

**SUMMERSET CITY COMMISSION
REGULAR MEETING/ZOOM
SUMMERSET MUNICIPAL BUILDING
7055 LEISURE LANE
THURSDAY, November 18, 2021 6:00 P.M.**

Mayor Torno called the Regular Meeting to order at 6:00 p.m. Commissioners Thurman, Butler, and Hirsch were present. Commissioner Kitzmiller was absent. The City Attorney, City Administrator, and Finance Officer were also present.

Mayor Torno led the Pledge of Allegiance.

Invocation led by Commissioner Butler.

Motion by Thurman, second by Hirsch to approve the agenda for the Regular Meeting of the Summerset City Commission for November 18th, 2021. Motion carried.

Motion by Hirsch, second by Butler, to approve the November 4th, 2021 minutes as presented. Motion carried.

APPROVAL OF CLAIMS

Motion by Thurman, second by Butler to approve the claims and hand checks in the amount of \$38,668.90 from November 3rd, 2021 through November 17th, 2021 as presented or amended. Motion carried.

A&B BUSINESS SOLUTIONS	Water Machine	45.00
BAYMOUNT	Hotel Room	73.19
BLACK HAWK WATER USERS DISTRIC	Monthly Usage	32.00
C HAVEMAN BUSINESS SERVICES	Reconcilliations	1,406.25
CBH CO-OP	Govt Fuel	3,781.79
DEMERSSEMAN JENSEN	Legal Services	1,755.00
DIAMOND D WATER	Monthly Usage	49.75
FOOTHILLS FENCE	Mega Code Transmitter	116.90
GOLDEN WEST TECHNOLOGIES	Security Labor, Tech Support	2,107.50
HAWKINS INC.	Defoamer	2,412.00
HDR ENGINEERING, INC	Task Order 2021-01	9,166.25
HUNT,DREW	CDL Reimb	95.85
LEGENDARY ELECTRIC	Wire Heater	448.98
MBFS USA LLC	Final Payment	6,136.64
MDU	Utilities	761.30
MEADE COUNTY AUDITOR	October Dispatch	1,843.71

MEADE COUNTY REG OF DEEDS	Roselles Plat	180.00
MIDCONTINENT COMMUNICATIONS	WWTP Phone	198.57
MIDCONTINENT TESTING LABS	Testing WWTP	390.00
MORFORD ELECTRIC	Install VED	550.00
NEMEC, BRITTANY	Refund	1,215.00
QUILL	Supplies	80.57
RAPID CITY JOURNAL	Publications	510.66
RAZOR'S EDGE GRAPHICS	PW Door Logo	91.00
SCHIEFFER, LISA	Travel	211.12
SDRS-SUPPLEMENTAL	Supplemental Retirement	435.00
SERVALL UNIFORM & LINEN SUPPLY	Monthly Fees	143.10
Spring Valley Entertainment LL	Sign Refund	75.00
TAYLOR, JAMES	Sign Deposit	75.00
TEXTMYGOV	Text My Gov	1,800.00
USA BLUEBOOK	WWTP Supplies	253.24
WELLS FARGO FINANCIAL SERVICES	Final Payment	1,265.30

SECOND READING FOR ORDINANCE TSO 2021-01- An Ordinance Amending the Zoning Ordinance and Map Incorporated at Title 155, Chapter 021. Summerset Sub. Lots 25-31, Section 31, Township 3 North, Range 7 East, Black Hills Meridian, City of Summerset – from Planned Development (PD) to Single Family Residential (R1).

Motion by Butler, second by Thurman, to vote on approval of Second Reading for Ordinance TSO 2021-01. Motion carried.

Motion by Thurman, second by Butler, to adopt Ordinance TSO 2021-01. A roll call vote was taken. All ayes. Motion carried.

PUBLIC HEARING LIQUOR LICENSE TRANSFER

Motion by Hirsch, second by Butler to open the public hearing. Motion carried.

Motion by Butler, second by Hirsch to approve Transfer of license of a Retail On Sale Liquor License #RL-24438 for 2022 with Sunday Sales, from Neighbors, 7280 Freedom Lane, Summerset, SD 57718, at Lot 24 BLK 9, Summerset USA Subdivision, City of Summerset, Meade County, South Dakota to James Schwab.

PURCHASE OF ADJACENT PROPERTY

Motion by Thurman, second by Hirsch to approve purchase of Summerset Sub Lot D, Block 9 (Owners: G & T LLC). A roll call vote was taken. All ayes. Motion carried.

TASK ORDER – HDR ON WASTEWATER EXPANSION DESIGN

Motion by Butler, second by Hirsch. A roll call vote was taken. All ayes. Motion carried.

CITY ADMINISTRATOR REPORT

UPCOMING EVENTS:

Summerset Offices will be closed Thursday and Friday November 25th & 26th for the Thanksgiving Holiday.

CITIZENS INPUT

None

ITEMS FROM CITY ATTORNEY

Executive Session per SDCL 1-25-2 for discussing legal, economic development, negotiations, and personnel issues.- None

ADJOURNMENT

Motion by Thurman, second by Butler for adjournment at 6:08pm. Motion carried.

(SEAL)

ATTEST:

