**SMC County Child Care Provider Vaccine Verification Form**

**SMC Health Special Vaccination Clinic for In-Person Providers**

* **THIS FORM MUST BE PRESENTED AT THE TIME OF YOUR VACCINATION APPOINTMENT**
* **EMPLOYERS MUST PROVIDE EACH EMPLOYEE WITH A LINK THIS FORM**

**This form is needed to certify that individuals are part of the child care workforce providing on-site care in Redwood City, Daly City, or East Palo Alto, and are eligible to participate in the 2/25 vaccination clinic.**

**Please insert your name and complete the form below by checking the appropriate box and providing additional information as needed.**

**I [insert your name here] certify that I am currently working on-site as a child care provider in Redwood City, Daly City, or East Palo Alto.**

** I am a Non-Licensed Childcare Provider Working with One Family**

** I am a Licensed Family Child Care Home (FCCH) Provider or a Licensed Center Director (*I certify that I hold a current, valid State of California Child Care License and currently care for children in-person.)***

License Facility Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

** I am an employee of family child care home, center, or license-exempt program (such as a learning hub, parent co-op child care)**

Name of Program: :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

** I currently provide child care in another capacity/position**

Please explain: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_