



Vermont Immunization Requirements

Guidance for Child Care Providers

September 2012



Introduction

The Vermont Department of Health Immunization Program is pleased to provide you with the 2012 Child Care Provider's Manual. Vermont law requires that all licensed and registered child care providers collect immunization records and submit to the Health Department a summary report showing the vaccination status of the children in your care.

This manual is designed to guide you through the process of collecting and reporting immunization information for children enrolled in your program. The updated manual is organized to help make this process as straightforward and simple as possible.

The Vermont Department of Health recognizes that children's immunization schedules are complicated, and we thank you for helping to ensure that Vermont's children are adequately protected from potentially harmful infectious diseases. Additional immunization information is available at the Health Department's website: www.healthvermont.gov. Click on the A-Z listing and find Immunizations, then click on the child care tab. You can also reach the Immunization Program staff at **1-800-640-4374**.

The Basic Procedures

1. Obtain the child's personal immunization record

Vermont law requires all parents with children entering a child care program to present an immunization record. The immunization record is usually given to parents by a child's health care provider. The immunization record must list the **name of the individual immunization** and the **complete date (mm/dd/yyyy)** that the immunization was administered. Incomplete records cannot be accepted by any child care provider in the state.

Which immunization records are acceptable for child care facilities?

- A record from the Vermont or another state's Immunization Registry.
- A record from the primary care provider.
- A record from any public health department.
- A laboratory report of a titer indicating evidence of immunity to each disease for which immunization is required.

2. Complete the Vermont Child Care Immunization Record form (optional).

We created this form to help you organize immunization records for all of the children in your care. It is a simple checklist that will be helpful to use when you are filling out other forms, but it is not required. You can place a checkmark in the boxes and attach an official record.



Child Care Immunization Record

Child's Name: _____ Date of Birth: ____/____/____

Date of Enrollment: ____/____/____ Age at Enrollment: _____

Immunizations: enter date given or attach copy of shot record and place a check mark (✓) in the box for doses given.

| Immunizations | Dose 1 | Dose 2 | Dose 3 | Dose 4 | Exemptions ✓ to specify type ✓ when exemption form is completed |
|-------------------------------------|--------|--------|--------|--------|---|
| DTaP | | | | | <input type="checkbox"/> Measles <input type="checkbox"/> Pertussis <input type="checkbox"/> Polio spike <input type="checkbox"/> Form Completed |
| Hep B | | | | | <input type="checkbox"/> Measles <input type="checkbox"/> Pertussis <input type="checkbox"/> Polio spike <input type="checkbox"/> Form Completed |
| Polio | | | | | <input type="checkbox"/> Measles <input type="checkbox"/> Pertussis <input type="checkbox"/> Form Completed |
| Hib | | | | | <input type="checkbox"/> Measles <input type="checkbox"/> Pertussis <input type="checkbox"/> Polio spike <input type="checkbox"/> Form Completed |
| PCV | | | | | <input type="checkbox"/> Measles <input type="checkbox"/> Pertussis <input type="checkbox"/> Polio spike <input type="checkbox"/> Form Completed |
| MMR | | | | | <input type="checkbox"/> Measles <input type="checkbox"/> Pertussis <input type="checkbox"/> Polio spike <input type="checkbox"/> Form Completed |
| Varicella or Date of Disease | | | | | <input type="checkbox"/> Measles <input type="checkbox"/> Pertussis <input type="checkbox"/> Polio spike <input type="checkbox"/> Form Completed |

| Age When Enrolling: | Immunizations (shots) Required: | Information About Shots: |
|---------------------|---|--|
| 2 – 3 months | 1 each of DTaP , Hep B, polio, Hib , PCV | DTaP = Diphtheria, Tetanus, and Pertussis Hep B = Hepatitis B vaccine, also written as HBV Polio = Inactivated Poliovirus Hib = <i>Haemophilus influenzae</i> type B PCV = Pneumococcal MMR = Measles, Mumps, Rubella Varicella = Chickenpox |
| 4 – 6 months | 2 each of DTaP , Hep B, polio, Hib , PCV | |
| 6 - 14 months | 3 each of DTaP , Hep B, polio, Hib , PCV | |
| 15 - 17 months | 3 each of DTaP , Hep B, polio 1 each of MMR , varicella 1-4 doses of Hib and PCV | |
| 18 months – 4 years | 3 Polio, 3 Hep B, 4 DTaP 1 MMR , varicella 1-4 doses of Hib and PCV | |

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3. Check to be sure that the child’s recorded immunizations match those listed on the Required Immunization Schedule for Entry into Child Care.

