F	F If work assignments involve outdoor activities, traveling clean-up, beautifi	cation (SVED Special Plan) list alternate locations
E	Include place for Double inpute/ work location and activities during inclume	
n 	Altornato Work Locations	Planned Activities
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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.



Date	Ti	me				# of Participant s Attending	Will this trip exceed the participan t's regularly	# of superviso rs remaining	# of participants remaining a main
Date	From	То	Trip Loc		scheduled hours?	at main location	location		
List th	ne names o	of all super	visors taking the trips:						
			ime		1	Γitle			
Inc	ement We	ather Plar	: In the event of inclemer	nt weather,	please outline your plan be	low:			
	Alterna	ite Work Loc	ation (Must Include Address)		Planr	ned Activities	i		
Numl locati		ervisors re	maining at main		Number of Participants re location:	maining a	t main		
	ication:								
	ning belov ledge.	v, I hereby	certify that all informatio	n provided	in this form is accurate and	l complete	to the be	est of my	



Summer Youth Employment Program

Worksite Application 2022

Signature of Worksite	Print Name	Title	Date					
Supervisor								
DYCD and all SYEP providers reserve the right to decline participation with any organization. All participating worksites								

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.

