Division of Public Health F-03037 (05/2022)

## WISCONSIN LEAD-IN-WATER TESTING AND REMEDIATION (WTR) INITIATIVE

## **Child Care Centers Enrollment Document**

Thank you for showing interest in the Wisconsin Lead-in-Water Testing and Remediation (WTR) Initiative. Please fill out the following form with some information about your center, then initial and sign the rest of the document to indicate your understanding of your responsibilities in the program. All sections must be completed.

Child Care Center Information:			
Name of Center			
Child Care Center Address: Address	City	State	Zip Code
Center ID			
Name of Center Contact			
Center Contact Email			
Current Plumbing or Maintenance Servicer			
Can your center process credit card payments?			
Wisconsin Lead-in-WTR Initiative Agreement	s:		
Please initial the following statements to show the you are signing up for:	nat you agree to them and understal	nd the requirement	s of the program
I agree to maintain communication with fam testing, and any remediation actions taken	ilies about our participation in this p	rogram, the results	of our water
I agree to set up non-potable water signage	where instructed		
I acknowledge our center may need to be o	pen outside of business hours to all	ow for water testing	9
I agree to give reasonable access to plumbe	ers during business hours		
I acknowledge water may need to be turned	off during business hours for remed	diation to take plac	е
If renting, I agree to tell the building owner a are received.	about the program and to give them	the water testing re	esults when they
SIGNATURE — Center Contact	Da	ate Signed	