The Centers for Disease Control and Prevention (CDC) publishes a vaccination schedule for all children beginning at birth. This schedule provides the best protection from vaccine-preventable diseases. Use this as a guide and check to be sure that the child’s immunization record matches the required schedule for each vaccine.

Which immunizations are required for entry into child care?

| Age when enrolling: | Immunizations required: |
|----------------------------|--|
| 2 – 3 months | 1 each of DTaP, Hep B, Polio, Hib, PCV |
| 4 – 5 months | 2 each of DTaP, Hep B, Polio, Hib, PCV |
| 6 – 14 months | 3 each of DTaP, Hep B, Polio, Hib, PCV |
| 15 – 17 months | 3 each of DTaP, Hep B, Polio 1 each MMR, Varicella 1–4 doses each of Hib and PCV |
| 18 months – 4 years | 3 polio, 3 Hep B, 4 DTaP 1 each of MMR, Varicella 1–4 doses each of Hib and PCV |

DTaP: diphtheria, tetanus, pertussis • Hep B: hepatitis B • polio • Hib: haemophilus influenzae
• Varicella: chickenpox • MMR: measles, mumps, rubella • PCV: pneumococcal

* Hepatitis A, rotavirus, and influenza vaccines are also strongly recommended, but not required.

You will determine the age of the child at the time of record review and review the schedule to see the number of doses and type of vaccines required for that age. Parents should provide updated immunization records annually. Count the number of doses on the immunization record to make sure the child has had the required number of doses and vaccines. Haemophilus influenza type b (Hib) and pneumococcal (PCV) vaccines are special cases. If a child started late with those vaccines s/he may need fewer doses. If a child has been infected with Varicella (chicken pox), then he/she does not need to be vaccinated. In these cases, ask the parent to sign the Documentation of Varicella Disease for Child Care form and keep it on file.

The Immunization Registry is another way to collect immunization records and assess compliance with the requirements. Detailed instructions on how to access and use the Immunization Registry are on pages 19-22. You must have the parent’s permission to search for their child’s immunization record in the Registry. If the child’s immunization record is in the Immunization Registry, it will provide a YES or NO response for each vaccine requirement and you can print a copy.

Some parents choose to follow a delayed or alternative schedule. This is strongly discouraged because it puts children (and people around them) at unnecessary risk of disease. The primary reason parents choose an alternate schedule is the false belief that too many vaccines overwhelm the immune system and may lead to chronic health problems.

Religious and philosophical exemptions – parents who choose to forego immunizations for religious or philosophical reasons must read educational materials and file a signed exemption form with you in place of their child’s immunization record. This form must be submitted annually. Parents should be aware that children with exemptions may not be allowed to attend child care during a disease outbreak.



Annual Philosophical and Religious Immunization Exemptions Child Care and Schools

Vermont's Immunization Regulations apply to any child or student attending any licensed or registered child care facility, public or independent kindergarten, elementary and secondary schools. Before entry, children/students must have the required immunizations unless exempt for medical, religious, or philosophic reasons. Each year, in order to claim a philosophical or religious exemption, this form needs to be completed, signed and returned to the child care facility or school.

