

REPORTING GUIDELINES

for IMM-15

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AUDITING GUIDELINES

for Schools

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REPORTING GUIDELINES for IMM-15

REPORTING GUIDELINES ON IMM-15
Auditing scenarios and processes for reporting

SCENARIO	PROCESS
1. Student is deficient at audit (not provisional or has no exemption on file).	Mark student deficient.
2. Student is deficient at audit and at re-audit (if applicable) student has a medical or religious exemption on file.	Mark student deficient for audit and then mark student for religious or medical exemption in re-audit.
3. Student is deficient at audit. At re-audit (if applicable) student is no longer enrolled (i.e. not on the roster, no spot is being saved for student).	Remove the student from the initial audit. Subtract 1 from the total number surveyed, from the total deficient, from the appropriate antigens deficient, and from the excluded number if the student had been excluded at audit. Do not include this student in the re-audit.
4. Student is compliant during initial audit. During re-audit student is no longer enrolled.	Include student in initial audit as compliant. Students who are not deficient are not re-audited.
5. Student is deficient but currently excluded during the initial audit.	Mark student as deficient and add them to the Total Pupils Excluded Column.
6. Student is provisional at audit and is due for a vaccine before re-audit.	Student is not deficient. They are provisional at the audit, and they should not be re-audited.
7. Childcare student is deficient for flue vaccine at audit. Re-audit occurs after flu requirements ends (April 1 st or later).	Mark student as deficient at audit and not deficient at re-audit.
8. Audit occurs before flu vaccine requirement deadline (Dec 31 or earlier), but re-audit occurs after flu vaccine requirement. ** Auditing childcare/preschool prior to December 31st is not recommend.	At audit, do not mark students as deficient if they do not have flu vaccine. At re-audit, only mark students as deficient for flu if they were subject to the re-audit (i.e., if they were deficient for other antigens at audit).
9. Student has transferred within the past 30 days at the time of audit and is still in the 30-day grace period. The student has not provided any documentation of vaccine currently. At the time of the re-audit, the student is deficient.	Add this student to the deficient category and the total number surveyed in both the audit and re-audit.
10. Student has transferred within the past 30 days at the time of audit and is still in the 30-day grace period. The student has not provided any documentation of vaccine currently. At the time of the re-audit, the student is NOT deficient.	Mark this student deficient in the initial audit. At the time of re-audit, mark them up to date.
11. Student has transferred within the past 30 days at the time of audit and is still in the 30-day grace period. The student has not provided any documentation of vaccine currently. Because of school compliance rate, no re-audit is necessary.	Mark this student deficient.
12. Student has transferred within the past 30 days at the time of audit but has provided documentation.	Once documentation is provided, the student is no longer n the grace period. Add this student to the appropriate category based on documentation.
13. Student transfers into school between audit and re-audit.	Do not include student in audit or re-audit. Follow up with them separately.
14. Student has history of varicella disease with documented doctor's diagnosis, serology, or parental statement.	Student meets immunization requirements for varicella. This is not considered a medical exemption or deficiency. Include this student in the Varicella Disease History section.

NOTE THE FOLLOWING:
Only re-audit deficient students (Provisional and exempted students are not considered deficient).
Students who fall within the 30-day grace period and who have not presented an immunization record are considered to be DEFICIENT for the purpose of reporting. However, they should NOT be excluded from school. The 30-day grace period ends once complete immunization documentation is provided.
Students who are deficient and have been excluded during the initial audit should be MARKED as DEFICIENT. The compliance rate is not indicative of the school complying with New Jersey's Immunization Requirements rather the student complying with documentation requirements.

REPORTING GUIDELINES ON IMM-15
Auditing scenarios and processes for reporting

SCENARIO	PROCESS
Both audit and re-audit occur between Jan 1 st and March 31 st (recommended)	Audit students in the same manner as for any other required immunization.
Both audit and re-audit occur between Jan 1 st and March 31 st (recommended) Student is deficient for flu vaccine at initial audit and has aged out of requirement at the second audit (reached 60 months of age)	Mark the student as deficient at the initial audit, and not deficient at the re-audit.
Both audit and re-audit occur between Jan 1 st and March 31 st (recommended) Student is under 6 months and not subject to flu vaccine at initial audit and has aged into requirement at the second audit.	This student is not marked as deficient for the flu vaccine at either date, regardless of whether they have received the vaccine. They are not required to have the flu at the initial audit, and to keep the denominator the same should not be marked deficient at the re-audit.
Both the audit and re-audit occur before Dec 31 ** Auditing childcare/preschool prior to December 31st is not recommend.	No students are marked as deficient for the flu requirement because no students are subject to the requirement during this period.
Audit occurs before flu vaccine requirement deadline (Dec 31 or earlier), but re-audit occurs during the flu vaccine requirement time frame (between Jan 1 st and Apr 1 st). ** Auditing childcare/preschool prior to December 31st is not recommended.	At audit, do not mark students as deficient if they do not have flu vaccine. At re-audit, only mark students as deficient for flu if they were subject to the re-audit (i.e., if they were deficient for other antigens at audit).
Childcare student is deficient for flu vaccine at audit. Re-audit occurs after flu requirements ends (April 1 st or later).	Mark student as deficient at audit and not deficient at re-audit, regardless of whether the student received the vaccine.

