

2019-20

New Jersey Hot Shots for Tots Immunization Campaign

Welcome Packet



WHAT IS THE NEW JERSEY HOT SHOTS FOR TOTS IMMUNIZATION CAMPAIGN?

The New Jersey Hot Shots for Tots Immunization Campaign is a point-based incentive program designed to empower child care providers to develop and implement effective best practices to maintain and/or improve immunization coverage rates.

WHO IS ELIGIBLE TO PARTICIPATE?

Child care and preschool facilities throughout New Jersey are invited and encouraged to participate in the 2019-20 campaign.

WHAT DOES MY CHILD CARE FACILITY NEED TO DO TO PARTICIPATE?

The campaign runs from November 2019 through June 2020.

Step 1: Select one staff member from the facility as the point of contact.

Step 2: Enroll in the campaign by contacting Jenish Sudhakaran at 609-826-4861 or at Jenish.Sudhakaran@doh.nj.gov. **Enrollment will be on a rolling basis.**

Step 3: Receive enrollment information and begin working towards completing activities and tracking your progress. A link to an online pre-campaign evaluation survey will be included with enrollment information, which is mandatory for participation.

Step 4: Complete the mandatory post-campaign evaluation survey, which will be available at the close of the campaign.

Step 5: Once all activities have been completed, submit documentation to the New Jersey Department of Health (details provided on page 2 of this packet).



Take your shot at the Hot Shot Award!!

WHAT ARE THE POINT-BASED ACTIVITIES?

Child care facilities are encouraged to review the attached list of activities in the Activity Log and to select the activities that they wish to complete during the campaign period. Each activity is worth a specific number of points; four of these activities are mandatory for participation. It is up to each facility to determine which activities they choose to complete. Accumulating more points will enable you to reach higher award levels.

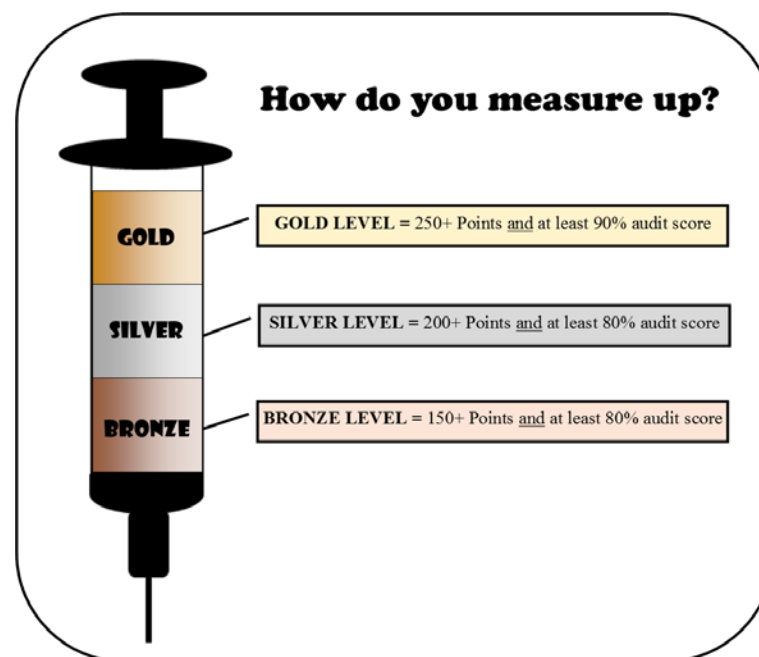
HOW ARE THE AWARD LEVELS DETERMINED?

Award levels are determined based on two factors:

1. Your facility's immunization record audit score;
2. Total number of points awarded for the selected activities.

Complete any combination of activities to reach the award level you want to achieve: Gold, Silver, or Bronze!

Participants who complete all mandatory activities and submit, but do not reach minimum 150 points or minimum 80% audit score will receive an Honorable Mention award.



Level	Immunization Record Audit Score	Points from Completed Activities	Description
Gold	90% or higher	250+ points	Has gone above and beyond in demonstrating commitment toward promoting immunization awareness and working towards improving coverage
Silver	80% or higher	200+ points	Has demonstrated strong commitment toward promoting immunization awareness and working towards improving coverage
Bronze	80% or higher	150+ points	Has taken initiative toward promoting immunization awareness and working towards improving coverage
Honorable Mention	No criteria	Must complete all mandatory activities	Has begun making efforts toward promoting immunization awareness and working towards improving coverage

WILL I RECEIVE AN AWARD?

