STATE OF NEW YORK
DEPARTMENT OF HEALTH

In the Matter of

James V. McDonald, MD, MPH,
as Commissioner of Health of the State of New York, to determine the action to be taken with respect to

Julie DeVuono

Respondent,

Arising out of alleged violations of Article 21 of the Public Health Law and Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York (NYCRR)

ORIGINAL

Order

MISC-26-002

A hearing was held pursuant to Public Health Law (PHL) § 12-a and 10 NYCRR Part 51 on charges that that the Respondent Julie DeVuono falsely reported having administered a vaccination to at least 164 different patients on approximately 1,898 occasions in violation of PHL §§ 2168(3)(a)(i) and (5)(a) and 10 NYCRR 66-1.2(c)(1). A notice of hearing dated May 31, 2024 and amended statement of charges dated October 9, 2024 were served, and a hearing was held by videoconference on January 15, 16, March 7, 10, and April 14, 2025 before Jeanne T. Arnold, Administrative Law Judge. The Record closed on June 24, 2025.

The Department of Health appeared by Mark Fleischer, Esq. The Respondent appeared and was represented by William P. Nolan, Esq. Evidence was received and witnesses were sworn and examined. A transcript of the proceedings was made. On February 17, 2026, the Administrative Law Judge issued her Report and Recommendation.

NOW, on reading and filing the notice of hearing and the amended statement of charges dated October 9, 2024, the record of the hearing and the Administrative Law Judge's Report and Recommendation, I hereby adopt the Report and Recommendation of the Administrative Law Judge as my own; and

IT IS HEREBY ORDERED, THAT:

1. The charge is sustained.
2. A civil penalty in the amount of $544,000 is imposed.
3. This order shall be effective upon service on the Petitioner by personal service or by registered or certified mail as required under PHL § 12-a(4).

Dated: Albany, New York

May 27, 2026

JAMES V. McDONALD, MD, MPH
Commissioner
New York State Department of Health

To: Mark Fleischer, Esq.
Corning Tower, Room 2412
Empire State Plaza
Albany, New York 12237-0029

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666 Old Country Road, Suite 207
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APPENDIX

STATE OF NEW YORK
DEPARTMENT OF HEALTH

In the Matter of **James V. McDonald, MD, MPH,** as Commissioner of Health of the State of New York, to determine the action to be taken with respect to **Julie DeVuono,** Respondent, Arising out of alleged violations of Article 21 of the Public Health Law and Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York (NYCRR)	**Report and Recommendation**

To: The Honorable James V. McDonald, MD, MPH
Commissioner of Health, State of New York

Hearing before: Jeanne T. Arnold
Administrative Law Judge

Held at: New York State Department of Health
By videoconference

Hearing dates: January 15, 16, March 7, 10, April 14, 2025
Record Closed June 24, 2025

Parties: New York State Department of Health
By: Mark Fleischer, Esq.
Corning Tower, Room 2412
Empire State Plaza
Albany, New York 12237-0029

Julie DeVuono
By: William P. Nolan, Esq.
Law Offices of William P. Nolan
666 Old Country Road, Suite 207
Garden City, New York 11530

JURISDICTION

By notice of hearing dated May 31, 2024 and amended statement of charges dated October 9, 2024, the New York State Department of Health (Department) advised Julie DeVuono (Respondent) that a hearing would be held pursuant to Public Health Law (PHL) § 12-a and 10 NYCRR Part 51 on charges that she falsely reported having administered a vaccination to at least 164 different patients on approximately 1,898 occasions in violation of PHL §§ 2168(3)(a)(i) and (5)(a) and 10 NYCRR 66-1.2(c)(1). (ALJ Exhibit I.)

The Department seeks to impose civil penalties on the Respondent pursuant to PHL §§ 12 and 206(4)(c). This enforcement proceeding requires a hearing to be held in accordance with procedures set forth at PHL § 12-a and 10 NYCRR Part 51. The Department has the burden of proof. 10 NYCRR 51.11(d)(6).

HEARING RECORD

Department witnesses:	**Megan Meldrum**, Research Scientist, Bureau of Surveillance and Data Systems for the New York State Immunization Information System (NYSIIS) **Joseph Giovannetti**, Director, Bureau of Investigations **Kathleen Camarata**, former employee of Wild Child Pediatrics **Christian Velasco**, parent of Respondent's former patients **William Thomas Lee, MD**, Immunologist
Department exhibits:	1-18, 20-30
Respondent witness:	**Joseph Garcia**, parent of Respondent's former patients
Respondent exhibits:	A-B
ALJ exhibits:	I-II

A transcript of the hearing was made (T 1-782).

SUMMARY OF FACTS

1. Respondent Julie DeVuono is a natural person residing currently in Pocono Lake, Pennsylvania. She was licensed by the New York State Department of Education as a registered professional nurse on April 22, 2002, and certified to practice as a nurse practitioner in pediatrics on November 25, 2002, until applied to surrender her licenses on September 15, 2023. (Exhibit 3.)