Instructions for Auditing Childcare before Jan 1 and Returning to Audit Flu

It is recommended that LHDs audit childcare facilities on or after January 1 in order to assess compliance with the influenza vaccination requirements. Because of the high volume of childcares or other conflicts, it may be more feasible for the LHD to audit before January 1. The following process would be an appropriate way to do an earlier audit, and follow up to complete the influenza audit:

1. Perform an “Early Audit” on the school for all other antigens prior to January 1.
 - a. Take note of which students have already received the influenza vaccination or exemptions.
 - b. Take note of any students that will be new for another dose for any antigen before your return on or after January 1.
2. Return to the school on or after January 1 on “Audit Day.”
 - a. Audit any new students.
 - b. If any students have left, remove them from the audit.
 - c. Audit any students that would have been scheduled for doses between the “Early Audit” day and “Audit Day.”
 - d. Audit any students who had not yet received an influenza vaccine on “Early Audit” day.

3. Submit your audit.
 - a. This audit should be the updated version and dated as the “Audit Day” (the date on or after January 1).
 - b. It should include only the students that were on the roster on “Audit Day.”
 - c. It should have the vaccination status for influenza for all students subject to the influenza requirement on “Audit Day” (i.e., students between 6 and 59 months on “Audit Day”). Do not include students who have aged out of the requirement by “Audit Day” regardless of whether they received the vaccine.
4. Re-audit (if necessary)
 - a. If you choose to use this method, you will have to re-audit childcares with less than 90% compliance within 30 days of the “Audit Day.”
 - b. Only students who were deficient for one or more vaccines should be included in the re-audit data.
 - c. If the re-audit occurs on April 1st or later, no students should be included as deficient for flu, regardless of age or status.
 - d. If a student deficient for flu ages out of the requirement by the re-audit day, the student should not be listed as deficient for the flu at re-audit.
 - e. If a student ages into the requirement (turns 6 months) between the “Audit Day” and re-audit, they should not be marked deficient for the flu, regardless of whether they have received the flu vaccine. This is to keep denominator data consistent between audit and re-audit.

IMM-15 Glossary

Provisional – Students who are not up to date but have received at least one dose of each required age-appropriate vaccine and are on schedule to receive subsequent doses using minimum intervals. This is not the same as those in the 30-Day Grace Period, or 4-Day Grace Period.

Deficient – Students who are enrolled but do not have a record for meeting all immunization requirements, do not meet provisional requirements, and do not have a medical or religious exemption on file. Children who are on the school or childcare’s roster or have a space saved at the facility but are excluded from school due to deficiencies or not attending for any other reason, but missing vaccinations are still considered deficient.

30-Day Grace Period – Students entering a NJ school from out of state or out of country are allowed up to 30 days to provide proof of immunization history. Students who are still in the 30-day grace period at the time of the audit should be marked as “Deficient” for any antigens for which they do not have a record of receiving immunizations or religious/medical exemptions. This grace period may end before 30 days if the provide the most complete vaccine history possible before the 30-day period ends. At that point, the child should be reported in the appropriate category (fully immunized, provisional, medical, or religious exemption, and/or deficient).

4-Day Grace Period – All vaccines administered less than or equal to 4 days before either the specified minimum age or dose spacing intervals shall be counted as valid and shall not require revaccination to enter or remain in a school, preschool, or childcare facility.

Transfer Students (grade 2-5 and 7+ - non-high school) – Those students new to any school district (public or non-public) in any grade (including new entrants into 1st grade), shall be considered a transfer student and should be audited. This includes those students from out-of-state or out-of-county. LHDs should recommend schools in their jurisdiction maintain a list of transfer students since the last audit. Transfers students in Childcare/Pre-K, Kindergarten, 1st Grade, and 6th Grade should be entered only in the grade rows.