Participating in the campaign will provide your child care center the opportunity to receive special recognition from state and/or local health officials and to earn an award, which can be prominently displayed in your facility. As an added benefit, participation in the *New Jersey Hot Shots for Tots Immunization Campaign* will demonstrate your commitment to parents in ensuring a safe and healthy environment for their children.

Some activities align with NJ Early Learning and Preschool Standards, support Grow NJ Kids Quality Rating, and National Association of Education of Young Children (NAEYC) Accreditation Standards.

New Jersey Influenza Honor Roll

Additionally, conducting influenza awareness and prevention activities may make you eligible to be added to the *New Jersey Influenza Honor Roll*. See the flyer in [Appendix F](#) of the Welcome Packet.

HOW DO I SUBMIT MY COMPLETED ACTIVITIES?

Once all activities are completed, documentation must be sent to the New Jersey Department of Health Vaccine Preventable Disease Program no later than **June 1, 2020** to be eligible. You must use the Submission Form and Activity Log to help you determine what is required for documentation and to keep track of your points. All documents must be submitted at the same time. Please do not send items individually, with the exception of [Activity #7](#). Materials can be faxed, mailed, or emailed to the following:

New Jersey Department of Health
Vaccine Preventable Disease Program
ATTN: New Jersey Hot Shots for Tots Immunization Campaign
PO Box 369
Trenton, NJ 08625-0369

Fax: 609-826-4866

Email: Jenish.Sudhakaran@doh.nj.gov

When submitting your documentation, make sure that you have included the following:

1. Submission Form – *available in the additional documents of the welcome packet*
2. Activity Log
3. Event Activity Forms
4. Any other corresponding documentation (e.g. transcription activity, copy of policy, lesson plan)

Resources



Childhood Immunization

- **Centers for Disease Control and Prevention (CDC) - Flu Education Materials for Families and Children**
www.cdc.gov/flu/freeresources/print-family.htm
- **CDC - If You Choose Not to Vaccinate, Understand the Risks and Responsibilities**
www.cdc.gov/vaccines/hcp/patient-ed/conversations/downloads/not-vacc-risks-color-office.pdf
- **CDC - Immunization Schedules for Infants and Young Children**
www.cdc.gov/vaccines/schedules/easy-to-read/child.html
- **CDC - Infant and Childhood Immunization Resources**
www.cdc.gov/vaccines/parents/resources/childhood.html
- **CDC - Vaccine Materials in Spanish**
www.cdc.gov/vaccines/spanish/materials.html
- **New Jersey Department of Health (NJDOH) - Flu Education Materials**
www.nj.gov/health/cd/topics/flu.shtml
- **NJDOH - Handwashing Materials**
<http://nj.gov/health/cd/handwashing.shtml>
- **NJDOH - Immunization Location Flyers** (provides a list of locations in Atlantic, Monmouth, and Warren Counties where children and adults may access free or low-cost vaccines if eligible for the NJ Vaccines for Children Program and/or the 317-Funded Adult Program). *These flyers are shown in [Appendix E](#) and are available in the additional documents of the welcome packet.*



Adult Immunization

- **CDC - Grandparents Can Help Protect Against Whooping Cough with Tdap Vaccine**
English version:
www.cdc.gov/pertussis/downloads/matte-grandparents.pdf
Spanish version:
www.cdc.gov/pertussis/downloads/matte-grandparents-sp.pdf
- **CDC - Immunization Schedules for Adults**
www.cdc.gov/vaccines/schedules/easy-to-read/adult.html

- **CDC - Pertussis Information for Parents of Young Children**
www.cdc.gov/pertussis/materials/parents.html
- **CDC - Vaccine Information for Adults**
www.cdc.gov/vaccines/adults/resources.html
- **NJDOH - Adult Immunization Brochure**
www.nj.gov/health/cd/documents/vpdp/adult_immunization_brochure.pdf
- **NJDOH - Adult Immunization Placemat**
www.nj.gov/health/cd/documents/vpdp/adult_immunization_placemat.pdf
- **NJDOH - Are You 65 Years of Age and Older? (information about the flu vaccine)**
www.nj.gov/health/cd/documents/flu/flu_older_adults_color_version.pdf
- **NJDOH - Older Adult Immunization Brochure**
www.nj.gov/health/cd/documents/vpdp/older_adult_immunization_brochure.pdf
- **NJDOH - Reliable Resources for Expectant Moms**
www.nj.gov/health/cd/documents/vpdp/reliable_resources_expectant_moms.pdf



