EATON COUNTY BOARD OF COMMISSIONERS
WEDNESDAY, APRIL 15, 2020, 7:00P.M.
TO BE HELD VIRTUALLY
AGENDA

I. Call to Order – 7:00 P.M.

II. Pledge of Allegiance to the Flag

III. Invocation

IV. Roll Call

V. Agenda Additions or Changes

VI. Approval of Minutes of March 18, 2020

VII. Communications

VIII. Limited Public Comment

IX. Public Health/COVID-19 Update – Barry-Eaton District Health Department: Colette Scrimger, Health Officer and Dr. J. Woodall, Medical Officer

X. RESOLUTIONS AND ACTION ITEMS
   1. Recommendation for the Adoption of the 2020 Equalized Valuations for Eaton County
   2. Resolution to Approve 2019/2020 Budget Amendments
   3. Claims and Purchases
   4. Local State of Emergency/County Update

XI. Limited Public Comment

XII. Commissioner Comment

XIII. Unfinished Business

XIV. Old Business

XV. New Business

XVI. Adjourn to Wednesday, May 20, 2020 regular meeting at 7:00 p.m.
The Eaton County Board of Commissioners met in regular session at the County Facilities, in the City of Charlotte, Wednesday, March 18, 2020.

Chairman Augustine called the meeting to order at 7:00 p.m.

The Pledge of Allegiance to the Flag was given by all.

Invocation was given by Commissioner Lautzenheiser.

Roll call. Commissioners present; Rob Piercefield, Blake Mulder, Terrance Augustine, Jeanne Pearl-Wright, Brandon Haskell, Joseph Brehler, Glenn Freeman, Brian Droscha, Matthew S. Bowen, Wayne Ridge, Brian Lautzenheiser, Jim Mott, Lisa Deavers, Barbara Rogers. Commissioners absent: Jane M. Whitacre.

Commissioner Brehler requested the addition under Ways and Means Committee Item #7 Resolution to Approve Michigan Public Safety Communication System (MPSCS) Member Subscription Agreement and Item #8 Resolution to Approve Additional Leave Time During the Covid-19 Emergency Pandemic. Commissioner Freeman requested the removal Item #5 under Public Safety Committee. Chairman Augustine requested the addition under #VI-A Representative Angela Whitwer COVID-19 update, #VI-B Eaton County Health Officer Collette Scrimger COVID-19 update. He also requested the addition under New Business Item A - Resolution to Approve Renewal of Local State of Emergency Declaration and Item B - Resolution to Approve Board of Commissioners Board Rule #3 - Remote participation.

Commissioner Freeman moved the agenda be approved as amended. Seconded by Commissioner Rogers. Carried.

Commissioner Freeman moved the approval of the minutes of February 19, 2020. Seconded by Commissioner Deavers. Carried.

State Representative Angela Witwer spoke regarding the coronavirus (Covid-19) pandemic and the emergency measures Governor Witmer has implemented. The Governor has issued thirteen executive orders including a State of Emergency on March 10th, utilizing state government resources to help limit the spread and impact of COVID 19.

Eaton County Health Officer Collette Scrimger spoke regarding public health response efforts to the COVID-19 outbreak as well as educational efforts for County residents. Medical Director Dr. J.D. Woodall also joined the presentation electronically to answer questions regarding testing and planning.

Ms. Scrimger expressed appreciation for assistance from County Emergency Manager Ryan Wilkerson and from County Technology Services for their support.
Communications:

Chief Judge Cunningham and Court Administrator Amy Etzel spoke regarding the Court’s plans for conducting emergency and non-essential court hearings and as well as safety issues for staff and the public during the COVID-19 pandemic.

Prosecutor Lloyd spoke regarding the continued operations of the Prosecutors office which will remain fully staffed during this crisis.

Sheriff Reich and Chief Deputy Adam Morris spoke regarding continued operations during this period of Courthouse closure to the public. The Sheriff Department buildings are closed to the public and inmate programs have been temporarily discontinued at this time.

Chairman Augustine moved the approval of #20-3-20 Resolution of Appreciation for Captain Jeffrey Campbell Sheriff’s Office.

WHEREAS, Jeffrey Campbell retired from Eaton County on March 20, 2020 with 25 years of service; and
WHEREAS, Jeff was hired as a Sheriff Deputy from March 27, 1995 and served as a Detective from 2000-2003, Sergeant from 2003-2005, Lieutenant from 2005-2014 until being promoted to Captain in October 2014 until his retirement; and
WHEREAS, Jeff has provided dedicated and honorable service to the residents of Eaton County; and
WHEREAS, the Eaton County Board of Commissioners seeks to recognize and express appreciation for Jeff’s years of public service.
NOW, THEREFORE, BE IT RESOLVED, that the Board of Commissioners does hereby thank Jeff for years of exceptional service to Eaton County and expresses its best wishes to him in the next chapter of his life; and
BE IT FURTHER RESOLVED, that this resolution of appreciation and support be duly recorded and attached to the permanent records of the County on this 18th day of the month of March in the year 2020.
Seconded by Droscha. Carried.

The Eaton County 2019 Annual Treasurer’s Report was received and will be placed on file.

Public Comment: 911 Director Michael Armitage thanked the Controller’s Office and the Board for its proactive measures in protecting County employees and the public. He discussed Central Dispatch protocols including a secondary call center that can be utilized if necessary.

Commissioner Pearl-Wright moved the approval of the following two resolutions:
#20-3-21 Resolution Declaring April 2020 as National County Government Month – “Counties Matter”.

WHEREAS, the nation’s 3,069 counties serving more than 300 million Americans provide essential services to create healthy, safe and vibrant communities; and
WHEREAS, counties provide health services, administer justice, keep communities safe, foster economic opportunities and much more; and
WHEREAS, Eaton County and all counties take pride in our responsibility to protect and enhance the health, welfare and safety of our residents in efficient and cost-effective ways; and
WHEREAS, under National Association of Counties President Mary Ann Borgeson’s leadership, NACo is demonstrating how “Counties Matter,” especially in supporting older adults, their families and caregivers; and
WHEREAS, each year since 1991 the National Association of Counties has encouraged counties across the country to elevate awareness of county responsibilities, programs and services; and
WHEREAS, the work of the Human Services Collaborative Council and the Tri-County Office on Aging seek to connect services to those in need with agencies and non-profit organizations in the community through partnership and outreach.
NOW, THEREFORE BE IT RESOLVED, the Eaton County Board of Commissioners do hereby proclaim April 2020 as National County Government Month and encourage all county officials, employees, schools and residents to participate in county government celebration activities.

#20-3-22 Resolution to Proclaim April 2020 as Autism Awareness Month

WHEREAS, on December 18, 2007, the United Nations General Assembly adopted Resolution 62/139 declaring World Autism Awareness Day (WAAD) be celebrated April 2, 2008; and
WHEREAS, the month of April is designated as National Autism Awareness Month to increase public awareness of the need to support individuals with autism and the family members, educators and other professionals who teach and care for individuals with autism, and
WHEREAS, in November, 2015, the Centers for Disease Control and Prevention’s National Health Statistics Report concluded the prevalence of autism spectrum disorder has risen to one in every 45 children in the United States; and
WHEREAS, Autism Spectrum Disorder (ASD) represents a broad group of disorders that vary widely from mild to severe, and is characterized by difficulty with social interaction, communication, severely limited interest and repetitive behaviors; and
WHEREAS, autism knows no racial, ethnic, family, income, lifestyle, social boundaries, or educational levels. It can affect any family and any child; and
WHEREAS, Xavier DeGroat has dedicated his life to educating and promoting community support for those with autism through the creation of the Xavier DeGroat Autism Foundation; and
WHEREAS, communities have a role, in identifying, assessing, or supporting individuals with ASD and their families.
NOW, THEREFORE BE IT RESOLVED, that the Eaton County Board of Commissioners does hereby proclaim April 2, 2020 as World Autism Awareness Day and April 2020 as Autism Awareness Month encourages the residents of Eaton County to become educated and informed of programs, services, and opportunities to support individuals with autism.

Both resolutions seconded by Commissioner Mulder. Carried.

Commissioner Freeman moved the approval of the following four resolutions:

#20-3-23 Resolution Declaring April 12-18, 2020 as National Public Safety Telecommunicators Week.

WHEREAS, emergencies can occur at anytime that require police, fire or emergency medical services; and,
WHEREAS, when an emergency occurs the prompt response of police officers, firefighters and paramedics is critical to the protection of life and preservation of property; and,
WHEREAS, the safety of our police officers and firefighters is dependent upon the quality and accuracy of information obtained from citizens who telephone the Eaton County 911 emergency communications center; and,
WHEREAS, Public Safety Telecommunicators are the first and most critical contact our citizens have with emergency services; and,
WHEREAS, Public Safety Telecommunicators are the single vital link for our police officers and firefighters by monitoring their activities by radio, providing them information and insuring their safety; and,
WHEREAS, Public Safety Telecommunicators of Eaton County Central Dispatch have contributed substantially to the apprehension of criminals, suppression of fires and treatment of patients; and,
WHEREAS, each telecommunicator has exhibited compassion, understanding and professionalism during the performance of their job in the past year.
NOW, THEREFORE BE IT RESOLVED, that the Eaton County Board of Commissioners declares the week of April 12 through 18, 2020 to be National Public Safety Telecommunicators Week in Eaton County, in honor of the men and women whose diligence and professionalism keep our county and citizens safe.

#20-3-24 Resolution Declaring April 19-25, 2020 as National Crime Victims’ Rights Week.

Whereas, the victims’ rights movement has resulted in the passage of laws at the local, state and federal levels that established essential rights for victims; and
Whereas, the William Van Regenmorter Crime Victims’ Rights Act in Michigan and federal victims’ rights legislation have provided victims with
ways to participate meaningfully throughout the criminal justice process; and

Whereas, the rights of crime victims are best protected when all participants in the criminal justice process, not only victims, are appropriately educated about victims’ rights; and

Whereas, the entire community plays a role in supporting all victims of crime and we must help victims access the justice, assistance, and support they need to rebuild their lives. We must provide this support to more fully serve victims and improve their safety, healing, and access to justice; and

Whereas, we are determined to respond to crime and violence by helping victims find not only support, recovery, and justice, but also a sense of hope for their future; and

Whereas, National Crime Victims’ Rights Week is April 19-25, 2020 with the theme: “Seek Justice, Ensure Victims’ Rights, Inspire Hope.” The observance provides an opportunity to recommit to ensuring that accessible, appropriate, and trauma-informed services are offered to all victims of crime in Eaton County; and

Whereas, the Eaton County Prosecuting Attorney’s Office is dedicated to strengthening victims and survivors in the aftermath of crime, to keeping victims informed about the services and rights available to them; and to working to achieve justice for all victims and survivors.

NOW, THEREFORE, BE IT RESOLVED, the Eaton County Board of Commissioners does hereby proclaim the week of April 19-25, 2020, as Crime Victims’ Rights Week; reaffirms this County’s commitment to creating a victim service and criminal justice response that assists all victims of crime during Crime Victims’ Rights Week and throughout the year; and this Board further expresses its sincere gratitude and appreciation for community members, victim service providers and criminal justice professionals, who are committed to improving our response to all victims of crime so that they may find relevant assistance, support, justice, and peace.

#20-3-25 Resolution to Approve Michigan Public Safety Communication System (MPSCS) Co-Location Agreement.

WHEREAS, the County entered into an Integration Agreement (Resolution 18-1-17) to participate in the State’s Emergency Communication radio system, the Michigan Public Safety Communication System (MPSCS); and

WHEREAS, the County owns communication equipment that must be co-located at MPSCS Tower Sites 5802 Nashville, located at 4370 Swift Rd., north of Bivens Rd., Nashville, MI 49073 and 1102 Dimondale, located at 7200 N. Canal Rd., Dimondale, MI 48821 to meet the technical requirements for the systems to communicate on an integrated basis; and

WHEREAS, the Public Safety Committee has reviewed and is recommending approval of the MPSCS Co-Location Agreement.

NOW, THEREFORE BE IT RESOLVED, that the Board of Commissioners approves the MPSCS Co-Location Agreement, and
BE IT FURTHER RESOLVED, that Central Dispatch Director Michael Armitage is authorized to execute the agreement for the County.

#20-3-26 Resolution to Approve Michigan Public Safety Communication System (MPSCS) Final Integration Agreement.

WHEREAS, the County entered into an Integration Agreement (Resolution 18-1-17) to participate in the State’s Emergency Communication radio system, the Michigan Public Safety Communication System (MPSCS); and
WHEREAS, the County agrees that the requirements of Part I of the Agreement have been satisfied and that the integration of the Radio Sites and MPSCS may be implemented; And agree that Part I and Part II are integrated into one Agreement as of the effective date of Part II.; and
WHEREAS, the Public Safety Committee has reviewed and is recommending approval of the MPSCS (Part II) Final Integration Agreement.
NOW, THEREFORE BE IT RESOLVED, that the Board of Commissioners approves the MPSCS (Part II) Final Integration Agreement, and
BE IT FURTHER RESOLVED, that Central Dispatch Director Michael Armitage is authorized to execute the agreement for the County.

All four resolutions seconded by Commissioner Rogers. Carried.

Commissioner Haskell moved the approve of #20-3-27 Resolution to Approve User Access Policy.

WHEREAS, the Technology Services Department has developed a User Access Policy as part of a comprehensive Information Security Policy Manual development to achieve compliance with IRS Pub 1075 Guidelines for the receipt and storage of Federal Tax Information (FTI) within the County-operated technology network utilized by the Friend of the Court; and
WHEREAS, the proposed User Access Policy has been submitted to and reviewed by the Information Technology and Communication Committee; and
WHEREAS, the Information Technology and Communication Committee recommends the approval of the User Access Policy as submitted by the Technology Services Department.
NOW, THEREFORE BE IT RESOLVED, that the Board of Commissioners approves the User Access Policy, effective immediately.
Seconded by Commissioner Droscha. Carried.

Commissioner Freeman moved the approval of the following two resolutions:

#20-3-28 Resolution to Approve DCA 30-20-1.

PREAMBLE: The Eaton County Land Development Code, an Ordinance adopted by the Commissioners of the County of Eaton pursuant to Public Act 183 of 1943, and administered pursuant to Public Act 110 of 2006, as amended, may be amended from time to time by following procedures outlined in Article 13 of the Development Code.
WHEREAS, Scott and Alyce Blackmer, Carlos Valadez and Amanda Hancock, and Lee and Laura Ferman initiated a petition to change the Land Development District (zoning) designation for five parcels of land totaling 44.4 acres parcel located at 2980 Kemler Road, 2936 Kemler Road, vacant property located off from Kemler Road (120-028-300-073-04), 2668 Kemler Road and 2772 Kemler Road, Section 32, Eaton Rapids Township from Low Density Residential (R-1) to Limited Agricultural (LA); and
WHEREAS, the Eaton County Planning Commission held duly advertised and noticed public hearing on March 3, 2020; and

WHEREAS, the Eaton County Planning Commission found the requested amendment to be consistent with the required findings of fact (Items A-G) contained in Section 13.6 of the Eaton County Land Development Code; and
WHEREAS, the Eaton County Planning Commission has taken action on March 3, 2020 to recommend the approval of the request for change in the Land Development District designation.

NOW THEREFORE BE IT RESOLVED that the Board of Commissioners of the County of Eaton, Michigan having considered the findings of facts and recommendations hereby:
APPROVES the request by Scott and Alyce Blackmer, Carlos Valadez and Amanda Hancock, and Lee and Laura Ferman, for a change in land use district classification in Section 7.1.2 of the Land Development Code to change five parcels of land totaling 44.4 acres parcel located at 2980 Kemler Road, 2936 Kemler Road, vacant property located off from Kemler Road (120-028-300-073-04), 2668 Kemler Road and 2772 Kemler Road, Section 32, Eaton Rapids Township from Low Density Residential (R-1) to Limited Agricultural (LA);
PREAMBLE: The Eaton County Land Development Code, an Ordinance adopted by the Commissioners of the County of Eaton pursuant to Public Act 183 of 1943, and administered pursuant to Public Act 110 of 2006, may be amended from time to time by following procedures outlined in Article 13 of the Development Code.