Candace Sealey

Finance Officer

Melanie Torno

Mayor

Published xxx at a cost of xxx

Check Register Report

Date: 12/01/2021

Time: 11:11 am

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City of Summerset

BANK: BANKWEST

Check Number	Check Date	Status	Void/Stop Date	Reconcile Date	Vendor Number	Vendor Name	Check Description	Amount
BANKWEST Checks								
25087	12/01/2021	Printed			1098	A&B BUSINESS SOLUTIONS	Monthly Contract	433.70
25088	12/01/2021	Printed			0962	ALLEN, DON	Phone Stipend	50.00
25089	12/01/2021	Printed			1111	AMBROSE, JONATHAN	Phone Stipend	50.00
25090	12/01/2021	Printed			0808	BLACK HILLS ENERGY	Utilities	6,030.60
25091	12/01/2021	Printed			1771	BLAIR, JASON		101.12
25092	12/01/2021	Printed			1779	BORDEWYK, JORDAN	Deposit Refund	100.00
25093	12/01/2021	Printed			0095	Butler, Dave	Phone Stipend	50.00
25094	12/01/2021	Printed			1268	CANDACE SEALEY	Phone Stipend	50.00
25095	12/01/2021	Printed			0036	CITY OF RAPID CITY	Solid Waste Hauling	3,971.71
25096	12/01/2021	Printed			1783	CMS SERVICES	Install HVAC	9,174.97
25097	12/01/2021	Printed			1772	COYLE, ANDREW	Deposit/Refund	67.72
25098	12/01/2021	Printed			1093	DAKOTA PUMP, INC	Trouble SHoot Filter	7,244.91
25099	12/01/2021	Printed			0468	DELTA DENTAL	Employee Dental	750.00
25100	12/01/2021	Printed			1722	DUCHENEAUX, HALAYNA	Phone Stipend	50.00
25101	12/01/2021	Printed			1776	EBY, JOEY	Deposit Refund	50.00
25102	12/01/2021	Printed			1775	EDLUND, SEAN	Deposit Refund	50.00
25103	12/01/2021	Printed			1669	EXCEL TRUCK	Fix Garbage Truck	1,175.86
25104	12/01/2021	Printed			1777	FIGUEROA, VICTOR	Deposit Refund	50.00
25105	12/01/2021	Printed			0814	FOOTHILLS FENCE	One Bag Residential Ties	20.51
25106	12/01/2021	Printed			0246	GOLDEN WEST TECHNOLOGIES	Managed Services	1,423.87
25107	12/01/2021	Printed			0698	HAWKINS INC.	Aqua Hawk	2,699.00
25108	12/01/2021	Printed			0041	HEALTH POOL OF SD	Employee Health Insurance	14,598.60
25109	12/01/2021	Printed			1506	HERMANSON EGGE ENGINEERING	17 Residential Inspections	1,785.00
25110	12/01/2021	Printed			1513	HIRSCH, CLYDE	Phone Stipend	50.00
25111	12/01/2021	Printed			1769	HUNT, DREW	Phone Stipend	113.00
25112	12/01/2021	Printed			1773	JACOBS, BRANDY	Deposit/credit	105.00
25113	12/01/2021	Printed			1566	JUSO, COLTON	Phone Stipend	50.00
25114	12/01/2021	Printed			0124	KIEFFER SANITATION	Portable Toilets	225.00
25115	12/01/2021	Printed			1103	KITZMILLER, MICHAEL	Phone Stipend	50.00
25116	12/01/2021	Printed			0324	Kayl, Anthony	Phone Stipend	50.00
25117	12/01/2021	Printed			1110	MID-AMERICAN RESEARCH CHEMICAL	WWTP Supplies	574.38
25118	12/01/2021	Printed			1698	MONTILEAUX, CASEY	Phone Stipend	50.00
25119	12/01/2021	Printed			1730	NASSER, RICH	Phone Stipend	50.00
25120	12/01/2021	Printed			1770	OPSTEDAHL, TAYLER	Phone Stipend	50.00
25121	12/01/2021	Printed			1408	PALMER, BRANDY	Phone Stipend	50.00
25122	12/01/2021	Printed			1768	QUILL	Supplies	25.25
25123	12/01/2021	Printed			1774	RAHAL, BRENDA	Deposit/Refund	105.00
25124	12/01/2021	Printed			0008	RAPID CITY JOURNAL	Publications	274.74
25125	12/01/2021	Printed			1732	SCHIEFFER, LISA	Phone Stipend	50.00
25126	12/01/2021	Printed			1746	SCHROCK, BRIELLE	Phones Tipend	50.00
25127	12/01/2021	Printed			0076	SD GOVERNMENTAL HUMAN	Annual Dues	25.00
25128	12/01/2021	Printed			1104	SD CITY MANAGEMENT ASSOCIATION	Annual Dues	150.00
25129	12/01/2021	Printed			1076	SD GOVERNMENTAL FO ASSOC	Annual Dues	40.00
25130	12/01/2021	Printed			0018	SD ONE CALL	October Notifications	23.10
25131	12/01/2021	Printed			1318	SDML	Annual Dues	2,315.82
25132	12/01/2021	Printed			0073	SDML Work Compensation Fund	Workers Comp Fund	13,360.00
25133	12/01/2021	Printed			1022	SDRS-SUPPLEMENTAL	Supplemental Retirement	510.00
25134	12/01/2021	Printed			1164	SIMON CONTRACTORS	Progress Payments	10,284.45
25135	12/01/2021	Printed			0983	TANNER FENENGA	Phone Stipend	50.00
25136	12/01/2021	Printed			1747	THURMAN, KATHLENE	Phone Stipend	50.00
25137	12/01/2021	Printed			1729	TORNO, MELANIE	Phone Stipend	50.00
25138	12/01/2021	Printed			1189	VAST BROADBAND	Fax/phone/internet	2,097.49
25139	12/01/2021	Printed			0203	Verizon Wireless	Mobile Broadband	68.37
25140	12/01/2021	Printed			1778	ZABEL, CAMERON	Deposit Refund	50.00

Check Register Report

Date: 12/01/2021

Time: 11:11 am

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City of Somerset

BANK: BANKWEST EFT

Check Number	Check Date	Status	Void/Stop Date	Reconcile Date	Vendor Number	Vendor Name	Check Description	Amount
BANKWEST EFT Checks								
57	12/01/2021	Printed			0011	SDRS	November Retirement	8,556.10
58	12/01/2021	Printed			0128	UNITED STATES TREASURY	Payroll Taxes	14,137.82
59	12/01/2021	Printed			0578	USDA	USDA Payment	148,400.00
			Total Checks: 3			Checks Total (excluding void checks):		171,093.92
			Total Payments: 3			Bank Total (excluding void checks):		171,093.92
			Total Payments: 57			Grand Total (excluding void checks):		252,068.09

CITY OF SUMMERSET
ORDINANCE NO. 2021.08
SUPPLEMENTAL APPROPRIATION ORDINANCE

Be it ordained by the City of Summerset that the following sums are supplementally appropriated to meet obligations of the municipality.

EXPENDITURES

**General Fund
Fund 101**

4210 Law Enforcement

Equipment	\$80,000
Total Law Enforcement	<u>\$ 80,000.00</u>

**Refer to commission minutes from October 21, 2021.*

4800 Debt Service

	\$ 210,000.00
Total Debt Service	<u>\$ 210,000.00</u>

**Refer to commission minutes from October 21, 2021.*

4192 General Government Buildings

	\$ 70,000.00
*Check for hail damage to gov. building receipted into general fund revenue.	<u>\$ 70,000.00</u>

Total Appropriations

SECTION TWO

The following designates the fund or funds to which the money derived from the following source is applied.

REVENUE

**General Fund
Fund 101**

SOURCE OF FUNDING

Unassigned Fund Balance	<u>\$360,000</u>
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TOTAL MEANS OF FINANCE

\$ 360,000.00

Dated this 2-Dec-21

ATTEST:

Candace Sealey, Finance Officer

Melanie Torno, Mayor

Vote: Kitzmiller:
Thurman:
Torno:
Butler:
Hirsch:

First Reading: December 2, 2021
Second Reading: December 16, 2021
Publication:

Published once at the approximate cost of \$ xxxx.

NOTICE OF PUBLIC HEARING
for the
CITY OF SUMMERSET
WASTEWATER TREATMENT PLANT EXPANSION PROJECT

The City of Summerset is seeking \$9,995,000 of funding from the Board of Water and Natural Resources for improvements to their existing wastewater treatment plant in order to increase capacity. The funds could be either a grant from the state Consolidated Water Facilities Construction Program or a loan from the Clean Water State Revolving Fund (SRF) Program. The Clean Water SRF loan terms are 2.125% for 30 years, and the Board of Water and Natural Resources may forgive all or a portion of loan principal. The amount, source of funds, and terms will be determined by the Board of Water and Natural Resources when the application is presented at a scheduled board meeting. The purpose of the public hearing is to discuss the proposed project, the proposed financing, and the source of repayment for the loan. The public is invited to attend and comment on the project.

The public hearing will be held at the Summerset Municipal Building, 7055 Leisure Lane, Summerset, SD, on Thursday, December 2, 2021, at 6:00 p.m.

City of Summerset

Published once November 18th, 2021 at the total approximate cost \$23.42.

RESOLUTION NO. 2021-14

CITY OF SUMMERSET
RESOLUTION AUTHORIZING AN APPLICATION FOR FINANCIAL ASSISTANCE,
AUTHORIZING THE EXECUTION AND SUBMITTAL OF THE APPLICATION, AND
DESIGNATING AN AUTHORIZED REPRESENTATIVE TO
CERTIFY AND SIGN PAYMENT REQUESTS

WHEREAS, the City of Summerset (the “City”) has determined it is necessary to proceed with sanitary sewer system improvements, including, but not limited to, expansion of the sequencing batch reactor process tankage, aerobic digester tankage, blowers, and reed beds, in order to treat additional influent flow and increase capacity of their existing wastewater treatment plant (the “Project”);

WHEREAS, the City has determined that financial assistance will be necessary to undertake the Project and a Sanitary Sewer Facilities Funding Application (the “Application”) for financial assistance from the South Dakota Board of Water and Natural Resources (the “Board”) will be prepared; and,

WHEREAS, it is necessary to designate an authorized representative to execute and submit the Application on behalf of the City and to certify and sign payment requests in the event financial assistance is awarded for the Project.