New Jersey Immunization Requirements

- **NJDOH – Child Care/Preschool Vaccine Requirements Chart**
https://nj.gov/health/cd/documents/imm_requirements/cc_preschool_requirements_parents.pdf
- **NJDOH – Childhood and Adolescent Recommended Vaccines Chartlet**
https://nj.gov/health/cd/documents/imm_requirements/childhood_recommended_vaccines.pdf
- **NJDOH - Immunization Requirements Main Page**
www.nj.gov/health/cd/imm_requirements/
- **NJDOH - Provisional Admission Student Tracking Form**
www.nj.gov/health/forms/imm-16.pdf
- **NJDOH - Religious and Medical Exemptions Guidance**
www.nj.gov/health/cd/documents/imm_requirements/religious_exemption.pdf
- **NJDOH- Medical Exemption Template Form**
<https://www.nj.gov/health/forms/imm-53.pdf>
- **NJDOH - Vaccine Preventable Disease Program Main Page**
www.nj.gov/health/cd/vpdp.shtml



Classroom Activities

- **CDC - Lesson Plans and Activities for Child Care and Early Childhood Programs**
www.cdc.gov/flu/pdf/freeresources/updated/teachingchildrenflu.pdf
- **CDC - Ready Wrigley Prepares for Flu Season (coloring and activity book)**
www.cdc.gov/phpr/readywrigley/documents/ready_wrigley_flu.pdf
- **CDC – “I Got My Flu Vaccine” Sticker Template**
www.cdc.gov/flu/pdf/freeresources/healthcare/fight-flu-stickers-solid.pdf



I Got My Flu Vaccine

These downloadable stickers can be printed on laser and inkjet printers. They fit Avery label numbers: 22807, 22817, 22825, 41464, 41494, 22923, 22933, 22921, 22961, 80510, 92807, 4227

[Stickers \(Solid Color\)](#)

- **National Foundation for Infectious Diseases: Are You a Flu Fighter (coloring book)***
www.nfid.org/coloring-book



Standards and Accreditation

- **NJ Early Learning and Preschool Standards**
www.nj.gov/education/ece/guide/standards/birth/standards.pdf
- **Grow NJ Kids Quality Rating***
www.grownjkids.com/
- **National Association of Education of Young Children (NAEYC) Accreditation Standards***
www.naeyc.org/academy/standardsandcriteria

**The link to this website is intended to provide additional information pertaining to immunizations strictly for informational or educational purposes. The New Jersey Department of Health is not responsible for the content of this website and does not endorse private organizations.*

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Appendix A – Activity #7

Activity #7: Complete the immunization record transcription activity by following the instructions below.

INSTRUCTIONS

1. Print out the yellow card and comments section from the next page of the welcome packet – or – print the separate file from the electronic welcome packet documents.
2. Review the scenario below and assess if the child is age-appropriately vaccinated.
3. Transcribe all immunization dates onto the yellow card.
4. Provide any/all comments related to the vaccinations (i.e. invalid dose, too short of an interval, etc.) in the comments section.
5. Fax or scan and email the transcribed yellow card and comments section to 609-826-4866 or Jenish.Sudhakaran@doh.nj.gov.
6. Once your completed transcription activity is received by NJDOH, a link to the pre-recorded webinar will be shared with you. You must submit your transcription and view the recording to receive credit for the activity.

SCENARIO:

A 3-year-old child is newly enrolling in a preschool facility in Fall 2019. The parents presented the following immunization record from their pediatrician. Please assess if this child is age-appropriately vaccinated.

