New Jersey
Hot Shots for Tots
Immunization Campaign
Focus on child care

Immunization and Early Childhood Development
- Early years important to childhood growth and development
- Multiple milestones in 1st year of life
  - Social and Emotional
  - Language/Communication
  - Cognitive (Learning, thinking, problem solving)
  - Movement/Physical Development

National Infant Immunization Week
IMMUNIZATION. POWER TO PROTECT.

How Child Care Providers Play a Role in Childhood Immunizations
April 21, 2017 | by Andrew Roszak | Child Care, Early Childhood Education, Safety, Training
Common feedback from child care facilities

“I don’t have the clinical background”

“Keeping track of who’s got what vaccines is really burdensome and I just don’t have the time”

“I’m unsure of what I’m looking at and what is required”

“This is outside of my scope of responsibilities”
Immunizations in the child care setting

Staff may have limited background in immunizations

*Can make it difficult to understand the rules, regulations, and complex immunization schedule*

Burden of tasks

*May feel it is too time consuming and question if it is their responsibility to:*

- Review and update an immunization record
- Check for immunization compliance
- Educate parents
- Complete and submit annual immunization reports

These factors can lead to unintentionally undermining the importance of immunizations
Most children <5 years spend part or most of their day in some type of child care

- Provide care in a consistently safe and supportive environment
- Frequent contact with parents/caregivers

Child care facilities as key partners
New Jersey Hot Shots for Tots

Objective
Empower child care providers to implement immunization best practices to maintain/and or improve immunization coverage levels

Method
Motivate through recognition and incentives via a child care-based immunization campaign
What is *Hot Shots for Tots*?

A voluntary point-based incentive program designed to help increase immunization rates and preventive services for children in child care settings.

Participants complete immunization-related activities to earn points.

Through participation, child care staff are taking steps to:
- increase vaccination knowledge
- raise immunization awareness
- improve immunization coverage rates
Campaign expansion

Year Three...Statewide!
Campaign timeline

- Campaign Launch: November
- Open Enrollment: Ongoing
- Submission Deadline: June
- Review of Submissions/Validation: June/July
- Awards: August
Campaign documents

- Welcome Packet
- Activity Log
- Event/Activity Form
- Submission Form
Welcome packet

- Overview of the campaign
- Credible resource lists
- Materials to help you complete activities
Appendix B – Activity #5

Activity #5. Facility has a vaccination policy for all child care/preschool staff with a minimum requirement for influenza (flu) and diphtheria, tetanus, 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 form.

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:
- Tdap, diphtheria, tetanus (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 fact sheet 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.
## Activity log

- List of all available activities and the corresponding point values
- PDF version auto sums the point values of selected activities so participants can easily keep track of points

<table>
<thead>
<tr>
<th>Activity Number</th>
<th>Activity Description</th>
<th>Additional Details</th>
<th>Document Needed</th>
<th>Points Selected (%)</th>
<th>Date Activity Completed</th>
<th>Submitted (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>MANDATORY – Ensure that all children have immunization records and/or applicable exemptions on file</td>
<td>All immunization records and/or exemptions will be reviewed by local health department during annual immunization audit</td>
<td>No additional documentation needed</td>
<td>2.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>MANDATORY – Submit the Annual Immunization Status Report (AISR) for the respective academic year</td>
<td>To be reviewed by the New Jersey Department of Health</td>
<td>Submit AISR electronically</td>
<td>2.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>MANDATORY – Submit the pre-program survey</td>
<td>Link to be completed by all participating facilities once enrolled</td>
<td>No additional documentation needed</td>
<td>2.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>MANDATORY – Submit the post-program survey</td>
<td>Link to be completed by all participating facilities once enrolled</td>
<td>No additional documentation needed</td>
<td>2.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Ensures director or designee attends an annual immunization workshop/conference to identify reporting and documentation requirements</td>
<td>Facilitates the participation of an immunization education training sponsored by the State EDD and/or local health department during the school year (including the summer preceding)</td>
<td>Copy of Certificate of Completion</td>
<td>50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>ConTen Facility has a 100% compliance rate at the initial audit conducted by the local health department</td>
<td>Facilities must have no vaccine deficiencies during their initial immunization audit</td>
<td>No additional documentation needed</td>
<td>50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Complete the immunization record transcription activity</td>
<td>The specific forms to complete this activity are available in Appendix A of the training packet. Once completed, return or fax the completed forms to <a href="mailto:Jane1897019870@nj.gov">Jane1897019870@nj.gov</a>. You will then receive a link to review the pre-orientation webinar to review each step in correctly transcribing. Both components must be completed, otherwise credit will be given.</td>
<td>1. Enter the completed value card 2. Use the pre-recorded webinar</td>
<td>50</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
How are points determined?