WHEREAS, The Eaton County Planning Commission initiated a petition for a Comprehensive Amendment to the Eaton County Land Development Code (zoning ordinance) to clarify the intent, update language and improve comprehension. Amendments are proposed to the following: Article 7, Land Development Districts (amend Section 7.7 Site Development Standards for Principle Buildings and Structures, Table A), Article 8, Zoning Referral and Site Plan Review (amend Section 8.6.9 C. General Approval Standards), Article 9 Conditional Use Permits (amend Section 9.6 Appeal of Decisions), Article 14 Specific Provisions and Requirements (amend Section 14.36 Agricultural Migrant Labor Housing) and Article 16 Mobile Homes (amendments to entire section; and

WHEREAS, the Eaton County Planning Commission held a duly advertised and noticed public hearing on March 3, 2020; and

WHEREAS, the Eaton County Planning Commission found the requested amendment to be consistent with the required findings of fact (Items A through G) contained in Section 13.6 of the Eaton County Land Development Code; and

WHEREAS, the Eaton County Planning Commission has taken action on March 3, 2020 to recommend the adoption of the ordinance amendments for reasons stated at the meeting.

NOW THEREFORE BE IT RESOLVED that the Board of Commissioners of the County of Eaton, Michigan having considered the findings of facts and recommendations hereby:

APPROVES the request by Eaton County Planning Commission for a Comprehensive Amendment to the Eaton County Land Development Code (zoning ordinance) to clarify the intent, update language and improve comprehension to Article 7, Land Development Districts (amend Section 7.7 Site Development Standards for Principle Buildings and Structures, Table A), Article 8, Zoning Referral and Site Plan Review (amend Section 8.6.9 C. General Approval Standards), Article 9 Conditional Use Permits (amend Section 9.6 Appeal of Decisions), Article 14 Specific Provisions and Requirements (amend Section 14.36 Agricultural Migrant Labor Housing) and Article 16 Mobile Homes (amendments to entire section).

Both resolutions seconded by Commissioner Rogers. Carried.

Commissioner Brehler moved the approval of #20-3-30 Resolution to Accept September 30, 2019 Audit.

WHEREAS, the firm of Rehmann completed an audit of Eaton County for the year ending September 30, 2019; and

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WHEREAS, such audit and the recommendations included therein have been, reviewed by the Ways and Means Committee.
NOW, THEREFORE, BE IT RESOLVED that the Eaton County Board of Commissioners accept the September 30, 2019 Eaton County audit. Seconded by Commissioner Pearl-Wright. Carried.

Commissioner Brehler moved the approval of #20-3-31 Resolution to Approve Personnel Policy 2020 Revision.

WHEREAS, the Board of Commissioners has adopted a Personnel Policy for employees; and
WHEREAS, the Ways & Means Committee has reviewed and is recommending approval of the proposed revisions to the previously adopted personnel policy, to be effective immediately; and
NOW, THEREFORE BE IT RESOLVED, that the Board of Commissioners approves the attached revisions to the Personnel Policy, effective immediately, as presented.
Seconded by Commissioner Mulder. Carried. (on file)

Commissioner Brehler moved the approval of #20-3-32 Resolution to Approve Appraisal Services Contract Renewal.

WHEREAS, the Equalization Department has utilized an independent contractor to provide appraisal services to assist in completing the required annual appraisal of property within the County during the equalization process; and
WHEREAS, the Department wishes to continue to utilize these services and is requesting authorization to enter into a renewal agreement with Accurate; and
WHEREAS, the Ways and Means Committee has reviewed and is recommending the approval of the appraisal services contract renewal (attached) for a one year period commencing March 18, 2020; and
WHEREAS, the proposed contract is for the maximum not-to-exceed amount of $20,900.
NOW, THEREFORE, BE IT RESOLVED, the Board of Commissioners approves the contract for appraisal services with Accurate; and
BE IT FURTHER RESOLVED, the Equalization Director is authorized to execute the contract renewal agreement on behalf of the County.
Seconded by Commissioner Haskell. Carried. (on file)

Commissioner Brehler moved the approval of #20-3-33 Resolution to Approve 2019/2020 Budget Amendments excepting the third item: To increase Construction Code wage and fringe benefits and increase the permit specialist positions from part to full-time and amend the position allocation list effective March 30, 2020.

WHEREAS, the Eaton County 2019/2020 Appropriations Act of September 18, 2019 states that any amendment to increase a salary and/or a Capital Outlay line-item in excess of $2,500.00 or any amendment to increase the total budget of any fund or department in excess of $2,500.00 shall be amended by the Board of Commissioners, except that any amendment to decrease the
General Fund Contingency shall be approved by the Board of Commissioners; and
WHEREAS, such amendments are needed in order to comply with the Uniform Budgeting and Accounting Act of 1978, P.A. 621.
NOW, THEREFORE BE IT RESOLVED, that the following budget amendments be approved and added to the 2019-2020 Eaton County Budget:

**GENERAL FUND**

**CAPITAL OUTLAY – 101.901**

<table>
<thead>
<tr>
<th>Increase</th>
<th>Office Equipment – District Court</th>
<th>$ 3,000</th>
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</thead>
<tbody>
<tr>
<td>Increase</td>
<td>Training</td>
<td>$ 3,000</td>
</tr>
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</table>

To increase office equipment to purchase used rolling file cabinet.

**CAPITAL OUTLAY – 101.901**

| Increase          | Equipment – Physical Plant       | $ 30,000 |
| Decrease          | Transfers-Out to Public Improvement | $ 30,000 |

To increase equipment for to retire Physical Plant radio system and equipment.

**SPECIAL REVENUE FUND**

**PUBLIC IMPROVEMENT - 245-999**

| Decrease          | Transfers – In                  | $30,000 |
| Decrease          | Fund Balance Carryover          | $30,000 |

To decrease transfer-in from General Fund to retire Physical Plant radio system and equipment.

**CONSTRUCTION CODE – 249-371**

| Increase          | Wage and Fringe                 | $ 31,972 |
| Increase          | Fund Balance Carryover          | $ 31,972 |

Increase Construction Code wage and fringe benefits and increase the permit specialist positions from part to full-time and amend the position allocation list effective March 30, 2020.
Seconded by Commissioner Freeman. Carried.

Commissioner Brehler moved the approval of #20-3-34 Resolution to Authorize a Contract with Capital Area United Way to Act as a Fiduciary for 2020 Census Funding.

WHEREAS, preparations for the 2020 Census are underway; and
WHEREAS, certain areas in Michigan have been identified as having significant hard-to-count populations; and
WHEREAS, Eaton County has been identified as one of those areas; and
WHEREAS, funding has been made available through the Be Counted 2020 Census Campaign and Census 2020 Rapid Response Grants; and
WHEREAS, the Capital Area United Way has been identified as the agency best positioned to utilize these grant funds to assist in reaching these important populations.
NOW THEREFORE BE IT RESOLVED, that the Eaton County Board of Commissioners hereby authorizes the acceptance of grant funds not to exceed $25,000 from the Michigan Municipal League Be Counted 2020 census campaign and $40,000 National League of Cities Census 2020 Rapid Response Grants, with no matching funds.
BE IT FURTHER RESOLVED, that a contract is hereby authorized between Eaton County, as the fiduciary, and the Capital Area United Way in an amount not to exceed $65,000 (including a 10% administration fee) to provide resources such as digital media, print materials, neighborhood outreach events, tablets for canvassers and translators.
BE IT FURTHER RESOLVED, the contract is effective the date of execution through July 31, 2020.
BE IT FURTHER RESOLVED, that the Chairperson of the Eaton County Board of Commissioners is authorized to sign any necessary contract documents on behalf of the County.
Seconded by Commissioner Deavers. Carried.

Commissioner Brehler moved the approval of claims as audited by the Ways & Means Committee for $438,332.85 to accept the report of previously authorized payments.
Seconded by Commissioner Mulder. Carried.

Commissioner Brehler moved the approval of #20-3-35 Resolution to Approve Michigan Public Safety Communication System (MPSCS) Member Subscription Agreement.

WHEREAS, the County desires to transition its Physical Plant Department on to the State’s Emergency Communication radio system, the Michigan Public Safety Communication System (MPSCS) to eliminate the need to continue to maintain an independent communication system; and
WHEREAS, the County will need to enter in to a Member Subscription Agreement with the MPSCS in order to complete such a transition; and
WHEREAS, the Ways and Means Committee has reviewed and is recommending approval of the MPSCS Member Subscription Agreement.
NOW, THEREFORE BE IT RESOLVED, that the Board of Commissioners approves the MPSCS Member Subscription Agreement, and
BE IT FURTHER RESOLVED, that Physical Plant Director Steve Barnett is authorized to execute the agreement for the County.
Seconded by Commissioner Deavers. Carried.

Commissioner Brehler moved the approval of #20-3-36 Resolution to Approve Additional Leave Time During the Covid-19 Emergency Pandemic. Seconded by Commissioner Bowen. Carried.
WHEREAS, the World Health Organization declared a global pandemic on March 11, 2020; and
WHEREAS, the President of the United States declared a national state of emergency on March 13, 2020; and
WHEREAS, the Governor of Michigan declared a state of emergency on March 10, 2020; and
WHEREAS, in response to these declarations the County has taken extraordinary measures to ensure it is able to continue to fulfill its constitutional and statutory responsibilities and to protect the health and safety of its employees; and
WHEREAS, these measures include reducing service levels, conducting services by appointment and limiting access to the courthouse to those with an appointment; and
WHEREAS, the Board of Commissioners wished to ensure its employees are not adversely affected by this crisis.

NOW, THEREFORE, BE IT RESOLVED, the Board of Commissioners will grant all regular full and part-time employees an additional 80 hours of leave time, under the provisions of the Employee Emergency Pandemic COVID-19 Leave/Work Policy, to ensure employees are not adversely affected; and
BE IT FURTHER RESOLVED, the Controller/Administrator is directed to develop letters of understanding with the represented employee divisions to provide the same additional leave hours for these purposes.
BE IT FURTHER RESOLVED, the Chairman of the Board, Public Health Officer and the Controller/Administrator have authority to make changes to this policy as they agree upon and are needed in response to this very fluid public health emergency.

Employee Emergency Pandemic COVID-19 Leave/Work Policy

The purpose of this policy is to define leave provided to employees of Eaton County during the Pandemic outbreak of the COVID-19, Coronavirus.

This policy applies to all regular full-time and part-time employees at their current rate of pay to provide compensation during unanticipated leave due to the COVID-19 Pandemic. Employees will receive a total 80 hours of leave time pro-rated based on regular hours worked added in an accrued leave category – Other Leave, to be used for current absences due to any of the following and will remain in the employee’s leave accrual if not used, for any future use:

- COVID-19 quarantine or diagnosis
- High risk categories for infection
- Sickness or caring for those that are sick in their household
- To address unanticipated child care circumstances, as a result of the Governor’s Executive Order closing all K-12 schools or closure of regular day care.
- Instructed not to report to work because they have been deemed non-essential by the Department Head or Elected Official.
- Had their work schedule altered to reduce staffing as deemed necessary by the Department Head or Elected Official.
Employees deemed essential by their Department Head or Elected Official and are able to perform their job functions remotely should be authorized to work remotely. Department Heads must receive the approval of the Controller/Administrator prior to authorizing an employee to work remotely.

All essential employees who cannot perform their job functions remotely are expected to report to work unless any of the above applies, if an employee chooses not to report to work, they will use these other leave hours to be compensated.

Employees exhibiting are encouraged to contact their primary care physician if they are exhibiting the following symptoms:

- Fever
- Cough
- Shortness of breath

Employees exhibit these symptoms at work may be directed to go home and utilize these other leave hours.

While this policy is in effect, all other qualified leaves of absences will apply. Seconded by Commissioner Deavers.

Commissioner Haskell moved to amend resolution changing the total number of leave from 40 hours to 80 hours of leave time. Commissioners Brehler and Deavers accepted the amendment. Seconded by Commissioner Bowen. Carried as amended.

Public Comment: Judge Cunningham and Prosecutor Lloyd thanked the Commissioners for approving the additional leave time for employees during the Covid-19 emergency pandemic.

Safety Officer Greg Dubois of Barry-Eaton Health Department thanked the County custodial staff for the additional cleaning efforts at the Courthouse and Health Department to ensure the safety of employees and staff.

Commissioner Comments:

Commissioner Piercefield stated EATRAN will be operating for essential medical runs - by appointment. EATRAN will deliver grocery and pharmacy orders. Volunteers are needed to shop and deliver to those in need.

Commissioner Freeman stated that Tri-County needs food bank volunteers.

Commissioner Mulder stated that Tri-County Aging needs volunteers for Meals on Wheels.

Commissioner Augustine stated that local school districts are providing meals to school children while schools are closed due to the pandemic.
Commissioner Pearl-Wright thanked County Emergency Manager Ryan Wilkinson for his work during the coronavirus pandemic.

Commissioner Brehler stated that Eaton Community Mental Health providers are remaining in contact and assisting all consumers during this period of building closures to the public.

There was no Unfinished Business, Old Business.

New Business:
Commissioner Rogers moved the approval of #20-3-37 Resolution to Approve Renewal of Local State of Emergency Declaration.

WHEREAS, the novel coronavirus (COVID-19) is a respiratory disease that can result in serious illness or death. It is caused by a new strain of coronavirus that had not been previously identified in humans and can easily spread from person to person; and
WHEREAS, COVID-19 has been identified and declared by the World Health Organization, March 11, 2020 as the cause of a global pandemic. Person-to-person spread of the virus has occurred in the United States, with some of those occurring in people with no travel history and no known source of exposure; and
WHEREAS, on March 18, 2020, a confirmed positive case of COVID-19 was identified in the County of Eaton; and
WHEREAS, the County of Eaton has been taking proactive steps to prevent and prepare for the spread of this disease; and
WHEREAS, the Chief Elected Official of the Eaton County Board of Commissioners has determined that extraordinary measures must be taken to stop the spread of this disease, alleviate the suffering of people, and to protect property; and
WHEREAS, the Chief Elected Official of the Eaton County Board of Commissioners has signed a Local State of Emergency declaration and the declaration shall not be continued or renewed for a period in excess of 7 days except with the consent of the governing body of the county.
NOW THEREFORE BE IT RESOLVED, the Eaton County Board of Commissioners approves renewing the Local State of Emergency every 7 days and will review the renewal on a monthly basis.
Seconded by Commissioner Droscha.

Commissioner Deavers moved the approval of #20-3-38 Resolution to Approve Board of Commissioners Board Rule #3 - Remote participation.

With the approval of the Chairperson a member may participate in a meeting of the Board of Commissioners via electronic means available through the County (i.e., WebEx video conferencing platform or equivalent). Remote participation will be approved for those members requesting such, in a manner that ensures that public meeting complies with the provisions of the Open Meetings Act, PA 267 of 1976, or other applicable Executive Order which supersedes the requirements of the Open Meetings Act.
Requests to participate remotely must be made at least five business days in advance of the scheduled Commission meeting to ensure arrangements can be made with County staff to accommodate remote participation.

The rules for remote participation apply to meetings of its Standing Committees with the approval of Committee Chairperson Seconded by Commissioner Droscha. Carried unanimously.

Chairman Augustine adjourned the meeting to Wednesday, April 15, 2020 at 7:00 p.m.

