

Hot Shots for Tots Campaign, 2021-22
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.

| Activity Selected <i>(check if selected)</i> | Activity Number | Activity Description | Additional Documentation |
|---|-----------------|---|---|
| | 10 | Participate in national immunization public health observances. | <input type="checkbox"/> In the description, include the name of the immunization awareness event. |
| | 13 | Incorporate vaccine-preventable disease information into a lesson plan and/or classroom activity. | <input type="checkbox"/> 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. | <input type="checkbox"/> Provide a blank sample copy of the form along with the Event/Activity Form. |
| | 15 | Recognize and promote positive immunization behaviors. | <input type="checkbox"/> List the method of distribution (e.g., email, mail) <input type="checkbox"/> You may attach a sample copy of the message. |
| | 17 | Post educational materials on immunization/communicable disease-related topics (e.g. flu vaccine requirement, handwashing) in facility. | <input type="checkbox"/> Include a description of the materials you posted in your facility. <input type="checkbox"/> You may provide photos of the posted materials. |
| | 18 | Provide information to parents about childhood immunizations. | <input type="checkbox"/> 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. | <input type="checkbox"/> 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) <input type="checkbox"/> List the method of distribution (e.g., email, mail) |

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| | | | |
|--|----|--|--|
| | 20 | Confirm facility has a mechanism for tracking required childhood immunizations for provisional students. | <input type="checkbox"/> 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). <input type="checkbox"/> If you use your own form, attach a sample (blank) copy. |
| | 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 section of the welcome packet for sample materials.</i> |
| | 22 | Incorporate COVID-19 disease prevention methods into lesson plan and/or classroom activity. | Lesson plan may include: <ul style="list-style-type: none"> • Activity or discussion on the basic facts about the virus • How to reduce infection through handwashing, wearing masks, practice social distancing, etc. <i>Refer to the classroom activities resources section of the welcome packet for sample lesson plan and activities.</i> |

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Example Activity

| | | | | | | | | | | |
|--|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Organization name | ABC Preschool | | | | | | | | | |
| Activity number | <input checked="" type="checkbox"/> 10 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19 | <input type="checkbox"/> 20 | <input type="checkbox"/> 21 | <input type="checkbox"/> 22 |
| Description of event/activity | For National Infant Immunization Week (NIIW), ABC Preschool had a poster contest. Each student drew a picture explaining why vaccines are important. Class members voted for the best poster to be displayed on the classroom bulletin board.* | | | | | | | | | |
| Date | April 21-28, 2019 | | | | | | | | | |
| Time | Every day of the week | | | | | | | | | |
| List of materials distributed (if applicable) | Shared the NJ Immunization requirements chart with parents Provided immunization coloring books | | | | | | | | | |
| List of number of materials distributed (if applicable) | 50 materials distributed | | | | | | | | | |
| List of method of distribution (if applicable) | Handouts | | | | | | | | | |

Submit additional documentation if necessary.

***For your submission, you can attach a picture of the bulletin with the winning poster and samples of materials sent home.**

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Activity #1

| | | | | | | | | | | |
|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Organization name | | | | | | | | | | |
| Activity number | <input type="checkbox"/> 10 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19 | <input type="checkbox"/> 20 | <input type="checkbox"/> 21 | <input type="checkbox"/> 22 |
| 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) | | | | | | | | | | |

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Activity #2

| | | | | | | | | | | |
|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Organization name | | | | | | | | | | |
| Activity number | <input type="checkbox"/> 10 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19 | <input type="checkbox"/> 20 | <input type="checkbox"/> 21 | <input type="checkbox"/> 22 |
| 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) | | | | | | | | | | |

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Activity #3

| | | | | | | | | | | |
|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Organization name | | | | | | | | | | |
| Activity number | <input type="checkbox"/> 10 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19 | <input type="checkbox"/> 20 | <input type="checkbox"/> 21 | <input type="checkbox"/> 22 |
| 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) | | | | | | | | | | |

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Activity #4

| | | | | | | | | | | |
|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Organization name | | | | | | | | | | |
| Activity number | <input type="checkbox"/> 10 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19 | <input type="checkbox"/> 20 | <input type="checkbox"/> 21 | <input type="checkbox"/> 22 |
| 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) | | | | | | | | | | |

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Activity #5

| | | | | | | | | | | |
|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Organization name | | | | | | | | | | |
| Activity number | <input type="checkbox"/> 10 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19 | <input type="checkbox"/> 20 | <input type="checkbox"/> 21 | <input type="checkbox"/> 22 |
| 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) | | | | | | | | | | |

Submit additional documentation if necessary.

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Activity #6

| | | | | | | | | | | |
|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Organization name | | | | | | | | | | |
| Activity number | <input type="checkbox"/> 10 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19 | <input type="checkbox"/> 20 | <input type="checkbox"/> 21 | <input type="checkbox"/> 22 |
| 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) | | | | | | | | | | |

Submit additional documentation if necessary.

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Activity #7

| | | | | | | | | | | |
|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Organization name | | | | | | | | | | |
| Activity number | <input type="checkbox"/> 10 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19 | <input type="checkbox"/> 20 | <input type="checkbox"/> 21 | <input type="checkbox"/> 22 |
| 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) | | | | | | | | | | |

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Activity #8

| | | | | | | | | | | |
|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Organization name | | | | | | | | | | |
| Activity number | <input type="checkbox"/> 10 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19 | <input type="checkbox"/> 20 | <input type="checkbox"/> 21 | <input type="checkbox"/> 22 |
| 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) | | | | | | | | | | |

Submit additional documentation if necessary.