**City of Malden
YouthWorks Checklist and Guiding Document**

**for In-Person Programming[[1]](#footnote-1)**

The following chart clarifies what information to collect and submit in order to meet the requirements for approval of in-person YouthWorks Placements.

This form MUST be completed, signed and approved by the City of Malden prior to beginning any in-person placement

|  |  |  |
| --- | --- | --- |
| **Documented** | **Information to be documented/ submitted**  | **Relevant Requirement Supported by this information. Please fill out the table column below with required information**  |
|  | Name of the organization and a description of the position. If multiple placements are intended, please note this.  | **Name of Organization**:**Position Job Title**:**Job Description**:**Number of requested youth placements**: |
|  | Summary of health and safety protocols to be followed at the in-person worksite. These protocols should cover not only the basics asked of all businesses but also anything relevant to the YW placement duties. | **Health and Safety Protocols for this worksite and this position**: |
|  | Relevant PPE needed for placement and whether the employer, YW partner organization or youth is responsible for providing these items. | **PPE needed for this placement and who is providing it**: |
|  | Who at the worksite is responsible for overseeing participants’ adherence to health and safety protocols? Under what circumstance will a worksite inform the partner organization if protocols were not followed? **Please note** that anytime there is a concern that a YouthWorks participant has been exposed to COVID-19 at a worksite, the Commonwealth Corporation and MA Department of Industrial Accidents must be informed.[[2]](#footnote-2) | **Please attach or write in your policy for monitoring adherence. Who is responsible for ensuring adherence to Safety Policies?. Include who will inform the City of Malden if protocols are not followed**: |
|  | Names of individual(s) from the partner organization and workforce board will be responsible for monitoring and oversight of this placement  | **Worksites are responsible to send a weekly email to City of Malden regarding COVID compliance. Please name who from the worksite will be sending this email**: |
|  | Names and dates of signed agreements from the worksite and the employer of record or programs can submit a copy of the actual agreements | **After this form is filled out and reviewed, It will be typed up and signed by the worksite designee, a City of Malden Employee and BOH representative.**Approved in writing by an authorized signatory from the employer of record.[[3]](#footnote-3)  |

**PLEASE SUBMIT THIS FORM WITH YOUR WORKSITE APPLICATION TO BE CONSIDERED FOR IN-PERSON PLACEMENTS**

1. Non-worksite in-person programming is subject to the same safety and health guidelines and also must be approved by a signatory of the vendor organization running the program and if the training is being held at another site such as a school or training partner, a signatory from their organization must also approve the programming. [↑](#footnote-ref-1)
2. MA Department of Industrial Accidents (617) 727-4900 or info2@mass.gov [↑](#footnote-ref-2)
3. Please note that the employer of record is subject to responsibility and liability for these placements. Programs may not ask participants or guardians to waive their rights to worker’s compensation. [↑](#footnote-ref-3)