

State of Iowa  
Department of Social Services

UNSAFE WATER SAMPLE APPROVAL

I, \_\_\_\_\_, agree to supply safe drinking water to all foster children placed in my home. I also agree to assure that foster children drink only safe water.

I will obtain safe drinking water from \_\_\_\_\_  
(Place name where supply will be obtained)

- This is \_\_\_\_\_ a. Purchased bottled water  
\_\_\_\_\_ b. A public water supply  
\_\_\_\_\_ c. A private water supply (Attached Form SS-2202 and water analysis included)

The following storage procedures will be utilized to insure that the safe water supply identified above does not become contaminated: (briefly identify gathering and transportation process, storage containers, length of storage, location of storage, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following steps will be taken to insure that foster care children don't drink unsafe water: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In case of purchased water, I will keep all the receipts for review by the licensing worker.

Signature of Applicant 1: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant 2: \_\_\_\_\_ Date: \_\_\_\_\_

The above plan is to insure that any foster care child placed in this home will drink only safe water. I certify that I believe this to be an appropriate plan. I feel assured that the foster group care facility will honor this agreement. I agree to monitor compliance to this plan when visits are made to the facility.

Licensing Worker: \_\_\_\_\_ Date: \_\_\_\_\_

I approve the above conditions

\_\_\_\_\_  
(Signature of Licensing Administrator) Date: \_\_\_\_\_