Please note that children with an immunization exemption may be kept out of child care or school during a disease outbreak. The length of time a child/student is kept out of child care or school will vary depending on the type of disease and the circumstances surrounding the outbreak. This could range from as little as several days to over a month.

| | | | | | | | |
|---|--|---|--------------------------------|---|---|--|---|
| Exemption requested (select only one): | | <input type="checkbox"/> Philosophical | | <input type="checkbox"/> Religious | | | |
| <p>_____ has not received all required doses of the following immunizations:</p> <p style="text-align: center;">Child/Student Name</p> <p>Check only those vaccines you wish to exempt your child from:</p> | | | | | | | |
| Child Care | <input type="checkbox"/> HepB (Hepatitis B) | <input type="checkbox"/> DTaP (Diphtheria, Tetanus, Pertussis) | <input type="checkbox"/> Polio | <input type="checkbox"/> MMR (Measles, Mumps, Rubella) | <input type="checkbox"/> Varicella (Chicken pox) | <input type="checkbox"/> PCV (Pneumococcal) | <input type="checkbox"/> Hib (Haemophilus influenzae B) |
| K – 6 th | <input type="checkbox"/> HepB (Hepatitis B) | <input type="checkbox"/> DTaP (Diphtheria, Tetanus, Pertussis) | <input type="checkbox"/> Polio | <input type="checkbox"/> MMR Measles, Mumps, Rubella | <input type="checkbox"/> Varicella (Chicken pox) | | |
| 7 th - 12 th | <input type="checkbox"/> HepB (Hepatitis B) | <input type="checkbox"/> DTaP (Diphtheria, Tetanus, Pertussis) | <input type="checkbox"/> Polio | <input type="checkbox"/> MMR Measles, Mumps, Rubella | <input type="checkbox"/> Varicella (Chicken pox) | <input type="checkbox"/> Meningococcal* | <input type="checkbox"/> Tdap |
| | | | | | | *for residential students only | |
| <p>In signing this form, I acknowledge that:</p> <ul style="list-style-type: none"> I have reviewed and understand the information in the Required Parent Education Information developed by the Vermont Department of Health. I understand that failure to complete the required vaccination schedule increases the risk to the person and others of contracting, carrying or spreading a vaccine-preventable infectious disease. I understand that there are people with special health needs attending schools and child care facilities who are unable to be vaccinated or who are at heightened risk of contracting a vaccine-preventable communicable disease and for whom such a disease could be life-threatening. | | | | | | | |
| <p>_____</p> <p>Print name of parent (or student if 18 years or older)</p> | | | | | | | |
| <p>_____</p> <p>Signature of parent (or student if 18 years or older)</p> | | | | | | <p>_____</p> <p>Date</p> | |

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5. List all children who are missing immunization(s) or whose parents have filed a signed exemption on the Line List of Provisional and Exempt Children form.

Line list and instructions coming soon.

6. For children who have not received all the required immunizations for their age, you will need to provide the parent with a Child Care Notice of Incomplete Immunizations.

Circle the vaccine and the number of the dose (if available) that the child needs to receive in order to meet immunization requirements. Parents can share this with their health care provider when they schedule an appointment.

**CHILD CARE NOTICE OF
INCOMPLETE IMMUNIZATIONS**



VERMONT
DEPARTMENT OF HEALTH

I
Child's Name: _____

Review of immunization records show that your child may not be adequately immunized as required by the Immunization Rules and Regulations (18 V.S.A. § 1123). We have admitted your child for a period of time that shall not exceed 60 days from enrollment date. Please obtain complete dates for the indicated immunizations and provide a record to us by ___/___/___.

Circle the vaccine and the number of doses (if available) that the child needs to receive in order to meet the immunization requirements.

| Vaccine Type | Dose/Doses Needed | | | |
|--|-------------------|---|---|-----------------------|
| Hepatitis B (HBV or Hep B) | 1 | 2 | 3 | |
| DTaP (Diphtheria, Tetanus, and Pertussis) | 1 | 2 | 3 | 4 |
| HIB (Haemophilus Influenzae Type B) | 1 | 2 | 3 | 4 |
| PCV (Pneumococcal) | 1 | 2 | 3 | 4 |
| Polio (OPV or IPV) | 1 | 2 | 3 | |
| MMR (Measles, Mumps, and Rubella) | | | 1 | |
| Varicella (Chicken Pox) | | | 1 | or history of disease |

There is no record of any immunizations on file at the child care for the student named above. Please submit an immunization record, exemption form, or provisional admittance request immediately!