Chairman of the Board of Commissioners       Clerk of the Board of Commissioners
## 2020

EATON COUNTY TOTALS
EQUALIZED COMPARISON
BY CLASSIFICATION

<table>
<thead>
<tr>
<th>Classification</th>
<th>2019</th>
<th>2020</th>
<th>Valuation Change</th>
<th>% Change</th>
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<td>31,359,959</td>
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</tr>
<tr>
<td>Industrial</td>
<td>206,046,175</td>
<td>252,760,735</td>
<td>46,714,560</td>
<td>22.67%</td>
</tr>
<tr>
<td>Residential</td>
<td>2,755,809,496</td>
<td>2,935,376,569</td>
<td>179,567,073</td>
<td>6.52%</td>
</tr>
<tr>
<td>Developmental</td>
<td>9,174,500</td>
<td>9,102,700</td>
<td>-71,800</td>
<td>-0.78%</td>
</tr>
<tr>
<td><strong>Total Real</strong></td>
<td>4,165,070,880</td>
<td>4,420,131,497</td>
<td>255,060,617</td>
<td>6.12%</td>
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<tr>
<td><strong>Total Personal</strong></td>
<td>317,150,798</td>
<td>325,199,562</td>
<td>8,048,764</td>
<td>2.54%</td>
</tr>
<tr>
<td><strong>GRAND TOTAL</strong></td>
<td>4,482,221,678</td>
<td>4,745,331,059</td>
<td>263,109,381</td>
<td>5.87%</td>
</tr>
</tbody>
</table>
### Eaton County

Statement of acreage and valuation in the year 2020 made in accordance with Sections 209.1 - 209.8 of the Michigan Compiled Laws.

<table>
<thead>
<tr>
<th>Township or City</th>
<th>Number of Acres Assessed</th>
<th>Total Real Property Valuations</th>
<th>Personal Property Valuations</th>
<th>Total Real Plus Personal Property</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Col. 1)</td>
<td>(Col. 2)</td>
<td>(Col. 3)</td>
<td>(Col. 4)</td>
</tr>
<tr>
<td>Bellevue</td>
<td>0.00</td>
<td>107,504,096</td>
<td>107,504,096</td>
<td>10,697,433</td>
</tr>
<tr>
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<td>0.00</td>
<td>135,510,400</td>
<td>135,510,400</td>
<td>9,673,900</td>
</tr>
<tr>
<td>Brockfield</td>
<td>0.00</td>
<td>80,056,594</td>
<td>80,056,594</td>
<td>2,056,229</td>
</tr>
<tr>
<td>Carmel</td>
<td>0.00</td>
<td>129,462,127</td>
<td>129,462,127</td>
<td>5,159,600</td>
</tr>
<tr>
<td>Chester</td>
<td>0.00</td>
<td>87,632,500</td>
<td>87,632,500</td>
<td>5,794,562</td>
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<tr>
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<td>1,556,688,200</td>
<td>1,556,688,200</td>
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<tr>
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<td>0.00</td>
<td>169,539,150</td>
<td>169,539,150</td>
<td>10,281,150</td>
</tr>
<tr>
<td>Eaton Rapids</td>
<td>0.00</td>
<td>176,242,700</td>
<td>176,242,700</td>
<td>5,464,200</td>
</tr>
<tr>
<td>Hamlin</td>
<td>0.00</td>
<td>140,259,600</td>
<td>140,259,600</td>
<td>4,059,600</td>
</tr>
<tr>
<td>Kalamo</td>
<td>0.00</td>
<td>80,796,500</td>
<td>80,796,500</td>
<td>1,598,700</td>
</tr>
<tr>
<td>Oneida</td>
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<td>200,665,443</td>
<td>9,052,200</td>
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<tr>
<td>Roxand</td>
<td>0.00</td>
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<td>101,157,900</td>
<td>2,019,700</td>
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<tr>
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<td>105,795,300</td>
<td>105,795,300</td>
<td>3,183,150</td>
</tr>
<tr>
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<td>84,946,700</td>
<td>84,946,700</td>
<td>4,014,700</td>
</tr>
<tr>
<td>Walton</td>
<td>0.00</td>
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<td>93,341,335</td>
<td>5,111,893</td>
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<tr>
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<td>321,101,900</td>
<td>321,101,900</td>
<td>14,404,400</td>
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<tr>
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<td>255,505,864</td>
<td>255,505,864</td>
<td>15,726,900</td>
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<tr>
<td>Eaton Rapids</td>
<td>0.00</td>
<td>130,155,989</td>
<td>130,155,989</td>
<td>4,055,500</td>
</tr>
<tr>
<td>Grand Ledge</td>
<td>0.00</td>
<td>259,471,750</td>
<td>259,471,750</td>
<td>10,192,000</td>
</tr>
<tr>
<td>Lansing</td>
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<td>125,286,500</td>
<td>125,286,500</td>
<td>4,589,500</td>
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<tr>
<td>Olivet</td>
<td>0.00</td>
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<td>20,300,149</td>
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</tr>
<tr>
<td>Potterville</td>
<td>0.00</td>
<td>58,710,800</td>
<td>58,710,800</td>
<td>5,354,800</td>
</tr>
<tr>
<td>Township or City</td>
<td>Number of Acres Assessed (Col. 1) Acres Hundredths</td>
<td>Total Real Property Valuations (Col. 2) Assessed Valuations</td>
<td>(Col. 3) Equalized Valuations</td>
<td>Personal Property Valuations (Col. 4) Assessed Valuations</td>
</tr>
<tr>
<td>-----------------</td>
<td>--------------------------------------------------</td>
<td>----------------------------------------------------------</td>
<td>-----------------------------</td>
<td>--------------------------------------------------------</td>
</tr>
<tr>
<td>Totals for County</td>
<td>0.00</td>
<td>4,420,131,497</td>
<td>4,420,131,497</td>
<td>325,199,562</td>
</tr>
</tbody>
</table>

OFFICE OF THE COUNTY BOARD OF COMMISSIONERS OF EATON COUNTY

WE HEREBY CERTIFY that the foregoing is a true statement of the number of acres of land, the value of the real property and of the personal property, the aggregate valuation of the real property and personal property, the equalized and assessed valuations of real property classifications in each township and city in said county as equalized by the Board of Commissioners in April of the reporting year, at a meeting of said board held in pursuant to the provisions of sections 209.1 – 209.8, MCL. I further certify that said statement does not embrace any property taxed under P.A. 77 of 1951; P.A. 68 of 1963; P.A. 198 of 1974; P.A. 225 of 1978; P.A. 385 of 1984; P.A. 224 of 1985; P.A. 147 of 1992 or Section 5 of Article IX of the Constitution of the State.

Dated ______________________, 20___

Equalization Director

______________________________

Clerk of the Board of Commissioners

______________________________

Chairperson of Board of Commissioners
Eaton County

Statement of acreage and valuation in the year 2020 made in accordance with Sections 209.1 - 209.8 of the Michigan Compiled Laws.

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<thead>
<tr>
<th>Township or City</th>
<th>(Col. 1) Agricultural</th>
<th>(Col. 2) Commercial</th>
<th>(Col. 3) Industrial</th>
<th>(Col. 4) Residential</th>
<th>(Col. 5) Timber-Cutover</th>
<th>(Col. 6) Developmental</th>
<th>(Col. 7) Total Real Property</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belleville</td>
<td>24,083,338</td>
<td>4,269,143</td>
<td>0</td>
<td>79,151,615</td>
<td>0</td>
<td>0</td>
<td>107,504,096</td>
</tr>
<tr>
<td>Benton</td>
<td>34,479,100</td>
<td>3,539,100</td>
<td>0</td>
<td>97,492,200</td>
<td>0</td>
<td>0</td>
<td>135,510,400</td>
</tr>
<tr>
<td>Brookfield</td>
<td>33,733,469</td>
<td>72,738</td>
<td>168,349</td>
<td>46,082,038</td>
<td>0</td>
<td>0</td>
<td>80,056,594</td>
</tr>
<tr>
<td>Carmel</td>
<td>25,916,000</td>
<td>961,800</td>
<td>0</td>
<td>102,584,327</td>
<td>0</td>
<td>0</td>
<td>129,462,127</td>
</tr>
<tr>
<td>Chester</td>
<td>40,385,500</td>
<td>246,600</td>
<td>0</td>
<td>47,000,400</td>
<td>0</td>
<td>0</td>
<td>87,632,500</td>
</tr>
<tr>
<td>Delta</td>
<td>3,874,900</td>
<td>477,768,900</td>
<td>114,293,500</td>
<td>951,648,200</td>
<td>0</td>
<td>9,102,700</td>
<td>1,556,688,200</td>
</tr>
<tr>
<td>Eaton</td>
<td>21,127,600</td>
<td>5,419,700</td>
<td>1,221,650</td>
<td>141,770,200</td>
<td>0</td>
<td>0</td>
<td>169,539,150</td>
</tr>
<tr>
<td>Eaton Rapids</td>
<td>24,586,000</td>
<td>2,701,100</td>
<td>0</td>
<td>148,955,600</td>
<td>0</td>
<td>0</td>
<td>176,242,700</td>
</tr>
<tr>
<td>Hamlin</td>
<td>26,654,800</td>
<td>1,314,800</td>
<td>979,200</td>
<td>111,310,800</td>
<td>0</td>
<td>0</td>
<td>140,259,600</td>
</tr>
<tr>
<td>Kelamo</td>
<td>34,920,600</td>
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<td>45,545,100</td>
<td>0</td>
<td>0</td>
<td>80,786,500</td>
</tr>
<tr>
<td>Oneida</td>
<td>40,241,900</td>
<td>10,281,900</td>
<td>3,790,900</td>
<td>146,350,743</td>
<td>0</td>
<td>0</td>
<td>200,665,443</td>
</tr>
<tr>
<td>Roxand</td>
<td>48,219,300</td>
<td>2,299,000</td>
<td>0</td>
<td>50,639,600</td>
<td>0</td>
<td>0</td>
<td>101,157,900</td>
</tr>
<tr>
<td>Sunfield</td>
<td>45,649,800</td>
<td>4,455,400</td>
<td>3,459,800</td>
<td>52,230,300</td>
<td>0</td>
<td>0</td>
<td>105,795,300</td>
</tr>
<tr>
<td>Vermontville</td>
<td>31,962,500</td>
<td>2,446,600</td>
<td>189,800</td>
<td>50,347,800</td>
<td>0</td>
<td>0</td>
<td>84,946,700</td>
</tr>
<tr>
<td>Walton</td>
<td>27,465,512</td>
<td>1,095,373</td>
<td>872,291</td>
<td>63,908,159</td>
<td>0</td>
<td>0</td>
<td>93,341,335</td>
</tr>
<tr>
<td>Windsor</td>
<td>20,762,500</td>
<td>33,906,200</td>
<td>11,457,900</td>
<td>254,975,300</td>
<td>0</td>
<td>0</td>
<td>321,101,900</td>
</tr>
<tr>
<td>Charlotte</td>
<td>0</td>
<td>67,219,600</td>
<td>23,017,264</td>
<td>165,269,000</td>
<td>0</td>
<td>0</td>
<td>255,505,864</td>
</tr>
<tr>
<td>Eaton Rapids</td>
<td>0</td>
<td>23,471,300</td>
<td>12,066,700</td>
<td>94,617,989</td>
<td>0</td>
<td>0</td>
<td>130,155,989</td>
</tr>
<tr>
<td>Grand Ledge</td>
<td>0</td>
<td>63,313,100</td>
<td>3,343,400</td>
<td>192,815,250</td>
<td>0</td>
<td>0</td>
<td>259,471,750</td>
</tr>
<tr>
<td>Lansing</td>
<td>0</td>
<td>20,535,500</td>
<td>67,644,100</td>
<td>37,106,900</td>
<td>0</td>
<td>0</td>
<td>125,286,500</td>
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<tr>
<td>Olivet</td>
<td>0</td>
<td>4,182,020</td>
<td>427,381</td>
<td>15,690,748</td>
<td>0</td>
<td>0</td>
<td>20,301,149</td>
</tr>
<tr>
<td>Potterville</td>
<td>0</td>
<td>8,998,000</td>
<td>9,828,500</td>
<td>39,884,300</td>
<td>0</td>
<td>0</td>
<td>58,710,800</td>
</tr>
</tbody>
</table>
### Real Property Equalized by County Board of Commissioners

<table>
<thead>
<tr>
<th>Township or City</th>
<th>(Col. 1) Agricultural</th>
<th>(Col. 2) Commercial</th>
<th>(Col. 3) Industrial</th>
<th>(Col. 4) Residential</th>
<th>(Col. 5) Timber-Cutover</th>
<th>(Col. 6) Developmental</th>
<th>(Col. 7) Total Real Property</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for County</td>
<td>464,062,613</td>
<td>738,828,674</td>
<td>252,760,735</td>
<td>2,935,376,569</td>
<td>0</td>
<td>9,102,700</td>
<td>4,420,131,497</td>
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OFFICE OF THE COUNTY BOARD OF COMMISSIONERS OF EATON COUNTY

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Dated ______________________, 20____

______________________________  ______________________________  ______________________________
Equalization Director               Clerk of the Board of Commissioners           Chairperson of Board of Commissioners
## Eaton County

Statement of acreage and valuation in the year 2020 made in accordance with Sections 209.1 - 209.8 of the Michigan Compiled Laws.

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<td>111,310,800</td>
<td>0</td>
<td>0</td>
<td>140,259,600</td>
</tr>
<tr>
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<td>80,796,500</td>
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<td>165,269,000</td>
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<tr>
<td>Eaton Rapids</td>
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<td>23,471,300</td>
<td>12,066,700</td>
<td>94,617,989</td>
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<td>130,155,989</td>
</tr>
<tr>
<td>Grand Ledge</td>
<td>0</td>
<td>63,313,100</td>
<td>3,343,400</td>
<td>192,815,250</td>
<td>0</td>
<td>0</td>
<td>259,471,750</td>
</tr>
<tr>
<td>Lansing</td>
<td>0</td>
<td>20,535,500</td>
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<td>0</td>
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</tr>
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<td>4,182,020</td>
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<td>0</td>
<td>0</td>
<td>20,300,149</td>
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<tr>
<td>Potterville</td>
<td>0</td>
<td>8,986,000</td>
<td>9,828,500</td>
<td>39,884,300</td>
<td>0</td>
<td>0</td>
<td>58,710,800</td>
</tr>
<tr>
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<td>(Col. 7) Total Real Property</td>
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OFFICE OF THE COUNTY BOARD OF COMMISSIONERS OF EATON COUNTY

WE HEREBY CERTIFY that the foregoing is a true statement of the number of acres of land, the value of the real property and of the personal property, the aggregate valuation of the real property and personal property, the equalized and assessed valuations of real property classifications in each township and city in said county as equalized by the Board of Commissioners in April of the reporting year, at a meeting of said board held in pursuant to the provisions of sections 209.1 – 209.8, MCL. I further certify that said statement does not embrace any property taxed under P.A. 77 of 1951; P.A. 68 of 1963; P.A. 198 of 1974; P.A. 225 of 1978; P.A. 385 of 1984; P.A. 224 of 1985; P.A. 147 of 1992 or Section 5 of Article IX of the Constitution of the State.

Dated _____________________, 20___

_________________________  ____________________________  ____________________________
Equalization Director       Clerk of the Board of Commissioners  Chairperson of Board of Commissioners
WHEREAS, the Eaton County 2019/2020 Appropriations Act of September 18, 2019 states that any amendment to increase a salary and/or a Capital Outlay line-item in excess of $2,500.00 or any amendment to increase the total budget of any fund or department in excess of $2,500.00 shall be amended by the Board of Commissioners, except that any amendment to decrease the General Fund Contingency shall be approved by the Board of Commissioners; and

WHEREAS, such amendments are needed in order to comply with the Uniform Budgeting and Accounting Act of 1978, P.A. 621.

