COMPLETE THIS TABLE MONTHLY: **OAKLAND GROVE HEALTH CARE**

Date Data Updated: __5/28/21_____	**POST NUMBERS BELOW:**
Personnel/Health Care Worker (Denominator) • 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 • 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 • 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 • If HCP were eligible to have worked in two or more facilities, each facility should include such personnel in their denominator • Include persons who work full-time and part-time; Count individuals rather than full-time equivalents	Number of Personnel: __149_____
Cumulative number of HCP who have <u>Completed</u> COVID-19 vaccination series (Numerator): Dose 1 and dose 2 of Pfizer-BioNTech COVID-19 vaccine **-or-** Dose 1 and dose 2 of Moderna COVID-19 vaccine **-or-** 1 Dose of Janssen (Johnson & Johnson) COVID-19 vaccine _____ (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).	**Number** Completed COVID-19 Vaccination: **___86____** **Percentage** Completed COVID-19 Vaccination: **___57.7%____**
Cumulative number of HCP who have received <u>Partial</u> COVID-19 vaccination series (Numerator): Dose 1 and dose 2 of Pfizer-BioNTech COVID-19 vaccine **-or-** Dose 1 and dose 2 of Moderna COVID-19 vaccine _____ (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).	**Number** Received Partial COVID-19 Vaccination: **___0____** **Percentage** Received Partial COVID-19 Vaccination: **__0%_____**

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