



Agency Name: _____ Date: _____		
Furloughing staff exposed to COVID-19		
Questions	Yes	No
1. Is the facility limiting furloughs to HCP who had prolonged close contact with a patient/resident, visitor, or HCPs with confirmed COVID-19 or close contact with such persons while not wearing appropriate PPE or not wearing it properly or not wearing proper PPE while present for an aerosol-generating procedure?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the facility limiting furloughs to HCP with non-work COVID-19 exposures or returning from international travel?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the facility allowing exposed asymptomatic HCP who have recovered from COVID-19 in the past 3 months to work?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the facility facilitating access to COVID-19 vaccinations to interested and eligible staff?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the facility limiting furloughs to exposed unvaccinated and not fully vaccinated HCP?	<input type="checkbox"/>	<input type="checkbox"/>
Has the Agency implemented strategies to mitigate staffing shortages? (For additional suggestions, consult CDC's Strategies to Mitigate Healthcare Personnel Staffing Shortages)		
1. Use of flexible scheduling of staff work hours and shifts to maximize availability to meet individual needs as opposed to administrative needs.	<input type="checkbox"/>	<input type="checkbox"/>
2. Reallocation of qualified staff from their assigned position to provide essential services/supports to meet individuals' needs, as appropriate.	<input type="checkbox"/>	<input type="checkbox"/>
3. Attempted to identify/hire additional staff members to work in the facilities/provide services, brought on per diem staff, or worked with other entities to share staff where appropriate?	<input type="checkbox"/>	<input type="checkbox"/>
4. If appropriate, requested that staff members postpone elective time off from work (with consideration for the mental health benefits of time off and that the burden of the disease and care-taking responsibilities may differ substantially among certain racial and ethnic groups)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Curtailed non-essential activities requiring intensive staffing out of facility programs. Non-essential activities are activities that do not involve a medical urgency and/or those for which delay would not be detrimental to the individual's well-being	<input type="checkbox"/>	<input type="checkbox"/>
6. Attempted to address social factors that might prevent unexposed staff members from reporting to work such as: a) safe transportation; b) housing that allows for social distancing if staff members live with individuals with underlying medical conditions or older adults; c) childcare for staff members with younger children and children enrolled in remote school?	<input type="checkbox"/>	<input type="checkbox"/>
Attestation		

I hereby certify, under penalty of law, that I am the Executive Director/Chief Executive Officer (CEO) or designee of the agency identified below, and the foregoing is accurate and truthful to the best of my knowledge. I am attesting that agency employees exposed to COVID-19 return to work at my facilities/programs before the quarantine period has ended, only if following OASAS guidance for early return and only because staffing mitigations strategies alone are insufficient to meet the supervision and support needs of the individuals. This attestation applies to the programs listed below.

Agency Name: _____

Signature: _____

Date: _____

Printed name: _____

Title : _____

