



**Checklist and Attestation**

Agency Name: \_\_\_\_\_ Date: \_\_\_\_\_

**No Furloughing of Staff Exposed to COVID-19**

Questions	Yes	No
1. Is the facility allowing asymptomatic individuals exposed to COVID-19 to continue working regardless of vaccination and/or booster status?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the facility facilitating access to COVID-19 vaccinations and boosters to interested and eligible staff?	<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	<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 our agency is utilizing crisis staffing strategies 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: \_\_\_\_\_

