POLICY TITLE:

COVID Sick Leave/Childcare Policy



CHILD AND FAMILY SERVICES AGENCY

Approved By:	Date Approved:	Original Effective Date:	Last Revision:
Brenda Donald	5/11/2020	N/A	N/A

I. AUTHORITY	The Director of the Child and Family Services Agency (CFSA) adopts this policy to be consistent with the Agency's mission and all applicable federal and District of Columbia laws, rules, and regulations, including but not limited to the federal Child Abuse and Prevention Treatment Act (CAPTA) of 1974 and its implementing regulations, the Fostering Connections to Success and Increasing Adoptions Act of 2008, Titles 4 and 16 of the DC Code, provisions in Title 29 of the DC Municipal Regulations (DCMR), and the Modified Final Order and the Exit and Sustainability Plan (ESP) in <i>LaShawn A. v. Bowser</i> .
II. APPLICABILITY	All CFSA Staff
III. RATIONALE	The DC Department of Human Resources (DCHR) modified the DC Family and Medical Leave Act to provide guidance to District government employees consistent with the new Family First guidelines. District agencies within the Health and Human Services Cluster, including the DC Child and Family Services Agency (CFSA), were exempted from the new regulations but were authorized to develop agency-specific procedures/guidelines. Under the CFSA COVID-19 Sick Leave/Childcare Policy, employees may be granted COVID Sick Leave due to COVID-19 related circumstances.
IV. POLICY	Under the CFSA COVID-19 Sick Leave/Childcare Policy, employees may be granted COVID Sick Leave due to COVID-19 related circumstances. The following guidelines explain eligibility, the application process, and provide guidance on handling applications, so that employees may take full advantage of these important benefits during these trying times. The agency will make every effort to honor each employee's leave request but may deny or rescind this benefit to support the agency's response to the public health emergency and business operations.
	Under the District's new FMLA/COVID Sick Leave program, employees are eligible for up to two workweeks of paid COVID Sick Leave for non- childcare purposes related to the current public health emergency. COVID Sick Leave is an employee benefit that is separate and in addition to an employee's accrued annual and/or sick leave.
	To qualify for the COVID Sick Leave benefit, CFSA employees must:
	1) Be unable to work or telework due to COVID-19; and
	2) Be in need of leave because the employee:

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	 Quarantines or isolates pursuant to a District, federal, or state order relating to COVID-19;
	 Quarantines pursuant to advisement from a health care provider relating to COVID-19;
	c) Is seeking a medical diagnosis relating to symptoms
	consistent with COVID-19;
	 d) Is caring for a family member or member of his/her household who is subject to a District, federal, or state quarantine or isolation order or advised to self-quarantine by a health care provider, relating to COVID-19; or
	 e) Is experiencing substantially similar circumstances as established by the Secretary of the United States Department of Health and Human Services.
3)	Submit the CFSA COVID Sick Leave Application (Attachment 1).
P	aid COVID Sick Leave Benefit for Childcare Purposes
C cl pr	FSA will provide employees with between two and 12 workweeks of paid OVID Sick Leave to care for a child due to loss of childcare and/or school osures in connection with COVID-19. COVID Sick Leave for childcare urposes is an employee benefit that is separate and in addition to an mployee's accrued annual and/or sick leave.
	o qualify for the COVID Sick Leave benefit to care for a child, a CFSA mployee must:
1	. Be unable to work or telework due to loss of childcare and/or school closures in connection with COVID-19; and
2	. Be in need of leave because the employee:
	 a) Is caring for a child under the age of 18 years (or an adult child who is 18 years of age or older and who (1) has a mental or physical disability, and (2) is incapable of self- care because of that disability) because his or her child's school or childcare provider is unavailable due to the COVID-19 emergency;
	 b) Is experiencing substantially similar circumstances as established by the Secretary of the United States Department of Health and Human Services.
3	Submit the CFSA COVID Sick Leave Application (Attachment 1) CFSA employees who satisfy the factors in (2)(a)-(b) are eligible for a minimum of two weeks and may be eligible for a maximum of 12 weeks of the COVID Sick Leave benefit. The employee will select from one of the two options below.
	 Extended/Flexible Business Hours without use of COVID Child Care Leave: Employee will have offline period(s), during which time