Transfer Students (high school only) – Those students who have transferred to a NJ high school from out-of-state or out-of-country. Those who transfer from another NJ school district are not included the audit.

First Grade Students – Only 1st Grade students that did not attend a Kindergarten in the school district should be included in the audit in the 1st Grade section. First Graders that attended Kindergarten in the same school district should not be included in the audit.

Compliance Rate – The number of students who are not deficient divided by the number of students subject to the audit. This measures the percentage of students who are in compliance with the vaccination and documentation requirements. Any student that is excluded from the school due to vaccination deficiencies, but is still on the audit, is included in this equation as a deficient student. This is meant to reflect the compliance rate for the complete roster. This is the compliance rate calculated by the audit report. Schools with rates below 95% (childcare below 90%) are subject to re-audit.

$$\frac{\text{Students Enrolled} - \text{Students Deficient}}{\text{Students Enrolled}} \times 100\% \text{ Compliance Rate \%}$$

Alternate Compliance Rate – The number of students who are not deficient divided by the number of students subject to the audit, with any students excluded from school removed from both the numerator and denominator. This measures the compliance rate for students currently attending school. The audit does not automatically calculate this rate, but local health departments may calculate this rate for the schools.

$$\frac{\text{Students Enrolled} - \text{Students Excluded} - \text{Students Deficient}}{\text{Students Enrolled} - \text{Students Excluded}} \times 100\% \\ = \text{Alt.Compl.Rate \%}$$

Medical Exemption – A student has a valid medical exemption for one or more antigens. Students who have a history of varicella (chicken pox) disease are considered to meet the requirement for varicella immunization. They should not be listed as having a medical exemption for varicella (unless they have a medical exemption for a different antigen).

Religious Exemption – A student has a valid religious exemption for one or more antigens.

History of Varicella Disease – A student has a history of varicella disease (Chicken Pox) with a documented doctor’s diagnosis, serology, or parental statement. Students with a history are meeting the immunization requirement for varicella. These students are not reported as having a medical exemption. Breakthrough disease because of vaccination should not be included in this category.

AUDITING GUIDELINES for Schools

**New Jersey Department of Health
Vaccine Preventable Disease Program
P.O. Box 369
Trenton, NJ 08625-0369**

GUIDELINES ON SCHOOL IMMUNIZATION AUDITING FOR LOCAL HEALTH DEPARTMENTS

The New Jersey Department of Health (NJDOH), Vaccine Preventable Disease Program (VPDP) developed the guidelines below to assist local health departments (LHDs) in conducting school and childcare audits. Public Health Practice Standards of Performance for Local Boards of Health in New Jersey, N.J.A.C. 8:52 requires LHDs to perform school and daycare audits annually to ensure compliance with N.J.A.C. 8:57-4 New Jersey State Sanitary Code, Immunization of Pupils in Schools. Conducting annual audits is considered a best practice to capture accurate, current, and relevant data for assessing immunization status of a community and vulnerability during a potential outbreak.

LHDs should be utilizing the following auditing tools and guidance materials available at https://nj.gov/health/cd/imm_requirements/localhd/:

- Immunization Audit Report (IMM-15) and Instructions
- Immunization Audit Worksheet (IMM-14) and Instructions
- Immunization Auditing Guidelines
- Immunization Reporting Guidelines

VACCINE REQUIREMENTS AND GUIDANCE

Please reference the following documents to assist you during the auditing process:

- Childcare/Preschool Minimum Immunization Requirements Chart:
https://www.nj.gov/health/cd/documents/imm_requirements/cc_preschool_requirements_parents.pdf
- K-12 Minimum Immunization Requirements Chart:
https://www.nj.gov/health/cd/documents/imm_requirements/k12_parents.pdf
- Immunization Requirements – Implementation Guidance:
https://nj.gov/health/cd/documents/implementation_guidance.pdf
- Child Care/Preschool Immunization Requirements and Technical Guidance for Auditing:
http://www.nj.gov/health/cd/documents/imm_requirements/lh/cc_preschool_requirements-lhd.pdf
- K-12 Immunization Requirements and Technical Guidance for Auditing:
https://www.nj.gov/health/cd/documents/imm_requirements/lh/k12-lhd.pdf

GUIDELINES ON SCHOOL IMMUNIZATION AUDITING FOR LOCAL HEALTH DEPARTMENTS

(Continued)

CHILDCARE and PRESCHOOL FACILITIES

Children in childcare and preschool should be age appropriately vaccinated with the following vaccines:

1. DTaP (or DTP)
2. Polio (OPV or IPV)
3. Haemophilus Influenzae B (Hib)
4. Pneumococcal vaccine (conjugate or Polysaccharide)
5. MMR
6. Varicella
7. Influenza

NOTE: Audits conducted prior to December 31st must take into account the number of children who have not received the influenza vaccine at the time of the audit. Although they are not considered deficient until after December 31st the school nurse, childcare director or person in charge of the school will be responsible for tracking these children and providing the LHDs with the influenza vaccination status for each child as of January 1st of the respective academic year.