Provisional Admittance Request

Name of Child _____ Date of Birth ___/___/___

*The above child is in the process of complying with all the immunization requirements.
All requirements should be met by ___/___/___.*

Print Name of Health Care Provider

Signature of Health Care Provider

*According to Vermont statute, only a health care practitioner licensed to practice in Vermont and authorized to prescribe vaccines may sign this exemption form.

Date: ___/___/___ Telephone Number: _____

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7. Refer any children who are not fully immunized to their primary care provider. If they do not have a primary care provider, refer to the local district health office.

The State of Vermont is invested in childhood immunizations. The Health Department provides all recommended childhood vaccines to health care providers free of charge. Providers may charge a small fee for administration of the shots. Information about local district health offices can be found on the Health Department website http://www.healthvermont.gov/local/district/district_office.aspx

If a family does not have health insurance, Dr. Dynasaur offers low-cost or free health insurance for children. Even children who are already covered by other insurance plans may qualify for extra benefits from Dr. Dynasaur. You may refer parents to Health Access Member Services for Green Mountain Care at 800-250-8427 for more information.

8. Admit only those children who: (a) have met all the immunization requirements; or (b) will receive required vaccinations in the next 6 months; or (c) have a signed exemption on file.

According to the law, children must be immunized before they can be admitted to a child care program in Vermont. However, children with incomplete immunization records can be admitted provisionally for up to 6 months while their parents get them caught up with shots. Unimmunized children may also be admitted if a parent provides you with a signed exemption form.

9. If a child does not receive his/her required vaccines within 6 months or have a signed exemption, you need to provide the parents with the Child Care Exclusion notice for Incomplete Immunizations.

You can help parents remember that they are responsible for getting the required vaccines for their child within 6 months. You will need to inform them of the specific date by which the child must receive the required vaccines or face exclusion. Prior to giving a parent this form you may verbally remind the parent that their child needs a required vaccine.



**CHILD CARE EXCLUSION NOTICE
FOR INCOMPLETE IMMUNIZATIONS**

Child's Name: _____

*Review of immunization records show that your child may not be adequately immunized as required by the Immunization Rules and Regulations (18 V.S.A. § 1123). Please obtain complete dates for the indicated immunizations and provide a record to us by ____/____/____ or your child will be **excluded** from attending childcare after that date.*

If we do not receive this information from you before the date indicated, we will be forced to exclude your child from attendance. We regret that we must take this action, but state law required that children must be appropriately immunized in order to attend a Vermont child care. Our facility supports this policy. If you have questions or need additional information regarding vaccinations you may contact your health care provider or Vermont Department of Health Immunization program.

| Vaccine Type | Doses Needed | | | |
|--|-------------------------|---|---|---|
| Hepatitis B (HBV or Hep B) | 1 | 2 | 3 | |
| DTaP (Diphtheria, Tetanus, and Pertussis) | 1 | 2 | 3 | 4 |
| HIB (Haemophilus influenzae Type B) | 1 | 2 | 3 | 4 |
| PCV (Pneumococcal) | 1 | 2 | 3 | 4 |
| Polio | 1 | 2 | 3 | |
| MMR (Measles, Mumps, and Rubella) | 1 | | | |
| Varicella (Chicken Pox) | 1 or history of disease | | | |

Sincerely,

Signature

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The Annual Report

The Annual Report

When do I need to complete the annual report?

The annual report must be completed by January 1st of each year. This report is a collection of immunization information from all of the children in your child care facility on the day you complete the report. You are not reporting information about individual children. Instead, you will report collective data for all children ages birth through 5. Do not include any children who are enrolled in school (Kindergarten -12th grade).

What paperwork do I need to complete the annual report?

1. To identify the immunization status of all children enrolled in your child care facility, you can obtain updated immunization information in two ways:
 - a. Request from parents a copy of updated immunization records for all children. The immunization record may be faxed or mailed to you directly from the provider office, or
 - b. With the parent's written permission, you may use the Vermont Immunization Registry to review the child's current immunization status. You must have a Registry User ID and password to access this database.

Note: It is a state requirement that all providers enter immunizations given into the Vermont Immunization Registry. However, at this time there is not complete reporting from all health care providers.

2. For each record you receive where children are not up-to-date on immunizations, update the Line List of Provisional and Exempt Children form. It is essential to keep this updated to protect unimmunized children in the event of an outbreak.