NOW, THEREFORE BE IT RESOLVED, that the following budget amendments be approved and added to the 2019-2020 Eaton County Budget:

**SPECIAL REVENUE FUND**

**9-1-1 SURCHARGE - 260-901**

| Increase | Capital Outlay | $440,000 |
| Increase | Fund Balance Carryover | $440,000 |

To increase capital outlay for additional equipment to be installed in City of Grand Ledge Police Department, Grand Ledge school facilities and the Grand Ledge Water Tower to improve emergency radio coverage within structures.
To: Eaton County Board of Commissioners  
From: Michael Armitage, 911 Director  
Re: Grand Ledge Radio Coverage and Surcharge Rate  
Date: April 10, 2020

During extensive testing of the new public safety radio system, it was discovered that there was a lack of coverage inside some buildings in Grand Ledge. When the concern was presented in March to the board, there was uncertainty as to if the coverage problems may also extend beyond the buildings that were identified. Since that time, the radios have been used more extensively, including on the Grand River and near the Ledges, with no problems. We also identified a problem with the MPSCS tower located at the Secondary Complex that has been addressed, which could have negatively impacted coverage in Grand Ledge.

Based on the information we have now, it appears that the coverage problem is contained to school buildings and the police department. The recommended solution is to add bi-directional amplifiers (BDA) inside of those buildings, along with a TAC channel repeater to be located within the city. The BDAs are designed specifically for the affected buildings, while the TAC repeater will give first responders another option for communication that can also be monitored by dispatch. This proposed solution is estimated at $440,000 (see Appendix A).

This potential expenditure also correlates with the annual setting of the 911 surcharge, which is assessed at $1.75/month per device capable of calling 911. Additionally, there is an emerging factor of consideration when determining the surcharge rate which is the uncertainty surrounding the consumer response to COVID-19. Due to that uncertainty, I have included a 10% reduction in devices in the projections (Appendix B). With this reduction in devices and the proposed fix for Grand Ledge coverage, a reduction of the surcharge would leave a projected fund balance of $249,169 in the first quarter of FY2021 with revenues and expenditures virtually even. A scenario of implementing this fix for Grand Ledge coverage and maintaining the current surcharge rate, but factoring in a 10% reduction in devices, would leave a fund balance of $566,369 for that same quarter. This scenario also projects annual revenues to be $128,773 more than expenditures, allowing the fund balance to rebuild to prepare for user radio equipment replacement in 10 years. Based on this information, I recommend maintaining the surcharge at $1.75 for this upcoming year.

Per the Michigan 911 Enabling Act, the county surcharge rate is to be reported to the state by May 15th. Any changes to county surcharge rates become effective on July 1st. No action is needed if the board desires to maintain the current rate, however any change to the rate would need to be done by resolution of the board.
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**CATEGORY**

**WIRE TRANSFERS**

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<th>AMOUNT</th>
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### Appendix A – Proposed Budget for Grand Ledge Radio Coverage Solution

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10% Contingency  $39,845.00

**TOTAL** $438,295.00
### Appendix B

**Scenario A: Surcharge of 1.75% w/ BDAs and No Device Reduction**

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<th>Contractual</th>
<th>Maintenance</th>
<th>Rent</th>
<th>Monitoring</th>
<th>Debt</th>
<th>Rent</th>
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<th>Balance</th>
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<td>1,612,327</td>
<td>$1,850</td>
<td>$8,750</td>
<td>2,091,000</td>
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<tr>
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<td>495,000</td>
<td>445,500</td>
<td>10,000</td>
<td>100,000</td>
<td>1,850</td>
<td>$7,400</td>
<td>1,612,327</td>
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**Scenario B: Surcharge of 1.65% w/ BDA and 10% Device Reduction**

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<th>Rent</th>
<th>Monitoring</th>
<th>Debt</th>
<th>Rent</th>
<th>Monitoring</th>
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<td>440,000</td>
<td>10,000</td>
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<td>1,850</td>
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<tr>
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<td>10,000</td>
<td>100,000</td>
<td>1,850</td>
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<td>2,091,000</td>
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<tr>
<td>21/22 FY</td>
<td>412,400</td>
<td>445,500</td>
<td>10,000</td>
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<td>1,850</td>
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<td>1,612,327</td>
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<tr>
<td>22/23 FY</td>
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<td>445,500</td>
<td>10,000</td>
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**Scenario C: Surcharge of 1.65% w/ Grand Ledge BDA and 10% Device Reduction**

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<th>Maintenance</th>
<th>Rent</th>
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<th>Debt</th>
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<tr>
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<td>445,500</td>
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<tr>
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<td>$1,850</td>
<td>$8,750</td>
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**Note:** Additional equipment requests as department needs have changed since the 2017 radio count.

**Capital:** $440,000 BDAs.

$500,000 Additional equipment requests as department needs have changed since the 2017 radio count.

**Rent:** $1,850

**Monitoring:** $8,750

**Balance:** $2,091,000
INFECTION DISEASES PREPAREDNESS/RESPONSE POLICY

Adopted: 04/15/2020

PURPOSE

The purpose of this policy is to provide guidance to Eaton County employees on how to prepare and act if an outbreak of an infectious disease, such as COVID-19, is deemed by public health officials to be present, or suspected to be present, in a county facility. For example, COVID-19 has caused a significant public health threat with the incidence in humans increasing.

The overarching goal of this policy is to aid in the protection of our employees, families, and community at large from infectious diseases by maintaining a consistently healthy work environment and is consistent with the County Emergency Operations Plan adopted by the Board of Commissioners on August 21, 2019.

Note: For any health emergency, department heads, employees, and others shall immediately CALL 911 for medical assistance.

ASSUMPTIONS

Infectious diseases are disorders caused by organisms — such as bacteria, viruses, fungi or parasites. Many organisms are harmless or even helpful. But under certain conditions, some organisms may cause disease. It’s these conditions, that vary greatly, that caused this general policy to be written in broad terms. It is not comprehensive and does not constitute medical or legal advice.

Signs and symptoms vary depending on the organism causing the infection, but often include fever and fatigue. Mild infections may respond to rest and home remedies, while life-threatening infections require hospitalization.

Public health authorities will be the source for the most reliable and up-to-date information on infectious disease definition, prevention, mitigation, containment, and treatment. To that end, essential parts of this policy are derived from the CDC’s guidelines for infectious diseases (Appendix A) with adaptations applied that are specific to Eaton County; OSHA’s report titled Guidance on Preparing Workplaces for COVID-19 (Appendix B); and the following instructions from the Michigan Department of Health and Human Services: (Appendix C)

- Cleaning and Disinfection for Facilities After Suspected or Confirmed COVID-19 Exposure
- I think I have been exposed to COVID-19, what should I do?
• When is it safe to leave home if you have symptoms of COVID-19 or live with someone who does?
• Prioritization Guidance for Personal Protective Equipment
• Optimizing Personal Protective Equipment During Crisis Capacity
• Coronavirus Disease (COVID-19) Workplace Checklist
• Managing Coronavirus Disease (COVID-19) in the Workplace
• Directions for Social Distancing, Self-Monitoring, Self-Quarantine, Self-Isolation

In regards to COVID-19, it is a new disease and public health experts are working to identify risk factors and steps to mitigate its effects and hopeful eradication.

ENHANCED AUTHORITY

Depending on the nature and severity of an outbreak, the County Controller/Administrator may be given temporary enhanced authority by the Chairperson of the Board of Commissioners to coordinate preparations and/or response to an outbreak as it directly relates to internal business operations; restrict or close county buildings; expedite flexible work schedules or job sharing; temporarily modify or suspend policies to expedite preparations and/or response; administratively approve new policies, procedures, and plans until such time that the Board of Commissioners can conduct a review as a governing board.

The County Controller/Administrator may grant department heads temporary enhanced authority that would directly support the work of the County Controller/Administrator as described above or to support the work of other department heads or county officials.

STAFFING AND SERVICES CONSIDERATIONS

The following considerations assume that employees are not subject to quarantine. Furthermore, depending on circumstances related to an outbreak, job positions may be subject to reduced work schedules, layoff, or furlough as determined by the Board of Commissioners.

• Employees assigned to critical positions shall be required to work as directed during an outbreak, either in-person or via telework. To the extent possible, and with measurable work goals, the county will promote telework opportunities.
• Employees assigned to essential positions shall continue to be available for work whether that work is in-person or telework. Further guidance will be provided by the employee’s department head and/or County Controller/Administrator during an outbreak.
Depending on the severity of an outbreak, employees assigned to non-essential/non-critical positions may be temporarily reassigned (assuming relevant skills and knowledge are present or training can quickly be performed) to assume the role of a critical or essential employee, either in-person or telework.

GENERAL PREPAREDNESS/PREVENTION

In response to a public health announcement of a serious infectious disease outbreak, such as COVID-19, immediate steps shall be taken in county facilities to mitigate entry of a virus via employees, members of the public, and parcels as carriers of a virus. At a minimum, prevention shall include:

- Implement enhanced security screening protocols including restricted access to buildings, the use of a health screening questionnaire (also widely distributed to individual departments), use of personal protection equipment (PPE), observation of visible symptoms relevant to the infectious disease, temperature check using an infrared thermometer, frequent use of alcohol-based hand sanitizer, and similar.
- Strategic placement and maintenance of hand sanitizer stations in county facilities with frequent monitoring of supply levels in each station.
- Discarding publications such as magazines from areas routinely used by the public and employees that may have been exposed to a viable virus.
- Placement of signage and markers such as “Stop the Spread of Germs” signs from the CDC that are visible to employees and the public.
- Designation of an isolation area inside a county building that can be closed off from the rest of the building: County Courthouse location shall be the Board of Commissioners Room #142; Sheriff’s Administration Building location shall be the Sheriff’s Training Room #F114A; Technology Services/Central Dispatch Building shall be Basement Room #102; Juvenile Court/Youth Services Building shall be Conference Room A or B, 551 Building shall be the Basement Drop-in Center Room; Maintenance Building shall be Office #1; and Animal Control Building shall be the Holding Room.
- Availability of cleaning products in each office for an “all hands on deck” approach to maintaining a healthy work environment.
- Ramped up custodial and maintenance cleaning routines and schedules to include increased hours to clean and disinfect frequently utilized surfaces.
- Periodic informational and/or planning meetings and correspondence with elected officials, department heads, employees, and other stakeholders to address virus concerns, including decisions regarding the structure (i.e., accessibility to
buildings, work schedules) of county operations during the event.

- Implementation of restricted access to county facilities or complete closure as warranted.
- Vigilance by County Controller/Administrator to stay informed about current events. Department heads will be briefed as needed on potential risks of new findings within Eaton County and/or our geographic region that may affect our business operating procedures.

- The Physical Plant Director shall continue to maintain a supply of PPE for use by employees such as the maintenance and custodial staff for cleaning and disinfecting of surfaces; and for use by security staff in order to safely perform screening of visitors entering the building. Additionally, cleaning supplies will remain available in each department office for daily cleaning of office spaces.

- The Physical Plant Director will develop plans with vendors for re-supply of PPE and sanitizing agents in the event of a disruption to normal operations due to a COVID-19 outbreak or similar.

COLLABORATIVE PREPAREDNESS/PREVENTION

Note: individual courts and departments are asked to develop individualized policy and action plans that meet their specific operational needs.

- Prior to an actual public health event, County Controller/Administrator, Physical Plant, Emergency Management, along with guidance from Barry Eaton District Health Department, the CDC, Occupational Health and Safety Administration (OSHA), and other relevant public health agencies, will develop an understanding of the specific signs, symptoms, incubation period, route of infection, and the risks of exposure, regarding infectious diseases; develop plans for preventing, containing, and mitigating, a public health event leading to the eventual resumption of normal business operations.

- Working with elected officials and department heads, at least once per year, all employees will receive educational materials and/or training on the exposure risks, symptoms, and prevention of an infectious disease such as COVID-19 and personal strategies that should be used, such as:
  - Self-isolation when exhibiting symptoms; consultation with medical or public health officials.
  - Wash your hands often with soap and water for at least 20 seconds.
• Use hand sanitizer with at least 70% alcohol if soap and water are not available.
• Avoid touching your eyes, nose, and mouth with unwashed hands.
• Cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow. Throw used tissues in the trash immediately then wash your hands.
• Clean and disinfect frequently touched objects and surfaces such as workstations, keyboards, telephones, handrails, and doorknobs.
• Avoid using other employees’ phones, desks, offices, or other work tools and equipment, when possible. If necessary, clean and disinfect them before and after use.
• Practice social distancing by avoiding large gatherings and maintaining distance (approximately 6 feet) from others when possible.

• Post signs at the entrance to county buildings clearly stating restricted access or closure for those individuals presenting symptoms and that they may be turned away by an executive order of the Governor of the State of Michigan, local administrative order of the chief judge of the courts, public health order issued by Barry Eaton District Health Department, or executive order of the County Controller/Administrator.

• Inform employees that to mitigate the risk of spreading an infectious disease, such as COVID-19, self-screening for exposure risk and signs and symptoms are necessary to maintain a healthy work environment.

• Employees must immediately inform their department head if symptoms develop while at work and then leaving the work place for medical examination and treatment or temporary self-isolation in the designated area for the building. The county provides sick leave and other forms of paid time off to assist employees when ill.

• The importance of self-isolation when symptoms are present. General medical guidelines include:
  o Free of a fever for 72 hours without the use of medicine that reduces fever.
  o Symptoms have improved – no cough or shortness of breath.
  o Related to COVID-19, received two negative tests in a row, 24 hours apart.
  o Of course, in all cases employees should follow the guidance of their healthcare provider and/or local health department.
  o Employees may wish to consult the CDC for useful information when symptoms are present: https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html
In some cases, Emergency Sick Leave and/or Family Medical Leave may be necessary. Contact the County Controller/Administrator’s Office for assistance.

EMPLOYEE CARING FOR A FAMILY MEMBER

The information that follows is not a substitute for medical advice from your primary care physician or local public health official.

- County employees who are essential in the direct care of a family member with an infectious disease such as COVID-19 shall not be allowed to report to work until the employee has been isolated for at least 14 days following their last exposure to a virus; and the employee must present a medical clearance to the County Controller/Administrator’s Office.

- The employee must notify their department head that they are unavailable to report to work. In some cases, Emergency Sick Leave and/or Family Medical Leave may be necessary. Contact the County Controller/Administrator’s Office for assistance.

- Employees may wish to consult the CDC for useful precautions when caring for household members at https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html#precautions

Appendices are separate from this master policy document.

<table>
<thead>
<tr>
<th>This policy and its attachments address the following elements of preparedness and response:</th>
<th>Yes</th>
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<tbody>
<tr>
<td>• Promote and practice social distancing (at least 6 feet of separation)</td>
<td>Yes</td>
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<tr>
<td>• Promote telework (to the extent possible/feasible)</td>
<td>Yes</td>
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<tr>
<td>• Restrict access to buildings</td>
<td>Yes</td>
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<tr>
<td>• Use of PPE or similar</td>
<td>Yes</td>
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<tr>
<td>• Observation of symptoms and/or testing; health screening questionnaire; use of no-touch infrared thermometer with employees and general public</td>
<td>Yes</td>
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<tr>
<td>• Placement of signs/markers to “stop the spread of germs” (English and Spanish)</td>
<td>Yes</td>
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<tr>
<td>• Designated isolation area</td>
<td>Yes</td>
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<tr>
<td>• Promote hand washing</td>
<td>Yes</td>
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<td>• Promote use of alcohol-based hand sanitizer</td>
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<tr>
<td>• Implement “ramped up” efforts to clean and disinfect common work surfaces (i.e., counters, doors, key pads, equipment)</td>
<td>Yes</td>
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<tr>
<td>• Stock cleaning supplies in each office</td>
<td>Yes</td>
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<td>• Stock protective equipment such as masks, gloves, etc.</td>
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<tr>
<td>• Distribute protective equipment following OSHA’s “Occupational Risk Pyramid for COVID-19” or otherwise as needed</td>
<td>Yes</td>
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<tr>
<td>• Monitor supply chain for protective equipment</td>
<td>Yes</td>
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<td>• Administration and other stakeholders stay informed</td>
<td>Yes</td>
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<td>• Periodic communication with all stakeholders</td>
<td>Yes</td>
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<tr>
<td>Promote development of individualized department policies and plan, if needed, that are consistent with CDC, OSHA, local public health officials, and county administration</td>
<td>Yes</td>
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<tr>
<td>Annual employee training and educational materials on risks, prevention, mitigation, containment, etc.</td>
<td>Yes</td>
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<tr>
<td>Promote staying home if sick or caring for someone who is sick, self-screening, self-isolation, informing supervisor when sick</td>
<td>Yes</td>
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</tbody>
</table>
APPENDIX A

Disinfecting Your Facility if Someone is Sick (i.e., COVID-19)


Note: these instructions from the CDC have been modified, reformatted, and adapted to Eaton County and represent a critical contribution to Eaton County’s Infectious Diseases Preparedness/Response Policy.

