



**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.

Activity Selected (check if selected)	Activity Number	Activity Description	Additional Documentation
	10	Participate in national immunization public health observances.	<ul> <li>In the description, include the name of the immunization awareness event.</li> </ul>
	13	Incorporate vaccine-preventable disease information into a lesson plan and/or classroom activity.	Attach a copy of the lesson plan along with the Event/Activity Form.
	14	Maintain an antigen-specific exemption list for all children in the facility.	Provide a blank sample copy of the form along with the Event/Activity Form.
	15	Recognize and promote positive immunization behaviors.	<ul> <li>List the method of distribution (e.g., email, mail)</li> <li>You may attach a sample copy of the message.</li> </ul>
	17	Post educational materials on immunization/communicable disease-related topics (e.g. flu vaccine requirement, handwashing) in facility.	<ul> <li>Include a description of the materials you posted in your facility.</li> <li>You may provide photos of the posted materials.</li> </ul>
	18	Provide information to parents about childhood immunizations.	Describe the materials you distributed to parents. List the method of distribution (e.g., email, mail, etc.).
	19	Distribute immunization information to parents/guardians and grandparents about adult immunizations.	Include a description of the adult immunization materials you gave to parents and/or grandparents (e.g., NJ Department of Health's adult immunization brochure, CDC adult immunization schedule)





20	Confirm facility has a mechanism for tracking required childhood immunizations for provisional students.	<ul> <li>Describe your method used for tracking students who were provisionally admitted. Indicate if you used a form to track these students (e.g. NJ Department of Health's Provisional Admission Student Tracking Form).</li> <li>If you use your own form, attach a sample (blank) copy.</li> </ul>
21	Distribute and/or post COVID-19 vaccine information for family members	• Facilities should provide information about the importance of COVID-19 immunizations. <i>Refer to the COVID-19 resources</i> section of the welcome packet for sample materials.
22	Incorporate COVID-19 disease prevention methods into lesson plan and/or classroom activity.	Lesson plan may include:      Activity or discussion on the basic facts about the virus     How to reduce infection through handwashing, wearing masks, practice social distancing, etc.





#### **Example**

Organization name	ABC Preschool							
Activity number	⊠ 10	□13	□14	□15	□17	□18	□19	□20
Description of event/activity					ad a poster contest be displayed on the			aining why
Date	April 22-29, 202	24						
Time	Every day of the	week						
List of materials distributed (if applicable)		nmunization required	irements chart w books	ith parents				
List of number of materials distributed (if applicable)	50 materials dist	ributed						
List of method of distribution (if applicable)	Handouts							

Submit additional documentation if necessary.

Submit a picture of the bulletin with the winning poster and samples of materials sent home.





Organization name								
Activity number	□ 10	□13	□14	□15	□17	□18	□19	□20
Description of event/activity								
Date								
Time								
List of materials distributed (if applicable)								
List of number of materials distributed (if applicable)								
List of method of distribution (if applicable)								





Organization name								
Activity number	□ 10	□13	□14	□15	□17	□18	□19	□20
Description of event/activity								
Date								
Time								
List of materials distributed (if applicable)								
List of number of materials distributed (if applicable)								
List of method of distribution (if applicable)								





Organization name								
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List of materials distributed (if applicable)								
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