Facility’s Immunization Audit Score

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

Total number of points awarded for selected activities
Event/Activity Form

Instructions: Below is a description of each activity and the documentation required for each. Complete a separate event/activity form for each of the activities selected. Place a check mark in the first column if you have completed the activity.

<table>
<thead>
<tr>
<th>Activity Number</th>
<th>Activity Description</th>
<th>Additional Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Participate in national immunization public health observance.</td>
<td>In the description, include the name of the immunization awareness event.</td>
</tr>
<tr>
<td>11</td>
<td>Incorporate vaccine-preventable disease information into a lesson plan and/or classroom activity.</td>
<td>Attach a copy of the lesson plan along with the Event/Activity form.</td>
</tr>
<tr>
<td>12</td>
<td>Recognize and promote positive immunization behaviors.</td>
<td>List the method of distribution (e.g., email, mail, etc.). You may attach a sample copy of the message.</td>
</tr>
<tr>
<td>14</td>
<td>Post educational materials on immunization/communicable disease-related topics (e.g., flu vaccine requirement, handwashing) in facility.</td>
<td>Include a description of the materials you posted in your facility. You may provide photos of the posted materials.</td>
</tr>
<tr>
<td>15</td>
<td>Provide information to parents about childhood immunizations.</td>
<td>Describe the materials you distributed to parents. List the method of distribution (e.g., email, mail, etc.).</td>
</tr>
<tr>
<td>16</td>
<td>Distribute immunization information to parents and grandparents about adult immunizations.</td>
<td>Include a description of the adult immunization materials you gave to parents and/or grandparents. List the method of distribution (e.g., email, mail, etc.).</td>
</tr>
<tr>
<td>17</td>
<td>Confirm facility has a mechanism for tracking required childhood immunizations for previsional students.</td>
<td>Describe your method used for tracking students who were provisionally identified. Indicate if you used a form to track these students (e.g., NJ Department of Health’s Provisional Adolescent Student Tracking Form). If you use your own form, attach a sample (blank) copy.</td>
</tr>
</tbody>
</table>
# Submission Form

## New Jersey Hot Shots for Tots

### Official Submission Form

**Instructions:** Please use this form to submit all required documentation to the New Jersey Department of Health no later than July 10, 2018. You must submit each of the items listed below to be eligible. Documentation submitted without the cover sheet will not be accepted. All items should be submitted at the same time, please do not send items individually.

<table>
<thead>
<tr>
<th>Name of Child Care Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location (with complete address)</td>
</tr>
<tr>
<td>Contact Name</td>
</tr>
<tr>
<td>Contact Phone</td>
</tr>
<tr>
<td>Contact Email</td>
</tr>
</tbody>
</table>

When submitting your documentation, please include the following:

1. Submission Form
2. Activity Log
3. Event Activity Forms
4. Confirmation of Pre-Program evaluation
5. Confirmation of Post-Program evaluation
6. Any other corresponding documentation (e.g., copy of policy, lesson plan)

This information can be emailed, mailed, or faxed to:

**New Jersey Department of Health**  
Vaccine Preventable Disease Program  
P.O. Box 969  
Trenton, NJ 08625-0969  
ATTN: NJ Hot Shots for Tots

Fax: 609-216-4866  
Email: cmmil@health.state.nj.us
## Incentives for participating

<table>
<thead>
<tr>
<th>Empowers child care providers</th>
<th>Supports Quality Rating and National Accreditation Standards for preschool and child care facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Window sticker, web badge, certificate to highlight achievement to parents</td>
<td>Demonstrates facilities’ commitment to keeping kids healthy</td>
</tr>
<tr>
<td>Creates competition among child care facilities in the State</td>
<td>Press release and recognition on NJDOH website</td>
</tr>
</tbody>
</table>
New Jersey Hot Shots for Tots Immunization Campaign

Expanding Statewide in 2019-2020!

The Hot Shots for Tots Immunization Campaign is a voluntary, point-based incentive program for child care and preschool facilities. The campaign encourages and facilitates a collaboration with immunization stakeholders to promote best practices and improve immunization coverage.

Participating facilities conduct immunization-related activities to earn points toward reaching one of the three award levels: Gold, Silver, or Bronze. Examples of qualifying activities include: attending an annual immunization workshop, participating in the New Jersey Immunization Information System (NJIIS), and providing information to parents about childhood immunizations.

Hot Shots for Tots was launched exclusively in Monmouth County in 2017-2018 and expanded to Include Atlantic and Warren Counties the following year. For 2019-2020, we are inviting all New Jersey child care and preschool facilities to participate. Please see the campaign materials to learn more. If you have any questions, please contact the Vaccine Preventable Disease Program at 609-826-4861.
Award ceremony
Evaluation
Rotavirus is required for child care/preschool attendance in New Jersey.

At least one dose of pneumococcal conjugate vaccine (PCV13) is due on or after a child’s first birthday.

A flu vaccine administered in August of the current year is acceptable for attendance in a child care facility.

New Jersey allows three types of exemptions for immunizations: philosophical, religious, and medical.

One age-appropriate dose of measles, mumps, and rubella (MMR) vaccine is required for child care/preschool.
**I would participate in this program again.**

**I think other counties would find this program useful.**

**As a result of the program, I feel an improvement in my ability to understand the New Jersey immunization requirements for child care facilities**

**Participation in the program made it easier to access immunization educational materials (e.g. posters, activity books, brochures.)**

**I learned about immunizations/requirements more quickly and easily because of the program**

**I had no difficulty in understanding the requirements and structure of the program.**

**I had no difficulty finding the information that I needed concerning the program.**

**As a result of the program, I find it easier to communicate with parents about the importance of vaccines.**

**The program made reporting of immunization requirements a better experience than I would have had otherwise.**

**I had no difficulty in completing the activities of the program.**

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### Hot Shots for Tots Post-Program Evaluation (n=26)

<table>
<thead>
<tr>
<th>Statement</th>
<th>STRONGLY DISAGREE</th>
<th>DISAGREE A LITTLE</th>
<th>NEUTRAL</th>
<th>AGREE A LITTLE</th>
<th>STRONGLY AGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>I would participate in this program again.</td>
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</table>
Dear Parent/Guardian,

I have received your child’s updated vaccination record. You work hard to protect your child every day and vaccines are an important part of that effort. I appreciate your dedication to helping to protect your child against dangerous diseases.

My Pledge

I pledge to cover my mouth and nose when I cough or sneeze. I pledge to wash my hands in a sink.

Tissue, tissue, where are you? I can feel a sneeze coming through. I’ll cover my mouth, and cover my nose. Look out everybody! Here it goes! Ah....... Ah..... Choo!!

Flu vaccines due by 12-31-17
Contact information

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Health Educator
Jennifer.Smith@doh.nj.gov

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Jenish.Sudhakaran@doh.nj.gov

New Jersey Department of Health
Vaccine Preventable Disease Program
609-826-4861