What to do

Prevention

No known infectious disease present in a county facility

After learning from county officials that a public health emergency exists, at a minimum, employees shall begin performing the following steps to prevent, to the extent possible, the introduction of an infectious disease into county facilities.

Note: for county buildings where security personnel are present, a set of protocols shall be developed and personnel shall be trained to implement the protocols.

- Throughout each work day, thoroughly wash your hands often with soap and water for a minimum of 20 seconds.
- Frequent hand washing especially important for high-touch areas like door knobs, light switches, key pads, etc. Cleaning the bottoms of shoes may be helpful.
- When soap and water are not immediately available, use alcohol-based hand sanitizer that contains at least 70% alcohol.
  - County buildings have many hand sanitizer dispensing stations installed in hallways and other common areas. If your hands are visibly dirty, use soap and water as the preferred method for cleaning and disinfecting.
  - Individual offices will be provided cleaning and disinfecting supplies by the county’s maintenance staff. Prevention requires help from all employees, all day, and every day during a pandemic.
- Additional key times to wash hands include:
  - After blowing one’s nose, coughing, or sneezing.
  - After using/leaving a restroom.
  - Before eating or preparing food.
  - After contact with animals or pets.
Before and after providing routine care for another person who needs assistance (e.g., a child).

**Employee or member of the public exhibiting symptoms**

If an employee or member of the public is **exhibiting symptoms that appear to be life threatening** (published by public health officials), department heads, employees, and others shall immediately CALL 911 for medical assistance.

If an employee or member of the public is **exhibiting symptoms** published by public health officials, for an infectious disease such as COVID-19, as quickly and safely as possible instruct the ill person to:

- **[If an Employee:]** leave work immediately and avoid exposing the work area further by avoiding touching work surfaces, equipment, doors, etc. with exposed hands. Use a tissue, paper towel, sheet of paper, or glove to open doors and exit the building.
  - Cover mouth and nose when coughing or sneezing while exiting the building.
  - Self-isolate and contact your primary care physician, local public health agency, or clinic for diagnosis and treatment.
  - Do not return to work without providing written clearance from your primary care physician to the County Controller’s Office.
    - If you arrive at work without written clearance, you will be ordered to leave. Failure to do so means you may be creating a public health hazard and will be subjected to disciplinary action up to and including termination of employment.
- **[If a Member of the Public]** a nearby party shall instruct the individual to immediately leave the building while avoiding touching work surfaces, doors, etc. If possible, safely offer the ill person tissues, paper towels, sheets of paper to aid in opening doors and their exit from the building. Have the person discard products in the outdoor waste receptacle.

**Containment**

**Known or presumptive case of an infectious disease present in a county facility**

When the county is notified by a public health official that a known or presumptive case of an infectious disease is/was present in a county facility, at a minimum, the following
shall be done by the County Controller’s Office, Emergency Management, Maintenance Supervisor, or other designated individuals:

- All department heads and employees shall be notified as quickly and safely as possible using primarily electronic forms of communication that an action plan has been implemented to contain the presence and spread of the infectious disease.
  - Notifications shall continue during containment, mitigation, and resumption of normal business operations.
- Upon becoming aware of likely exposure, any department head or employee may trigger an initial notification to the County Controller’s Office, Emergency Management, or Maintenance Supervisor causing the immediate closure of the areas accessed or presumed to have been accessed by the ill person.
- If possible, in the areas affected, open doors and windows to the outside to increase air circulation in the area.
- All employees, except those designated as emergency and first responder personnel shall be required to vacate the building for the remainder of the day and perhaps longer.
- Members of the public shall be instructed to exit the building immediately and the entry doors shall be secured, not allowing others to enter.
- Appropriate notices will be communicated to department heads, employees, public, media, and other stakeholders regarding building closure or restrictions and resumption of normal business operations.
- A suitable cleaning crew shall wait a minimum of 24 hours before taking steps to clean and disinfect.

Mitigate

- **Schedule and assign** employees or contractors suitable for cleaning and disinfecting the exposed areas to begin work.
  - If county employees will perform cleaning and disinfecting, they shall be provided with all appropriate personal protection equipment (PPE) and supplies rated to kill the virus. Sources for PPE and supplies will primarily be the county’s Emergency Manager, Maintenance Supervisor, and/or any other county, state, or local resource.
  - Contractors are required to provide their own PPE and supplies. However, if PPE and cleaning supplies are in short supply, county supplies shall be used as well.
- **Begin cleaning and disinfecting** all areas used/touched by, or presumed to have been used/touched by, the sick person, such as building and office entrance and exit ways, work surfaces, bathrooms, common areas, cabinets, shared electronic
equipment like computers, copiers, touch screens, keyboards, remote controls, vending machines, trash container, and so on.

- When finished, and to the extent possible, seal the areas that were just cleaned and disinfected using appropriate signage or other markers for at least 24 hours.
- Cleaning personnel shall wear disposable gloves, gowns, and shoe protectors for all tasks in the cleaning process, including handling trash.
  - Additional PPE might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.
  - Gloves, gowns, and shoe protectors should be removed carefully to avoid contamination of the wearer and the surrounding area.
  - Safely place disposable gear into a sealable disposable bag or container intended for the sole purpose of isolating the gear. Unless instructed otherwise by public health officials, final disposable shall be in an external building dumpster or similar container.
- Refer to Appendix A for additional guidance.

**Continuing education**

In cooperation with County Controller, Maintenance, Emergency Management, Public Health Officials and individual department heads:

- Educate workers to recognize the symptoms of an infectious disease (COVID-19).
- Provide instructions on what to do if someone develops symptoms within 14 days after their last possible exposure to a virus (i.e., fever, cough, shortness of breath).
- Develop supportive policies and plans for worker protection and provide training on cleaning and disinfecting.
  - Training will include when to use PPE, what PPE is necessary, how to properly put on, use, and take off PPE, and how to properly dispose of PPE.
- Ensure workers are trained on the hazards of the cleaning chemicals used in the workplace in accordance with OSHA’s Hazard Communication standard (29 CFR 1910.1200); source link: https://www.osha.gov/laws­‐regs­‐regulations­‐standardnumber/1910/1910.1200
- The Maintenance Department maintains material safety data sheets (MSDS) that are available for inspection in the maintenance office.
- And, requirements for proper disposal of regulated waste, and PPE; https://www.osha.gov/laws­‐regs­‐regulations­‐standardnumber/1910/1910.132
The CDC has provided the following information to help guide the process of cleaning and disinfecting.

Disinfect

- Use diluted household bleach solutions if appropriate for the surface. Check to ensure the product is not past its expiration date. Unexpired household bleach will be effective against coronaviruses when properly diluted.

Follow manufacturer’s instructions for application and proper ventilation. Never mix household bleach with ammonia or any other cleanser.

To make a bleach solution, mix:

- 5 tablespoons (1/3rd cup) bleach per gallon of water

   OR

- 4 teaspoons bleach per quart of water

- Use alcohol solutions with at least 70% alcohol.

- Household cleaners and disinfectants: Clean the area or item with soap and water or another detergent if it is dirty. Then, use a household disinfectant.

Follow the instructions on the label to ensure safe and effective use of the product.

Many products recommend:

- Keeping the surface wet for several minutes to ensure germs are killed.
- Precautions such as wearing gloves and making sure you have good ventilation during use of the product.

Most EPA-registered household disinfectants should be effective. For additional information:  [https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2)
APPENDIX A

**Soft surfaces**

For soft surfaces such as carpeted floor, rugs, and drapes

- Clean the surface using soap and water or with cleaners appropriate for use on these surfaces.
- Launder items (if possible) according to the manufacturer’s instructions. Use the warmest appropriate water setting and dry items completely.

OR

- Disinfect with an EPA-registered household disinfectant. Use the following link for items that meet the EPA’s criteria for use against COVID-19:

  https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2

**Electronics**

For electronics, such as computers, copiers, touch screens, keyboards, and remote controls:

- Consider putting a wipeable cover on electronics.
- Follow manufacturer’s instruction for cleaning and disinfecting.
  - If no guidance, use alcohol-based wipes or sprays containing at least 70% alcohol. Dry surface thoroughly.

**Laundry**

For clothing, towels, linens and other items

- Wear disposable gloves.
- Wash hands with soap and water as soon as you remove the gloves.
- Do not shake dirty laundry.
- Launder items according to the manufacturer’s instructions. Use the warmest appropriate water setting and dry items completely.
- Dirty laundry from an ill person can be washed with other people’s items.
- Clean and disinfect clothes hampers according to guidance above for surfaces.
Occupational Safety and Health Act of 1970

“To assure safe and healthful working conditions for working men and women; by authorizing enforcement of the standards developed under the Act; by assisting and encouraging the States in their efforts to assure safe and healthful working conditions; by providing for research, information, education, and training in the field of occupational safety and health.”

This guidance is not a standard or regulation, and it creates no new legal obligations. It contains recommendations as well as descriptions of mandatory safety and health standards. The recommendations are advisory in nature, informational in content, and are intended to assist employers in providing a safe and healthful workplace. The Occupational Safety and Health Act requires employers to comply with safety and health standards and regulations promulgated by OSHA or by a state with an OSHA-approved state plan. In addition, the Act’s General Duty Clause, Section 5(a)(1), requires employers to provide their employees with a workplace free from recognized hazards likely to cause death or serious physical harm.

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This information will be made available to sensory-impaired individuals upon request. Voice phone: (202) 693-1999; teletypewriter (TTY) number: 1-877-889-5627.
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Introduction

Coronavirus Disease 2019 (COVID-19) is a respiratory disease caused by the SARS-CoV-2 virus. It has spread from China to many other countries around the world, including the United States. Depending on the severity of COVID-19’s international impacts, outbreak conditions—including those rising to the level of a pandemic—can affect all aspects of daily life, including travel, trade, tourism, food supplies, and financial markets.

To reduce the impact of COVID-19 outbreak conditions on businesses, workers, customers, and the public, it is important for all employers to plan now for COVID-19. For employers who have already planned for influenza pandemics, planning for COVID-19 may involve updating plans to address the specific exposure risks, sources of exposure, routes of transmission, and other unique characteristics of SARS-CoV-2 (i.e., compared to pandemic influenza viruses). Employers who have not prepared for pandemic events should prepare themselves and their workers as far in advance as possible of potentially worsening outbreak conditions. Lack of continuity planning can result in a cascade of failures as employers attempt to address challenges of COVID-19 with insufficient resources and workers who might not be adequately trained for jobs they may have to perform under pandemic conditions.

The Occupational Safety and Health Administration (OSHA) developed this COVID-19 planning guidance based on traditional infection prevention and industrial hygiene practices. It focuses on the need for employers to implement engineering, administrative, and work practice controls and personal protective equipment (PPE), as well as considerations for doing so.

This guidance is intended for planning purposes. Employers and workers should use this planning guidance to help identify risk levels in workplace settings and to determine any appropriate control measures to implement. Additional guidance may be needed as COVID-19 outbreak conditions change, including as new information about the virus, its transmission, and impacts, becomes available.


This guidance is advisory in nature and informational in content. It is not a standard or a regulation, and it neither creates new legal obligations nor alters existing obligations created by OSHA standards or the Occupational Safety and Health Act (OSH Act). Pursuant to the OSH Act, employers must comply with safety and health standards and regulations issued and enforced either by OSHA or by an OSHA-approved State Plan. In addition, the OSH Act’s General Duty Clause, Section 5(a)(1), requires employers to provide their employees with a workplace free from recognized hazards likely to cause death or serious physical harm. OSHA-approved State Plans may have standards, regulations and enforcement policies that are different from, but at least as effective as, OSHA’s. Check with your State Plan, as applicable, for more information.

**About COVID-19**

**Symptoms of COVID-19**

Infection with SARS-CoV-2, the virus that causes COVID-19, can cause illness ranging from mild to severe and, in some cases, can be fatal. Symptoms typically include fever, cough, and shortness of breath. Some people infected with the virus have reported experiencing other non-respiratory symptoms. Other people, referred to as asymptomatic cases, have experienced no symptoms at all.

According to the CDC, symptoms of COVID-19 may appear in as few as 2 days or as long as 14 days after exposure.
How COVID-19 Spreads

Although the first human cases of COVID-19 likely resulted from exposure to infected animals, infected people can spread SARS-CoV-2 to other people.

The virus is thought to spread mainly from person-to-person, including:

- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

It may be possible that a person can get COVID-19 by touching a surface or object that has SARS-CoV-2 on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the primary way the virus spreads.

People are thought to be most contagious when they are most symptomatic (i.e., experiencing fever, cough, and/or shortness of breath). Some spread might be possible before people show symptoms; there have been reports of this type of asymptomatic transmission with this new coronavirus, but this is also not thought to be the main way the virus spreads.

Although the United States has implemented public health measures to limit the spread of the virus, it is likely that some person-to-person transmission will continue to occur.

How a COVID-19 Outbreak Could Affect Workplaces

Similar to influenza viruses, SARS-CoV-2, the virus that causes COVID-19, has the potential to cause extensive outbreaks. Under conditions associated with widespread person-to-person spread, multiple areas of the United States and other countries may see impacts at the same time. In the absence of a vaccine, an outbreak may also be an extended event. As a result, workplaces may experience:

- **Absenteeism.** Workers could be absent because they are sick; are caregivers for sick family members; are caregivers for children if schools or day care centers are closed; have at-risk people at home, such as immunocompromised family members; or are afraid to come to work because of fear of possible exposure.

- **Change in patterns of commerce.** Consumer demand for items related to infection prevention (e.g., respirators) is likely to increase significantly, while consumer interest in other goods may decline. Consumers may also change shopping patterns because of a COVID-19 outbreak. Consumers may try to shop at off-peak hours to reduce contact with other people, show increased interest in home delivery services, or prefer other options, such as drive-through service, to reduce person-to-person contact.

- **Interrupted supply/delivery.** Shipments of items from geographic areas severely affected by COVID-19 may be delayed or cancelled with or without notification.

This illustration, created at the Centers for Disease Control and Prevention (CDC), reveals ultrastructural morphology exhibited by the 2019 Novel Coronavirus (2019-nCoV). Note the spikes that adorn the outer surface of the virus, which impart the look of a corona surrounding the virion, when viewed electron microscopically. This virus was identified as the cause of an outbreak of respiratory illness first detected in Wuhan, China.

*Photo: CDC / Alissa Eckert & Dan Higgins*
Steps All Employers Can Take to Reduce Workers’ Risk of Exposure to SARS-CoV-2

This section describes basic steps that every employer can take to reduce the risk of worker exposure to SARS-CoV-2, the virus that causes COVID-19, in their workplace. Later sections of this guidance—including those focusing on jobs classified as having low, medium, high, and very high exposure risks—provide specific recommendations for employers and workers within specific risk categories.

Develop an Infectious Disease Preparedness and Response Plan

If one does not already exist, develop an infectious disease preparedness and response plan that can help guide protective actions against COVID-19.

Stay abreast of guidance from federal, state, local, tribal, and/or territorial health agencies, and consider how to incorporate those recommendations and resources into workplace-specific plans.