2. Kids-On-Call Pediatric Nurse Practitioner PC was a professional corporation located at 47 Bourdette Place, Amityville, New York, and did business as Wild Child Pediatrics (Wild Child). The Respondent owned Wild Child from September 24, 2007 to September 15, 2023, when she applied, as owner, to surrender its certificate of incorporation. (Exhibits 2.)

3. The Respondent surrendered her licenses and certificate of incorporation before the New York State Education Department Office of Professional Discipline State Board for Nursing in December 2023 as one condition of a plea agreement entered in criminal court in which she admitted, *inter alia*, that between June 15, 2021 and January 27, 2022, she filed false information concerning COVID-19 vaccinations into the New York State Immunization Information System (NYSIIS). (Exhibits 4, 5.)

4. NYSIIS was created on January 1, 2008 to capture all childhood immunizations of New York residents outside of New York City. (T 30-31.) It is an electronic vaccination recording database maintained by the Department. Health care providers are required to report vaccinations administered to patients under 19 years of age and related elements, including vaccination administration dates, type, lot number and manufacturer. 10 NYCRR 66-1.2(a)(1), (b)(1)(2), (c)(1).

5. NYSIIS provides a place for providers to both check vaccination histories and to report and track the vaccines they provide to ensure that children are neither under nor over vaccinated. (T 34-35.) Providers can input both historical and current vaccinations manually and via electronic health records. (T 11.) School officials then can access NYSIIS reports to ensure that their students meet the New York State vaccination requirements to attend. (T 37-38.) To create a NYSIIS account, health care providers must undergo training and sign a user agreement which states that they agree, *inter alia*, not to "[e]nter inaccurate data intentionally, or falsify data currently in NYSIIS" and not to permit others to access NYSIIS by using another person's login and password. (T 49-53, 106-108, 704; NYSIIS User Agreement, 2[A], [B].)

6. The Respondent's first NYSIIS account was open from January-March 2009 (T 99) but between April 2009 and October 2019, the Respondent did not have an active user account. (T 98-99; Exhibit 29.) The Wild Child practice utilized another medical recording system, Dr. Chronos, for recording vaccinations prior to the Respondent creating a new NYSIIS account in October 2019. (T 98, 106-107.)

7. In New York State, all children must be age-appropriately immunized to attend school, except where a medical exemption is obtained. PHL § 2164; 10 NYCRR 66-1.4. A religious exemption to the immunization requirement was repealed affective June 13, 2019. L.2019, c. 35 § 1, as repealed. (T 88, 141, 198.)

8. Wild Child received an influx of patients after the religious exemption was eliminated. (T 482.) Certain schools reported that children who were previously exempt from immunization requirements due to religious reasons were appearing at school

with handwritten immunization records indicating that they had received all required immunizations from the Respondent's Wild Child practice. (T 110-112.)

9. After the influx of new patients, Wild Child hired Kathleen Camarata as a Licensed Practical Nurse (LPN) in October 2019 (T 424), and the Respondent trained her. (T 439, 436, 482.)

10. The Wild Child practice at that time consisted of the Respondent, another nurse, receptionist and LPN Camarata. (T 426.) After the COVID-19 pandemic subsided, the practice consisted of only the Respondent, LPN Camarata and a receptionist. (T 448.) The Respondent was the only authorized user of NYSIIS from Wild Child (T 105-106; 118; 120) but LPN Camarata made entries in NYSIIS either at the office or from home when instructed by the Respondent to do so on behalf of the practice. (T 446-447.)

11. The Wild Child practice administered both regular vaccines or homeopathic alternatives, including homeoprophylaxis (HP) pellets, depending on the preference of families. (T 426, 432; Exhibit 6.) The Respondent distinguished between actual patients and those that were coming to her practice only for HP vaccine alternatives. She charged $85 per vaccine alternative (T 478-479; 459-460; Exhibits 7, 22, 28) whereas there is no charge for administration of real vaccines to patients (T 459-460; Exhibit 6). The Respondent reported both methods the same way in NYSIIS. (T 449.)

12. The Respondent advised LPN Camarata to give HP pellets to certain patients to take at home in place of receiving traditional vaccines in the office. The Respondent trained LPN Camarata to record the actual New York State required immunizations that the patients were due for and to document that they received them on

the required dates even when they instead received only the pellets, which do not comply with state mandates. (T 439-441.)

13. The records of children who received HP pellets were filled in by hand on two different paper forms, noting what regular vaccines should have been administered according to the New York State schools' required vaccination schedule, and lot numbers of the corresponding vaccines that were reused repeatedly. (T 444-445; 472.) LPN Camarata identified these forms, titled Vaccine Administration Record and Immunization Record, that were used for children to get back into school or to maintain enrollment. (T 485-486; Exhibit 6 pp 3-4.) Later in her employment, the Respondent instructed LPN Camarata to take information from different sources concerning vaccination dates and enter it into the NYSIIS. (T 447.) Ms. Camarata, on behalf of Wild Child, reported over 100 vaccines into NYSIIS that were not actually administered. (T 449; Exhibits 16, 17.)