LHDs may recommend childcare and preschool facilities utilize the *NJDOH Influenza Tracking Form* to assist in complying with the flu vaccine requirement. A cover letter explaining the purpose and use of the tracking form is also available. Both documents are accessible under the Resources and Tools for School Administrator and Nurses section on the VPDP website at https://www.nj.gov/health/cd/imm_requirements/.

Audits conducted on or after January 1st must assess the number of Children who have not received the influenza vaccine by December 31st. **If these children have not been excluded at the time of the audit, LHDs need to inform the schools that these students must be excluded from school immediately.** By allowing these children in school after December 31st the school, preschool, or childcare center is considered in violation of the New Jersey Administrative Code and are subject to penalties as set forth in the N.J.S.A. 26:1A-10 for each non-compliant child in attendance retrospectively as of January 1st.

GUIDELINES ON SCHOOL IMMUNIZATION AUDITING FOR LOCAL HEALTH DEPARTMENTS

(Continued)

KINDERGARTEN or GRADE 1*

1. A minimum of 4 doses of DTaP (or any combination DTaP vaccine) with at least one dose given on or after the fourth birthday, or any combination to equal a 5 does total; DT requires a valid medical exemption.
2. A minimum of 3 doses of polio vaccine (or any combination IPV or OPV vaccine) with at least one dose administered on or after the fourth birthday, or alternatively any combination of 4 doses.
3. Two doses of measles containing vaccine given no less than 1 month (28 days) apart, with the first dose given on or after the first birthday; laboratory evidence or measles immunity shall also be accepted.
4. One dose each of mumps and rubella vaccine administered on or after the first birthday; laboratory evidence of mumps and rubella immunity shall also be accepted.
5. Three doses of hepatitis B vaccine (or any combination hepatitis B vaccine). Laboratory evidence of hepatitis B immunity shall also be accepted provided that the titers were drawn at least 2 months after that last dose was given. A titer should be positive or show a value of 10 mIU or greater.
6. On dose of varicella vaccine (or any combination varicella vaccine) administered on or after the first birthday. Laboratory evidence showing immunity, a physician's statement, or a parental written statement of previous varicella disease shall also be accepted.

GRADE 6

1. One dose of meningococcal containing vaccine, such as the medically preferred meningococcal conjugate vaccine for children born on or after 1/1/97 (age 11 years of age and older) entering, attending, or transferring into a NJ school at the sixth grade or a higher grade level, or a comparable age level special education program with an unassigned grade.
2. One dose of Tdap (Tetanus, diphtheria, acellular pertussis) vaccine for children born on or after 1/1/97 (age 11 years of age and older) entering, attending, or transferring into a NJ school at the sixth grade or a higher grade level, or a comparable age level special education program with an unassigned grade. Children will not be required to receive a Tdap booster dose until 5 years have elapsed from the last DTP/DTaP or Td dose.
3. Children also need to be in compliance with all other age-appropriate immunization requirements (see K/1 requirements above).

GUIDELINES ON SCHOOL IMMUNIZATION AUDITING FOR LOCAL HEALTH DEPARTMENTS

(Continued)

GRADE 2 AND HIGHER (7 years of age and older)

