



Declaration for Bottled Water Use Registered Family

Facility Name: _____

Facility license holder: _____

License No. _____

This declaration verifies the facility named above is using only bottled water for drinking, cooking, and preparing infant formula.

Our Facility understands lead testing is required for any faucet/fixture used for drinking, cooking, food preparation and preparing formula. If at any point the facility wants to use water from any fixture or faucet not previously tested and approved, the Office of Child Care must be notified prior to using non bottled water, and lead testing results must be submitted and approved.

By signing this document I certify I have read OAR 414-205-0100 and fully understand the requirements therein. I further certify I understand violations of the requirements of these rules may result in the Office of Child Care taking legal action against my certification or registration, including but not limited to levying civil penalties, or the revocation, denial or suspension of my facility's registration or certification.

Signature of license holder

Date

Print name of license holder