How to submit your Annual Report

The annual report must be submitted by January 1st each year.

Before you begin to fill out the survey, you need to:

- Review and assess immunization records for all children in your care.
 - If you need to check the online Vermont Immunization Registry (IMR), you must get written permission from the child's parent and follow the instructions on page 19.
- Update the Line List of Provisional and Exempt Children form and proofread.

The survey will be emailed to you directly and pre-filled with your information. You must answer all of the questions to complete the report. The following screenshots are included to show you the survey design and the questions you will be asked.



INSTRUCTIONS

Please read through these instructions before completing the survey. Print these instructions for easy access while you complete the survey. The survey should take less than 10 minutes to complete, and must be submitted by January 1, 2013.

This survey asks for immunization information about infants and young children enrolled in any child care program that is registered and licensed by the Child Development Division (CDD). Refer to the immunization records for each child enrolled in your facility.

You will be able to start the survey and then complete it at a later time, but you must press "**save and continue survey later**" before exiting the survey.

All questions must be answered -- do not leave one blank. You can use a zero if applicable. Each child enrolled should be counted once. For questions 5 – 10 please use the drop-down boxes to select an answer.

If you have questions about the survey, please consult the *Frequently Asked Questions* at: http://healthvermont.gov/hc/imm/documents/Child_Care_FAQ.pdf

If you need additional help, call the Immunization Program at 802-863-7638 or 800-640-4374 and ask to speak with someone about the child care survey.

For additional information: <http://healthvermont.gov/hc/imm/ChildCareEntry.aspx>

The updated Child Care Provider's Manual can be found at the link above. This version replaces the one you received last year.

Exemption forms have been updated since last year due to legislative changes. You can review them, and access additional forms at this same link, under the **FORMS** heading.

For question #11, if a child is missing multiple vaccines, that child will be counted in each box that matches the missing vaccine.

Annual Child Care Immunization Survey 2012-2013

DEMOGRAPHICS

1. Today's date:

2. Name of Child Care Facility: *

3. Child Care Facility Contact information: *

Completed by:

Address:

Address 2:

City/Town:

State:

ZIP:

Email Address:

4. This Child Care Facility is...: (check all that apply) *

- a. Open for business
- b. New this year
- c. Inactive/temporarily closed

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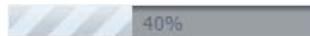
20%

Annual Child Care Immunization Survey 2012-2013

INDIVIDUAL CHILD CARE FACILITY IMMUNIZATION STATUS ASSESSMENT

5. What is the total number of children enrolled (age birth through pre-school) in this Child Care Facility as of today?: *

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Annual Child Care Immunization Survey 2012-2013

INDIVIDUAL CHILD CARE FACILITY IMMUNIZATION STATUS ASSESSMENT
(CONT)

6. Number of children up-to-date on immunizations for their current age?: *

-- Please Select -- 

7. Number of children who have been provisionally admitted (i.e. children who have not completed all vaccines for their age, but are in the process of being immunized): *

-- Please Select -- 

8. Number of children with a philosophical exemption for one (1) or more vaccines: *

-- Please Select -- 

9. Number of children with a religious exemption for one (1) or more vaccines: *

-- Please Select -- 

10. Number of children with a medical exemption for one (1) or more vaccines: *

-- Please Select -- 

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60%

Annual Child Care Immunization Survey 2012-2013

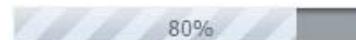
NUMBER OF CHILDREN MISSING REQUIRED VACCINES DUE TO PROVISIONAL
ADMITTANCE OR ANY EXEMPTION

11. Number of children who have NOT been immunized against *

| | |
|-------------------------------------|---------------------|
| DTaP (Diphtheria/Tetanus/Pertussis) | -- Please Select -- |
| IPV (Polio) | -- Please Select -- |
| MMR (Measles/Mumps/Rubella) | -- Please Select -- |
| Hib (Haemophilus influenzae type b) | -- Please Select -- |
| HepB (Hepatitis B) | -- Please Select -- |
| Varicella (Chicken pox) | -- Please Select -- |
| PCV (Pneumococcal) | -- Please Select -- |

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Submit

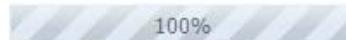


Annual Child Care Immunization Survey 2012-2013

THANK YOU!