NOW, THEREFORE, BE IT RESOLVED by the City as follows:

1. The City hereby approves the submission of the Application for financial assistance in an amount not to exceed \$9,995,000 to the Board for the Project;
2. The Mayor of the City is hereby authorized to execute the Application and submit it to the Board, and to execute and deliver such other documents and perform all acts necessary to effectuate the Application for financial assistance; and,
3. The Mayor of the City is hereby designated as the authorized representative of the City to do all things on its behalf to certify and sign payment requests in the event financial assistance is awarded for the Project.

Dated this 2nd day of December, 2021.

APPROVED:

ATTEST:

BY: Melanie Torno, Mayor
(Name & Title)

BY: Candace Sealey, Finance Officer
(Name & Title)

Department of Agriculture and Natural Resources
Proposed American Rescue Plan Act
Fund Distribution for
Water and Sewer Infrastructure Projects

Governor Noem's recommended budget includes \$600,000,000 in American Rescue Plan Act (ARPA) funding to support improvements to water and sewer infrastructure projects across the state. This significant infrastructure investment is being made because access to quality drinking water and safe and efficient sewer services greatly impacts the quality of life for all South Dakota residents.

To ensure equitable use of the funds the state is proposing to evaluate projects and distribute funding through the Department of Agriculture and Natural Resources (DANR) and Board of Water and Natural Resources (BWNR) existing funding processes. To be eligible, projects must be listed on the State Water Plan. Both new and listed but unfunded projects will be considered.

DANR/BWNR will use the criteria below to determine funding. The process is competitive and based on eligibility and the relative merits and positive impacts of the projects.

Funding Criteria

Funded applicants will receive a minimum 30 percent ARPA grant (percent of total amount requested). A grant cap will be determined by a per person project cost based on the population served by the system (2020 Census numbers or system service numbers). The grant cap applies regardless of the total project cost or the number of projects seeking funding. The grant cap will be determined as follows:

- a. Service populations up to 1,000: up to 80% grant with a \$9,000 per person maximum per applicant for all projects considered for ARPA grants. Grant percentages would be less if not meeting rates outlined below.
- b. Service populations up to 2,500: up to 50% grant with a \$7,000 per person maximum per applicant for all project(s) considered for ARPA grants. Grant percentages would be less if not meeting rates outlined below.
- c. Service populations above 2,500: 30% grant with a \$3,000 per person maximum per applicant for all project(s) considered for ARPA grants.

If an applicant uses local ARPA funds (city or county), these funds will be matched with State ARPA funds up to a maximum of \$5 million. The grant cap determined above may be exceeded with the use of local/State match funds.

The grant cap may also be exceeded if an applicant currently has rates or will have rates upon project completion that meet the following user rate targets:

- a. \$55 for 5,000 gallons for each water or sewer for city residents
- b. \$75 for 7,000 gallons for each water or sewer for rural/sanitary districts.

If user rates already exceed the target rates, subsidy will not be provided to reduce rates to the target. However, applicants whose current rates exceed the target rate may receive up to an additional 5 percent of ARPA funding toward the total project cost.

Additional Subsidy

Applicants will also be eligible for Clean Water or Drinking Water State Revolving Fund principal forgiveness or other state grants in addition to state ARPA funds. Additional subsidy funding from non-ARPA funds will be provided based on DANR recommendations and BWNR approval.

Special Considerations

Projects addressing regionalization/consolidation, regulatory compliance issues, drought resiliency, water availability, non-point source improvements, or other significant environmental issues may receive funding above the grant cap. DANR will evaluate projects and make recommendations to the BWNR for funding based on merits and positive impacts of the project.

Engineering Studies

Requests for engineering studies for projects to address long term drought resiliency, drinking water availability issues, or water or wastewater regionalization projects may be provided up to 100% State ARPA funds.

**DEMERSSEMAN JENSEN
TELLINGHUISEN & HUFFMAN, LLP**

L A W Y E R S

P.O. BOX 1820, RAPID CITY SD 57709-1820
516 FIFTH STREET, RAPID CITY SD 57701-2703
TELEPHONE 605-342-2814 FAX 605-342-0732

MICHAEL B. DEMERSSEMAN
CURTIS S. JENSEN
ROGER A. TELLINGHUISEN
RICHARD E. HUFFMAN

November 10, 2021

MICHAEL V. WHEELER
GREGORY G. STROMMEN
NATHAN R. CHICOINE

Stagebarn Sanitary District
PO Box 703
Black Hawk, SD 57718-0703

RE: Sewer Rate Adjustment – Stagebarn District

Dear Stagebarn District:

Please be advised that the City of Summerset is adjusting the sewer rates, and will be considering said adjustment at the next regular meeting of the Board of Commissioners to be held on Thursday, December 2, 2021. At that time, the City Commission will consider raising the rates applicable to the Stagebarn District by 8% per residence as allowed by Summerset Ordinances, to include the rate adjustment and surcharge. It is anticipated that the rate change will be effective January 1, 2022.

Stagebarn District is not located within the City limits, and entered into a contract with Summerset on or about September 23, 2010, which allows for annual sewer rate adjustments. Please note that there has been no rate change since January of 2020.

The City is forwarding this notice to you so that you can advise your residents accordingly. Thank you for your attention to this matter.

Sincerely,



Michael V. Wheeler (mvw@demjen.com)
DEMERSSEMAN JENSEN
TELLINGHUISEN & HUFFMAN, LLP

MVW/ag
cc: Client

Contact Person Instructions

- Step 1** Give this instruction sheet and recommendation form (s) to the applicable department.
- Step 2** Follow up with departments to ensure forms are completed within 60 days.
- Step 3** Once forms are returned to you, make copies for your files and return the originals to:

**Safety Benefits, Inc.,
602 E State St
Plankinton, SD 57368**

OR

Email to: dnekvinda@safety-benefits.com

Department Instructions

- Step 1** Enter your name and title on the top of the form.
- Step 2** For each completed recommendation, fill in the "Date Completed" line.
- Step 3** For recommendations that will be completed in the future, enter the anticipated completion date on the "Target Date" line.
- Step 4** Add any comments about the recommendations on the "Comment" line.
- Step 5** After filling out the form, return it to the person who gave it to you. Forms must be turned in within 60 days.

About Recommendations

Improvement recommendations have been developed to assist you in your loss control efforts. Each recommendation is rated with one of the priority levels below:

- **"A" PRIORITY** - Items which should be addressed immediately; hazards which could result in serious accident, injury, or death or items that are needed to prevent a substantial liability exposure.
- **"B" PRIORITY** - Hazards which could result in an accident or injury and should be addressed as part of an ongoing safety observation/hazard abatement program or items needed to prevent potential liability.
- **"C" PRIORITY** - Minor hazards which should be addressed as time and resources allow or items needed as part of a pro-active risk management program.

Disclaimer

This Loss Control Survey does not intend, and Safety Benefits, Inc. is not expected to identify every possible hazardous situation, risk deficiency, code violation, potential area of liability or violation of safe practices. The purpose of the Survey is to identify general areas where improvements can be made. For this reason, no party should rely on the Survey as being a comprehensive identifier of each and every potential workers' compensation or liability situation.

Loss Control Surveys affect neither the Member's responsibilities nor the scope of the coverage provided by the Pool(s), which is determined solely by the provisions of the coverage documents and the I.G.C.

This Survey does not guarantee, assure, or warrant in any way that the Member is in compliance with any Federal, State or Local laws, statutes or regulations or that compliance with the recommendations of this report will eliminate any or all hazards or prevent or eliminate accidents.

Questions, Comments, Suggestions

Please direct any questions, comments or suggestions about these recommendation(s) to Safety Benefits Inc., at the address above or call (888) 313-0839.

