State of New Jersey Department of Children and Families

Office of Licensing

DRINKING WATER TESTING STATEMENT OF ASSURANCE

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

TROOKANS IN OF EKATING FOREIG SCHOOL	S ARE NOT REQUI	NED TO COMMITTEE THIS TORKY
Name of Child Care Center:		License ID:
The Leaguers, Inc.		07LEA0002
Site Address (Building # and Street):		1
100 Linden Ave		
Municipality:	County:	
Irvington	Essex	
Sponsor/Sponsor Representative:		Phone #:
The Leaguers, Inc.	15	973-643-0300
Sponsor/Sponsor Representative Email:		
info@theleaguers.org		
Additional Contact Person:		Phone #:
Colleen Nickel		973-643-0300 ext. 2208
tle:	Email:	
Associate Director of Licensing	colleen_nickel@theleaguers.org	
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1. The center, as decribed above, has reviewed the Marequiring testing for lead and copper in drinking was implementation of a testing program was complete by our completion of the attached Drinking Water T	ter and provides as d in accordance wi	ssurance that the development and

- 2. The center, as decsribed above, provided all notifications of test results consistent with the requirements of this subchapter.
- 3. The center, as described above, will continue to fully implement the requirements of this subchapter, including the continuance of any actions taken in response to a lead or copper action level exceedance (e.g., continue to provide bottled water and/or maintain any remedial measure or treatment unit).

CERTIFICATION: By signing below, the **Sponsor or Sponsor Representative** certifies that all statements above are true and accurate:

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