NEW YORK STATE OF OPPORTUNITY. Office for People With Developmental Disabilities

NOTIFICATION and ATTESTATION CHECKLIST
Staff Return to Work During Quarantine
(2021-01-22)

Agency Name:_____ **Date:**_____

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

Questions	Yes	No
1. Agency employees that have had prolonged close contact with a program resident or service participant, another employee, or visitor.	☐	☐
2. Agency employees that have had non-work COVID exposures or travel for which quarantine is needed (person without being tested within 24 hours of arriving in NY and on the fourth day after their return).	☐	☐
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.	☐	☐
2. Reallocation of qualified staff from their assigned position to provide essential services/supports to meet individuals' needs, as appropriate.	☐	☐
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?	☐	☐
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)?	☐	☐
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	☐	☐
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?	☐	☐

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 OPWDD guidelines 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 :_____

Best phone number:_____ Best email:_____

This attestation must be submitted to quality@opwdd.ny.gov before any asymptomatic exposed staff is approved by the agency to return to the work location.

Participating Program Addresses	Operating Certificate Number