

SOUTHEASTERN REGIONAL VOCATIONAL-TECHNICAL SCHOOL

250 Foundry Street, South Easton, Massachusetts 02375-1799

Phone: 508.230.1200 ~ Fax: 508.238.4371 ~ www.sersd.org

Brockton ~ East Bridgewater ~ Easton ~ Foxborough ~ Mansfield ~ Norton ~ Sharon ~ Stoughton ~ West Bridgewater

Luis G. Lopes, Ed.S.
Superintendent

Leslie Weckesser
Principal

Christina Guarini
*Director of Student Life/
Vice Principal*

Co Op Employment During Covid-19

Dear Employer,

We are pleased that you are partnering with Southeastern Regional Vocational Technical High School Cooperative Education Program. Due to the Coronavirus (COVID-19) pandemic, we are asking that all employers meet or exceed the Commonwealth of Massachusetts COVID 19 guidelines for their employee's safety.

If for any reason you need to change your safety procedures and you cannot meet the Commonwealth of Massachusetts COVID 19 guidelines, the CO-OP student will return to school.

In addition, you agree to have a school representative conduct a site visit before the student begins work.

A completed COVID-19 Control Plan must be completed and remain in the students file.

Cooperative Employment Information:

Name of Business _____
Name of Supervisor _____
Signature of Employer _____ Date: _____
School Representative _____ Date of Site visit: _____
School Representative _____ Date of Site visit: _____

Please contact me if you have any questions [email hirehawk@sersd.org](mailto:emailhirehawk@sersd.org) (508)230-1224.

Best Regards,

Robert Foley
Cooperative Employment Coordinator
Vocational Supervisor
Southeastern Technical High School
250 Foundry Street
South Easton, MA 02375

Joanne Boucher – *Special Education Coordinator*
Robert Foley – *Vocational Supervisor*
Mary Kobey – *Vocational Supervisor*
JoAnne McCormick – *Director of Student Support Svcs.*
JoAnne O'Brien – *Academic Supervisor*

Daniel Tripp – *Supvr. of Athletics & Student Activities*
Courtney Trinh – *Academic Supervisor*
Catie Tuccinardi – *Dir. of Curr., Inst., & Assessment*
Dominique Williams, Sr. – *MTSS Coordinator*
Matt Zajac – *Dean of Students*



TEMPLATE (PART 1 OF 2)

COVID-19 Control plan

All businesses in the state of MA must develop a written control plan outlining how its workplace will comply with the mandatory safety standards for operation in the COVID-19 reopening period. This template may be filled out to meet that requirement. Control plans **do not** need to be submitted for approval but must be kept on premise and made available in the case of an inspection or outbreak.

All individually listed businesses must complete a control plan, even if the business is part of a larger corporation or entity.

BUSINESS INFORMATION | please provide the following information

Business name: _____ Check if part of a larger corporation

Address: _____

Contact information (Owner/Manager): _____

Contact information (HR representative), if applicable: _____

Number of workers on-site: _____

SOCIAL DISTANCING | check the boxes to certify that you have:

Ensured that all persons, including employees, customers, and vendors remain at least six feet apart to the greatest extent possible, both inside and outside workplaces

Established protocols to ensure that employees can practice adequate social distancing

Posted signage for safe social distancing

Required face coverings or masks for all employees

Implemented additional procedures. Please describe them here: _____

HYGIENE PROTOCOLS | check the boxes to certify that you have:

Provided hand washing capabilities throughout the workplace

Ensured frequent hand washing by employees and provided adequate supplies to do so

Provided regular sanitization of high touch areas, such as workstations, equipment, screens, doorknobs, restrooms throughout work site

Implemented additional procedures. Please describe them here: _____



TEMPLATE (PART 2 OF 2)

COVID-19 Control plan

All businesses in the state of MA must develop a written control plan outlining how its workplace will comply with the mandatory safety standards for operation in the COVID-19 reopening period. This template may be filled out to meet that requirement. Control plans **do not** need to be submitted for approval but must be kept on premise and made available in the case of an inspection or outbreak.

All individually listed businesses must complete a control plan, even if the business is part of a larger corporation or entity.

STAFFING & OPERATIONS check the boxes to certify that you have: _____

Provided training for employees regarding the social distancing and hygiene protocols

Ensured employees who are displaying COVID-19-like symptoms do not report to work

Established a plan for employees getting ill from COVID-19 at work, and a return-to-work plan

Implemented additional procedures. Please describe them here: _____

CLEANING & DISINFECTING check the boxes to certify that you have: _____

Established and maintained cleaning protocols specific to the business

Ensured that when an active employee is diagnosed with COVID-19, cleaning and disinfecting is performed

Prepared to disinfect all common surfaces at intervals appropriate to said workplace

Implemented additional procedures. Please describe them here: _____