DOB: 12/8/2015

Pentacel: 2/12/16, 4/10/16

Hepatitis B: 12/8/15

PCV13: 12/22/16

MMR: 12/5/16

Varicella: 12/8/16

Flu vaccine: 8/25/19

Activity #7: Transcription Activity

FACILITY NAME: _____



**New Jersey Department of Health
STANDARD SCHOOL / CHILD CARE CENTER IMMUNIZATION RECORD**

NAME OF CHILD (Last, First, MI)					DATE OF BIRTH (Mo/Day/Yr)		SEX <input type="checkbox"/> M <input type="checkbox"/> F	
NAME OF PARENT/GUARDIAN					TELEPHONE NUMBER(S)			
ADDRESS								
ADDRESS					IMMUNIZATION REGISTRY NUMBER			
VACCINE TYPE	1ST DOSE MO/DAY/YR	2ND DOSE MO/DAY/YR	3RD DOSE MO/DAY/YR	4TH DOSE MO/DAY/YR	5TH DOSE MO/DAY/YR	LEAD SCREENING (Not Required)		
DIPHTHERIA, TETANUS, PERTUSSIS (DTaP) or any combination (If Td or DT ¹¹ , indicate in corner box)						TEST DATE	RESULT	
POLIO-INACTIVATED POLIO VACCINE (IPV) (If oral vaccine, indicate OPV in corner box)								
MEASLES, MUMPS, RUBELLA (MMR)						(B) Document below single antigen vaccine receipt, serology titers, or varicella disease history		
HAEMOPHILUS B (Hib)								
HEPATITIS B (HepB)						Hepatitis B	DATE:	TITER:
VARICELLA						Varicella	DATE:	TITER:
PNEUMOCOCCAL CONJUGATE (PCV13)						Measles	DATE:	TITER:
INFLUENZA						Mumps	DATE:	TITER:
OTHER, SPECIFY:						Rubella	DATE:	TITER:
OTHER, SPECIFY:						Exemptions:		
OTHER, SPECIFY:						<input type="checkbox"/> Medical Exemption Attached		
						<input type="checkbox"/> Religious Exemption Attached		

☐ Provisional Admission Date Granted: ____/____/____

¹¹ REQUIRES MEDICAL EXEMPTION.A complete list of New Jersey's immunization requirements is accessible at: http://nj.gov/health/cd/imm_requirementsIMM-8
OCT 17

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VACCINE TYPE	COMMENTS
DTaP/Td/Tdap	
IPV	
MMR	
Hib	
Hep B	
Varicella	
Pneumococcal Conjugate (PCV13)	
Influenza	

Appendix B – Activity #9

Activity #9: Facility has a vaccination policy for all child care/preschool staff, with a minimum requirement for influenza (flu) and/or tetanus, diphtheria and acellular pertussis (Tdap) vaccines. Facilities should have documented guidance/policy on staff immunization requirements and/or applicable exemptions.

Included below are:

- Sample policy text;
- Letter to notify staff of the details of the policy requiring immunization documentation; and
- Staff declination forms.

These documents should be reviewed and modified prior to incorporating them into your facility policy.

SAMPLE POLICY

Purpose:

The purpose of this policy is to require all child care/preschool staff members to provide documentation of vaccination against communicable diseases most likely to be transmitted in a child care setting. The National Health and Safety Performance Standard 7.2.0.3, recommends caregivers/teachers should be current with all immunizations routinely recommended for adults by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) as shown in the “Recommended Adult Immunization Schedule” at www.cdc.gov/vaccines/schedules/index.html.

This policy is designed to protect the health of our staff and the children we serve, and to prevent the spread of communicable diseases by ensuring compliance with the ACIP recommendations.

Policy:

All staff of the [insert name of facility] shall provide immunization documentation against the following:

- Tetanus, diphtheria, pertussis (Tdap): 1 dose with additional booster every 10 years
- Hepatitis B (HepB): 3 doses (or an approved 2-dose schedule)
- Measles, mumps, rubella (MMR): 2 doses
- Varicella (Chickenpox): 2 doses or proof of previous exposure
- Influenza (Flu vaccine): 1 dose every year

If a staff member is unable or unwilling to provide appropriate documentation, the child care facility will request the employee to review and sign an educational factsheet on the importance of vaccination.

Rationale:

Routine immunization of adults is the best means of preventing vaccine-preventable diseases. Protection from vaccines received as a child can fade over time, and therefore adults may be at risk for new and different diseases. Adults vaccines, which are safe and effective in preventing these diseases, should be used to minimize disease and to eliminate potential sources of transmission.

References:

1. Centers for Disease Control and Prevention. 2017. Recommended adult immunization schedule – United States, 2017. www.cdc.gov/vaccines/schedules/easy-to-read/adult.html.
2. “Immunization of Caregivers/Teachers.” Caring for Our Children, National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition, Retrieved July 27, 2017, from <http://cfoc.nrckids.org/StandardView/7.2.0.3>

SAMPLE LETTER

Dear Staff Member,

Immunizations are one of the safest ways for you to protect your health. Protection from vaccines you received as a child can fade over time, and you may be at risk for new and different diseases. In addition, the National Health and Safety Performance Standard 7.2.0.3, recommends caregivers/teachers should be current with all immunizations routinely recommended for adults by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) as shown in the “Recommended Adult Immunization Schedule” at www.cdc.gov/vaccines/schedules/index.html.