14. Wild Child was flagged by the Department in the fall of 2019 as entering a large amount of historical data of immunizations of children into NYSIIS after both the Respondent created her account and the religious exemption to the New York State vaccination requirements ended. At the same time, school users raised concerns about the validity of certain immunizations entered in NYSIIS by Wild Child. (T 96-97; 101-104.) The Department's records indicated that one person was manually entering "a very surprisingly impressive number" of childhood immunizations taking place at Wild Child. (T 120.) Wild Child NYSIIS entries also were not reported within 14 days of purported administration as required under 10 NYCRR 66-1.2 (c)(4). (T 131-135; 156; Exhibit 29.)

15. At or around the same time, a Suffolk County police investigation concerning the Respondent's COVID-19 vaccination practice commenced. The

Respondent was arrested and charged with a money laundering scheme. On September 15, 2023, the Respondent pleaded guilty to money laundering in the second degree, forgery in the second degree and offering a false instrument in the first degree for, *inter alia*, intentionally falsely completing and entering COVID-19 vaccination records into NYSIIS and charging individuals $220 for every false entry. (Exhibits 4, 5.)

16. The Respondent made her final NYSIIS entry on January 26, 2022. (Exhibit 29.) In February 2022, the Respondent's NYSIIS account was put on hold by the Department. (T 133-135, 156.)

17. The Respondent's patients sought new providers after her arrest for the COVID-19 vaccinations. (T 208-212.). One such pediatrician required her patients to be titer-tested to determine their vaccination status for accurate NYSIIS reporting. Sixteen patients did not demonstrate immunity against most of the diseases for which Respondent reportedly had administered vaccinations. The Respondent falsely reported that she administered 126 doses of childhood vaccinations for these 16 patients that are not supported by Titers. (T 208-212, 585-662; Exhibit 17; Department Brief Appendix I.)

18. Christian Velasco was invoiced by his ex-wife for vaccinations his children purportedly received from the Wild Child practice, but his children reported that they did not receive shots but "immunization(s) given through some sort of gummy bears." (T 535-536.) When he subpoenaed his children's records, he received, *inter alia,* printed records filled out by hand titled Vaccine Administration Record. These showed that each child received multiple vaccinations on multiple days, and printouts of the children's NYSIIS Immunization History Reports showed the Respondent reported such vaccinations on NYSIIS. (T 535-537, 544-545; Exhibits 20 p 16, 21 p 12.)

19. Mr. Velasco's children were later tested by an independent laboratory. The results showed one of his daughters was not immune from some of the diseases for which she was allegedly vaccinated pursuant to NYSIIS reports entered by the Respondent. (T 540, 631-636; Exhibit 22.)

20. The Department, as part of its investigation, subpoenaed records from school districts and received handwritten vaccination forms described by LPN Camarata as the forms used by Wild Child for patients who received homeopathic alternatives to immunizations. The vaccination forms reported 1760 vaccination doses for 146 patients (T 263-275; Exhibit 16) which were then recorded in NYSIIS by the Wild Child practice (Exhibit 29).

ISSUES

Did the Respondent violate PHL §§ 2168(3)(a)(i), (5)(a) and 10 NYCRR 66-1.2(c)(1) by falsely reporting administration of childhood vaccinations in NYSIIS?

If so, what penalty should be imposed?

APPLICABLE LAW

No school official shall permit a child to be admitted to such school, or to attend such school, in excess of fourteen days, without evidence of the child's immunization against poliomyelitis, mumps, measles, diphtheria, rubella, varicella, hepatitis B, pertussis, tetanus, and, where applicable, haemophiles influenzae type b (Hib), meningococcal disease, and pneumococcal disease. PHL § 2164(7)(a).

Any health care provider who administers any vaccine to a person less than nineteen years of age and immunizations received by a person less than nineteen years of age in the past if not already reported, shall report all such immunizations to the department in a

format prescribed by the commissioner within fourteen days of administration of such immunizations. PHL § 2168(3)(a)(i).

All health care providers and their designees shall submit to the commissioner information about any vaccine administered to anyone less than nineteen years of age and about each vaccination given after January first, two thousand eight. The information provided to the system shall include the national immunization program data elements and other elements required by the commissioner. PHL § 2168(5)(a).

The statewide immunization information system is a statewide computerized database of immunizations developed and maintained by the New York State Department of Health, known as the New York State Immunization Information System (NYSIIS). 10 NYCRR 66-1.2(a)(1). Mandated reporters to NYSIIS include any health care provider, as defined in this section, who administers an immunization, and mandated reporters must report any immunization to a child less than 19 years of age to NYSIIS. 10 NYCRR 66-1.2(b)(1)(2).

Information that is required to be reported to NYSIIS, to the extent available to the provider shall include: the patient's name (first, middle and last); date of birth; gender; race; ethnicity; address, including zip code; telephone numbers; birth order (if multiple birth); birth state/country; mother's maiden name; mother's or other responsible party's name (first, middle and last); Vaccines for Children program eligibility; Medicaid number; and vaccine administration date, type, lot number and manufacturer, except as noted in paragraph (3) of this subdivision. A provider should report elements for any additional data fields in NYSIIS when available. 10 NYCRR 66-1.2(c)(1).