	there is no expectation of their availability for work-related matters, for a maximum of four hours per day. The CFSA hours of operation will be extended to a 12-hour day (7:00 AM-7:00 PM), within which employees shall complete an eight-hour tour of duty. Employees and their supervisors will coordinate and agree upon the
	scheduling of offline hours under this option. Employees would not use the COVID Child Care leave for this option but rather are working a flexible schedule. Although employees are not granted any leave hours for childcare, they must still complete the application for approval of a flexible schedule. The extended business hours will terminate at a date determined by the agency (most likely at the end of the stay at home order for the District).
	2. Use of COVID Sick Leave Hours: Employees will be permitted up to four hours per day of COVID Sick Leave. The hours will be determined in coordination with the employee's supervisor. Employees will be eligible for COVID Sick Leave for childcare purposes beyond the two-week minimum depending on prior Family and Medical Leave Act (FMLA) use within the previous 12 months.
V. CONTENTS	A. Applying for Leave
	 B. Agency Family and Medical Leave (FMLA) Coordinator C. Notice of Eligibility
	D. Notice of Leave Designation
	E. Taking Leave: Time Keeping
	F. Use of Intermittent COVID Sick LeaveG. Records of Confidentiality
VI. ATTACHMENTS	A. COVID Sick Leave Application Form
VII. SECTIONS	Section A: Applying for Leave
	CFSA employees may apply for paid COVID Sick Leave as follows:
	 Complete the CFSA COVID Sick Leave Application Form (Attachment 1);
	2. Obtain any documents required to establish benefit eligibility;
	3. Submit the completed application and supporting documents to the
	agency's Family and Medical Leave Coordinator at
	cfsa.covidsickleave@dc.gov
	4. Employee will coordinate hours of leave or offline hours requested with their immediate supervisor and receive supervisor's approval.
	 If employee has been approved for COVID Sick Leave hours, he/she shall request COVID-related leave in PeopleSoft; and
	 Select the "COVID Sick Leave" time reporting code (TRC) on their timesheet.

Co	OVID Leave Application
an CF his	receive the paid COVID Sick Leave benefit, an employee must fill out d submit a CFSA COVID Sick Leave Application Form (Attachment 1: FSA COVID Sick Leave Form). On the form, the employee must provide s or her personal information including an e-mail address, the reason for e leave request, and the total number of hours being requested.
the	the "Reason for Leave" section the applicant shall indicate whether by are requesting a flexible work schedule or use of COVID Sick Leave ours.
Pr	oof of Eligibility
en qu	addition to the Family and Medical Leave Application Form, an apployee must also submit supporting documents that establish the alifying event for eligibility. Supporting documents include the following reach respective category:
1)	Quarantine or isolation due to a District, federal, or state COVID-19 related order, or the recommendation of a health care provider:
	a) A copy of the specific order or recommendation; and
	 b) If teleworking, documentation from a health care provider or certification by the employee of an inability to telework due to COVID-19 related symptoms.
2)	Caring for a family member or member of his/her household who is subject to a District, federal, or state quarantine or isolation order or advised to self-quarantine by a health care provider, relating to COVID-19:
	 A copy of the specific order relating to that family member or member of the applicant's household; or
	 b) Documentation from a health care provider that the person specified in the order requires care; or
	 Proof of relationship documentation as is required for Paid Family Leave/FMLA-Family leave; or
	 Documentation showing that the applicant resides at the same address as the person for whom they are providing care.
3)	Caring for a child whose school or childcare provider is unavailable because of COVID-19:
	 a) Documentation establishing the employee's parental relationship to the child, which may include dependency records maintained in PeopleSoft; copy of a birth certificate; divorce decree; or adoption decree;
	b) A copy of the notification from the school or childcare provider that

