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

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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]