Providers ordering immunizations must submit immunization information to NYSIIS within 14 days of administration of the immunizations. Providers must also submit information regarding immunizations not previously reported for each registrant and must submit any missing information requested by NYSIIS within 14 days of the issuance of the request. For individuals exempt from administration of vaccines, providers must submit patient information, including the reason that such immunization may be detrimental to the child's health, to the statewide immunization information system within 14 days following the in-person clinical interaction that occurs at or after what would normally have been the due date for the administration of an age-appropriate immunization to that child, according to current national immunization recommendations. 10 NYCRR 66-1.2(c)(4).

The Commissioner may assess any penalty prescribed for a violation or a failure to comply with any term or provision of the Public Health Law, or of any lawful notice, order or regulation pursuant thereto, not exceeding two thousand dollars for every such violation *or failure*, which penalty may be assessed after a hearing or an opportunity to be heard. PHL § 206(4)(c). Any person who violates, disobeys or disregards any term or provision of the PHL or of any lawful notice, order or regulation pursuant thereto for which a civil penalty is not otherwise expressly prescribed by law, shall be liable to the people of the state for a civil penalty not to exceed two thousand dollars for every such violation. PHL § 12 (1).

The burden of proof is on the Department to prove its charge by a fair preponderance of the evidence. 10 NYCRR 51.11(d)(6); *see Miller v DeBuono*, 90 NY2d 783 (1997).

DISCUSSION

Respondent was required by law and under her NYSIIS user agreement to provide recent, historical and accurate data regarding her pediatric patients' vaccinations. PHL § 2168 (3)(a), (5)(a); 10 NYCRR 66-1.2(c)(1). The Department's sole charge (alleging 1898 counts) is that, between November 12, 2019 and January 5, 2022, the Respondent reported in NYSIIS that she administered vaccinations to pediatric patients when, in fact, she had not administered the reported vaccinations, violating PHL §§ 2168(3)(a)(i) and (5)(a) and 10 NYCRR 66-1.2(c)(1). (ALJ I.)

The Respondent generally denied the Department's charge (ALJ II) yet provided no proof that the charge was not based on the facts as presented. Rather than refute the Department's charge with testimonial or documentary proof, such as medical records that she was required by state law to create and maintain, that she had entered required and correct immunization information into NYSIIS which only she -- as the children's medical provider -- would have, she opted not to testify or to offer any such proof. Instead, she argues only that the Department did not meet its burden and that its investigation was subpar.

NYSIIS was established in part: (a) to collect reports of immunizations and thus reduce the incidence of illness, disability and death due to vaccine preventable diseases; (b) to establish the public health infrastructure necessary to obtain, collect, preserve, and disclose information relating to vaccine preventable disease as it may promote the health and well-being of all children in this state; and (c) to make available to an individual, or parents, guardians, or other person in a custodial relation to a child or, to local health districts, local social services districts responsible for the care and custody of children,

health care providers and their designees, schools, WIC programs, and third party payers of the immunization status of children. PHL § 2168. Entering false immunization reports into NYSIIS subverts the intent of the statute and is contrary to PHL § 2168 (3)(a)(i) and (5)(a) as well as 10 NYCRR 66-1.2(c)(1) which require that providers report accurate childhood immunization reports into NYSIIS.

New York state requires that school children be vaccinated against various contagious diseases. *See* PHL § 2164. There are specific immunization requirements outlined by the Department each year that families must prove prior to their children attending school.[1] Prior to amendments made in 2019, PHL § 2164 provided two statutory exemptions from its school immunization requirements – a medical exemption and a religious exemption. The New York legislature repealed the religious exemption (PHL § 2164[9] [repealed]) effective June 13, 2019 and now only the medical exemption remains. PHL § 2164(8).

After June 13, 2019, when the religious exemption to the vaccination requirement was repealed, the Respondent received an influx of new patients. (T 197-200; 482.) Schools on Long Island reported to the Department that children who were previously exempt from immunization requirements due to religious reasons were appearing at school with handwritten and current immunization records from the Respondent's Wild Child. (T 110-112.) When the Respondent registered its Wild Child practice as a NYSIIS user in October 2019, the practice had already been flagged for investigation, but the Department's safety focus shifted to the COVID-19 pandemic at or around that time. (T 142; 148-150.)

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[1] *See* chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.health.ny.gov/publications/2370_2026.pdf

The NYSIIS agreement required a commitment by the Respondent to abide by the terms of the Public Health Law Title 6, Article 2168 and the provisions of 10 NYCRR Section 66-1.2 and required her to submit to NYSIIS, in an electronic form, information related to the administration of vaccines from birth up to 19 years of age, report information within 14 days of administration of such vaccine, submit all required data elements, and report available information on past immunizations if not already reported by another provider. (NYSIIS User Agreement.)[2]

As part of her practice, the Respondent fraudulently entered childhood vaccination records into NYSIIS. This was established by the testimony of LPN Camarata who worked for the Wild Child practice from October 2019 until the summer of 2021. (T 424-425; Exhibit 6.) She worked at the Wild Child's Amityville office and at her home (T 424, 502; Exhibit 6) and directly filled in wellness forms, school forms, HP forms and regular vaccination forms for the pediatric patients of the practice. (T 431-432.)