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the facility or provider is closed;
 Proof of enrollment for the child/children attending the school or childcare provider; and
 Seeking a medical diagnosis related to symptoms consistent to COVID-19:
 a) Medical documentation showing the employee consulted with a health care provider. This documentation must be submitted within 24 hours of being seen by the provider. Until such documentation is provided, employees who are absent because they are seeking a medical diagnosis related to symptoms of COVID-19 must inform their supervisor on a daily basis of their efforts to obtain a medical diagnosis.
Submitting the Application
An employee must submit his or her application and supporting documentation to the agency Family and Medical Leave (FMLA) Coordinator. If supporting documentation is not available at the time of application, an agency may conditionally approve the application. If conditionally approved, the employee must submit supporting documents within four weeks (28 days) of the conditional approval. Refer to the note below on "Conditional Applications" for more details.
Note: CONDITIONAL APPLICATIONS: Supporting documentation may not always be available prior to applying for the COVID Sick Leave benefit. For example, an employee seeking medical attention for COVID-19 related symptoms will not have a medical note until after seeing the medical provider. In such a case, the agency may approve an application conditionally, and the supporting documentation must be supplied to the agency no more than four weeks (28 days) following the conditional approval. If supporting documentation is not received within this period, the agency FMLA Coordinator may deny the application for COVID Sick Leave and the employee will be liable for any conditionally approved leave that the employee has used.
The FMLA Coordinator will evaluate the application materials and notify the employee if the employee qualifies for COVID Sick Leave, Paid Family Leave (PFL), DC Family and Medical Leave Act (DCFMLA) or federal FMLA.
Note: It is the employee's responsibility to provide sufficient documentation and evidence of eligibility. If an employee fails to provide sufficient documentation and evidence of eligibility, inclusive of sufficient documentation and evidence of a parental relationship (if applicable), the request may be denied.
Section B: Agency Family and Medical Leave (FMLA) Coordinators
The agency FMLA Coordinator(s) serve as the primary contact in the agency on matters relating to DC COVID Sick Leave. FMLA Coordinators must process Family and Medical Leave Application forms as follows:
 Notice of Eligibility. Within 10 days of receiving any application, FMLA Coordinators must forward a notice of eligibility to an applicant.
 Notice of Leave Designation. Within 10 days of receiving the necessary documentation, FMLA Coordinators must provide applicants

a letter informing them of their leave program designation and approval (or non-approval). Agencies must forward all copies of documents to DCHR that resulted in a non-approval.
3) Approval Notifications. If an employee is approved for COVID Sick Leave, the FMLA Coordinator must send an approval notification to the appropriate entities to ensure that the employee is credited for the approved leave.
Note: All documentation submitted by employees in relation to COVID Sick Leave (e.g., application and medical documentation) must remain confidential (see the "Records and Confidentiality" section in this issuance). The DCSF No. FML-04, Approval Notification, is the only document that may be disseminated to multiple personnel as identified on the form.
Section C: Notice of Eligibility
FMLA Coordinators must issue a <i>Notice of Eligibility</i> to an applicant <u>within</u> <u>10 days</u> of receiving an application. The FMLA Coordinator(s) shall also issue a <i>Notice of Eligibility</i> to an employee if the employee has been absent for a period of 3 or more days for family or medical reasons. To carry out this step, the FMLA Coordinator must determine eligibility, draft the notice, and issue the notice to the employee.
Determining Eligibility
The FMLA Coordinator must determine if the participant is eligible for COVID Sick Leave along with other eligible programs (e.g. Paid Family Leave, DCFMLA, and federal FMLA). Eligibility is determined by the date the leave period would start, not the date of application. Eligibility must be determined for each of the Family and Medical Leave programs: COVID Sick Leave, Paid Family Leave, DCFMLA, and federal FMLA.
Issuing the Notice
After the FMLA Coordinator completes the review of the application and supporting documentation, the Coordinator shall issue the notice to the employee. The notice must be delivered to the employee using the email address the employee provided on the FMLA application.
Section D: Notice of Leave Designation
The FMLA Coordinator must issue a Notice of Leave Designation to an applicant within 10 days of receiving the required documentation to determine whether the applicant qualifies for the requested leave. The Notice of Leave Designation letters inform employees whether their leave has been: (a) approved, (b) deferred because more information is needed, or (c) not approved, as appropriate.
If the applicant was issued a deferral letter because more information was needed, the applicant has an additional 10 business days to provide the required documentation to the FMLA Coordinator. Once the applicant provides the required documentation, or the 10-day period expires, the FMLA Coordinator must issue the approval or non-approval letter, as appropriate, within 10 days. The coordinator must deliver the letter to the

