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

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

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

**This form is needed to certify that individuals are part of the San Mateo County child care workforce currently working directly (or on-site) with children/families.**

**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 in the county of San Mateo with children/families on-site (or in-home) as a child care provider\*. (\*this includes any admin/support staff/employee working on-site while children/families are present)**

** 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: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_