State of New Jersey
Department of Children and Families
Office of Licensing

DRINKING WATER TESTING CHECKLIST

Note: This form is for child care centers that are supplied water by a community water system.

•PROGRAMS IN OPERATING PUBLIC SCHOOLS ARE NOT REQUIRED TO COMPLETE THIS FORM•

CHILD CARE CENTER INFORMATION

Name of Child Care Center:		License ID:	
The Leaguers, Inc. Head Start/Early Head Start			07LEA0002
Site Address of Center:	**Building # and Street:** 100 Linden Ave	**Municipality:** Irvington	**County:** Essex
Sponsor/Sponsor Representative: Veronica E. Ray	**Phone Number:** 973-643-0300	**Email:** info@leaguers.org	

CERTIFICATION OF COMPLIANCE WITH LEAD & COPPER SAMPLING AT THE ABOVE CHILD CARE CENTER

Sampling Date(s):	Samples Collected by Mandell Environment on 12/9/2023
1. [X]YES []NO	Does the center have a signed contract with a New Jersey Certified Drinking Water Laboratory for lead & copper analysis?
2. [X]YES []NO	Is there an onsite water outlet assessment in accordance with technical guidance?
3. [X]YES []NO	Is there a floor plan in accordance with technical guidance?
4. [X]YES []NO Sample Date:	Were all the drinking water outlets in the center where a child or staff has or may have access (including food preparation and outside drinking water outlets) sampled?
5. [X]YES []NO Sample Date:	Were at least 50% of all indoor water faucets utilized by the center sampled?
6. [X]YES []NO	Does the child care center have the chain of custody and analytical reports for all drinking water outlets sampled? **Please attach copies**.
7. [X]YES []NO	Was all the drinking water outlets sampled in the sequence determined by the floor plan beginning with the outlet closest to the point of entry?
8. [X]YES []NO	Were all samples taken after the water sat undisturbed in pipes for at least 8 hours but no more than 48 hours?
9. [X]YES []NO	Were samples collected in pre-cleaned high density polyethylene (HDPE) 250 ml wide mouth single use rigid sample containers?
10. [X]YES []NO	Were all existing aerators, screens, and filters left in place prior to and during the sampling event?
11. [X]YES []NO	Were only cold water samples collected?
12. [X]YES []NO	Did no pre-stagnant flushing take place unless the outlet deviated from normal use and documented on flushing log?
13. [X]YES []NO	Was all point of use treatment on outlets, such as filters, documented?
14. []YES [X]NO	Did any result exceed the action level for lead (15 µg/L) or copper (1300 µg/L)?
15. []YES []NO [X]N/A	If a result exceeded the action level for lead (15 µg/L) or copper (1300 µg/L) was use of all drinking water outlets immediately discontinued?
16. []YES []NO [X]N/A	If a result exceeded the action level for lead (15 µg/L) or copper (1300 µg/L) was bottled water provided for drinking and food preparation?
17. []YES []NO [X]N/A	If a result exceeded the action level for lead (15 µg/L) or copper (1300 µg/L) were signs posted to indicate that the outlets are not to be used for drinking or food preparation?

18. ☐YES ☐NO ☒N/A	Did all drinking water outlets with a result that exceeded the action level for lead (15 µg/L) or copper (1300 µg/L) have a follow-up flush sample conducted?
19. ☐YES ☐NO ☒N/A	If a result exceeded the action level for lead (15 µg/L) or copper (1300 µg/L) was the local health office notified of results?
20. ☐YES ☐NO ☒N/A	If any of the results exceeded the action level for lead (15 µg/L) or copper (1300 µg/L), was notification, including results and remediation measures, provided to the parent(s) of all children attending the center, the staff, and NJDCF?
21. ☐YES ☐NO ☒N/A	Were any drinking water outlets or potable plumbing replaced or repaired as a remedy for an action level exceedance?
22. ☐YES ☐NO ☒N/A Sample Date:	If any drinking water outlet or potable plumbing was replaced or repaired, were additional samples collected after installation?
23. ☐YES ☐NO ☒N/A	Was any chemical treatment unit or process installed to remedy an action level exceedance (e.g., corrosion control treatment)?
24. ☐YES ☐NO ☒N/A Sample Date:	If a chemical treatment unit or process was installed to remedy an action level exceedance (e.g., corrosion control treatment), were additional samples collected after the installation?
25. ☐YES ☐NO ☒N/A	Was a mechanical process implemented to remedy an action level exceedance (e.g., flushing program)?
26. ☐YES ☐NO ☒N/A	If a mechanical process was implemented to remedy an action level exceedance (e.g., flushing program), were additional samples collected after the implementation?
27. ☐YES ☐NO ☒N/A	If no remedial action was taken, such as those indicated in 21 through 26 above, has the center implemented a written plan of action for use of bottled water for drinking and food preparation?

***CERTIFICATION*:** By signing below, the **Sponsor or Sponsor Representative** certifies that all answers on this checklist are true and accurate:

Sponsor/Sponsor Representative: (PRINT)	Veronica E. Ray
Signature:	Veronica E. Ray
Signature Date:	1/8/2024

DRINKING WATER TESTING RESOURCES

Schools - Lead Sampling Information
http://www.nj.gov/dep/watersupply/schools.htm

Lead Sampling in Schools Technical Guidance FAQs
http://www.nj.gov/dep/watersupply/pdf/leadfaq.pdf

3Ts for Reducing Lead in Drinking Water: Testing
https://www.epa.gov/dwreginfo/3ts-reducing-lead-drinking-water-testing

Quick Reference Guide Sampling For Lead in Drinking Water in Schools:
http://www.nj.gov/dep/watersupply/pdf/quickref.pdf

List of NJ Certified Laboratories:
https://www13.state.nj.us/DataMiner/Search/SearchByCategory?isExternal=y&getCategory=y&catName=Certified+Laboratories

Drinking Water Outlet Inventory Form:
http://www.nj.gov/dep/watersupply/doc/SP_Attachment%20C.docx

Sampling Water Use Certification:
http://www.nj.gov/dep/watersupply/doc/SP_Attachment%20F.docx

Filter Inventory Form:
http://www.nj.gov/dep/watersupply/doc/SP_Attachment%20D.docx

Results Letter Template:
http://www.nj.gov/dep/watersupply/doc/resultsletter.doc