Thank you for taking our survey. Your response is very important to us.

To exit the survey, press "x" at the top right hand corner of the browser.

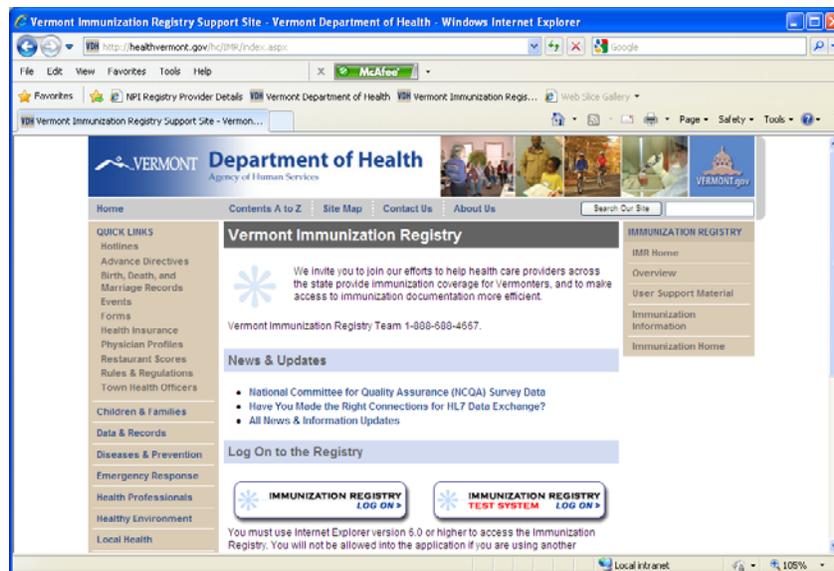


How to access a child's record on the Immunization Registry

We want to make it easy for you determine if a child is up to date with immunizations. The Vermont Immunization Registry, or IMR, is a statewide database of immunization information. As a licensed or registered child care provider in VT, you may apply for a user name and password to access the IMR. With that password, and the written permission of a parent, you may look up and print a report that shows if a child is up to date with immunizations.

How do I find the Immunization Registry?

You can find the Immunization Registry through the Department of Health website. Here's the direct link: <http://healthvermont.gov/hc/IMR/index.aspx>. If you need assistance please call us at 1-888-688-4667.



How do I get a password?

To apply for a password, you need to sign a copy of our **Confidentiality Agreement**, which you will find a copy in this manual on page 21.

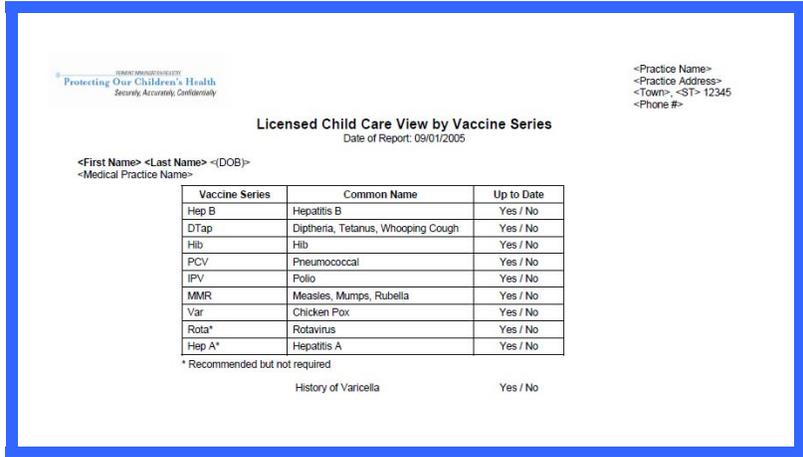
Please mail the signed form to:

**Immunization Registry
PO Box 70
Burlington VT 05402**

We will begin processing these requests on October 1st.

How do I use the Immunization Registry?

