



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

Is the Agency advising quarantine for employees exposed to COVID-19 as indicated below?

Table with 3 columns: Questions, Yes, No. Contains 2 rows of questions about employee quarantine.

Has the Agency implemented strategies to mitigate staffing shortages? (For additional suggestions, consult CDC's Strategies to Mitigate Healthcare Personnel Staffing Shortages )

Table with 3 columns: Questions, Yes, No. Contains 6 rows of questions about staffing mitigation strategies.

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.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_ Title : \_\_\_\_\_