Improvement Recommendations - Both

for Summerset (9/17/2021)

Administrative

Name of Person _____

Completing Form: _____ Title: _____

"A" Priority

- A01** It is recommended that you develop a written policy that prohibits employees from discussing the circumstances surrounding potential liability incidents. Media inquiries should be referred to legal counsel and /or after checking with Claims Associates. See SDPAA Website - sdpaaonline.org

Date Completed: _____ If Not, Target Date (Please Explain) _____ **A-ADM-9a**

- A02** It is recommended your entity's sexual harassment policy be reviewed with employees on an annual basis.

Date Completed: _____ If Not, Target Date (Please Explain) _____ **A-ADM-3ca**

- A03** It is recommended a written policy be adopted that prohibits making or taking cell phone calls or texting while operating a moving vehicle or a piece of equipment pursuant to SDCL-32-26-47.

Date Completed: _____ If Not, Target Date (Please Explain) _____ **A-ADM-21**

- A04** It is recommended contractors/subcontractors be required to show proof that they have workers' compensation insurance coverage. If they do not have coverage any claims may come back to your entity's coverage. A current copy of the insurance certificate should be retained by your entity.

Date Completed: _____ If Not, Target Date (Please Explain) _____ **A-ADM-6c**

- A05** It is recommended sole proprietors be required to carry workers' compensation coverage before being allowed to perform work for your entity. South Dakota law does not require them to carry coverage, however if they are injured while working for your entity your coverage could have to pay to cover them. A current certificate should be kept on file. We understand that there are times when it is not feasible to require this. Your entity needs to be aware that a claim could affect your future rates.

Date Completed: _____ If Not, Target Date (Please Explain) _____ **A-ADM-6d**

"B" Priority

- B01** It is recommended employees that use computers receive office ergonomics training. This can help reduce repetitive motion injury claims.

Date Completed: _____ If Not, Target Date (Please Explain) _____ **B-Ir**

Improvement Recommendations - Both

for Summerset (9/17/2021)

Administrative (Continued)

- B02** It is recommended a special events procedure and checklist be developed to reduce your entity's liability exposures.
See SDPAA website: sdpaaonline.org

Date Completed: _____ **If Not, Target Date (Please Explain)** _____ **B-ADM-1t**

"C" Priority

- C01** It is recommended new full-time employees be given a pre-employment, post offer physical. A complete physical can help support the employee's assertion they can perform the essential job duties. A complete physical can also detect hidden medical problems that could prove costly in the future. You do not want to pay for a pre-existing condition.

Safety Benefits can provide you with further information concerning the type of physical that should be conducted for various employment positions.

Date Completed: _____ **If Not, Target Date (Please Explain)** _____ **C-4g**

Improvement Recommendations - Both

for Summerset (9/17/2021)

Streets/Highways

Name of Person _____

Completing Form: _____ Title: _____

"A" Priority

- A01** It is recommended a written personal protective equipment program be developed for employees. This program should include, but not be limited to, use of the following equipment: hard hats, eye protection, hearing protection, respirators, footwear and reflectorized vests.

Date Completed: _____ If Not, Target Date (Please Explain) _____ **A-17**

- A02** It is recommended a written policy be adopted concerning the use of eye protection (safety glasses). To help reduce the possibility of eye injuries due to flying objects, etc., the use of personal eye protection equipment should be mandatory whenever there is the potential for injury. The equipment should consist of impact resistant lenses (safety lenses) with side shields and they should be properly fitted to each employee. Safety Benefits can provide you with a video training program on this subject.

It is suggested this equipment be provided for the employee.

Date Completed: _____ If Not, Target Date (Please Explain) _____ **A-17b**

- A03** It is recommended a written policy be adopted concerning the use of hearing protection. Employees should wear hearing protection whenever exposed to noise levels which exceed 85 decibels (dB). A typical office has a background noise level of about 50 dB, a vacuum cleaner runs at about 70 dB, and a rock band is about 110 dB. If in doubt, wear the hearing protection. Safety Benefits can provide you with a video training program on this subject.

It is suggested this equipment be provided for the employee.

Date Completed: _____ If Not, Target Date (Please Explain) _____ **A-17c**

- A04** It is recommended air packs or cartridge respirators be provided for employees. This is necessary to protect personnel who change and maintain the chlorine cylinders. This is standard procedure in the industry and is necessary to avoid serious injury or perhaps death.

Date Completed: _____ If Not, Target Date (Please Explain) _____ **A-17f**

- A05** It is recommended a written policy be adopted concerning the use of safe footwear. Employees should be prohibited from wearing tennis type shoes as they offer no support or protection. Employees should be encouraged to wear a sturdy leather boot type shoe that would provide protection during work duties.

Date Completed: _____ If Not, Target Date (Please Explain) _____ **A-17d**

Improvement Recommendations - Both

for Summerset (9/17/2021)

Streets/Highways (Continued)

- A06** It is recommended a written hazard communications program be developed. Safety Benefits can provide you with samples and training materials

Date Completed: _____ If Not, Target Date (Please Explain) _____ **A-20a**

"B" Priority

- B01** It is recommended monthly safety meetings be held addressing areas of loss associated with the department's line of work. This can be a short ten minute discussion before beginning work. These monthly safety meetings could be held in conjunction with other departments who share the same concerns. I also suggest you utilize your safety manual with this training.

Date Completed: _____ If Not, Target Date (Please Explain) _____ **B-7a**

- B02** It is recommended a safety manual be developed. Accidents, in most cases, are caused by elements under human control, therefore, most accidents can be prevented. This safety manual offers an excellent guide for new employee training and can be utilized during monthly safety meetings.

Date Completed: _____ If Not, Target Date (Please Explain) _____ **B-10a**

"C" Priority

- C01** It is recommended any training an employee receives be documented. It is recommended these training hours be recorded in the employee's personnel file, or training file. Included should be the date, where the training was received, the name of the instructor, the name and a brief description of the course, and the number of hours of training.

Date Completed: _____ If Not, Target Date (Please Explain) _____ **C-ADM-7f**

Improvement Recommendations - Both

for Summerset (9/17/2021)

Water/Wastewater Treatment

Name of Person _____
Completing Form: _____ Title: _____

"B" Priority

B01 It is recommended a safety manual be developed. Accidents, in most cases, are caused by elements under human control, therefore, most accidents can be prevented. This safety manual offers an excellent guide for new employee training and can be utilized during monthly safety meetings.

Date Completed: _____ If Not, Target Date (Please Explain) _____ **B-10a**

Improvement Recommendations - Both

for Summerset (9/17/2021)

Law Enforcement

Name of Person _____
Completing Form: _____ Title: _____

"A" Priority

- A01** It is recommended each officer of your department be offered Hepatitis B vaccinations. If an officer refuses to receive the vaccinations they should sign a waiver stating they were offered the vaccinations, but they refused them.

Date Completed: _____ If Not, Target Date (Please Explain) _____ **A-11d**

- A02** It is recommended that if an officer refuses to receive the vaccinations, they sign a waiver stating they were offered them, but refused them

Date Completed: _____ If Not, Target Date (Please Explain) _____ **A-11e**

"C" Priority

- C01** It is recommended the Department put up a sign at the outdoor firearms range indicating the range is for "law enforcement use only." This will help reduce liability expenses should an accident occur involving a member of the general public

Date Completed: _____ If Not, Target Date (Please Explain) _____ **C-LE-11a**

South Dakota Public Assurance Alliance

SAMPLE Media Policy

From time to time during the course of your service for the (City, County, etc.) you may receive unsolicited contact from representatives of the media including but not limited to newspaper reporters, television and radio reporters and news people, and others. The purpose of this policy is to inform you of the proper steps to follow when such contact occurs.