1. A minimum of 3 doses of DTaP (or any combination DTaP/Td/Tdap vaccine).
2. A minimum of 3 doses of Polio vaccine (or any combination IPV or OPV vaccine).
3. Two doses of measles containing vaccine given no less than 1 month (28 days) apart, with the first dose given on or after the first birthday; laboratory evidence of measles immunity shall also be accepted.
4. One dose each of mumps and rubella vaccine administered on or after the first birthday; laboratory evidence of mumps and rubella immunity shall also be accepted.
5. Three doses of hepatitis B vaccine (or any combination hepatitis B vaccine) or alternatively approved 2-dose adolescent vaccine. Laboratory evidence of hepatitis B immunity shall also be accepted provided that the titers were drawn at least 2 months after the last dose was given. A titer should be positive or show a value of 10 mIU or greater.
6. One dose of varicella vaccine (or any combination varicella vaccine) administered on or after the first birthday. Laboratory evidence showing immunity, a physician's statement, or a parental written statement of previous varicella disease shall also be accepted.
7. One dose of meningococcal containing vaccine, such as the medically preferred meningococcal conjugate vaccine for children born on or after 1/1/97 (age 11 years of age and older) entering, attending, or transferring into a NJ school at the sixth grade or a higher grade level, or a comparable age level special education program with an unassigned grade.
8. One dose of Tdap (Tetanus, diphtheria, acellular pertussis) vaccine for children born on or after 1/1/97 (age 11 years of age and older) entering, attending, or transferring into a NJ school at the sixth grade or a higher grade level, or a comparable age level special education program with an unassigned grade. Children will not be required to receive a Tdap booster dose until 5 years have elapsed from the last DTP/DTaP or Td dose.

TRANSFER CHILDREN (ANY GRADE):

Must be age appropriately vaccinated (see respective sections above).

GUIDELINES ON SCHOOL IMMUNIZATION AUDITING FOR LOCAL HEALTH DEPARTMENTS

(Continued)

VACCINE DEFICIENCIES

Children who do not meet the above requirements for their respective grade should be identified and listed on the IMM-14. At the conclusion of the audit, provide a copy of the IMM-14 to the school and retain a copy for your files.

NOTE: A child can be admitted to a school, preschool, or childcare facility on a provisional basis if at least one dose of each required age-appropriate vaccine(s) or antigen(s) has been administered and the child is in the process of receiving the remaining immunizations as rapidly as medically feasible. A school nurse or school administrator shall review the immunization status of a provisionally enrolled student every 30 days to ensure continues compliance in completing the required doses of vaccine(s).

LHDs may recommend schools utilize the *NJDOH Provisional Admission Student Tracking Form* or some other type of tracking tool to ensure provisionally admitted children are receiving the remaining immunizations on time. A cover letter explaining the purpose and use of the tracking form is also available. Both documents are accessible under the Resources and Tools for School Administrator and Nurses section on the VPDP website at https://www.nj.gov/health/cd/imm_requirements/.

EXEMPTIONS

NJDOH allows two types of exemptions, medical and religious. Exemptions need to follow the provisions in the New Jersey State Administrative Code, Immunization of Pupils in Schools: N.J.A.C. 8:57-4.3 and 8:57-4.4 respectively.

OFFICIAL DOCUMENTS

Every school, preschool, or childcare shall maintain an official State of New Jersey Immunization Record for every pupil. Official documents include:

1. IMM-8: NJ Department of Health; Standard School/Childcare Immunization Record (Yellow Card)
2. A-45: NJ Department of Education; State Health History and Appraisal Form
3. New Jersey Immunization Information System (NJIS) Official Immunization Record

GUIDELINES ON SCHOOL IMMUNIZATION AUDITING FOR LOCAL HEALTH DEPARTMENTS

(Continued)

AUDIT METHODOLOGY

1. **Childcare/Preschool:** Review 100% of records
2. **Kindergarten:** Review 100% of records
3. ***Grade 1 (Entry Level):** Review 100% of records if not previously audited
4. **Grade 6:** Review 100% of records
5. **†Transfers (Any grade since last audit):** Review 100% of records.

NOTE: NJDOH is currently not requiring the auditing of high schools (including private, regional, or vocational); however, it is strongly recommended as best practice that immunization records for all transfer students coming from out-of-state or out-of-country (not out-of-district) should be reviewed. Please note that the expanded definition of transfers which includes out-of-district would not apply to high schools. Additionally, auditing other grades is optional and is not required unless recommended or directed by NJDOH.

* All children in Grade 1 should be audited if its is the entry level grade in the school. If Kindergarten is the entry level grade, then audit only new entrants in Grade 1.

† Expanded definition: Those children new to any school district (public or non-public) in any grade (excluding high school) shall be considered a transfer and should be audited. This includes those children from out-of-state or out-of-country. LHDs should recommend childcare facilities and schools in their jurisdiction maintain a list of transfers since the last audit.

AUDITING TIME FRAME AND IMM-15 SUBMISSION

Audits may be conducted any time after the school year begins and must conclude before July 1st for the respective academic year. Childcare facilities or schools that do not reflect a 90% and 95% compliance rate, respectively, during the initial audit will require follow up or a re-audit. A physical re-audit is optional and may be warranted if initial audit raises concern.