Plans should consider and address the level(s) of risk associated with various worksites and job tasks workers perform at those sites. Such considerations may include:

- Where, how, and to what sources of SARS-CoV-2 might workers be exposed, including:
  - The general public, customers, and coworkers; and
  - Sick individuals or those at particularly high risk of infection (e.g., international travelers who have visited locations with widespread sustained (ongoing) COVID-19 transmission, healthcare workers who have had unprotected exposures to people known to have, or suspected of having, COVID-19).

- Non-occupational risk factors at home and in community settings.
Workers’ individual risk factors (e.g., older age; presence of chronic medical conditions, including immunocompromising conditions; pregnancy).

Controls necessary to address those risks.

Follow federal and state, local, tribal, and/or territorial (SLTT) recommendations regarding development of contingency plans for situations that may arise as a result of outbreaks, such as:

- Increased rates of worker absenteeism.
- The need for social distancing, staggered work shifts, downsizing operations, delivering services remotely, and other exposure-reducing measures.
- Options for conducting essential operations with a reduced workforce, including cross-training workers across different jobs in order to continue operations or deliver surge services.
- Interrupted supply chains or delayed deliveries.

Plans should also consider and address the other steps that employers can take to reduce the risk of worker exposure to SARS-CoV-2 in their workplace, described in the sections below.

**Prepare to Implement Basic Infection Prevention Measures**

For most employers, protecting workers will depend on emphasizing basic infection prevention measures. As appropriate, all employers should implement good hygiene and infection control practices, including:

- Promote frequent and thorough hand washing, including by providing workers, customers, and worksite visitors with a place to wash their hands. If soap and running water are not immediately available, provide alcohol-based hand rubs containing at least 60% alcohol.
- Encourage workers to stay home if they are sick.
- Encourage respiratory etiquette, including covering coughs and sneezes.
■ Provide customers and the public with tissues and trash receptacles.

■ Employers should explore whether they can establish policies and practices, such as flexible worksites (e.g., telecommuting) and flexible work hours (e.g., staggered shifts), to increase the physical distance among employees and between employees and others if state and local health authorities recommend the use of social distancing strategies.

■ Discourage workers from using other workers’ phones, desks, offices, or other work tools and equipment, when possible.

■ Maintain regular housekeeping practices, including routine cleaning and disinfecting of surfaces, equipment, and other elements of the work environment. When choosing cleaning chemicals, employers should consult information on Environmental Protection Agency (EPA)-approved disinfectant labels with claims against emerging viral pathogens. Products with EPA-approved emerging viral pathogens claims are expected to be effective against SARS-CoV-2 based on data for harder to kill viruses. Follow the manufacturer’s instructions for use of all cleaning and disinfection products (e.g., concentration, application method and contact time, PPE).

Develop Policies and Procedures for Prompt Identification and Isolation of Sick People, if Appropriate

■ Prompt identification and isolation of potentially infectious individuals is a critical step in protecting workers, customers, visitors, and others at a worksite.

■ Employers should inform and encourage employees to self-monitor for signs and symptoms of COVID-19 if they suspect possible exposure.

■ Employers should develop policies and procedures for employees to report when they are sick or experiencing symptoms of COVID-19.
Where appropriate, employers should develop policies and procedures for immediately isolating people who have signs and/or symptoms of COVID-19, and train workers to implement them. Move potentially infectious people to a location away from workers, customers, and other visitors. Although most worksites do not have specific isolation rooms, designated areas with closable doors may serve as isolation rooms until potentially sick people can be removed from the worksite.

Take steps to limit spread of the respiratory secretions of a person who may have COVID-19. Provide a face mask, if feasible and available, and ask the person to wear it, if tolerated. Note: A face mask (also called a surgical mask, procedure mask, or other similar terms) on a patient or other sick person should not be confused with PPE for a worker; the mask acts to contain potentially infectious respiratory secretions at the source (i.e., the person’s nose and mouth).

If possible, isolate people suspected of having COVID-19 separately from those with confirmed cases of the virus to prevent further transmission—particularly in worksites where medical screening, triage, or healthcare activities occur, using either permanent (e.g., wall/different room) or temporary barrier (e.g., plastic sheeting).

Restrict the number of personnel entering isolation areas.

Protect workers in close contact with (i.e., within 6 feet of) a sick person or who have prolonged/repeated contact with such persons by using additional engineering and administrative controls, safe work practices, and PPE. Workers whose activities involve close or prolonged/repeated contact with sick people are addressed further in later sections covering workplaces classified at medium and very high or high exposure risk.
Develop, Implement, and Communicate about Workplace Flexibilities and Protections

- Actively encourage sick employees to stay home.
- Ensure that sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies.
- Talk with companies that provide your business with contract or temporary employees about the importance of sick employees staying home and encourage them to develop non-punitive leave policies.
- Do not require a healthcare provider’s note for employees who are sick with acute respiratory illness to validate their illness or to return to work, as healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely way.
- Maintain flexible policies that permit employees to stay home to care for a sick family member. Employers should be aware that more employees may need to stay at home to care for sick children or other sick family members than is usual.
- Recognize that workers with ill family members may need to stay home to care for them. See CDC’s Interim Guidance for Preventing the Spread of COVID-19 in Homes and Residential Communities: www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html.
- Be aware of workers’ concerns about pay, leave, safety, health, and other issues that may arise during infectious disease outbreaks. Provide adequate, usable, and appropriate training, education, and informational material about business-essential job functions and worker health and safety, including proper hygiene practices and the use of any workplace controls (including PPE). Informed workers who feel safe at work are less likely to be unnecessarily absent.
Work with insurance companies (e.g., those providing employee health benefits) and state and local health agencies to provide information to workers and customers about medical care in the event of a COVID-19 outbreak.

**Implement Workplace Controls**

Occupational safety and health professionals use a framework called the “hierarchy of controls” to select ways of controlling workplace hazards. In other words, the best way to control a hazard is to systematically remove it from the workplace, rather than relying on workers to reduce their exposure. During a COVID-19 outbreak, when it may not be possible to eliminate the hazard, the most effective protection measures are (listed from most effective to least effective): engineering controls, administrative controls, safe work practices (a type of administrative control), and PPE. There are advantages and disadvantages to each type of control measure when considering the ease of implementation, effectiveness, and cost. In most cases, a combination of control measures will be necessary to protect workers from exposure to SARS-CoV-2.


**Engineering Controls**

Engineering controls involve isolating employees from work-related hazards. In workplaces where they are appropriate, these types of controls reduce exposure to hazards without relying on worker behavior and can be the most cost-effective solution to implement. Engineering controls for SARS-CoV-2 include:

- Installing high-efficiency air filters.
- Increasing ventilation rates in the work environment.
- Installing physical barriers, such as clear plastic sneeze guards.
Installing a drive-through window for customer service.

Specialized negative pressure ventilation in some settings, such as for aerosol generating procedures (e.g., airborne infection isolation rooms in healthcare settings and specialized autopsy suites in mortuary settings).

**Administrative Controls**

Administrative controls require action by the worker or employer. Typically, administrative controls are changes in work policy or procedures to reduce or minimize exposure to a hazard. Examples of administrative controls for SARS-CoV-2 include:

- Encouraging sick workers to stay at home.
- Minimizing contact among workers, clients, and customers by replacing face-to-face meetings with virtual communications and implementing telework if feasible.
- Establishing alternating days or extra shifts that reduce the total number of employees in a facility at a given time, allowing them to maintain distance from one another while maintaining a full onsite work week.
- Developing emergency communications plans, including a forum for answering workers’ concerns and internet-based communications, if feasible.
- Providing workers with up-to-date education and training on COVID-19 risk factors and protective behaviors (e.g., cough etiquette and care of PPE).
- Training workers who need to use protecting clothing and equipment how to put it on, use/wear it, and take it off correctly, including in the context of their current and potential duties. Training material should be easy to understand and available in the appropriate language and literacy level for all workers.
Safe Work Practices

Safe work practices are types of administrative controls that include procedures for safe and proper work used to reduce the duration, frequency, or intensity of exposure to a hazard. Examples of safe work practices for SARS-CoV-2 include:

- Providing resources and a work environment that promotes personal hygiene. For example, provide tissues, no-touch trash cans, hand soap, alcohol-based hand rubs containing at least 60 percent alcohol, disinfectants, and disposable towels for workers to clean their work surfaces.
- Requiring regular hand washing or using of alcohol-based hand rubs. Workers should always wash hands when they are visibly soiled and after removing any PPE.
- Post handwashing signs in restrooms.

Personal Protective Equipment (PPE)

While engineering and administrative controls are considered more effective in minimizing exposure to SARS-CoV-2, PPE may also be needed to prevent certain exposures. While correctly using PPE can help prevent some exposures, it should not take the place of other prevention strategies.

Examples of PPE include: gloves, goggles, face shields, face masks, and respiratory protection, when appropriate. During an outbreak of an infectious disease, such as COVID-19, recommendations for PPE specific to occupations or job tasks may change depending on geographic location, updated risk assessments for workers, and information on PPE effectiveness in preventing the spread of COVID-19. Employers should check the OSHA and CDC websites regularly for updates about recommended PPE.

All types of PPE must be:

- Selected based upon the hazard to the worker.
- Properly fitted and periodically refitted, as applicable (e.g., respirators).
- Consistently and properly worn when required.
- Regularly inspected, maintained, and replaced, as necessary.
- Properly removed, cleaned, and stored or disposed of, as applicable, to avoid contamination of self, others, or the environment.

Employers are obligated to provide their workers with PPE needed to keep them safe while performing their jobs. The types of PPE required during a COVID-19 outbreak will be based on the risk of being infected with SARS-CoV-2 while working and job tasks that may lead to exposure.

Workers, including those who work within 6 feet of patients known to be, or suspected of being, infected with SARS-CoV-2 and those performing aerosol-generating procedures, need to use respirators:


- When disposable N95 filtering facepiece respirators are not available, consider using other respirators that provide greater protection and improve worker comfort. Other types of acceptable respirators include: a R/P95, N/R/P99, or N/R/P100 filtering facepiece respirator; an air-purifying elastomeric (e.g., half-face or full-face) respirator with appropriate filters or cartridges; powered air purifying respirator (PAPR) with high-efficiency particulate arrestance (HEPA) filter; or supplied air respirator (SAR). See CDC/NIOSH guidance for optimizing respirator supplies at: [www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy](http://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy).
Consider using PAPRs or SARs, which are more protective than filtering facepiece respirators, for any work operations or procedures likely to generate aerosols (e.g., cough induction procedures, some dental procedures, invasive specimen collection, blowing out pipettes, shaking or vortexing tubes, filling a syringe, centrifugation).

Use a surgical N95 respirator when both respiratory protection and resistance to blood and body fluids is needed.

Face shields may also be worn on top of a respirator to prevent bulk contamination of the respirator. Certain respirator designs with forward protrusions (duckbill style) may be difficult to properly wear under a face shield. Ensure that the face shield does not prevent airflow through the respirator.

Consider factors such as function, fit, ability to decontaminate, disposal, and cost. OSHA’s Respiratory Protection eTool provides basic information on respirators such as medical requirements, maintenance and care, fit testing, written respiratory protection programs, and voluntary use of respirators, which employers may also find beneficial in training workers at: www.osha.gov/SLTC/etools/respiratory. Also see NIOSH respirator guidance at: www.cdc.gov/niosh/topics/respirators.

Respirator training should address selection, use (including donning and doffing), proper disposal or disinfection, inspection for damage, maintenance, and the limitations of respiratory protection equipment. Learn more at: www.osha.gov/SLTC/respiratoryprotection.

The appropriate form of respirator will depend on the type of exposure and on the transmission pattern of COVID-19. See the NIOSH “Respirator Selection Logic” at: www.cdc.gov/niosh/docs/2005-100/default.html or the OSHA “Respiratory Protection eTool” at www.osha.gov/SLTC/etools/respiratory.
Follow Existing OSHA Standards

Existing OSHA standards may apply to protecting workers from exposure to and infection with SARS-CoV-2.

While there is no specific OSHA standard covering SARS-CoV-2 exposure, some OSHA requirements may apply to preventing occupational exposure to SARS-CoV-2. Among the most relevant are:


- The General Duty Clause, Section 5(a)(1) of the Occupational Safety and Health (OSH) Act of 1970, 29 USC 654(a)(1), which requires employers to furnish to each worker “employment and a place of employment, which are free from recognized hazards that are causing or are likely to cause death or serious physical harm.” See: [www.osha.gov/laws-regs/oshact/completeoshact](http://www.osha.gov/laws-regs/oshact/completeoshact).

OSHA’s Bloodborne Pathogens standard (29 CFR 1910.1030) applies to occupational exposure to human blood and other potentially infectious materials that typically do not include respiratory secretions that may transmit SARS-CoV-2. However, the provisions of the standard offer a framework that may help control some sources of the virus, including exposures to body fluids (e.g., respiratory secretions) not covered by the standard. See: [www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030](http://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030).
The OSHA COVID-19 webpage provides additional information about OSHA standards and requirements, including requirements in states that operate their own OSHA-approved State Plans, recordkeeping requirements and injury/illness recording criteria, and applications of standards related to sanitation and communication of risks related to hazardous chemicals that may be in common sanitizers and sterilizers. See: www.osha.gov/SLTC/covid-19/standards.html.

Classifying Worker Exposure to SARS-CoV-2

Worker risk of occupational exposure to SARS-CoV-2, the virus that causes COVID-19, during an outbreak may vary from very high to high, medium, or lower (caution) risk. The level of risk depends in part on the industry type, need for contact within 6 feet of people known to be, or suspected of being, infected with SARS-CoV-2, or requirement for repeated or extended contact with persons known to be, or suspected of being, infected with SARS-CoV-2. To help employers determine appropriate precautions, OSHA has divided job tasks into four risk exposure levels: very high, high, medium, and lower risk. The Occupational Risk Pyramid shows the four exposure risk levels in the shape of a pyramid to represent probable distribution of risk. Most American workers will likely fall in the lower exposure risk (caution) or medium exposure risk levels.
Very High Exposure Risk

*Very high exposure risk* jobs are those with high potential for exposure to known or suspected sources of COVID-19 during specific medical, postmortem, or laboratory procedures. Workers in this category include:

- Healthcare workers (e.g., doctors, nurses, dentists, paramedics, emergency medical technicians) performing aerosol-generating procedures (e.g., intubation, cough induction procedures, bronchoscopies, some dental procedures and exams, or invasive specimen collection) on known or suspected COVID-19 patients.
- Healthcare or laboratory personnel collecting or handling specimens from known or suspected COVID-19 patients (e.g., manipulating cultures from known or suspected COVID-19 patients).
- Morgue workers performing autopsies, which generally involve aerosol-generating procedures, on the bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death.

High Exposure Risk

*High exposure risk* jobs are those with high potential for exposure to known or suspected sources of COVID-19. Workers in this category include:

- Healthcare delivery and support staff (e.g., doctors, nurses, and other hospital staff who must enter patients’ rooms) exposed to known or suspected COVID-19 patients. (Note: when such workers perform aerosol-generating procedures, their exposure risk level becomes *very high*.)
- Medical transport workers (e.g., ambulance vehicle operators) moving known or suspected COVID-19 patients in enclosed vehicles.
- Mortuary workers involved in preparing (e.g., for burial or cremation) the bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death.
Medium Exposure Risk

Medium exposure risk jobs include those that require frequent and/or close contact with (i.e., within 6 feet of) people who may be infected with SARS-CoV-2, but who are not known or suspected COVID-19 patients. In areas without ongoing community transmission, workers in this risk group may have frequent contact with travelers who may return from international locations with widespread COVID-19 transmission. In areas where there is ongoing community transmission, workers in this category may have contact with the general public (e.g., schools, high-population-density work environments, some high-volume retail settings).

Lower Exposure Risk (Caution)

Lower exposure risk (caution) jobs are those that do not require contact with people known to be, or suspected of being, infected with SARS-CoV-2 nor frequent close contact with (i.e., within 6 feet of) the general public. Workers in this category have minimal occupational contact with the public and other coworkers.