1. _____ has been designated as the only authorized spokesperson for (City, County, etc.) in the event of communications with the media. Therefore, if you receive contact from the media, advise them that you cannot comment and refer them to _____. His/her telephone number is _____ and email address is _____.
2. In addition to referring members of the media to our designated contact person, notify your immediate supervisor immediately of any media contact.
3. Media representatives will understand that you cannot comment. They will appreciate a referral to someone who may or may not be able to answer their questions.
4. When an incident occurs that could give rise to a claim against you or others of your fellow employees, please notify everyone that they may receive contact from the media and that they must be aware of and follow this media policy – e.g. not comment on any occurrence and refer the media to the designated contact person.
5. Never give into what is a natural urge to be helpful if you are contacted by the media. You must follow this policy and the procedures described herein.
6. You should be friendly and not defensive or evasive when advising members of the media that you are not able to comment. As noted above, they will understand this position.
7. No comment means no comment. Do not explain or discuss any occurrence or event with the media unless you are authorized to do so as the designated spokesperson.
8. Keep in mind that whatever you say will be viewed as an official statement on behalf of your employer and your co-workers. This is yet another reason to follow the policy, make no comment, and direct the media representatives to the designated contact person.
9. If you are present during Executive Session of the (City Commission, City Council, County Commission, etc.) where litigation or claims are discussed, keep in mind that executive sessions are privileged, that no record is made of these discussions, and that anyone present is absolutely forbidden to discuss the content of conversations which occur during the course of executive session.

If you have any questions about the application of this policy, please contact your immediate supervisor.

It is SDPAA's recommendation that this SAMPLE Media Policy be treated like other policies your entity may have in use (e.g. sexual harassment). It should be presented to all current and new employees who should sign off acknowledging that they have received the policy, read the policy, and understand the policy. It is also SDPAA's recommendation that you confer with your legal counsel prior to adopting a Media Policy.

new
A02

Sexual Harassment

It is the policy of the City of Summerset to provide a work environment free from sexual harassment. Sexual harassment is unwelcome conduct of a sexual nature that is persistent or offensive and interferes with an employee's job performance or creates an intimidating, hostile, or offensive work environment. Sexual harassment is defined by the federal Equal Employment Opportunity Commission as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when, for example: (a) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, (b) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual, or (c) such conduct has the purpose of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive work environment.

Sexual harassment can be physical and/or psychological in nature. An aggregation of incidents can constitute sexual harassment even if one of the incidents considered on its own would not be harassing. Sexual harassment may involve individuals of the same or different genders.

Sexual harassment may include a range of behaviors to include unwanted sexual advances or requests for sexual favors; sexual jokes or innuendo; verbal abuse of a sexual nature; commentary about an individual's body, sexual ability, or deficiencies; whistling or touching; insulting or obscene comments or gestures; displays in the workplace of sexually suggestive objects or pictures; and other physical, verbal, or visual conduct of a sexual nature.

All employees are expected to avoid any behavior or conduct that could be interpreted as unlawful harassment. All employees should also understand the importance of informing an individual whenever that individual's behavior is unwelcome, offensive, in poor taste, or inappropriate.

If you feel that you have been subjected to conduct which violates this policy, you should immediately report the matter to your supervisor. If you are unable for any reason to contact this person, or if you have not received a satisfactory response within five (5) business days after reporting any incident of what you perceive to be harassment, please contact the HR Director.

Every report of perceived harassment will be fully investigated, and corrective action will be taken where appropriate. Violation of this policy will result in disciplinary action, up to and including discharge.

Discrimination and harassment of any kind in the workplace is prohibited by federal and state law, whether committed by elected officials or supervisory or non-supervisory employees and will not be tolerated. Retaliation or intimidation directed toward a complaining party is also prohibited by law and will not be tolerated by the City under any circumstance. A legitimate complaint of discrimination or harassment will not have any bearing on the terms and conditions of employment on the complaining party, including but not limited to: wages, advancement, evaluations, assigned duties, shift assignments, career development, etc.

All complaints will be kept confidential to the extent possible, but confidentiality cannot be guaranteed. In addition, the City of Summerset will not allow any form of retaliation against individuals who report unwelcome conduct or who cooperate in the investigations of such reports in accordance with this policy. Employees who make complaints in bad faith may be subject to disciplinary action, up to and including discharge.

I have read and I understand the City of Summerset's Sexual Harassment Policy.

Employee's Printed Name: _____ Position: _____

Employee's Signature: _____ Date: _____

The signed original copy of this receipt should be given to the Human Resources Office - it will be filed in your personnel file

2.2 Sexual Harassment/Discrimination:

The City is committed to providing a work environment that is free from discrimination and harassment. Harassment or discrimination on the basis of race, religion, color, national origin, sex, age, disability or any other basis prohibited by state or federal law will not be tolerated. Harassment and discrimination may take different forms and may be verbal, non-verbal or physical in nature.

Under this policy, sexual harassment is defined as behavior of a sexual nature which is unwelcome and personally offensive to its recipient. It is a form of employee misconduct which is demeaning to another person and undermines the integrity of the employment relationship. This sexual harassment policy also applies to same-sex harassment.

Unwelcome sexual advances, request for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when:

- 1) By threat or insinuation, either explicitly or implicitly, an employee's refusal to submit to sexual advances or refusal to tolerate or participate in unwanted conduct or communication of a sexual nature will adversely affect the employee's terms and conditions of employment, including but not limited to wages, advancement, evaluation, assigned duties, shift assignment, career development, etc.
- 2) Any conduct or communication of a sexual nature has the purpose or effect of substantially interfering with work performance or of creating a hostile, intimidating, or offensive employment environment that may be considered offensive to another employee, including but not limited to:
 - repeated sexual flirtations, advances, or propositions;
 - continual or repeated verbal abuse of a sexual nature;
 - foul language;
 - unwanted physical contact;
 - graphic verbal commentaries about an individual's body or manner;
 - sexually degrading words used to describe the individual;
 - the display of sexually explicit pictures, cartoons, or other materials.

Any employee who feels he/she has been harassed or discriminated against or that his/her personal rights have been violated shall immediately report the matter to his or her immediate supervisor unless the supervisor is the offending party. If the supervisor is unavailable, or the employee believes that it would be inappropriate to contact his/her supervisor, the employee shall immediately contact human resources, the department head, mayor, or city attorney.

A supervisor or manager who becomes aware of any possible harassment shall advise human resources, the department head, the mayor, or city attorney as soon as practical. The City will make a thorough, confidential, and impartial investigation of the complaint. All employees must cooperate with any such investigation. The City will take prompt remedial measures to immediately end the offending action.

Discrimination and harassment in the work place is prohibited by Federal and State law, whether committed by elected officials or supervisory or non-supervisory employees, and will not be tolerated. Retaliation or intimidation directed toward a complaining party is also prohibited by law and will not be tolerated by the City. A legitimate complaint of sexual harassment or discrimination will not have any bearing on the terms and conditions of employment of the complaining party, including but not limited to wages, advancement, evaluations, assigned duties, shift assignments, career development, etc.

A formal complaint of harassment or discrimination may be initiated in lieu of, during, or following this informal process as provided by State or Federal law.

Violations of the above stated policy by any employee may be cause for immediate disciplinary action.

Portable Communication Device Use While Driving

Employees whose job responsibilities include regular or occasional driving of vehicles/machinery while conducting business for the City of Somerset must abide by all state or local laws prohibiting or limiting portable communication device (PCD) use, including cell phones or personal digital assistants, while driving. Further, even if use is permitted, employees may choose to refrain from using any PCD while driving. "Use" includes, but is not limited to, talking or listening to another person or sending an electronic or text message via the PCD. Regardless of the circumstances, including slow or stopped traffic, if any use is permitted while driving, employees should proceed to a safe location off the road and safely stop the vehicle before placing or accepting a call.