Re-audits or any follow-up after the initial audit must ben completed within 30 days. Local health departments are encouraged to utilize some type of enforcement letter to resolve the deficiencies within 30 days. A sample template of an enforcement letter is accessible on the VPDP website at

https://www.state.nj.us/health/cd/documents/imm_requirements/lh/sample_enforcement_letter_guditing.pdf.

GUIDELINES ON SCHOOL IMMUNIZATION AUDITING FOR LOCAL HEALTH DEPARTMENTS

(Continued)

The final IMM-15 MUST reflect resolved deficiencies (if applicable) within 30 days of the initial audit. This will provide compliance status of NJ childcare facilities and schools using a uniform follow-up period.

NOTE: Schools may not have achieved a 100% compliance rate at the end of 30 days however, resolution of remaining deficiencies should continue as necessary.

The IMM-15 should be submitted as soon as feasible after audit completion, however, no later than July 1st. The IMM-14 is to be kept as an internal tracking record for local health departments to follow up. It **does not** need to be submitted to NJDOH.

Only electronic submission of the IMM-15 audit report will be accepted. Please access the online form at https://healthapps.state.nj.us/imm/school_audit_report.aspx.

GUIDELINES ON SCHOOL IMMUNIZATION AUDITING FOR LOCAL HEALTH DEPARTMENTS

(Continued)

AUDITING BEST PRACTICES

Positive relationships with Childcare/Preschool facilities and school staff allow for constructive visits and resolution of difficult, non-compliant situations. An empowered childcare/school staff will not look at auditing as punitive but rather an opportunity to educate oneself on the importance of children receiving timely immunizations and have a better understanding of the NJ Immunization rules and the requirements for school attendance.

Effective monitoring of immunization records is achieved through annual audits. Every effort should be made at the local health department to prioritize the audit process annually.

Pre-Audit

- Identify those facilities to be audited early in the school year.
- Note any new facilities in your district and introduce the health department as a resource; exchange contact info and assess immunization regulation knowledge.
- Make audit appointment date and include what is expected on a visit day:
 - Master roster list of children in grades to be audited.
 - Official immunization record for each enrolled child (i.e., NJDOH's Standard School/Childcare Center Immunization Record (IMM-8), NJ DOE's Health History and Appraisal Form (A-45) or an NJIIS Official Immunization Record).
 - Maintenance of a medical and religious exemption list for reference during outbreak situation.
- Offer resources as necessary i.e., immunization regulations, immunization reference tables, implementation guidance, etc.

GUIDELINES ON SCHOOL IMMUNIZATION AUDITING FOR LOCAL HEALTH DEPARTMENTS

(Continued)

Day of Audit

- Update facility/school contact information.
- Identify person responsible for managing immunization records.
- Bring most recent version of the Immunization Rules, N.J.A.C. 8:57-4, Immunization of Pupils in School; allow facility/school to copy as necessary.
- Use most current auditing tools i.e. *IMM-14*, *IMM-15*, *Influenza Tracking Form* and *Provisional Admission Student Tracking Record*, which are accessible on the VPDP website at https://www.nj.gov/health/cd/imm_requirements/.
- Leave copy of audit worksheet or health department form that identifies out of compliant child(ren) plus provisional forms if necessary.
- To meet the flu vaccination deadline of December 31st, offer the *Influenza Tracking Form* to childcare and preschool facilities.
- Have director/school nurse sign 2 letters of understanding re: resolution of deficiencies within stated time. Letter should explain what to do with additional vaccine information once it is received and cite enforcement statute and penalty for non-compliance. One letter is kept at health department; one remains with director/nurse.
- A sample enforcement letter is available on the VPDP website at http://www.state.nj.us/health/cd/documents/imm_requirements/lh/sample_enforcement_letter_guditing.pdf.

Post Audit

- System to track deficiencies will vary with each auditing agency. Use whatever works best for your department.
- The final IMM-15 should reflect resolved deficiencies within 30 days of the initial audit (if applicable). This will provide compliance status of NJ facilities using a uniform follow-up period. Resolution of remaining deficiencies should continue as necessary until 100% compliance is achieved.
- Immediate attention and enforcement should apply to those with no vaccine record; those who do not meet provisional admission definition; or those missing influenza vaccines after January 1st. Delays due to appointment scheduling, illness, vaccine supply may extend this period with valid cause. Be reasonable but firm!
- Provisional status of child allows for more time (>30 days) to complete as per ACIP minimal intervals.