employee by hand, commercial courier (with tracking), or e-mail using the e-mail address supplied by the employee.
Note: FMLA Coordinators must designate employees for all programs for which they are qualified. If COVID Sick Leave taken by an employee qualifies for DCFMLA, the FMLA Coordinator shall also designate the leave as DCFMLA. Similarly, if COVID Sick Leave taken by an employee qualifies for federal FMLA, FMLA Coordinators must also designate the leave as federal FMLA.
Approved Leave
Approvals should be made using the "Approved" designation letter template. In the letter, the FMLA Coordinator shall designate the employee for all the programs for which the employee is eligible and qualified. If possible, the FMLA Coordinator should indicate the total number of hours or weeks of program leave being used. Approval notifications must be copied to multiple parties (see the "Approval Notifications" section).
Deferred Leave
Whenever an employee's supporting documentation is insufficient to establish a qualifying event, agencies should issue a designation letter deferring a decision using the "Deferred" designation letter template. In this letter, the FMLA Coordinator should explain what documentation the employee is lacking, what additional information is needed to complete the approval process, and the period in which the employee must submit the additional information.
Not Approved Leave
The FMLA Coordinator will issue a "Not Approved" designation if the event being used to apply for leave does not qualify for COVID Sick Leave, the employee is ineligible, or the employee fails to provide the necessary supporting documentation in the required timeframe. In this case, the FMLA Coordinator will issue a designation letter using the "Not Approved" designation letter template.
Section E: Taking Leave; Timekeeping
Leave Requests Required
For time recording purposes, the employee or his or her timekeeper (or equivalent) must request COVID Sick Leave using standard PeopleSoft eTime leave procedures.
Use of COVID Sick Leave
When approved for COVID Sick Leave, the employee or his or her timekeeper (or equivalent) must submit time using the COVID Sick Leave time reporting code ("COVID Sick Leave") for the day(s) that the employee is on approved leave.
Expiration of Leave
Eligibility for COVID Sick Leave will expire no later than December 31, 2020.
Section F: Use of Intermittent COVID Sick Leave
Use of Intermittent Leave for Employees at a Worksite

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Employees who continue to work at a District government facility cannot use COVID Sick Leave intermittently for non-childcare related reasons. Once an employee begins COVID Sick Leave for non- childcare related reasons, the employee must continue to use COVID Sick Leave each day until the employee (1) uses the full amount of COVID Sick Leave or (2) no longer has a qualifying reason for using COVID Sick Leave
By contrast, an employee may use intermittent COVID Sick Leave, by agreement with the agency, to care for his or her child whose school or place of care is closed, or whose child-care provider is unavailable, because of COVID-19 related reasons. Under these circumstances, intermittent COVID Sick Leave may be taken up to four hours per day.
Use of Intermittent Leave for Employees Teleworking
An employee may use COVID Sick Leave on an intermittent basis while teleworking if the agency permits it and the employee is unable to telework his or her normal schedule of hours due to one of the qualifying reasons to use COVID Sick Leave. The employee may take intermittent leave in hourly increments on a schedule agreed upon by his/her manager. For example, if the employee and manger agree on a 60-minute increment, the employee can telework from 1:00 PM to 2:00 PM, take leave from 2:00 PM to 3:00 PM, and then return to teleworking.
Regardless of whether an employee is teleworking or working at their physical site, the agency encourages managers and employees to collaborate regarding intermittent use of COVID Sick Leave in order to achieve flexibility and meet mutual needs.
Section G: Records and Confidentiality
Records
Agency FMLA Coordinators are responsible for maintaining all applications, supporting documentation, and agency notifications and responses for each employee who submits a request for COVID Sick Leave. These records must be kept confidential and maintained in a sealed envelope separate from the employee's official personnel folder (OPF) or in a secure electronic repository.
Confidentiality
Agency FMLA Coordinators that have access to employee information pertaining to COVID Sick Leave are responsible and accountable for safeguarding the integrity, security, and confidentiality of these records regardless of form. FMLA Coordinators must protect such records from unauthorized access, use, modification, destruction, or improper disclosure.