When LPN Camarata first began at Wild Child, they were using the Dr. Chronos program to input vaccination records. They switched to NYSIIS at some point during the COVID-19 pandemic. (T 434-435.) She described that when children came in to receive regular vaccinations, these would be entered directly into the system by iPad or computer at the time of the vaccination. (T 436-438.) When families instead requested the homeopathic alternatives to the regular vaccination schedule, paperwork would be completed by hand. This consisted of an HP Information sheet where families would indicate whether their children were unvaccinated or partially vaccinated. If partially

[2] Judicial notice was taken of the NYSIIS user agreement, available online at chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.health.ny.gov/prevention/immunization/information_system/docs/nysiis_user_agreement.pdf

vaccinated, they would begin recording the HP documentation from where their vaccines ended. (T 475-476; Exhibit 28 p 2.)

Wild Child offered HP pellets, which were not accepted as a required alternative to vaccinations by New York State, to its patients in lieu of the regular childhood vaccinations that were required by the state to attend school. The cost for HP pellets was $85.00 per vaccine. (T 477.) The rest of Wild Child's documentation consisted of one of two paper forms titled "Vaccine Administration Record" and "Immunization Record" (Exhibit 6), filled out by a Wild Child employee. If a child was administered HP pellets in place of actual vaccines, the dates the actual vaccines were due according to the New York State school immunization requirements were recorded by hand on the form and families would take the HP pellets home. (T 442-445.) The lot numbers were reused from true vaccines that were not in fact administered, recorded by the Respondent on a working paper which indicated which lot number to use for each type of vaccine. (T 473; Exhibit 28.)

LPN Camarata sometimes entered vaccination information into NYSIIS at the instruction of the Respondent, which would detail whatever date the child patient was due for an actual vaccine. (T 446.) When she entered the information into NYSIIS, she reported the HP pellets as though they were the regular vaccinations. (T 448-449.) LPN Camarata's job became one mostly of data entry, taking information from various sources and entering it into NYSIIS often from home. (T 447.)

One of the sources that LPN Camarata used in her data entry was email correspondence from the Respondent. (T 446.) She described the contents of five emails (T 462-267; Exhibits 23-27) and explained that these represented a small number of the emails she received from the Respondent, but she had deleted many others. (T 522-523.)

The Respondent emailed her instructions for inputting into NYSIIS what vaccines a patient was supposed to receive on specific dates so that they could attend school (T 461; Exhibits 23, 27) or would indicate when vaccination records were needed by so patients could attend school and would have LPN Camarata piece together the recorded dates. (T 459-457; Exhibits 24, 25, 27.) Sometimes in her emails, the Respondent attached the handwritten medical forms of patients who had received HP pellets, and LPN Camarata would then input them into NYSIIS. Attachments she received for one patient, O.L., included a Vaccine Administration Record (Exhibit 28 p 1), which is the same form she was instructed to fill out when she started working at Wild Child for those children who were receiving homeopathic alternatives to vaccinations. (T 472.)

The Respondent did not offer any evidence to rebut any of LPN Camarata's testimony but instead simply denied its veracity. (Respondent Brief p 3.) Although LPN Camarata received immunity from prosecution in exchange for cooperating with the criminal COVID-19 vaccination case against the Respondent, she received no benefit from the Department and testified on her own accord. (T 491-493.) LPN Camarata's conscience caught up with her and she ended her employment with the Respondent in the summer of 2021 because she "just couldn't keep. . .recording vaccines that weren't actually given. . . anymore." Ultimately, she admitted recording over 100 fraudulent vaccines into NYSIIS (T 449) at the instruction of the Respondent. (T 439, 446, 473.) This was direct, reliable testimony regarding LPN Camarata's own involvement in recording fraudulent records in NYSIIS and the Respondent's counsel had an opportunity to cross examine her.

LPN Camarata's testimony, as an employee of Wild Child, also was corroborated, in part, by the testimony of a parent of two children who were given homeopathic

alternatives to vaccinations. Mr. Velasco was perplexed when his ex-wife forwarded him an invoice for his children's vaccinations allegedly administered by the Respondent, when his children had a different pediatrician. (T 534-535; Exhibit 7.) When his children reported to him that they had not received shots by the Respondent but instead gummies, Mr. Velasco had them tested for immunity by a private lab. (Exhibit 22.) He learned that they were not immune to the diseases for which they were allegedly vaccinated by the Respondent. (T 539-540.) Dr. Lee, an expert immunologist who testified on behalf of the Department, reviewed one of the children's lab results and opined that she was not vaccinated for measles, mumps, rubella, tetanus, and varicella even though the Respondent entered NYSIIS reports claiming to have immunized the child for these diseases. (T 631-636; Exhibits 20, 21.)

The Respondent failed to offer any proof that the Velasco children were immunized at Wild Child and/or that the Respondent did not enter false vaccination reports into NYSIIS for them. The Respondent, as a licensed practitioner, was required by state law to create and maintain accurate and complete medical records of her treatment of patients. 8 NYCRR 29.2(a)(3) (records of minor patients must be retained for at least six years, and until one year after the minor patient reaches the age of 21 years). Not only did she fail to offer any records to prove that the Velasco children were immunized, she failed to offer records for *any* of the purported immunizations recorded in NYSIIS for the 162 children at issue. Her failure to produce records that were required to be kept by her permits the inference that those records do not exist, or if produced would not support her case.

