

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: <i>Community Day Nursery</i>		License ID: <i>07C0M0003</i>	
Site Address of Center:	Building # and Street: <i>115 S. Munn Ave</i>	Municipality: <i>East Orange</i>	County: <i>Essex</i>
Sponsor/Sponsor Representative: <i>Mary Porcelli</i>		Phone Number: <i>973-673-3710</i>	Email: <i>mporcelli@cdneo.org</i>

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

Sampling Date(s):	
1. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Does the center have a signed contract with a New Jersey Certified Drinking Water Laboratory for lead & copper analysis?
2. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Is there an onsite water outlet assessment in accordance with technical guidance?
3. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Is there a floor plan in accordance with technical guidance?
4. <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Sample Date: <i>3/12/24</i>	Were at least 50% of all indoor water faucets utilized by the center sampled?
6. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Does the child care center have the chain of custody and analytical reports for all drinking water outlets sampled? Please attach copies.
7. <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Were all samples taken after the water sat undisturbed in pipes for at least 8 hours but no more than 48 hours?
9. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Were samples collected in pre-cleaned high density polyethylene (HDPE) 250 ml wide mouth single use rigid sample containers?
10. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Were all existing aerators, screens, and filters left in place prior to and during the sampling event?
11. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Were only cold water samples collected?
12. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Did no pre-stagnant flushing take place unless the outlet deviated from normal use and documented on flushing log?
13. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Was all point of use treatment on outlets, such as filters, documented?
14. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Did any result exceed the action level for lead (15 µg/L) or copper (1300 µg/L)?
15. <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 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. <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 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. <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 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. <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 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. <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 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. <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 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. <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	Were any drinking water outlets or potable plumbing replaced or repaired as a remedy for an action level exceedance?
22. <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A Sample Date:	If any drinking water outlet or potable plumbing was replaced or repaired, were additional samples collected after installation?
23. <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	Was any chemical treatment unit or process installed to remedy an action level exceedance (e.g., corrosion control treatment)?
24. <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 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. <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	Was a mechanical process implemented to remedy an action level exceedance (e.g., flushing program)?
26. <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 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. <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 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)	Mary Porcell
Signature:	<i>Mary Porcell</i>
Signature Date:	3/21/24

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>

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 •

Name of Child Care Center: Community Day Nursery		License ID: 07COM0003
Site Address (Building # and Street): 115 S. Munn Ave		
Municipality: East Orange	County: Essex	
Sponsor/Sponsor Representative: Mary Porcelli		Phone #: 973 673-3710
Sponsor/Sponsor Representative Email: m.porcelli@cdneo.org		
Additional Contact Person: Marybeth Intili		Phone #: 973-673-3710
Title: Assist. Director	Email: mintili@cdneo.org	

1. The center, as described above, has reviewed the MANUAL OF REQUIREMENTS FOR CHILD CARE CENTERS requiring testing for lead and copper in drinking water and provides assurance that the development and implementation of a testing program was completed in accordance with N.J.A.C. 3A:52-5.3(i)5i as evidenced by our completion of the attached Drinking Water Testing Checklist.
2. The center, as described 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)	Mary Porcelli
Signature:	Marybeth
Signature Date:	3/21/2024



Pace Analytical Services, LLC-Fairfield
1275 Bloomfield Avenue, Fairfield, NJ 07004 (973) 227-0422



ANALYTICAL RESULTS

STANDARD DELIVERABLES FORMAT

WORK ORDER NUMBER: 24C0590

COMMUNITY DAY NURSERY

Project: MARYBETH-COMMUNITY DAY NURSE-2024 LICIENCE

Sudip Pradhan
Laboratory Director

All Results meet the requirements of the National Environmental Laboratory Accreditation Conference and/or State specific certifications as applicable.

Report Date: Mar 21, 2024



Pace Analytical Services, LLC-Fairfield

Client: COMMUNITY DAY NURSERY
115 SOUTH MUNN AVE
EAST ORANGE NJ 07018

Order ID Number: 24C0590
Received: 03/08/2024 15:36

Project: MARYBETH-COMMUNITY DAY NURSE-2024 LICII
Report Date: 03/21/2024 11:24

Contact:
Customer Service Rep: Tony Tudda

Analytical Results Summary

Sample Number	Analyte	Method	Prepared	Analyzed	Result	Qual	MDL	RL	Units	Reg Limit
24C0590-01	Drinking Water		2274-ROOM 7							Collected : 03/08/2024 8:05
Total Metals										
	Copper	EPA 200.8	03/12/24 19:31	03/12/24 19:31	0.0649			0.00200	mg/L	
	Lead	EPA 200.8	03/12/24 19:31	03/12/24 19:31	<0.00200	U		0.00200	mg/L	
24C0590-02	Drinking Water		2273-KITCHEN							Collected : 03/08/2024 8:07
Total Metals										
	Copper	EPA 200.8	03/12/24 19:35	03/12/24 19:35	0.00201			0.00200	mg/L	
	Lead	EPA 200.8	03/12/24 19:35	03/12/24 19:35	<0.00200	U		0.00200	mg/L	

X: 07010: NJ DEP

FootNotes

RL - Reporting limit
MDL - Minimum detection limit
ND, U - Indicates compound analyzed for but not detected
J - indicates estimated value

B - Indicates compound found in associated blank
E - Concentration exceeds highest calibration standard
D - Indicates result is based on a dilution
P - Greater than 25% diff. between 2 GC columns.
H - Indicates a Hold Time violation
D1 - Sample was Decanted (Dissolved)

Report Date: Mar 21, 2024