

Letterhead

Immunization Audit: School Year XXXX-XXXX

Initial Audit Date: _____

Facility Name: _____

Number of Deficiencies: _____

Enforcement of N.J.S.A Title 26:1A-10, Violation of State Sanitary Code, Penalty

Pursuant to N.J.S.A 26:1A-10, Immunization deficiencies as per New Jersey Sanitary Code (N.J.A.C Title 8:57-4) that are not corrected within thirty days (30) after the immunization audit may be subject to the fines of not less than \$50.00 nor more than \$1000 per offense. Deficiencies may include incomplete immunization history, missing records, improperly recorded vaccines, and unacceptable religious or medical exemption statements.

Recurrent incidents or prolonged periods of non-compliance may be reported to the New Jersey Department of Children and Families Licensing Division or Department of Education.

Resolved deficiencies or corrections may be mailed/faxed/emailed to:

ATTN: Name of Auditor
RE: Audits
Name of Local Health Department:
Mailing Address
City, New Jersey, Zip
Phone Number: (XXX) XXX-XXXX
Fax Number: (XXX) XXX-XXXX
Email: XXXXXX@XXXX.XXX

If within the thirty days post audit you need assistance in interpreting immunization records or in correcting the deficiencies, please contact (XXX) XXX-XXXX.

I acknowledge the receipt of the immunization audit worksheet and a copy of this enforcement letter as it pertains to immunization deficiencies. I hereby agree to follow up and correct the deficiencies (as applicable) within 30 days from the initial audit date.

Thirty day grace period expires on: _____

Signature of Director/Administrator: _____

Signature of Auditor: _____