The Respondent did not offer any credible rebuttal to any of the Department's evidence. The Respondent's only witness was Joseph Garcia, a parent of three of

Respondent's patients who testified that he personally observed the Respondent vaccinate his children with the state-mandated scheduled shots. (T 731, 753-754.) Yet, and tellingly, his children were not included in the 162 patients for whom the Department charges the Respondent submitted false NYSIIS vaccination reports. (Exhibit I; Department Brief Appendix 1, 2.) The Department's own witnesses conceded that Wild Child "ran the full spectrum from folks who weren't vaccinated at all. . . to, you know, folks who were legitimately vaccinated, and then, everything in between." (T 217.)

The Respondent submitted paper Wild Child immunization records that had been provided to the Garcia children's school (T 743-744; Exhibit A) and contends that this disproves LPN Camarata's testimony that paper records were reserved for patients who received HP pellets in place of shots. This is a mischaracterization of both LPN Camarata's testimony and the statement she gave the Department investigators. LPN Camarata testified that there were *two specific paper forms filled out by hand* that were used for children of families who sought HP pellets and/or who were customers of the Wild Child practice solely for the purpose of receiving a vaccination record which would satisfy the state-mandated schedule. The immunization records of the Garcia children were printed Dr. Chronos records with the Respondent's signature (Exhibit A pp 5-6, 19-20, 29-30), which differ from the two types of paper records, the "Vaccine Administration Record" and "Immunization Record" forms, that LPN Camarata testified *were filled out by hand* and used exclusively for the patients receiving HP pellets at the Wild Child practice. (T 442-446; Exhibit 6.)

The Respondent's failure to testify at this hearing about these matters within her own personal knowledge permits the inference that her testimony would not have

supported her case. *Matter of Youssef v State Board for Professional Medical Conduct*, 6 AD3d 824, 826 (3d Dept 2004) (a negative inference when a respondent fails to testify is appropriate even where the failure to testify was classified as not a refusal but rather a belief that the department failed to meet its burden of proof). An adverse inference is applied against the Respondent herein. *See Schoonmaker v New York State Department of Motor Vehicles*, 33 NY3d 926 (2019) (a negative or adverse inference may be drawn from a petitioner's failure to testify at an administrative revocation hearing); *see also*; *Riccobono v Waterfront Commission of New York Harbor*, 171 AD3d 609 (1st Dept 2019); *Ferdico v Waterfront Commission of New York Harbor*, 169 AD3d 579 (1st Dept 2019) (due process rights were not violated when an Administrative Law Judge applied an adverse inference against a respondent for failing to testify during an administrative hearing). The Respondent is the party with personal knowledge whether she administered vaccinations and with privity to her own practice's vaccination and medical records, yet she did not testify and did not introduce any records proving that the vaccinations she reported in NYSIIS were accurate.

Finally, and importantly, it is uncontroverted that the Respondent entered into a Plea Agreement in 2024 wherein she admitted to and was convicted of and sentenced for money laundering, forgery and offering a false instrument for filing. As part of her plea, she admitted that she provided individuals with fake COVID vaccine cards and submitted false COVID vaccine reports to NYSIIS. (Exhibit 4 pp 8-12, Exhibit 5 pp 32-33, 37-38, 46-47, Exhibit B.) A common scheme or plan is a recognized exception to the rule in both criminal and civil cases that it is improper to prove that a person did an act on a particular occasion by showing that she did a similar act on a different, unrelated occasion. *Matter of*

Brandon's Estate, 55 NY2D 206, 212 (1982). Under the common scheme or plan exception, evidence of similar acts is admissible if it is established that the similar acts are "sufficiently connected with the act at issue such that each forms a part of a common plan on the part of the actor to achieve some ultimate result." *Id.* The COVID scheme and the allegations herein were both carried out by the Respondent; both occurred during the same relevant time period; both were carried out in the same location; both involved homeopathic alternatives to the purportedly administered vaccines; both required patients to pay for vaccines for which there is generally no charge; both involved entering false reports in NYSIIS that had the effect of subverting the purpose of NYSIIS; and both were used by customers seeking to evade a requirement that necessitated proof of immunity against a disease. (Exhibits 4, 5, B.) Here the acts were sufficiently connected with the same goal, to make money from parents who wished for their children to continue attending public schools with vaccination requirements despite the parents' distrust of such vaccinations.

The Department submitted ample evidence to meet its burden of proof that the Respondent violated PHL §§ 2168(3)(a)(i) and (5)(a) and 10 NYCRR 66-1.2(c)(1) by falsifying vaccination records in NYSIIS between November 12, 2019 and January 5, 2022. The Department's charge should be sustained.

Civil penalty determination:

The Department requested a civil penalty of $1,000,000. (Department Brief p 37.) The Respondent did not address penalty, instead contending that because the Department did not prove its charge, a dismissal is warranted. (Respondent Brief and Reply Brief.)