By law, children attending school (including child care/preschool) are required to provide immunization documentation or applicable exemptions. To minimize disease and eliminate potential sources of transmission to the children we serve, [insert name of facility] is also asking staff to submit documentation showing receipt of the below ACIP recommended immunizations. Please submit documentation to [insert name] within [insert number of days] days of the start of employment.

- Tetanus, diphtheria, pertussis (Tdap): 1 dose with additional booster every 10 years
- Hepatitis B (HepB): 3 doses (or an approved 2-dose schedule)
- Measles, mumps, rubella (MMR): 2 doses
- Varicella (Chickenpox): 2 doses or proof of previous exposure
- Influenza (Flu vaccine): 1 dose every year

If you are unable or unwilling to provide appropriate documentation, [insert name of facility] will require you to review the Centers for Disease Control and Prevention’s “3 Important Reasons for Adults to Get Vaccinated” fact sheet available at: www.cdc.gov/vaccines/hcp/adults/downloads/fs-three-reasons.pdf. In addition, you must sign an acknowledgement form confirming you have received this information. These are measures we are taking to improve the safety of our facility for the benefit of our staff and our children. Thank you for working with us on this effort.

Please feel free to contact [insert name] with any questions or concerns you may have.

Sincerely,

[Insert Name]

SAMPLE ACKNOWLEDGEMENT FORM

Importance of Adult Immunizations- Acknowledgement Form

I have read the Centers for Disease Control and Prevention's "3 Important Reasons for Adults to Get Vaccinated" fact sheet. I understand that, because I work in a child care/preschool facility, I may place the children we serve and my co-workers at risk if I work while infected with a vaccine preventable disease. Although I have been informed of the risks and benefits of the vaccine, I choose not to be vaccinated at this time, however I will provide documentation if I receive vaccinations in the future.

Print Name

Date

Signature

Appendix C – Activity #14

Activity #14: Maintain antigen-specific exemption list for all children in the facility.

The template shown below can be modified to meet your needs. The full electronic version is available in the welcome packet's additional documents.

Consider using the chart below to easily identify students who are exempt from receiving the following vaccines by marking an “R” for a religious exemption and an “M” for a medical exemption. During an outbreak, this list can help you to determine which students may be susceptible. In the example below, a student who has an exemption for the MMR vaccine could be susceptible during a measles outbreak if he/she was exposed.

STUDENT NAME	DATE OF BIRTH	GRADE/CLASS	ALL ANTIGENS	Diphtheria, Tetanus, Pertussis (DTaP, Td, Tdap)	Polio (IPV, OPV)	Measles, Mumps, Rubella (MMR)	<i>Haemophilus influenzae</i> type b (Hib)	Pneumococcal Disease (PCV13)	Chickenpox (Varicella)	Influenza (Flu)	Meningococcal (MenACWY)	Hepatitis B
JANE DOE	2/2/2016	MRS. SMITH				R						

Appendix D – Activity #15

Activity #15: Recognize and promote positive immunization behaviors. An example of this activity may be to send appreciation cards/letters to parents/guardians who have up-to-date immunization records on file for their children.

This template is available as a print-out card, or as an image that can be shared electronically. A modifiable version is available in the electronic welcome packet's additional documents.



Appendix E – Vaccine Accessibility: Immunization Location Flyers

Activity #18: Provide information to parents about childhood immunizations.

Each flyer lists locations to access free or low-cost vaccines by county. These flyers may be distributed to parents to help them identify where they can access vaccines in their areas. This may help to meet the criteria for Activity #18. These flyers are available in the electronic welcome packet.

PROTECT YOURSELF & OTHERS BY GETTING VACCINATED

Looking for free or low-cost pediatric and adult vaccines in your area?
Call today!



