



**DOE / DYCD Contracted Program Employee Verification for COVID-19 Vaccine**

The below individual is an employee working in-person at an early childhood program, a Learning Bridges program contracted by the NYC Department of Education (DOE), a Learning Lab, after school or community center program contracted by the NYC Department of Youth and Community Development (DYCD), or a family child care home affiliated with a DOE-contracted Network. This employee is eligible for a COVID-19 vaccine in phase 1b. This letter applies to all employees working in-person at the above mentioned DOE or DYCD-contracted programs, including administrators, teaching staff, and support staff.

**Name:**

**Employer:**

**Job Title:**

**Program Type**

DOE-contracted early childhood center (3-K, Pre-K, EarlyLearn, Learning Bridges)

DYCD-contracted Learning Lab, After School Program or Community Center

DOE Family Child Care Network

***[For early childhood programs only] DOE site ID (four letter code):***

***[For Network-affiliated family child care programs only] Name of Network:***

**Address of program:**

As the program administrator, I confirm that this is an employee of a DOE- or DYCD-contracted program who is seeking a COVID-19 vaccination.

**Program Administrator Name and Signature**

**Name:**

**Signature:**