The Department's charge includes counts alleging that the Respondent entered "approximately 1,898" falsified vaccination reports into NYSIIS, each constituting a separate violation pursuant to PHL §§12 and 206(4). (Amended Statement of Charges p 2.) In its brief, the Department indicates a more precise number, citing its own Appendices 1 and 2, which detail that the Respondent submitted 1886 false reports of having administered a vaccine to 162 children. This includes the 16 children that were titer tested for immunity and, as testified to by Dr. Lee, found not to be immune even though 126 vaccination doses were reported in NYSIIS by the Respondent (Exhibit 16; Department Brief Appendix 1), and 146 children whose school records, subpoenaed by the Department, included at least one of the handwritten Wild Child vaccination forms identified by Ms. Camarata as having been used exclusively for patients who received homeopathic alternatives to vaccinations. On these forms 1760 vaccines were identified and then reported into NYSIIS. (Exhibit 17; Department Brief Appendix 2).

PHL § 12(1) and PHL § 206(4)(c) authorize civil penalties up to $2,000 for every violation or failure to comply with the Public Health Law or any lawful notice, order or regulation pursuant thereto. The Department calculated that each false vaccination report constituted a separate violation for which a $2000 penalty can be assessed, resulting in a maximum penalty of $3,772,000 (1886 violations x $2000). (T 23; Department Brief p 36.) Instead of requesting this amount, it surmised that "$1,000,000, which is less than 30% of the maximum penalty that can be assessed is warranted" because "[t]his amount does not shock one's sense of fairness, and is necessary to deter the Respondent and all providers from submitting false information to NYSIIS, and represents to the public that the

Department is a reliable regulator that understands that the commission of grievous harm to the public warrants a commensurate penalty." (Department Brief pp 37-38.)

The Department is justified in seeking a penalty per violation, which in this case is the entering of fraudulent information into NYSIIS contrary to provisions of the Public Health Law and regulations which require that health care providers report childhood vaccination administrations into NYSIIS within 14 days (PHL § 2168[3][a][i]), and submit to the commissioner all required childhood vaccination administration information (PHL § 2168[5][a]) in NYSIIS as detailed in the regulations at 10 NYCRR 66-1.2(c)(1). *See Matter of Meyers Bros. Parking Systems, Inc.*, 87 AD2d 562, 563 (1st Dept 1982), *affirmed* 57 NY2d 653 (1982) ("A construction of the statute, other than to the effect that a violation is committed. . . [for each offense]. . .would hardly satisfy the legislative purpose or act as a warning to discourage the prohibited act. The public safety interest must be accommodated"). In *Matter of Rensselaer County Department of Social Services v McDonald*, 244 AD3d 1444 (3d Dept 2025), the Court affirmed the Department's penalty imposed against a skilled nursing facility in applying a per day penalty of $2000 every day a policy was not in effect as the penalty comported with the law, was not an abuse of discretion, and not "so disproportionate to the offense as to be shocking to one's sense of fairness." Here, the Respondent's conduct in repeatedly entering fraudulent information in NYSIIS warrants the maximum $2000 per violation.

The law and regulations violated by the Respondent were enacted based on the legislature's recognition that vaccines prevent diseases and transmissions of diseases. PHL § 2168 (1). The Respondent's violations allowed unvaccinated children to attend school, which directly interferes with the statute's purpose and adversely impacts public health.

The Respondent's conduct has a significant adverse impact on education and schools throughout New York State because schools have been required to exclude students from attendance based on doubts supporting student vaccination records. (T 396-397.) Most importantly, the Respondent has continued to withhold from the Department information necessary to determine the actual number and identity of students who did not receive vaccinations as reported to NYSIIS by refusing to respond to subpoena. As a result of the Respondent's continued withholding of information, the Department's alleged violations are based on information relating to only a small percentage of the Respondent's former patients (T 227-228; Exhibit 29), as follows.

Titer Testing

The Department's proof includes the unrefuted titer testing results of 16 children who the Respondent reported in NYSIIS as having received required childhood immunizations. (Exhibit 17.) The Department expert immunologist testified about the titer results of 16 Wild Child patients who were reported in NYSIIS as having received immunizations. (Exhibit 17.) These patients were titer tested by their current pediatrician who then gave the results to the Department. (T 208-213; Exhibit 17.) Dr. Lee testified that if the children had been vaccinated, they would more than likely have an immune response to the tests created via the vaccinations. (T 570-578.) He testified that titer testing is reliable, and it would be highly unlikely for a patient who received a vaccine to not show an immunity for the corresponding disease. (T 582-583.) Here, he opined that based on his knowledge and experience, the children listed in Exhibit 17 were not vaccinated against, at the very least, a vast majority of the vaccinations that the Respondent purportedly had given them and reported in NYSIIS. (T 670-671.) Specifically, the 16 children did not have

immunity for 126 vaccination doses that were reported in NYSIIS by Wild Child. (Exhibit 17; Department Brief Appendix 1.) The Respondent falsely reported in NYSIIS 126 vaccine doses that were not supported by the titer testing and, therefore, not administered to these 16 children. (Exhibit 17; Department Brief Appendix 1.) The Respondent did not provide any proof to the contrary and – in fact – did not even argue to the contrary. (*See* Respondent Brief and Reply Brief.) Each of the 126 vaccination doses reported to NYSIIS and proven not to have been administered by the Respondent constitutes a violation of PHL §§ 2168(3)(a)(i) and (5)(a) and 10 NYCRR 66-1.2(c)(1) and warrants the maximum $2000 penalty, together totaling $252,000.