ATLANTIC COUNTY

Atlantic County Division of Public Health
201 Shore Road
Northfield, NJ 08225
609-645-7700

AtlanticCare Health Services
1401 Atlantic Avenue
Suite 2600
Atlantic City, NJ 08401
609-572-6055
*Child vaccines only

Southern Jersey Family Medical Centers Women & Children's Pavilion
1125 Atlantic Avenue
Atlantic City, NJ 08041
609-345-0066
*Adult vaccines only

Southern Jersey Family Medical Centers English Creek
3003 English Creek Avenue
Egg Harbor Township, NJ 08234
609-481-3185
*Adult vaccines only

Southern Jersey Family Medical Centers Atlantic City Center
1301 Atlantic Avenue
Atlantic City, NJ 08401
609-572-0000

Southern Jersey Family Medical Centers
860 S. White Horse Pike, Building A
Hammonton, NJ 08037
609-367-0200

Southern Jersey Family Medical Centers Pleasantville Center
932 South Main Street
Pleasantville, NJ 08232
609-383-0880



- Vaccination is one of the best ways parents can protect infants, children, and teens from 16 potentially harmful diseases.
- Vaccines aren't just for kids. They can help adults stay healthy too – especially if they have health conditions.

Visit www.cdc.gov/vaccines or www.nj.gov/health/oh/vdpd.shtml for more information.






PROTECT YOURSELF & OTHERS BY GETTING VACCINATED

Looking for free or low-cost pediatric and adult vaccines in your area?
Call today!



MONMOUTH COUNTY

VNAJ Community Health Center, Inc. Ashbury Park Location
1301 Main Street
Ashbury Park, NJ 07712
732-774-4333

VNAJ Community Health Center, Inc. Red Bank Location
180 East Bergen Place
Suite 202
Red Bank, NJ 07701
732-219-6629

VNAJ Community Health Center, Inc. Koppert Location
35 Broad Street
Koppert, NJ 07735
732-888-4149

Monmouth County Health Department Immunization Clinic
3000 Rutledge Road
Freehold, NJ 07728
732-294-9438 or 732-431-1404 ext. 1404
*Child vaccines only

Monmouth County Regional Health Commission #1
1540 West Park Avenue, Suite 1
Ocean, NJ 07712
732-493-9520
*Child vaccines only

Monmouth Family Health Center
270 Broadway
Long Branch, NJ 07740
732-953-1100 or 732-419-3030

Parker Family Health Center
211 Shrewsbury Avenue
Red Bank, NJ 07701
732-212-0777
*Adult vaccines only



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- Vaccines aren't just for kids. They can help adults stay healthy too – especially if they have health conditions.

Visit www.cdc.gov/vaccines or www.nj.gov/health/oh/vdpd.shtml for more information.






PROTECT YOURSELF & OTHERS BY GETTING VACCINATED

Looking for free or low-cost pediatric and adult vaccines in your area?
Call today!



WARREN COUNTY

Warren County Health Department
700 Oxford Road
Oxford, NJ 07865
908-475-7960

Zufall Health Center
117 Seiber Road
Building 3
Hackettstown, NJ 07840
908-452-5366



- Vaccination is one of the best ways parents can protect infants, children, and teens from 16 potentially harmful diseases.
- Vaccines aren't just for kids. They can help adults stay healthy too – especially if they have health conditions.

Visit www.cdc.gov/vaccines or www.nj.gov/health/oh/vdpd.shtml for more information.






Appendix F – New Jersey Influenza Honor Roll

www.nj.gov/health/cd/edu_training/vpdp_flu_honor_roll.shtml



New Jersey Influenza Honor Roll

The New Jersey Influenza Honor Roll recognizes institutions that encourage and promote flu prevention within their communities.

Four categories are eligible to participate



Educational Facilities



Healthcare Facilities



Community-Based Organizations



Businesses

How you can participate

- 1 Design and implement flu prevention activities. Campaign ideas are available at www.nj.gov/health/cd/documents/flu/ihr_ideas.pdf.
- 2 Complete the Influenza Honor Roll Application* available at www.nj.gov/health/cd/edu_training/vpdp_flu_honor_roll.shtml.
- 3 Send the completed application to IHR@doh.nj.gov or submit via fax at 609-826-4866 to the attention of Erika Lobe. The deadline to submit is **March 31, 2020**.

*Healthcare facilities that are interested in applying to New Jersey's Influenza Honor Roll should first apply to the Immunization Action Coalition's (IAC) Influenza Vaccination Honor Roll at www.immunize.org/honor-roll/influenza-mandates/apply.aspx.

Activities for consideration may include, but are not limited to:

- Flu awareness and prevention campaigns
- Flu vaccination clinics
- Partnerships with local stakeholders to promote flu prevention



