[Insert Date]

**Re: Planned Mitigation Activities**

Dear Parents and Staff:

On [Insert Date], we tested our drinking water for lead to comply with Illinois regulations. Testing our drinking water for lead is important so that we can continue to provide a safe and healthy environment for your children to learn and play.

Of [total #] fixtures sampled, [Insert #] tested **at or above 2.01 parts per billion (ppb)**, the level at which Illinois regulations require us to develop and implement a plan to reduce the level of lead in our drinking water. Upon receiving these test results, immediate action was taken at these fixtures to ensure your children are provided with a safe drinking water source. We developed a long-term plan to address the source/s of lead in our facility’s water system. The details of our immediate and planned long-term mitigation actions are included on the next page.

**How Can I Learn More?**

A copy of all our lead in water test results are posted at our facility in the [Insert location], which can be viewed during open business hours. For more information about the testing completed at our facility, please contact us at the information listed below. For more information about lead in water, please visit the following resources:

* **LeadCare Illinois**: LeadCareIllinois.org
* **Illinois Department of Public Health – Lead in Water**: DPH.Illinois.gov/topics-services/environmental-health-protection/lead-in-water
* **Illinois Department of Public Health – Lead Poisoning Prevention**: https://www.dph.illinois.gov/illinoislead
* **Centers for Disease Control:** CDC.gov/nceh/lead
* **United States Environmental Protection Agency – Basic Information About Lead in Drinking Water:** EPA.gov/ground-water-and-drinking-water/basic-information-about-lead-drinking-water
* **United States Environmental Protection Agency – Learn About Lead**: EPA.gov/lead/learn-about-lead
* **United States Environmental Protection Agency – Lead Poisoning and Your Children Pamphlet:** EPA.gov/lead/lead-poisoning-and-your-children-pamphlet

Sincerely,

Insert Your Full Name, Title  
Contact Information

**Our Facility’s Mitigation Plan**

[ATTACH YOUR MITIGATION PLAN HERE OR FILL IN THE TABLE BELOW]

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Fixture Name**  (result at or above 2.01 ppb) | **Immediate Mitigation Strategy** | **Date Complete** | **Planned Long-Term Mitigation Strategy** | **Planned Start Date** | **Anticipated Complete Date** | **Planned Retesting Date #1** | **Planned Retesting Date #2** |
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