

<b>Date Data Updated:</b> <u>10/1/21</u>	<b>POST NUMBERS BELOW:</b>
<b>Personnel/Health Care Worker (Denominator)</b> <ul style="list-style-type: none"> <li>Includes employees, as well as volunteers, students, trainees, and any individual whether paid or unpaid, directly employed by or under contract with the facility on a part time basis or-full time basis</li> <li>Reporting should include, but is not limited to: physicians, physician assistants, nurses, environmental, laundry, maintenance, dietary service, certified nursing assistants, therapists (e.g., respiratory, occupational, physical, speech, and music therapists), social workers, clerical, other health care providers, administrative and support staff</li> <li>Does not apply to a patient’s family member or friend who visits or otherwise assists in the care of that patient in a health care facility</li> <li>If HCP were eligible to have worked in two or more facilities, each facility should include such personnel in their denominator</li> <li>Include persons who work full-time and part-time; Count individuals rather than full-time equivalents</li> </ul>	Number of Personnel: <u>71</u>
<b>Cumulative number of HCP who have <u>Completed</u> COVID-19 vaccination series (Numerator):</b> Dose 1 and dose 2 of Pfizer-BioNTech COVID-19 vaccine <b>-or-</b> Dose 1 and dose 2 of Moderna COVID-19 vaccine <b>-or-</b> 1 Dose of Janssen (Johnson & Johnson) COVID-19 vaccine _____ <p>(Data sources may include health records – paper and/or electronic documentation of vaccination. Documentation of vaccination should include vaccine type and date(s) of administration).</p>	<b>Number Completed COVID-19 Vaccination:</b> <u>71</u>  <b>Percentage Completed COVID-19 Vaccination:</b> <u>100%</u>
<b>Cumulative number of HCP who have received <u>Partial</u> COVID-19 vaccination series (Numerator):</b> Dose 1 and dose 2 of Pfizer-BioNTech COVID-19 vaccine <b>-or-</b> Dose 1 and dose 2 of Moderna COVID-19 vaccine _____ <p>(Data sources may include health records – paper and/or electronic documentation of vaccination. Documentation of vaccination should include vaccine type and date(s) of administration).</p>	<b>Number Received Partial COVID-19 Vaccination:</b> <u>0</u>  <b>Percentage Received Partial COVID-19 Vaccination:</b> <u>0</u>

The public posting should document the date that the data was last updated. Data must be updated at least once per month.

Data should be aggregated and posted monthly in a prominent place within the health care facility or assisted living residence as well as posted on the facility's website, if existent. If your organization has less than five (5) health care workers/personnel, please do not post data publicly; rather, please report monthly data directly to: [DOH.OFR@health.ri.gov](mailto:DOH.OFR@health.ri.gov).

For questions, please contact: [DOH.OFR@health.ri.gov](mailto:DOH.OFR@health.ri.gov). Please include "*COVID-19 Vaccination Posting*"

in the subject line. All RIDOH regulations are posted online [here](#).

Thank you, again, for your considerable efforts on behalf of Rhode Islanders and for your continuing cooperation on COVID-19 related matters.