CFSA COVID SICK LEAVE/CHILDCARE POLICY

COVID SICK LEAVE APPLICATION FORM

Before you begin your application, to the extent possible, please ensure that you have the required supporting documents completed and readily available for submission. A list of the required documents is provided at the end of this application. Please print, scan, or take a clear photograph of the front and back of your completed documents and submit them as an attachment at the end of this application. Please note that you will not be able to submit your application if you do not have the required supporting documents.

1. EMPLOYEE INFORMATION	2. EMPLOYEE CONTACT INFORMATION
Employee Name	Employee Address
Position Title	
Administration	
Employee's Supervisor	Email Address
Employee ID Number	

3. REASON FOR LEAVE REQUEST

a. Select <u>one</u> option.

- □ I am requesting use of extended/flexible business hours (without use of COVID Sick Leave hours). Applicant may use a maximum of four offline hours per day.
- □ I am requesting COVID-19 Sick Leave.

b. If you selected "I am requesting COVID-19 Sick Leave" in (a), please specify the qualifying event.

- I have been ordered to quarantine, or isolate pursuant to a Federal, State, or local quarantine or isolation order.
- □ I have been ordered to quarantine pursuant to advisement from a health care provider.
- □ I have symptoms of COVID-19 and am seeking a diagnosis.
- □ I am caring for a family member or member of my household who is subject to a District, federal, or state quarantine or isolation order or advised to self-quarantine by a health care provider, relating to COVID-19.

□ I need to care for my child because his/her school or childcare provider is unavailable.

- c. If you are requesting a flexible schedule or to use the COVID-19 Sick Leave for childcare purposes, please indicate the number of workdays and the number of hours per day in the box below. You may request up to four hours per day for either option.
 - Example: For a flexible schedule request, "I am requesting 3 offline hours to use 5 days per week."
 - Example: For a COVID Sick Leave request, "I am requesting COVID Sick Leave to use 3 days per week at 3 hours per day."

Note: If an applicant is approved for a flexible work schedule or the use of COVID Sick Leave, the employee and his/her supervisor shall coordinate and agree upon the hours scheduled.

5. EMPLOYEE CERTIFICATION

I certify that the information provided in this document is true and accurate and that I am eligible for a flexible or COVID Sick Leave. In addition, I understand that the making of a false statement on this document is a violation of law and subject to criminal penalties. I also understand that if I am applying for a flexible schedule or COVID sick leave, that this benefit will immediately expire upon the end of the public health emergency. By signing this form, I certify that I understand and agree to all the terms described, and that I agree to have all notifications regarding my application and eligibility for leave programs sent to the email address provided on this form.

Sign

Date

6. AGENCY ACKNOWLEDGEMENT

Your agency FMLA Coordinator must sign below acknowledging your request for a flexible schedule or COVID Sick Leave. By signing below, your agency FMLA Coordinator agrees to send you notifications regarding your application and eligibility for leave programs using the email address provided on this form.

Sign

Date

Email