Subpoenaed School Records

The Department's proof of additional violations consists of six general alphabetized folders (A-G; H-K; L-N; O-R; S-U; and V-Z) containing PDFs of handwritten vaccination records of 146 children received from school districts in response to a subpoena for Wild Child vaccination records; and NYSIIS entries reported by the Respondent for pediatric vaccinations administered for each of the 146 children, formatted as Excel spreadsheets. (Exhibit 16; T 263-275.) The Department later submitted the entire Excel spreadsheet of all childhood disease vaccinations reported by the Respondent to NYSIIS. (Exhibit 29.) The handwritten vaccination forms for each of the children correspond with one of the two types of forms that LPN Camarata identified as used by the Respondent for the families of children who sought immunization records that would allow their children to attend school. (T 472-477; Exhibit 6.) The Department argues that the 1760 immunizations that were handwritten on one of those two forms were then fraudulently reported into NYSIIS

because the evidence establishes that the forms were only used when immunization were *not* administered. (Exhibits 17, 29; Department Brief Appendix 2.)

However, LPN Camarata testified only that the forms were used for patients who came in and received HP pellets *but not that every handwritten notation on the forms filled in for the purpose of the children to attend school was fraudulent.* LPN Camarata identified the two forms at issue as those used by the Respondent for "cases where [the Respondent] provided clients with homeoprophylaxis instead of actual vaccines" (Exhibit 6) but did not testify that *all* the vaccine administration dates listed on both types of forms -- and then transcribed into NYSIIS – necessarily were fraudulent. LPN Camarata explained that parents filled out an HP Information Sheet and would "let us know if the child was unvaccinated or partially vaccinated. So, we would know where to start giving them the HP pellets. If a child was partially vaccinated, we would start from the end of that, of their actual vaccines." (T 476.)

LPN Camarata was questioned regarding only one such form, the Vaccine Administration Record for O.L. She testified that she "was instructed to fill. . . forms [like this] out at the beginning of my working at the practice based on what a child would need to get back into school or to maintain enrollment in school after they had been given HP pellets," and that "[t]hese vaccines aren't actually administered. They were just a record based on the schedule of what a child could get." (T 472.) However, she admitted that she was not working at Wild Child when O.L.'s Vaccine Administration Record form was completed during the summer of 2019 and the dates included on the form may or may not have been actual visits. (T 509.) She did not testify with personal knowledge about any of

the paper vaccination forms included in Exhibit 16 and summarized in Appendix 2 of the Department's brief.

LPN Camarata testified that her job became one of data entry and, although there were times when she would report the administration of HP pellets into NYSIIS when at the office, other times she input the information into NYSIIS from home based on emails or looking things up on the Dr. Chronos program as instructed by the Respondent. (T 446-447.) She testified that no entries were made in NYSIIS until sometime during the COVID pandemic. This was a considerable time after the religious exemption vaccine requirements ended and there was a backlog of patient immunization records that needed to be input into NYSIIS. (T 512-513.) Sometimes patients receiving a homeopathic detox were also provided HP pellets (T 499, 518-519) in which case the detox was given after a child was vaccinated as differentiated from when the HP pellets were used as a substitute for standard childhood vaccinations. (T 523.) Children would come to Wild Child unvaccinated or partially vaccinated (T 476; Exhibit 28 p 3) and some families were seeking homeopathic treatment, or a slower vaccine schedule but still received actual vaccinations. (T 499-500.) Some of the parents of the children who received regular vaccines also requested HP pellets (or gummies) for their children to help to detoxify the children after vaccination. (T 497-499; 523-524.) LPN Camarata worked often from home and would input vaccination records in NYSIIS from emails received from the Wild Child practice as well as from paper vaccination records and Dr. Chronos records. (T 502-503.)

LPN Camarata's testimony, substantive and believable about the general scheme the Respondent practiced, proved a nexus between the two forms and the families that became customers of the Wild Child practice seeking falsified vaccination records so that

their children could continue to attend public school with vaccination requirements. However, it did not establish that *every* vaccination dose entered on those forms was not actually administered and thus falsely reported in NYSIIS.

Therefore, regarding the subpoenaed records contained in Exhibit 16, the maximum penalty of $2000 **per child** who had one of the two forms identified by Ms. Camarata as those used for children to get back into school or to maintain enrollment when the mandated vaccine schedule was not being followed (T 485-486; Exhibit 6) is warranted. 146 children are identified by the Department. (Exhibit 16; Department Brief Appendix 2.) This would therefore constitute 146 violations x $2000 for a penalty of $292,000.

A total civil penalty of $544,000 ($252,000 + $292,000) is recommended.

RECOMMENDATION

1. The charge should be sustained.
2. A civil penalty in the amount of $544,000 should be imposed.

Dated: Rochester, New York
February 17, 2026

Jeanne T. Arnold
Administrative Law Judge
Bureau of Adjudication

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