Jobs Classified at Lower Exposure Risk (Caution): What to Do to Protect Workers

For workers who do not have frequent contact with the general public, employers should follow the guidance for “Steps All Employers Can Take to Reduce Workers’ Risk of Exposure to SARS-CoV-2,” on page 7 of this booklet and implement control measures described in this section.

Engineering Controls

Additional engineering controls are not recommended for workers in the lower exposure risk group. Employers should ensure that engineering controls, if any, used to protect workers from other job hazards continue to function as intended.
Administrative Controls

- Monitor public health communications about COVID-19 recommendations and ensure that workers have access to that information. Frequently check the CDC COVID-19 website: www.cdc.gov/coronavirus/2019-ncov.
- Collaborate with workers to designate effective means of communicating important COVID-19 information.

Personal Protective Equipment

Additional PPE is not recommended for workers in the lower exposure risk group. Workers should continue to use the PPE, if any, that they would ordinarily use for other job tasks.

Jobs Classified at Medium Exposure Risk: What to Do to Protect Workers

In workplaces where workers have medium exposure risk, employers should follow the guidance for “Steps All Employers Can Take to Reduce Workers’ Risk of Exposure to SARS-CoV-2,” on page 7 of this booklet and implement control measures described in this section.

Engineering Controls

- Install physical barriers, such as clear plastic sneeze guards, where feasible.

Administrative Controls

- Consider offering face masks to ill employees and customers to contain respiratory secretions until they are able leave the workplace (i.e., for medical evaluation/care or to return home). In the event of a shortage of masks, a reusable face shield that can be decontaminated may be an acceptable method of protecting against droplet transmission. See CDC/NIOSH guidance for optimizing respirator supplies, which discusses the use of surgical masks, at: www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy.
Keep customers informed about symptoms of COVID-19 and ask sick customers to minimize contact with workers until healthy again, such as by posting signs about COVID-19 in stores where sick customers may visit (e.g., pharmacies) or including COVID-19 information in automated messages sent when prescriptions are ready for pick up.

Where appropriate, limit customers’ and the public’s access to the worksite, or restrict access to only certain workplace areas.

Consider strategies to minimize face-to-face contact (e.g., drive-through windows, phone-based communication, telework).

Communicate the availability of medical screening or other worker health resources (e.g., on-site nurse; telemedicine services).

**Personal Protective Equipment (PPE)**

When selecting PPE, consider factors such as function, fit, decontamination ability, disposal, and cost. Sometimes, when PPE will have to be used repeatedly for a long period of time, a more expensive and durable type of PPE may be less expensive overall than disposable PPE. Each employer should select the combination of PPE that protects workers specific to their workplace.

Workers with medium exposure risk may need to wear some combination of gloves, a gown, a face mask, and/or a face shield or goggles. PPE ensembles for workers in the medium exposure risk category will vary by work task, the results of the employer’s hazard assessment, and the types of exposures workers have on the job.

*High exposure risk* jobs are those with high potential for exposure to known or suspected sources of COVID-19.

*Very high exposure risk* jobs are those with high potential for exposure to known or suspected sources of COVID-19 during specific medical, postmortem, or laboratory procedures that involve aerosol generation or specimen collection/handling.
In rare situations that would require workers in this risk category to use respirators, see the PPE section beginning on page 14 of this booklet, which provides more details about respirators. For the most up-to-date information, visit OSHA’s COVID-19 webpage: www.osha.gov/covid-19.

**Jobs Classified at High or Very High Exposure Risk: What to Do to Protect Workers**

In workplaces where workers have high or very high exposure risk, employers should follow the guidance for “Steps All Employers Can Take to Reduce Workers’ Risk of Exposure to SARS-CoV-2,” on page 7 of this booklet and implement control measures described in this section.

**Engineering Controls**

- Ensure appropriate air-handling systems are installed and maintained in healthcare facilities. See “Guidelines for Environmental Infection Control in Healthcare Facilities” for more recommendations on air handling systems at: www.cdc.gov/mmwr/preview/mmwrhtml/rr5210a1.htm.
- CDC recommends that patients with known or suspected COVID-19 (i.e., person under investigation) should be placed in an airborne infection isolation room (AIIR), if available.
- Use isolation rooms when available for performing aerosol-generating procedures on patients with known or suspected COVID-19. For postmortem activities, use autopsy suites or other similar isolation facilities when performing aerosol-generating procedures on the bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death. See the CDC postmortem guidance at: www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-postmortem-specimens.html. OSHA also provides guidance for postmortem activities on its COVID-19 webpage: www.osha.gov/covid-19.
Use special precautions associated with Biosafety Level 3 when handling specimens from known or suspected COVID-19 patients. For more information about biosafety levels, consult the U.S. Department of Health and Human Services (HHS) “Biosafety in Microbiological and Biomedical Laboratories” at www.cdc.gov/biosafety/publications/bmbl5.

**Administrative Controls**

If working in a healthcare facility, follow existing guidelines and facility standards of practice for identifying and isolating infected individuals and for protecting workers.

- Develop and implement policies that reduce exposure, such as cohorting (i.e., grouping) COVID-19 patients when single rooms are not available.
- Post signs requesting patients and family members to immediately report symptoms of respiratory illness on arrival at the healthcare facility and use disposable face masks.
- Consider offering enhanced medical monitoring of workers during COVID-19 outbreaks.
- Provide all workers with job-specific education and training on preventing transmission of COVID-19, including initial and routine/refresher training.
- Ensure that psychological and behavioral support is available to address employee stress.

**Safe Work Practices**

- Provide emergency responders and other essential personnel who may be exposed while working away from fixed facilities with alcohol-based hand rubs containing at least 60% alcohol for decontamination in the field.
Personal Protective Equipment (PPE)

Most workers at high or very high exposure risk likely need to wear gloves, a gown, a face shield or goggles, and either a face mask or a respirator, depending on their job tasks and exposure risks.

Those who work closely with (either in contact with or within 6 feet of) patients known to be, or suspected of being, infected with SARS-CoV-2, the virus that causes COVID-19, should wear respirators. In these instances, see the PPE section beginning on page 14 of this booklet, which provides more details about respirators. For the most up-to-date information, also visit OSHA’s COVID-19 webpage: www.osha.gov/covid-19.

PPE ensembles may vary, especially for workers in laboratories or morgue/mortuary facilities who may need additional protection against blood, body fluids, chemicals, and other materials to which they may be exposed. Additional PPE may include medical/surgical gowns, fluid-resistant coveralls, aprons, or other disposable or reusable protective clothing. Gowns should be large enough to cover the areas requiring protection. OSHA may also provide updated guidance for PPE use on its website: www.osha.gov/covid-19.

NOTE: Workers who dispose of PPE and other infectious waste must also be trained and provided with appropriate PPE.

The CDC webpage “Healthcare-associated Infections” (www.cdc.gov/hai) provides additional information on infection control in healthcare facilities.

Workers Living Abroad or Travelling Internationally

Employers with workers living abroad or traveling on international business should consult the “Business Travelers” section of the OSHA COVID-19 webpage (www.osha.gov/covid-19), which also provides links to the latest:
Employers should communicate to workers that the DOS cannot provide Americans traveling or living abroad with medications or supplies, even in the event of a COVID-19 outbreak.

As COVID-19 outbreak conditions change, travel into or out of a country may not be possible, safe, or medically advisable. It is also likely that governments will respond to a COVID-19 outbreak by imposing public health measures that restrict domestic and international movement, further limiting the U.S. government’s ability to assist Americans in these countries. It is important that employers and workers plan appropriately, as it is possible that these measures will be implemented very quickly in the event of worsening outbreak conditions in certain areas.

More information on COVID-19 planning for workers living and traveling abroad can be found at: www.cdc.gov/travel.

For More Information

Federal, state, and local government agencies are the best source of information in the event of an infectious disease outbreak, such as COVID-19. Staying informed about the latest developments and recommendations is critical, since specific guidance may change based upon evolving outbreak situations.

Below are several recommended websites to access the most current and accurate information:

- Occupational Safety and Health Administration website: www.osha.gov
- Centers for Disease Control and Prevention website: www.cdc.gov
- National Institute for Occupational Safety and Health website: www.cdc.gov/niosh
OSHA Assistance, Services, and Programs

OSHA has a great deal of information to assist employers in complying with their responsibilities under OSHA law. Several OSHA programs and services can help employers identify and correct job hazards, as well as improve their safety and health program.

Establishing a Safety and Health Program

Safety and health programs are systems that can substantially reduce the number and severity of workplace injuries and illnesses, while reducing costs to employers.

Visit www.osha.gov/safetymanagement for more information.

Compliance Assistance Specialists

OSHA compliance assistance specialists can provide information to employers and workers about OSHA standards, short educational programs on specific hazards or OSHA rights and responsibilities, and information on additional compliance assistance resources.

Visit www.osha.gov/complianceassistance/cas or call 1-800-321-OSHA (6742) to contact your local OSHA office.

No-Cost On-Site Safety and Health Consultation Services for Small Business

OSHA’s On-Site Consultation Program offers no-cost and confidential advice to small and medium-sized businesses in all states, with priority given to high-hazard worksites. On-Site consultation services are separate from enforcement and do not result in penalties or citations.

For more information or to find the local On-Site Consultation office in your state, visit www.osha.gov/consultation, or call 1-800-321-OSHA (6742).
Under the consultation program, certain exemplary employers may request participation in OSHA’s **Safety and Health Achievement Recognition Program (SHARP)**. Worksites that receive SHARP recognition are exempt from programmed inspections during the period that the SHARP certification is valid.

**Cooperative Programs**

OSHA offers cooperative programs under which businesses, labor groups and other organizations can work cooperatively with OSHA. To find out more about any of the following programs, visit [www.osha.gov/cooperativeprograms](http://www.osha.gov/cooperativeprograms).

**Strategic Partnerships and Alliances**

The OSHA Strategic Partnerships (OSP) provide the opportunity for OSHA to partner with employers, workers, professional or trade associations, labor organizations, and/or other interested stakeholders. Through the Alliance Program, OSHA works with groups to develop compliance assistance tools and resources to share with workers and employers, and educate workers and employers about their rights and responsibilities.

**Voluntary Protection Programs (VPP)**

The VPP recognize employers and workers in the private sector and federal agencies who have implemented effective safety and health programs and maintain injury and illness rates below the national average for their respective industries.

**Occupational Safety and Health Training**

OSHA partners with 26 OSHA Training Institute Education Centers at 37 locations throughout the United States to deliver courses on OSHA standards and occupational safety and health topics to thousands of students a year. For more information on training courses, visit [www.osha.gov/otiec](http://www.osha.gov/otiec).
OSHA Educational Materials

OSHA has many types of educational materials to assist employers and workers in finding and preventing workplace hazards.

All OSHA publications are free at www.osha.gov/publications and www.osha.gov/ebooks. You can also call 1-800-321-OSHA (6742) to order publications.

Employers and safety and health professionals can sign-up for QuickTakes, OSHA’s free, twice-monthly online newsletter with the latest news about OSHA initiatives and products to assist in finding and preventing workplace hazards. To sign up, visit www.osha.gov/quicktakes.

OSHA Regional Offices

Region 1
Boston Regional Office
(CT*, ME*, MA, NH, RI, VT*)
JFK Federal Building
25 New Sudbury Street, Room E340
Boston, MA 02203
(617) 565-9860 (617) 565-9827 Fax

Region 2
New York Regional Office
(NJ*, NY*, PR*, VI*)
Federal Building
201 Varick Street, Room 670
New York, NY 10014
(212) 337-2378 (212) 337-2371 Fax

Region 3
Philadelphia Regional Office
(DE, DC, MD*, PA, VA*, WV)
The Curtis Center
170 S. Independence Mall West, Suite 740 West
Philadelphia, PA 19106-3309
(215) 861-4900 (215) 861-4904 Fax
Region 4
Atlanta Regional Office
(AL, FL, GA, KY*, MS, NC*, SC*, TN*)
Sam Nunn Atlanta Federal Center
61 Forsyth Street, SW, Room 6T50
Atlanta, GA 30303
(678) 237-0400 (678) 237-0447 Fax

Region 5
Chicago Regional Office
(IL*, IN*, MI*, MN*, OH, WI)
John C. Kluczynski Federal Building
230 South Dearborn Street, Room 3244
Chicago, IL 60604
(312) 353-2220 (312) 353-7774 Fax

Region 6
Dallas Regional Office
(AR, LA, NM*, OK, TX)
A. Maceo Smith Federal Building
525 Griffin Street, Room 602
Dallas, TX 75202
(972) 850-4145 (972) 850-4149 Fax

Region 7
Kansas City Regional Office
(IA*, KS, MO, NE)
Two Pershing Square Building
2300 Main Street, Suite 1010
Kansas City, MO 64108-2416
(816) 283-8745 (816) 283-0547 Fax

Region 8
Denver Regional Office
(CO, MT, ND, SD, UT*, WY*)
Cesar Chavez Memorial Building
1244 Speer Boulevard, Suite 551
Denver, CO 80204
(720) 264-6550 (720) 264-6585 Fax
Region 9
San Francisco Regional Office
(AZ*, CA*, HI*, NV*, and American Samoa, Guam and the Northern Mariana Islands)
San Francisco Federal Building
90 7th Street, Suite 2650
San Francisco, CA 94103
(415) 625-2547 (415) 625-2534 Fax

Region 10
Seattle Regional Office
(AK*, ID, OR*, WA*)
Fifth & Yesler Tower
300 Fifth Avenue, Suite 1280
Seattle, WA 98104
(206) 757-6700 (206) 757-6705 Fax

*These states and territories operate their own OSHA-approved job safety and health plans and cover state and local government employees as well as private sector employees. The Connecticut, Illinois, Maine, New Jersey, New York and Virgin Islands programs cover public employees only. (Private sector workers in these states are covered by Federal OSHA). States with approved programs must have standards that are identical to, or at least as effective as, the Federal OSHA standards.

Note: To get contact information for OSHA area offices, OSHA-approved state plans and OSHA consultation projects, please visit us online at www.osha.gov or call us at 1-800-321-OSHA (6742).
How to Contact OSHA

Under the Occupational Safety and Health Act of 1970, employers are responsible for providing safe and healthful workplaces for their employees. OSHA’s role is to help ensure these conditions for America’s working men and women by setting and enforcing standards, and providing training, education and assistance. For more information, visit www.osha.gov or call OSHA at 1-800-321-OSHA (6742), TTY 1-877-889-5627.

For assistance, contact us.
We are OSHA. We can help.

OSHA
www.osha.gov
Timing and location of cleaning and disinfection of surfaces.

At a school, daycare center, office, or other facility that does not house people overnight:

It is recommended to close off areas used by the ill persons and wait as long as practical before beginning cleaning and disinfection to minimize potential for exposure to respiratory droplets. Open outside doors and windows to increase air circulation in the area. If possible, wait up to 24 hours before beginning cleaning and disinfection.

How to clean and disinfect.

Surfaces

If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.

For disinfection, diluted household bleach solutions, alcohol solutions with at least 70% alcohol, and most common EPA-registered household disinfectants should be effective.

- Diluted household bleach solutions can be used if appropriate for the surface. Follow manufacturer's instructions for application and proper ventilation.
- Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser.
- Unexpired household bleach will be effective against coronaviruses when properly diluted.
  
  Prepare a bleach solution by mixing:
  - Five tablespoons (1/3 cup) bleach per gallon of water, or
  - Four teaspoons bleach per quart of water.

Products with EPA-approved emerging viral pathogens claims are expected to be effective against COVID-19 based on data for harder to kill viruses. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).

Soft Surfaces

For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces. After cleaning:

- If the items can be laundered, launder items in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items completely. Otherwise, use products with the EPA-approved emerging viral pathogens claims that are suitable for porous surfaces.
Linens, Clothing, and Other Items That Go in the Laundry

- Do not shake dirty laundry; this minimizes the possibility of dispersing virus through the air.
- Wash items as appropriate in accordance with the manufacturer’s instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry that has been in contact with an ill person can be washed with other people’s items.
- Clean and disinfect hampers or other carts for transporting laundry according to guidance above for hard or soft surfaces.

