Napa County Public Health
2751 Napa Valley Corporate Drive
Napa, CA 94558

(Date/Fecha)

To whom it may concern/A Quien Corresponda,

This is to certify that the following is/are employees of / El propósito de esta carta es certificar que la(s) persona (s) listada(s) es/son empleados de [name of child care program / nombre del lugar de cuidado infantil]:

List of employees/Lista de empleados

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sincerely/Atentamente,

[signature of owner of child care program/firma del empleador]

[Name of owner of childcare program/nombre del empleador o Director]
[Name of child care program/nombre del lugar de cuidado infantil]
[Street address of child care program/dirección del programa]
[City, state and zip code/cuidad, estado y código postal]

[telephone number/número de teléfono]