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Alternative Workplace Readiness Checklist

The computer in my proposed alternative workspace… *(Check one.)*

◉ is a work laptop **OR** ○ is a personal device that

_____

- Does not share a log in with another person
- Is password protected

My proposed alternative workspace… *(Check all that apply.)*

❑ Has a secure, password protected internet connection
- County Network

❑ Password protected home network

❑ Is in an area where the screen cannot be easily viewed by others

❑ Has a space where I can conduct phone calls/video chats while ensuring privacy and client confidentiality, which means no other person can identify my client.

From my alternative workspace, I know how to… *(Check all that apply.)*

❑ Log into the Contra Costa County Public Health WebVPN

❑ Log onto WIC WISE for my program.

❑ Use CCHS Authenticator

❑ Access Microsoft Outlook / Office.com

❑ Access Microsoft Teams

I understand that while I am stationed at my alternative workplace, the following work expectations apply:

➢ To the best of my ability, I will:
- o always transport client information in a HIPAA compliant container
- o not print any client information
- o adhere to standard work practices for my program
- o be available during my regular work hours via phone (text and voice), Outlook, and Teams
- o return calls or emails from other WIC.Program@cchealth.org within one hour
- o log out of my computer when away from my workstation
- o check in with my supervisor at the beginning and end of my workday

➢ My work may be monitored which includes sharing a list of completed activities to my supervisor.

➢ I understand that I may be required to report to my work site or other location to perform disaster service work.

➢ This is a temporary arrangement. Further allowance for an alternative workplace must be reviewed and updated per county and program requirements.

✓ I (Name)_____ have read and agree to the above statements.

_____ _____
Signature Date

✓ I (Supervisor)_____ verify this employee has met the requirements for alternative workplace and is approved to start.

_____ _____
Signature Date