Safety must come before all other concerns. Employees may use hands-free equipment to make or answer calls while driving without violating this policy

Since this policy does not require any employee to use a PCD while driving, employees who are charged with traffic violations resulting from the use of their PCDs while driving will be solely responsible for all liabilities that result from such actions. Texting and/or e-mailing while driving is prohibited in all circumstances.

32-26-47.1. Use of mobile electronic device--Prohibitions--Violation as misdemeanor--Exceptions.

No person may operate a motor vehicle while using a mobile electronic device. A violation of this section is a Class 2 misdemeanor.

This section does not apply to:

- (1) A law enforcement officer, firefighter, emergency medical technician, paramedic, operator of an authorized emergency vehicle, or similarly engaged paid or volunteer public safety first responder during the performance of that person's official duties, and a public utility employee or contractor acting within the scope of that person's employment;
- (2) The use of a mobile electronic device for emergency purposes, including a text messaging device to contact a 911 system, an emergency call to a law enforcement agency, health care provider, fire department, or other emergency services agency or entity, or to report to appropriate authorities a fire, traffic accident, serious road hazard, or medical or hazardous materials emergency, or to report the operator of another motor vehicle who is driving in a reckless or otherwise unsafe manner or who appears to be driving under the influence of alcohol or drugs, or to report a crime;
- (3) The use of a global positioning or navigation system feature of a mobile electronic device, but does apply to manually entering information into the global positioning or navigation system feature of the device;
- (4) Reading, selecting, or entering a telephone number or name in a mobile electronic device for the purpose of making or receiving a telephone call and using the device for the call, or if a person otherwise activates or deactivates a feature or function of a mobile electronic device; or
- (5) The use of a mobile electronic device in a voice-operated or hands-free mode if the operator of the motor vehicle does not use the operator's hands to operate the device, except to activate or deactivate a feature or function of the device.

32-26-47.2 . Social networking sites--Prohibition--Violation as misdemeanor.

No person may access, read, or post to a social networking site while operating a motor vehicle. A violation of this section is a Class 2 misdemeanor.

1302

South Dakota Public Assurance Alliance

Special Events Recommendations

Community celebrations, athletic events, street and park fairs, parades, rodeos, music events, golf tournaments – a sample of the wide variety of numerous special events SDPAA Members sponsor, host, or find themselves involved in as they work to make their communities vibrant.

Planning is an essential part of event success and not integrating sound risk management into your special events can spell disaster. Entities should have written guidelines, policies and procedures in place and a formal Special Event Plan which will help to minimize injuries, damages, and losses that might occur during these events.

A number of areas should be addressed in your guidelines, policies, procedures and plans. Those areas include but are not limited to:

- Types of events or activities your entity chooses not to allow due to high degree of risk of severe injury or damage to property
- Sale or consumption of alcoholic beverages
- Insurance, hold harmless/indemnification, and waivers of liability requirements of vendors, contractors and participants
- Necessity of supervision, security, first-aid, ambulance on site, fire fighters/equipment on site for certain events and activities
- Pre-event inspection procedure
- Emergency procedures

SDPAA always recommends involving your attorney regarding contracts and agreements associated with your special events.

The SDPAA is happy to assist you in evaluating your entity's exposure to loss relating to local special events. Please contact us at sdpaa@sdmunicipalleague.org or 800.658.3633.

For SDPAA's Sample Special Event Risk Management Checklist, [click here](#).

The City of Deadwood has developed a good ***Special Event Permit Application and Facility Use Agreement*** and graciously shares it for your use in managing your special events. [Click here](#) for Deadwood's document.

May all of your special events be successful!

South Dakota Public Assurance Alliance

Sample Special Event Risk Management Check List

An event risk management checklist is a guide to the many issues that should be considered when planning an event. Depending on the event, some of these issues may not be applicable and some may require more detailed management than others.

ACCESS and EGRESS

- ☐ Adequate number of entries/exits
- ☐ Entries/exits clear and accessible
- ☐ Exit pathways well defined and clearly marked

ELECTRICAL

- ☐ Wiring up to code and in good condition
- ☐ Adequate voltage/wattage for event use
- ☐ Electrical equipment protected from weather
- ☐ Sufficient emergency generator power available
- ☐ Premises inspected by a licensed electrician

FIRST AID/ COMMUNICATION

- ☐ Stations suitably located, identified and supervised
- ☐ Facilities adequate for event type
- ☐ Mobile communication between event personnel, first aid and security

STAFF, VOLUNTEERS and CONTRACTORS

- ☐ Background screening
- ☐ Training with records kept
- ☐ Copies of applications kept

PERMITS, LICENSING and REGISTRATION

- ☐ Applicable state and local government permits obtained
- ☐ Food handling/sales permits obtained
- ☐ Liquor licenses/permits obtained

TRAFFIC FLOW

- ☐ Clearly defined areas for traffic separated from pedestrians
- ☐ Provisions for emergency vehicle entrance/exit
- ☐ Fire hydrant access

AMUSEMENT STRUCTURES

- ☐ Structures have current license/certification
- ☐ Electrical inspection up to date
- ☐ Qualified safety inspection performed and documented
- ☐ Appropriate space, perimeter protection and lighting

PARKING

- ☐ Sufficient number, type and handicap accessible
- ☐ Adequate signage, lighting and access to site
- ☐ Adequate security

SEATING

- ☐ Sufficient seating
- ☐ ADA accommodations
- ☐ Bleachers inspected for safety

FOOD SAFETY

- ☐ Adequate refrigeration, storage, heat and prep areas
- ☐ Licensed/certified food handlers
- ☐ Proper food handling procedures

ALCOHOL SAFETY

- ☐ Adequate training for distribution
- ☐ Require identification, wristbands
- ☐ Make alternative transportation available

EMERGENCY PROCEDURES

- ☐ Plans and procedures documented
- ☐ Staff and volunteers trained on procedures
- ☐ Evacuation plan due to weather or other events
- ☐ Evacuation route posted and practiced

STAGING and PLATFORMS

- ☐ Electrical equipment appropriate for outdoor/heavy use
- ☐ Adequate access/egress around staging and platforms
- ☐ Erected, inspected and dismantled by qualified personnel

MAINTENANCE

- ☐ Maintenance personnel onsite
- ☐ Personnel have appropriate contact information
- ☐ Maintenance records accessible before/during/post event

INFLATABLE STRUCTURES

- ☐ Structure properly secured
- ☐ Qualified safety inspection performed and documented
- ☐ Weather monitored and shut down procedures known

AMENITIES

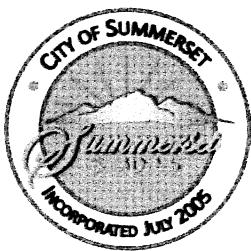
- ☐ Adequate toilet and hand washing facilities
- ☐ Drinking water available to staff and participants
- ☐ Adequate trash disposal

CROWD MANAGEMENT

- ☐ Occupancy monitored and limit not exceeded
- ☐ Event safety rules and regulations posted
- ☐ Security personnel visible

INSURANCE/LEGAL REVIEW

- ☐ Review your coverage for event with SDPAA
- ☐ Obtain Certificates of Insurance from all vendors, contractors and co-sponsors
- ☐ Waivers signed by participants when warranted
- ☐ Entity should be named as an additional insured on the policies of vendors, contractors and co-sponsors
- ☐ Report all incidents to SDPAA through Claims Associates, Inc.
- ☐ Legal review of all contracts and facilities use agreements



City of
SUMMERSET
A GREAT PLACE TO CALL HOME

Park Picnic Shelter Reservation Terms of Agreement

1. The Leisure Lane Park shelter may only be reserved by residents of Summerset.
2. All reservations require a refundable \$50 deposit.
3. All reservations must begin and end during regular park hours. Remaining in the park past posted park hours will be considered trespassing.
4. If there are minors included in the group reserving the shelter, an adult must be present at all times.
5. Groups must remove trash when they leave the park.
6. The restroom doors must be closed when the reservation is over.
7. The Summerset resident reserving the shelter will be held accountable for any damages incurred by their guests. After an inspection by a City employee, the \$50 deposit will be refunded if no damages were incurred and the shelter is left in satisfactory condition (trash removed, no big mess left).
8. The City of Summerset will not provide water or electricity to operate bounce houses or any other equipment that is brought in unless they are being used for a neighborhood-wide activity, such as Summerfest.