Look up a child's record using their first name, last name, and date of birth. Then open the Immunization Registry, and select the Licensed Child Care report. This will display a printable list of the different immunization series, and a YES/NO button to show whether that child is up to date.



Are all children listed in the Immunization Registry?

Just about all. Home births and children born out of state can sometimes be delayed in getting a record in the registry, but you should find most children you look for. If you don't find a child's record, you may check again later or ask the parent to give you a copy of their child's record from the doctor.

Are all immunizations that are given to children listed in the Immunization Registry?

Not in all cases because there can be a delay before the information to gets into the registry. You can check again in a week or two to see if more immunizations have been added. You can also ask the parent to give you the child's immunization record.

What if I have questions?

The IMR staff can be reached by email at this address: imr@ahs.state.vt.us

The Immunization Program can be reached by email at immunizationprogram@ahs.state.vt.us.

Please feel free to call us.

Password and registry questions: (888)-688-4667

Immunization and reporting questions: (800) 640-4374

ACCESS AND CONFIDENTIALITY/PRIVILEGE AGREEMENT

**To obtain a user name and password, return a signed copy of this form to:
Immunization Registry, Vermont Dept of Health, 108 Cherry Street, PO Box 70,
Burlington VT 05402.
Questions: call (888) 688-4667.**

STATEMENT TO CHILD CARE PROVIDER

As a child care provider, you are legally required by 18 VSA § 1121(b) to annually confirm that each child wishing to enroll or remain in your child care facility has received required immunizations in the prior 12-month period appropriate to age as specified by the Vermont Department of Health (VDH). A parent or guardian must provide you, or cause to be provided to you, a record or certificate of immunization issued by a licensed health care practitioner or health clinic.

In addition, 18 VSA § 1129(b) provides that childhood immunization registry information regarding a particular child may be provided to you upon request so long as you have obtained written consent from a parent or guardian. Access to the registry would also allow you to document compliance. Registry information must be kept confidential and privileged.

CHILD CARE PROVIDER'S AGREEMENT

As a child care provider with parental or guardian consent I am entitled to childhood immunization registry information regarding the children that I provide child care services to, I hereby agree as follows:

1. I will access confidential and privileged information only as needed to perform child care services for enrolled children.
2. I will only access information I have a need to know for children enrolled in the child care I am affiliated with or operate.
3. I will not in any way divulge a copy, release, sell, loan, review, alter or destroy any confidential and privileged information except as properly authorized within the scope of my professional activities as a child care provider.
4. I will not misuse confidential and privileged information or treat such information carelessly.
5. I will safeguard and will not disclose my access code or any other authorization I have that allows me to access confidential and privileged information. I accept responsibility for all activities undertaken using my access code and other authorization.

6. I will report activities by any individual or entity that I suspect may compromise the protection and privacy of confidential and privileged information. Reports made in good faith about suspect activities will be held in confidence to the full extent permitted by law, including the name of the individual reporting the activities.
7. I understand that my obligation under this Agreement will continue after termination of my privileges and access hereafter are subject to periodic review, revision, and if appropriate, renewal.
8. I understand that I have no right or ownership interest in any confidential and privileged information to which I have access. The Department of Health may, at any time, revoke my authorization or access to confidential and privileged information.
9. I will be responsible for my misuse or wrongful disclosure of confidential and privileged information and for my failure to safeguard my access code or other authorization access to confidential and privileged information.
10. I understand that failure to comply with this Agreement may also result in loss of privileges to access confidential and privileged information.
11. I understand that, under 18 VSA § 1001(d), a confidential public health record shall not be:
 - a. Disclosed or discoverable in any civil, criminal, administrative or other proceeding.
 - b. Used to determine issues relating to employment or insurance for any individual.

I also understand that any person who willfully or maliciously discloses the content of any confidential public health record without written authorization or as authorized by law shall be subject to a civil penalty of not less than \$10,000.00 and not more than \$25,000.00 and costs and attorneys fees as determined by the Court.

CHILD CARE PROVIDER:

DATE: _____

(Licensed Child Care Provider Signature)

(Licensed Child Care Provider Name Printed)

(Licensed Child Care Facility Name)

(Mailing Address)

(Email Address)