Personal protective equipment (PPE) and hand hygiene considerations.

Cleaning staff should wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash.

- Gloves and gowns should be compatible with the disinfectant products being used.
- Additional PPE might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.
- Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area. Be sure to clean hands after removing gloves.
- Gloves should be removed after cleaning a room or area occupied by ill persons. Clean hands immediately after gloves are removed.
- Cleaning staff should immediately report breaches in PPE (e.g., tear in gloves) or any potential exposures to their supervisor.

Cleaning staff and others should clean hands often.

Clean hands often including immediately after removing gloves and after contact with an ill person, by washing hands with soap and warm water for 20 seconds. If soap and warm water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and warm water.

Follow normal preventive actions while at work and home, including cleaning hands and avoiding touching eyes, nose, or mouth. Additional key times to clean hands include:

- After blowing one’s nose, coughing, or sneezing
- After using the restroom
- Before eating or preparing food
- After contact with animals or pets
- Before and after providing routine care for another person who needs assistance (e.g., a child)

For more information, visit Michigan.gov/Coronavirus.
I think I have been exposed to COVID-19, what should I do?

Close Contacts

I live with or am caring for someone with COVID-19

You should self quarantine and monitor yourself for symptoms. The local health department may ask you to do so.*

Have you developed symptoms of respiratory illness such as **fever**, **cough**, or **shortness of breath**?

---

Yes

Are you having severe symptoms like difficulty breathing, persistent pain or pressure in the chest, new confusion or inability to arouse or bluish lips or face?

---

Yes

Seek immediate medical attention.

---

No

Continue to monitor yourself for symptoms.

---

No

Contact your health care provider to discuss your symptoms.

---

I think my coworker has COVID-19

You do not need to self quarantine, but it is a good idea to be vigilant and monitor yourself for symptoms.

---

I think someone I know has COVID-19

---

Have you developed symptoms of respiratory illness such as **fever**, **cough**, or **shortness of breath**?

---

Yes

Are you having severe symptoms like difficulty breathing, persistent pain or pressure in the chest, new confusion or inability to arouse or bluish lips or face?

---

Yes

Contact your health care provider to discuss your symptoms.

---

No

Continue to monitor yourself for symptoms.

---

I think someone I know has COVID-19

---

Have you developed symptoms of respiratory illness such as **fever**, **cough**, or **shortness of breath**?

---

Yes

Are you having severe symptoms like difficulty breathing, persistent pain or pressure in the chest, new confusion or inability to arouse or bluish lips or face?

---

Yes

Seek immediate medical attention.

---

No

Continue to monitor yourself for symptoms.

---

No

Contact your health care provider to discuss your symptoms.

---

If your doctor decides you should be tested for COVID-19, your health care provider can order testing for you.

---

Health care provider takes a sample

Sample is sent to a laboratory for testing

Laboratory sends result to health care provider

Health care provider informs patient of result. The state health department will not provide results.

---

*Quarantine process for general public, does not specifically apply to health care workers.

SEOC TA 2710004 03/25/2020
**When is it safe to leave home if you have symptoms of COVID-19 or live with someone who does?**

**Employers can't retaliate against workers for taking time away from work under these circumstances.**

File a complaint with MIOSHA. Learn more at Michigan.gov/MIOSHAComplaint.

### For Me
- I have been diagnosed with COVID-19.
- I have developed one or more symptoms of COVID-19.

**Stay home for 7 days** after you were tested or developed symptoms.

- After staying home for 7 days, have you been **symptom-free for 3 days?**
  - **YES**
    - You may leave if you are symptom-free.
  - **NO**
    - Stay home until 3 days have passed after all symptoms have stopped.

### Close Contacts
- I live with someone diagnosed with COVID-19.
- I live with someone who has developed one or more symptoms of COVID-19.

**Stay home for 14 days** after your last contact with the sick person.

**Monitor yourself for symptoms.**

**You may leave if you are symptom-free.**

### How do I monitor myself?**

Pay attention for COVID-19 symptoms:
- Fever
- Cough
- Shortness of breath

If you are concerned about your health or develop symptoms, contact your health care provider or urgent care.

### Should I wear a mask?**

If you or your close contact is symptomatic and you must leave home, you should cover your nose and mouth with a homemade mask, scarf, bandana or handkerchief.

---

*Process for general public, does not specifically apply to workers at a health-care facility, first responders (e.g., police officers, fire fighters, paramedics), and prison employees.*
The following considerations and decision-making chart serve as guidance for allocation of personal protective equipment during the COVID-19 outbreak. This is only a guidance document. Prioritization strategies should only be used when adequate PPE supplies are not available.

Considerations for determining how to allocate a limited supply of PPE:

- During periods of limited availability, it may be necessary to prioritize allocation of PPE.
- When supplies are less limited, allocations should be as broad as possible to mitigate spread of disease.
- People who are at highest risk of exposure or at highest risk of spreading the disease to a vulnerable population should be prioritized for allocation within each facility.
- Regional PPE allocation should be tailored based on the most current epidemiological data.

Additional measures to optimize PPE should be taken in combination with a prioritization strategy during periods of known shortages. MDHHS guidance, Optimizing Personal Protective Equipment During Crisis Capacity can be utilized by healthcare workers and other front-line workers to reduce demand to PPE supply. Optimization strategies should only be used when limited supplies prevent the ability to follow conventional standards.

Additional MDHHS guidance is available on Michigan.gov/Coronavirus.
Widespread community-transmission or Facility-transmission of COVID-19 occurring?

Yes

Facility has adequate PPE supplies

No

Aerosol-generating procedures being performed?

Yes

No allocation at this time

No

No allocation at this time

Yes

Facility has adequate PPE supplies

Prioritization for N95 respirators

1st Priority:
- Acute Care Hospitals
- Long-term Acute Care Hospitals
- Emergency Medical Service Providers

2nd Priority:
- Long-term Care Facilities
- State-run Facilities
- Other Residential Congregate Facilities
- Dialysis Facilities

3rd Priority:
- Outpatient Facilities Collecting Diagnostic Respiratory Specimens
- Funeral Directors/Mortuary Services
- Dental Facilities (Urgent Procedures)

4th Priority:
- Other Outpatient Facilities
- Home Healthcare
- Child Care

Prioritization for facemasks, face shield/goggles, gowns, gloves:

1st Priority:
- Acute Care Hospitals
- Long-term Acute Care Hospitals
- Emergency Medical Service Providers

2nd Priority:
- Long-term Care Facilities
- State-run Facilities
- Other Residential Congregate Facilities
- Dialysis Facilities

3rd Priority:
- Outpatient Facilities Collecting Diagnostic Respiratory Specimens
- Funeral Directors/Mortuary Services
- Dental Facilities (Urgent Procedures)

4th Priority:
- Other Outpatient Facilities
- Home Healthcare
- Child Care

Prioritization for N95 respirators

2nd Priority:
- Acute Care Hospitals
- Long-term Acute Care Hospitals
- Emergency Medical Service Providers

5th Priority:
- Acute Care Hospitals
- Long-term Acute Care Hospitals
- Emergency Medical Service Providers

6th Priority:
- Long-term Care Facilities
- State-run Facilities
- Other Residential Congregate Facilities
- Dialysis Facilities

7th Priority:
- Outpatient Facilities Collecting Diagnostic Respiratory Specimens
- Funeral Directors/Mortuary Services
- Dental Facilities (Urgent Procedures)

8th Priority:
- Other Outpatient Facilities
- Home Healthcare
- Child Care
The Centers for Disease Control and Prevention (CDC) provides strategies that can be utilized by healthcare workers to optimize use of PPE during periods of known shortages. These strategies should only be used when there is limited supply that has exceeded the ability to provide conventional standards.

During severe resource limitations, consider excluding healthcare providers (HCP) at higher risk for severe illness from COVID-19 from contact with known or suspected COVID-19 patients (e.g., those of older age, those with chronic medical conditions, or those who may be pregnant).

**N-95 Respirators:**

- Consider use of respirators beyond the manufacturer-designated shelf life for healthcare delivery.
- Consider use of respirators approved under standards used in other countries similar to NIOSH-approved N-95 respirators.
- Consider limited re-use of N-95 respirators for COVID-19 patients according to CDC guidance.
- Decontamination and reuse of N-95 respirators according to CDC guidance may be considered. Only respirator manufacturers can reliably provide guidance on how to decontaminate their specific models of respirators. However, if absent, third parties may also provide guidance or procedures on how to decontaminate respirators without impacting respirator performance. Vaporous hydrogen peroxide, ultraviolet germicidal irradiation, and moist heat are the most promising decontamination methods. **No current data exists supporting the effectiveness of these decontamination methods specifically against SARS-CoV-2.** Therefore, even after decontamination, these N-95 respirators should be handled carefully.
- In settings where N-95 respirators are so limited that routinely practiced standards of care for wearing N-95 respirators and equivalent or higher level of protection respirators are no longer possible, and surgical masks are not available, as a last resort, it may be necessary for HCP to use masks that have never been evaluated or approved by NIOSH.
- Any respirator that becomes obviously damaged or difficult to breathe through should be discarded.

For more information, visit [Michigan.gov/Coronavirus](https://www.michigan.gov/coronavirus).
Eye Protection:

- Consider extending use of eye protection without removing between patient contacts. This can be done with disposable and reusable devices.
- Eye protection should be removed and reprocessed if it becomes visibly soiled or difficult to see through.
- Face shields that are reprocessed should be dedicated to one healthcare provider and reprocessed whenever it is visibly soiled or removed prior to putting it back on.
- Eye protection should be discarded if damaged (e.g., face shield can no longer fasten securely to the provider, if visibility is obscured and reprocessing does not restore visibility).
- Note: Avoid touching eye protection. If touched, immediately perform hand hygiene. If there is a need to remove eye protection, leave the patient care area.
- During extreme shortages (crisis standards of care) consider using eye protection devices beyond the manufacturer-designated shelf life (visually inspect the product prior to use and if there are concerns such as degraded materials discard the product).
- Prioritize eye protection for selected activities such as where splashes and sprays are anticipated—includes aerosol generating procedures; during activities where prolonged face to face or close contact with a potentially infectious patient is unavoidable.
- Consider using safety glasses (trauma glasses) that have extensions to cover the side of the eyes.

Isolation Gowns:

- Consider shifting disposable gowns to cloth isolation gowns (this may require augmenting laundry operations personnel).
- Gowns must be routinely inspected and maintained and discarded when thin or ripped.
- Consider use of coveralls (requires training and practice prior to use)
- Consideration can be made to extend the use of isolation gowns (disposable or cloth) so that it is worn by the same healthcare provider when interacting with more than one patient known to be infected with the same infectious disease when the patients are cohorted in the same location. Only to be considered when there are no additional co-infectious diagnoses transmitted by contact.
- Any disposable gown that becomes visibly soiled should be disposed of. Cloth gowns that are visibly soiled should be removed and cleaned.
- During extreme shortages (crisis standards of care) gowns should be prioritized for activities where splashes and sprays are anticipated including aerosol generating procedures and during high-contact patient care activities such as dressing, bathing/showering, transferring, linen changes, assisting with toileting, device care or use and wound care.

For more information, visit Michigan.gov/Coronavirus.
# Social distancing, self-monitoring, quarantine, isolation

What do these terms mean? And what do I do if I'm asked to do them?

## Social distancing

We should ALL be practicing social distancing. It helps protect everyone in our community, especially those who are most vulnerable, from illness. What does this look like?

**Individuals can:**
- Keep six feet between people as much as possible.
- Get curbside pick up for groceries or restaurant orders instead of going inside.
- Use online or drive-through services at the bank.
- Avoid public places at their busiest times.
- Avoid getting together in large social groups.

**Businesses & organizations can:**
- Have employees tele-work.
- Avoid in-person meetings and travel.
- Modify operations to provide more online options and restrict people from gathering.

## We may ask you to:

<table>
<thead>
<tr>
<th><strong>Self-monitor</strong></th>
<th>People without symptoms, but who had a low-risk exposure like being in an airport or restaurant at the same time as someone with a confirmed case of COVID-19.</th>
<th><strong>Who should do it?</strong></th>
<th><strong>What should you do?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Self-quarantine</strong></td>
<td>People without symptoms, but who have a higher potential of becoming sick because of where they traveled or having had contact with someone being tested or positive for COVID-19.</td>
<td><strong>Who should do it?</strong></td>
<td><strong>What should you do?</strong></td>
</tr>
<tr>
<td><strong>Monitored quarantine</strong></td>
<td>Travelers from Europe, China, Iran and other countries. Close contacts of people who have tested positive for COVID-19.</td>
<td><strong>Who should do it?</strong></td>
<td><strong>What should you do?</strong></td>
</tr>
<tr>
<td><strong>Self-isolation</strong></td>
<td>People sick with symptoms of COVID-19 but not sick enough to be hospitalized.</td>
<td><strong>Who should do it?</strong></td>
<td><strong>What should you do?</strong></td>
</tr>
</tbody>
</table>

Adapted from Washtenaw County Health Department

Modified March 18, 2020
# COVID-19 Essential Workplace Screening Tool

**Employee Name:**

<table>
<thead>
<tr>
<th>Date:</th>
<th>Time In:</th>
</tr>
</thead>
</table>

### In the past 24 hours, have you experienced:

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever (felt feverish or above 100.4° F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New or worsening cough</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shortness of breath</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sore throat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diarrhea</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current temperature</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you answer “yes” to any of the symptoms listed above, or your temperature is 100.4° F or higher, please do not go into work. Self-isolate at home and contact your primary care physician’s office for direction. You should also:

- Isolate (do not leave) at home for a minimum of 7 days since symptoms first appear, **AND**
- Have 3 days without fevers (without the use of medicine) and improvement in respiratory symptoms

### In the past 14 days, have you:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had close contact with an individual diagnosed with COVID-19?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travelled via airplane internationally or domestically?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you answer “yes” to either of these questions, please do not go into work. Self-quarantine at home for 14 days.

For more information visit [barryeatonhealth.org/coronavirus](http://barryeatonhealth.org/coronavirus).
COVID-19 Essential Workplace Screening Tool

This tool is for workplaces that are essential to remain open with staff on-site during the COVID-19 pandemic. Barry-Eaton District Health Department recommends:

- Check all employees for fever or other symptoms if they will enter facilities or buildings.
- Maintain 6 feet of distance between people.
- Emphasize frequent and proper hand washing. Make sure sinks are well supplied.
- Work remotely whenever possible.
- Do not share space or equipment. If this is not possible, have employees wash their hands before and after using shared equipment. Clean and sanitize equipment between uses.
- Any employee with cold symptoms or underlying health conditions should stay home or work remotely.

If an employee arrives to work ill or becomes ill at work, send them home immediately. If they are having trouble breathing or cannot keep fluids down, have them contact their health care provider right away.

If visitors or customers show signs of illness (such as coughing or sneezing), employees should try and stay at least six feet away. If this is not possible, contact should be limited to under 10 minutes. The public should have access to tissues, trash receptacles, and a no-touch hand sanitizer dispenser if possible.

If an employee tests positive for COVID-19, the employee needs to stay home and isolate themselves. You must protect the confidentiality of the employee. Make sure surfaces and work areas the employee came into contact with are disinfected with an EPA-approved cleanser. Close personal contacts (less than six feet distance for greater than 10 minutes while symptomatic) should stay at home and quarantine for 14 days.

If an employee is at home following an exposure to COVID-19 (quarantine), they may return to work after 14 days. If they become sick at home, they should follow isolation guidance.

If an employee is sick at home (isolation), they may return to work seven days after the symptoms started AND they are 72 hours fever-free without the use of fever-reducing medication.

For the most up-to-date information on COVID-19, please visit the following:

- Barry and Eaton Counties: barryeatonhealth.org/coronavirus
- Michigan: https://www.michigan.gov/coronavirus