The City of Summerset posts shelter reservations but is not responsible for enforcing the reservations. Parties reserving the shelter may take reasonable steps to ensure the shelter is available for their reserved date and time.

Reservations apply only to the covered shelter and in no way prevent Summerset residents from using the other Park facilities and equipment at/during the time of your event.

Please complete the form below and return it to the City Finance Office with a \$50 deposit.

Resident Name _____ Date _____

Address _____ Phone _____

Park Name _____ Reservation Date _____ Time span of event _____

HOLD HARMLESS AGREEMENT

The party (to include the aforementioned individual and guests) hereby will indemnify, defend and hold the City of Summerset and its employees harmless in the event of any claims asserted as a result of any errors, omissions, torts, intentional or other negligent act.

Signature _____ Date _____

FOR OFFICE USE ONLY

Deposit Amt \$50.00 Date Paid _____ Payment Type: ☐ Cash ☐ Check ☐ Credit Card

Shelter Inspection Date _____ Deposit returned ☐ Yes ☐ No City Employee Initials _____

Physical Examinations add to 4.10 Employment Offers:

Law enforcement and any other positions, as decided by the City, may be required to undergo a post-offer, pre-employment physical examination. The cost of the preemployment physical examination will be borne by the City.

Confirmation of Employment Offer Once human resources receive satisfactory results from all the post-offer testing and investigation, human resources or the hiring manager will notify the candidate and confirm the initial offer. In cases where the candidate is unsuccessful in the post-offer testing/investigation, the offer of employment may be withdrawn. Consideration will be given for potential accommodations.

Lakota Contracting, Inc.

420 E St Patrick St. Ste 107

Rapid City, SD 57701

FEIN: 46-0451565 DUNS: 002580780

PH: 800-984-8550

Invoice

Date	Invoice #
5/14/2021	4115

Bill To	Ship To
CITY OF SUMMERSET POLICE DEPARTMENT 7055 LEISURE LANE SUMMERSET, SD 57718	CITY OF SUMMERSET 7055 LEISURE LANE SUMMERSET, SD 57718

P.O. No.	Terms	Rep	Ship Date	Ship Via	FOB
SSPD012521	NET 30/CC	MARTY	2/9/2021	BEST WAY	DESTINATION

Qty	Item	Description	Unit Price	Class	Amount
2	AEXPG2-A-III A	ARMOR EXPRESS BALLISTIC VEST PACKAGE. INCLUDES VORTEX LEVEL IIIA BALLISTICS, ONE REVOLUTION CARRIER (DARK NAVY COLOR) AND ONE 5X8 SOFT TRAUMA PLATE. REFERENCE NASPO QUOTE # 1904-01. SEE CASEY MONTILEAUX AND JOSH BUNTAIN SIZE FORMS.	779.00		1,558.00
Thank you for your business.			Total \$1,558.00		

9815.00

Infectious Disease Control Policy: COVID-19

It is the policy that the City of Summerset will take proactive steps to protect the workplace in the event of the ongoing Covid-19 outbreak. It is the goal of the City of Summerset during any such time period to strive to operate effectively and ensure that all essential services are continuously provided and that employees are safe within the workplace.

The City of Summerset is committed to providing authoritative information about the nature and spread of infectious diseases, including symptoms and signs to watch for, as well as required steps to be taken in the event of an illness or outbreak.

Preventing the Spread of Infection in the Workplace

The City of Summerset will ensure a clean workplace, including the regular cleaning of objects and areas that are frequently used, such as bathrooms, breakrooms, conference rooms, door handles and railings.

The City Administrator, in conjunction with Department Heads, will monitor and coordinate events around an infectious disease outbreak and create work rules that could be implemented to promote safety through infection control.

All employees must cooperate in taking steps to reduce the transmission of Covid-19 (and other infectious diseases) in the workplace.

The City will provide alcohol-based hand sanitizers throughout the workplace for employee use. Masks and other personal protective equipment will be provided as necessary and as appropriate per CDC recommendations and essential job functions.

Staying Home When Ill.

Many times, with the best of intentions, employees report to work even though they feel ill. During an infectious disease outbreak, it is critical that employees do not report to work while they are ill and/or experiencing the following symptoms of Covid-19:

- Fever
- Cough
- Shortness of breath

Employees who report to work ill will be sent home in accordance with these health guidelines.

Reported illnesses have ranged from mild symptoms to severe illness and death of confirmed Covid-19 cases. Symptoms may appear 2 to 14 days after exposure.

Further, the CDC warns that “older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from COVID-19 illness.” If you feel the need to self-quarantine, please speak to your Department Head as soon as possible.

Currently, the Centers for Disease Control and Prevention recommends that people with symptoms of Covid-19 shall remain at home until the following:

- 1) If an employee tested positive and has quarantined the period as recommended by the CDC, said employee must re-test and show a negative test result before coming back to work. Employer may provide a home COVID-19 Test Kit to the employee.

Insert Option
Selected by
Board

- 4) If an employee tested positive and no re-test is being conducted, the employee may return to work when: (i) The employee has no fever for at least 72 hours (three (3) full days of no fever (100.4F) and without the use of fever-reducing medication) AND; (ii) The employee has noticeable improvement in respiratory symptoms (for example, when cough or shortness of breath have improved); AND (iii) At least seven (7) days have passed since symptoms first appeared.

***Please refer to the document COVID-19 Confirmed Positive, Exposure & Potential Exposure Action Steps attached to this document.**

Requests for Medical Information and/or Documentation

If you are out sick or show symptoms of being ill, it may become necessary to request information from you and/or your health care provider. In general, we would request medical information to confirm your need to be absent, to show whether and how an absence relates to the infection, and to know that it is appropriate for you to return to work. As always, we expect and appreciate your cooperation if and when medical information is sought.

Confidentiality of Medical Information

Our policy is to treat any medical information as a confidential medical record. In furtherance of this policy, any disclosure of medical information is in limited circumstances with your Department Head, Human Resources, first aid and safety personnel, and other government officials as required by law.

Compensation for Covid-19 related illness and/or child-care needs

Paid federal leave as authorized by the Families First Coronavirus Response Act was available from April 1, 2020, through December 31, 2020. Since the expanded paid federal leave is exhausted, normal attendance and leave policies will remain in place. Individuals who believe they may face particular challenges reporting to work during an infectious disease outbreak should take steps to develop any necessary contingency plans.

1. The first time an employee has a confirmed Covid-19 positive test, or the employee must stay home to care for a family member who has tested positive, the City will pay for eight (8) shifts of work within the ten (10) day time period.
2. The second time an employee has a confirmed Covid-19 positive test or has been exposed or potential exposure or a family member/roommate has been exposed or tested positive:
 - The City may allow the employee to telework, when possible, given the essential functions of their job. However, other requests for temporary telecommuting must be submitted to your Department Head for consideration. Not all positions will be eligible due to the essential functions of the job.
 - Use accrued vacation and sick leave of the employee.
 - Employees may be eligible for Negative Accrual of Available Leave, only after exhausting all accrued vacation and sick leave. * see attached policy.
 - Donations from sick leave bank, only after exhausting all accrued vacation and sick leave. * see attached policy.

