Alternative Water Source Declaration

Facility Name:______________________________________________________________

Name of Facility license holder:______________________________________________

This declaration verifies the facility named above does not use any of the on-site plumbing fixtures to obtain water for drinking, cooking, preparing infant formula, or preparing food.

Alternate Water Source:_____________________________________________________

The Office of Child Care encourages facilities to have a plan to ensure they always have a sufficient alternative water source available for children and encourage testing of at least one faucet as a backup plan if the alternative water source runs out.

Facility is required to notify the Office of Child Care in writing if the alternative source of water changes.

_________________________________________  _____________________________
Signature of license holder  Date

_________________________________________
Print name of license holder