Options for Board to discuss

I acknowledge that I have read and understood this policy and the social distancing and personal health hygiene procedures outlined in it. To ensure my personal health and safety and those of my co-workers and families, I will do my best to ensure I will follow social distancing and personal health hygiene procedures. I will speak with my Department Head if I have questions about how to follow these procedures. I will not report to work with symptoms of Covid-19 (or other illness). I will seek medical treatment as required. I understand that if I do report to work, I will be sent home. If my personal situation changes with regards to self-quarantine, I will notify my Department Head as soon as feasible.

Printed name: _____

Signature: _____

Date: _____

COVID-19 Confirmed Positive, Exposure & Potential Exposure

Action Steps

A. Employee Confirmed Positive. If an employee has tested positive for COVID-19:

- 1) The employee should not report to work and should already be on a 14-day quarantine period as recommended by the Center for Disease Control (CDC) starting when the test was administered. The employee should further self-isolate.
 - a. While quarantined or isolated, the employee may be allowed to work remotely if s/he is able to do so. If the employee is unable to work remotely, the employee may be able to use Emergency Paid Sick Leave (EPSL) or Sick Leave (SL) if the employee qualifies.
 - b. The timing of the quarantine may be different if expressed by the employee's medical provider.
- 2) The Department Head should immediately ensure that all work areas of the employee is thoroughly sanitized. This includes:
 - a. The employee's work area and any work surfaces with which the employee knowingly came in contact pursuant to the guidelines provided by the CDC.
 - b. Any vehicle driven by or occupied by the employee
- 3) The Department Head should communicate with all employees regarding potential exposure in the workplace and share the measures and steps being taken to ensure employee health and safety. The Department Head should remind employees of options available to them to minimize their risk of exposure, including alternative work options and teleworking. The name of the employee who tested positive must not be shared or disclosed in any form or fashion.
- 4) If an employee tested positive and has quarantined the period as recommended by the CDC, said employee must re-test and show a negative test result before coming back to work. Employer may provide a home COVID-19 Test Kit to the employee.
- 4) If an employee tested positive and no re-test is being conducted, the employee may return to work when: (i) The employee has no fever for at least 72 hours (three (3) full days of no fever (100.4F) and without the use of fever-reducing medication) **AND**; (ii) The employee has noticeable improvement in respiratory symptoms (for example, when cough or shortness of breath have improved); **AND** (iii) At least seven (7) days have passed since symptoms first appeared.

Select
option

B. Employee's Family Member/Roommate Confirmed Positive. If an employee's immediate family member with whom the employee is living, or employee's roommate has tested positive for COVID-19 and that person has not self-isolated from the employee* :

- 1) The employee should not report to work and be tested and should monitor for symptoms. If results are positive, refer to Action Steps (A)(1-4) above.

2) If the employee is tested and the results are negative:

- a. Allow the employee to return to work and have the employee continue to self-monitor for symptoms. The employee should report to the Supervisor if they are experiencing any symptoms prior to coming to work.
- b. Contact department employees and inform them that there was no actual exposure.

C. Coworker or Resident/Inmate Confirmed Positive and Employee has had Close Contact Exposure: If an employee has been exposed (through close contact as defined by CDC) to a coworker, resident or inmate who has tested positive for COVID-19, then steps (B)(1-3) should be followed.

D. Employee has had Close Contact to a Coworker or Resident/Inmate who has been Exposed to Someone who has Confirmed Positive: Employee should monitor symptoms including taking a temperature twice daily and report any symptoms to a supervisor.

E. Employee has Symptoms of a fever or shortness of breath, but has not been Exposed to Someone who Tested Positive: Employee should stay home from work and social distance until 72 hours after the fever is gone or symptoms are better.

*Isolation involving a roommate/family member means the employee is using a separate bathroom or bedroom from the roommate/family member and is not providing direct care for that person.

REFERENCE:

The employer is not responsible for contacting any government agency, the Department of Health or the CDC with an employee's positive test result. The healthcare provider is required to report positive test results to these agencies.

Updates from the CDC and/or DOH may cause modifications to this policy with or without notice to employees.

POLICY AND PROTOCOLS FOR EMPLOYEE NEGATIVE LEAVE ACCRUAL COVID-19 RESPONSE

The purpose of this policy is to accommodate the special needs of employees during the COVID-19 pandemic by allowing employees to utilize leave in excess of their available leave balances.

SCOPE OF COVERAGE

This policy applies to all regular full-time benefit-eligible employees of the City of Summerset.

EFFECTIVE DATE

This policy will be effective immediately upon adoption and will remain in effect until rescinded by the Mayor.

EMPLOYEE ELIGIBLE FOR NEGATIVE ACCRUAL OF AVAILABLE LEAVE

An employee is eligible for negative accrual only if:

- The employee has exhausted all available leave balances; and
- The employee does not want to be unpaid while on leave for a qualifying reason; and
- One or more of the following conditions apply:
 - a) The employee is subject to a quarantine or isolation order related to COVID-19. "Subject to a Quarantine or Isolation Order" means a quarantine, isolation, containment, shelter-in-place, or stay-at-home order issued by any Federal, State, or Local Government authority that causes the employee to be unable to work.
 - b) The employee has been advised by a health care provider to self-quarantine or isolate due to concerns related to COVID-19.
 - c) The employee is experiencing symptoms associated with COVID-19 and seeking a medical diagnosis.
 - d) The employee is caring for an individual who is subject to a quarantine or isolation order issued by a Federal, State or Local Government or who has been advised by a healthcare provider to self-quarantine or isolate due to concerns related to COVID-19.
 - e) The employee is caring for the employee's child if the child's school or place of care has been closed, or the child's daycare provider is unavailable due to COVID-19 precautions.

LEAVE AVAILABLE FOR NEGATIVE ACCRUAL

Under this policy, employees may accrue negative vacation or sick leave balance depending on whether the absence qualifies for vacation or sick leave.

Full-time benefit eligible employees may accrue up to 80 total hours of negative leave, regardless of the type of leave.

REPAYMENT OF NEGATIVE BALANCE

Employees are required to repay the negative leave balance accrued. The amount of leave accrued, with each pay period, will be deducted until the negative leave is repaid.

If the employee leaves employment with the City prior to full repayment of the negative leave balance, the employee must tender to the City an amount sufficient to repay the full value of the outstanding

negative leave balance within fourteen (14) days of the employee's separation from the employment with the City. The employee may elect to have this amount withheld from their final paycheck or may tender a cashier's check to the City for the full amount of the balance owed.

CERTIFICATION OF AND AGREEMENT TO REPAY NEGATIVE LEAVE BALANCE

Prior to incurring a negative leave balance, an employee must:

- Obtain approval from Human Resources to incur a negative leave balance.
- Provide the following information in writing or email:
 - a) Employee's name.
 - b) The dates for which negative accrual of an available leave is requested:
 - c) The qualifying reason for the leave.
 - d) Documentation that evidences the qualifying reason for the leave.
- Execute a written agreement to repay the negative leave balance.

7.3 (a) Sick Leave Bank

A sick leave bank will be established for use by regular, full-time employees of the City of Somerset. Participation in the sick leave bank is voluntary. When an employee donates days to the bank, an equivalent number of days will be deducted from that employee's accumulated sick leave hours and become the property of the bank. Initial donations of sick leave days will be limited to five (5) days or forty (40) hours by any given employee. Donations will not be accepted after 500 hours have been deposited in the sick leave bank. The City of Somerset, or their designee, will have full administrative control over the sick leave bank. In the event a given City employee has exhausted his/her sick leave hours and vacation leave hours and remains incapacitated to the extent that he/she cannot return to work due to illness or injury to themselves or an immediate family member, the City of Somerset may transfer sick leave days from the bank for that employee's use.